

ESSENTIAL KNOWLEDGE FOR DENTAL PROFESSIONALS IN SCOTLAND

# *Scottish* Dental

JUNE 2019

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*forward*

Dentistry in Scotland is going  
from strength to strength

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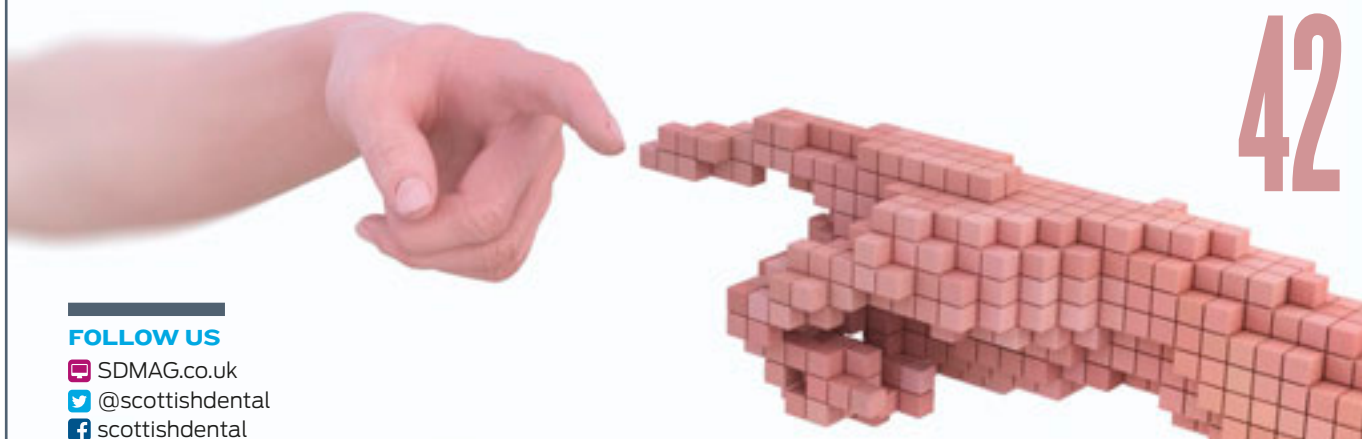
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# Year of change but much still to do

*Sarah Allen reflects on the progress of an ever-evolving profession*

**A** year ago, I sat in front of a blank screen and a blinking cursor to write my first editorial. I said then that, though usually it is difficult staring at that screen and that cursor, to know where on earth to begin, on that occasion the problem was not where to start, but where to stop.

A year later I find myself once again staring at that blank screen and blinking cursor, but this time it is to write my last editorial as editor of Scottish Dental, and it is much harder to know where to start, but I know I will stop with a goodbye.

In my first editorial I wrote about our hopes for Scottish Dental, my desire for it to reflect the profession and the professionals that I knew from the years I have spent working with them. I set out our aims to showcase the breadth and depth of the dental world, provide strong clinical content, and write features which are of benefit and interest to you as readers and professionals; and our ambition to celebrate the achievements and reflect the concerns of the profession, to ask the difficult questions and demand answers.

In the past year I believe we have made great strides toward achieving those aims. We have relaunched the magazine with a new look and feel; run a campaign looking at many aspects of mental health and wellbeing; applied journal standards and practices to our clinical articles, peer-reviewing them and providing an opportunity for those at the start of their career to be published in a national title; and running features and articles covering a wide range of topics relating to dentistry.

Yes, we've covered a lot, because a lot has happened in dentistry in the past year: clinical guidelines have been issued;

action plans launched; professional achievements made; the world has turned, and dentistry has turned with it. Because the world of dentistry never stands still. It is populated with people who are always driving forward, committed to their patients, to developing their profession, their clinical and non-technical skills, to exploring all that is possible with technological and clinical advances, to investing in ongoing training and education. This has been a busy year, the GDC even made a state visit to Scotland!

What else has happened then? CDOs have gone, but not quite come again; Oral Health Improvement Plans have... well, they have moved forward a little bit but at every turn more and more questions have been raised, without any real answers being offered; dentistry has been downgraded in government, and that GDC state visit does not seem to have helped the fraught relationship between them and the professionals they regulate...

Do you see where I'm going with this? Because for all that there has been progress made by the professionals and the profession, there has been stagnation too. Evolution not revolution we were told; well, if there is one thing we know it's that evolution takes a long, long time. Just ask Charles Darwin.

This means of course that there is much, much more to do in the coming months and years as the next editor takes on the stewardship of the magazine.

But like a parent who can't quite let go once their child has left for university, I will not be completely severing my ties with Scottish Dental, remaining as consultant editor and working with the team and our editorial board.

Because, though my relationship with the magazine is changing, my admiration and hopes for the profession are not. I am excited to work with the new editor as he continues to ask the hard questions and demand answers, showcase achievements and reflect the concerns and interests of all dental professionals. I stop therefore, not with a goodbye, but an until we meet again.

“  
**THE WORLD OF  
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PEOPLE ALWAYS  
DRIVING FORWARD”**





# Spare a thought for the boss

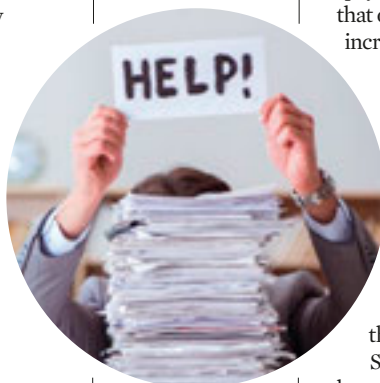
**T**hey're always whining on about costs. Associates not working hard enough. Nurses chatting in the stock cupboard. Patients not paying their bills. Their woes are many, yet they manage to be on more holidays than you. How does that work?

Well, HMRC stats suggest that principals gross about a third more and have an equivalent increase in taxable income. The nature of (most) dental practices is that the principal does more clinical work than the associates. We are increasingly entering the 'corporate' world. Not just the DBCs but owners with multiple practices. One dentist being the highest grosser in all their practices is impossible but it's quite likely they'll still have a very significant 'dental' commitment on top of the work required to run their businesses.

So ask yourself, if they still have to do the same or more clinical work than you, and you find that stressful enough, what else is really going on? A lot of practices will tick along without too many issues that are immediately apparent. They won't cause you to be reaching for your box of tissues to empathise with your boss. They just annoy the hell out of you. Why hasn't he/she fixed this? Got me more instruments? The new endo motor? And when am I getting those extra 500 patients they promised and why has the new chair with the super light and LED handpieces not arrived?

Well I'd speculate your boss is in the midst of the mire of legislative change, the latest guidance and what the hell is going on with Brexit and the OHIP. These all impact the practice business plan. Yes, there probably is one. It might be a massive spreadsheet or the back of a fag packet but it's probably on hold just now. Large and small-scale financial investments require a degree of consideration. Smaller investments need cashflow to be stable. They need you to be delivering regular income. You get annoyed by the fluctuations in your gross and your boss can't rely on them. Then there's the big ticket items like new surgery kit, more staff. This could involve raising finance. That needs even greater stability of income but also consideration of where the financial markets are going over the next 10 years. I'm guessing your boss isn't a corporate banking risk manager on the side?

So, the financial implications of your internal practice economy and the wider financial situation are important. Then there's the Scottish Government and the lack of CDO and what the OHIP might do. Are there more unavoidable costs like auto-enrolment. Then there's the



constant demands for wage rises by staff and government raising the minimum wage and (hopefully more applicably) the living wage. This is ignored year on year by the DDRB (payment review: too much to say to include here) meaning that our fee increases simply don't keep pace with the increased requirements, let alone general inflation.

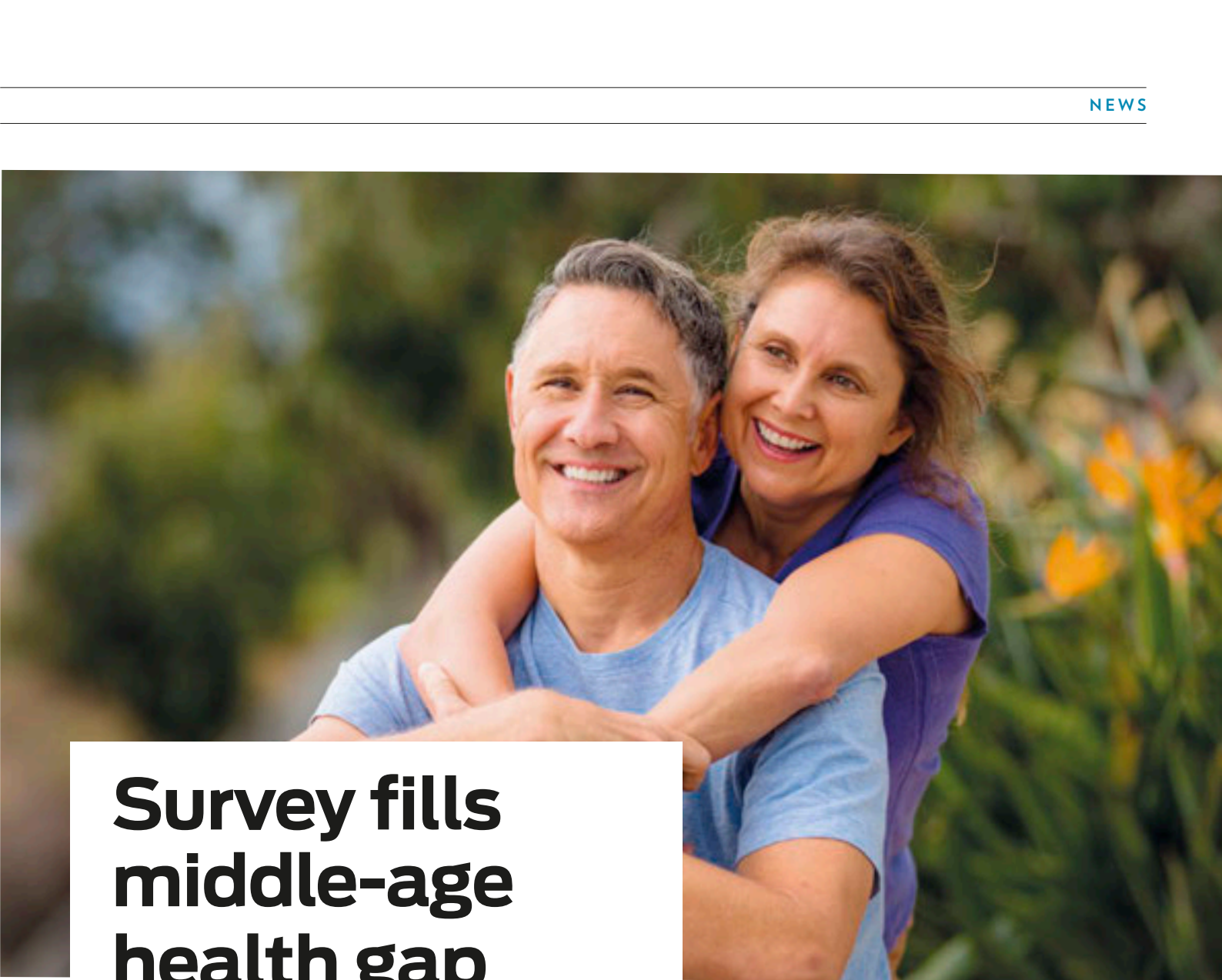
There are things that don't directly affect finances. There's constant concern surrounding patient care and reputation. It is very hard to control associates and monitor their performance (other than financial). A poorly performing associate could be hugely detrimental to the reputation built up (or purchased) by the principal. Maintaining quality of clinical work is paramount to the maintenance of the practice value, and the principal has to rely on their associates for this. The bigger the practice or practices, the greater the risk.

Staffing has a similar impact. Admin and nursing staff have a huge impact on the viability and reputation of a practice. Again, one staff member leaving, for any reason, can destabilise the running, ethos or feel of a dental practice. Worse still is the possibility of someone leaving for troubling reasons. GDC issues or even criminal proceedings could create a huge level of uncertainty. The boss has to protect the patients, service provision, quality of care, financial stability and keep on track for the long-term plan.

The profession is starting to feel the recruitment pinch again and, with Brexit, the European source of dentists is very likely to dry up, if it hasn't already. This appears to be for all clinical staff. Student numbers are reducing and workforce planning may create further problems. This all plays on your boss's mind and the fine balance between all these threads can lead to huge stress and financial uncertainty. So when your boss is grumpy, or displaying more grey hairs than you remember, spare a thought for what's going on inside their head.

Perhaps you should ask how they're doing? If there's something you could help with? Maybe, just maybe, they might share some of their precious future plan. If you're part of it, or you'd like to be, then telling them that could help. Everyone needs a future. Everyone has some thought of what that might look like. If you never put yourself out there, then who's to know?

This is sounding like the plot of an eighties teen flick. But we all need progression, security, development, an exit strategy. So spare a thought for your boss. Take a step towards your future and securing the ongoing care of your patients. You may be the person the boss needs to firm up those plans, develop the practice and take care to the next level?



# Survey fills middle-age health gap

*Pilot project involving over-45s proves that collecting national health data during dental examinations is feasible*

**THE** average middle-aged Scot has more than 10 fillings and only 14 healthy teeth, a new survey has revealed. However, the study of 3,114 adults over the age of 45 found that two-thirds had a functional dentition; enough teeth – more than 21 – to lead a normal daily life.

The Scottish Adult Oral Health Survey (SAOHS) was initially carried out as a pilot project in 2015/16 with the approval and support of the Scottish Dental Epidemiology Co-ordinating Committee.

The aim was to assess the feasibility of conducting a survey of adult oral health across Scotland, within an age-defined group of people attending primary dental care for an examination appointment. If successful, it would be the first stage in the development of a rolling SAOHS programme for different age groups.

A web-based oral health data collection system was developed by National Services Scotland (NSS), which allowed dentists to record levels of adult oral health and directly transfer this

information safely and securely to the Information Services Division (ISD) of NHS Scotland for analysis.

ISD worked closely with dentists and other staff from NHS boards, NHS Education for Scotland, and the Universities of Glasgow and Dundee to pilot this new method as a means of collecting routine adult oral health information. The survey was repeated in 2017/18 and recruited further dentists – 126 in all – to provide a representative sample across NHS boards and deprivation categories.

It concluded that “collecting survey data in relation to the oral health and behaviour of patients aged 45 years and over as part of a primary dental care examination is feasible”.

The long-term purpose of the survey, said ISD, is to “record levels of adult oral health across Scotland in order to inform policy, plan services, improve and maintain health, and to monitor changes over time”.

Although the survey was principally testing an alternative approach for gathering epidemiological data, it was also designed to provide a picture of oral health for an under-reported cohort of the population, adults aged 45 years and over.

Michael McGrady, NHS Greater Glasgow and Clyde’s consultant in dental public health, said that oral health programmes had focused on children and the elderly and, until now, very little had been known about the teeth of those aged in between.

He told *The Times Scotland*: “The very simple message we can take from this, as adults, is don’t forget about your dental health. Eat well, brush your teeth twice a day with a fluoride toothpaste and make sure you get regular check-ups. Things have definitely improved on 20 years ago so we are going in the right direction and it’s a good start for us to build on.”

*Continued on page 11*

# New BDA president

*Roz McMullan 'passionate about making a difference to profession'*

**ROZ** McMullan, a leading figure in the dental profession in Northern Ireland, has been installed as president of the British Dental Association (BDA).

Ms McMullan is a former chair of both the NI and UK Councils of the BDA and has been one of the driving forces behind a ground-breaking scheme to support dentists' mental wellbeing in Northern Ireland.

She was consultant orthodontist in the Western Trust from 1991 until her retirement in 2016. There, she was instrumental in setting up a nurse-liaison service, supporting babies born with cleft lips and palates and their families. Roz McMullan chaired the Hospital Training Committee of the Northern Ireland Deanery from 2005 to 2013.

With a long-held interest in governance, she served for many years on the Trust Quality Improvement Committee and was clinical lead in specialist surgery from 2008 to 2012 and again from 2014 to 2016. She has been both secretary and chair of the British Orthodontic Society (2002-2006), and was lead author in a report on outcome standards for patients undergoing fixed appliance therapy in the hospital service (2003).

She has been involved with the BDA for many years and was instrumental in establishing the BDA Northern Ireland Office. Roz McMullan became president of the Northern Ireland Branch in 1999. She was



elected to the NI Council, and served as chair from 2015 until recently. In 2016, she chaired the UK Council, and championed the case for young dentists and students. Throughout her career, Roz has been active in supporting dentists and dental teams in difficulty: this has included representing dentists at work, initially junior staff and then as a consultant on the hospital services committee.

Roz said: "I feel hugely privileged to receive this accolade from the BDA and thank the association for the confidence and trust it has shown in allowing me to serve as its president. I am passionate about making a difference to the wellbeing of my chosen profession, and it's my honour to continue doing that as president."

## Smokers helpline project success

**A NEW** report has indicated success for an ASH Scotland pilot project where dental teams referred patients to Quit Your Way – the smokers helpline.

Forty-one practices across Scotland took part. They handed out cards with an oral health care message that backed up smoking cessation advice given by the dental team.

Participating practices also signed Scotland's Charter for a Tobacco-free Generation and took other steps to raise awareness of the impact tobacco has on health and families.

Indeed, two of those involved – Meadowbank Dental Practice in Edinburgh and Govanhill Health Centre Dental Practice in Glasgow – were so successful that they were presented with a National Charter Award in April at the Royal College of Physicians of Edinburgh.

David Robertson of ASH Scotland said: "Meadowbank Dental Practice showed commitment to ongoing professional development, investment and training to improve the service they offer. They have extensively publicised their commitment to the charter, especially around oral cancer awareness week and showed that every member of the dental team was behind their commitment."

"Govanhill Dental Practice engaged excellently with the Charter Dentist pilot project, taking on almost all of the pledges suggested by the scheme, including working with local stop smoking services to improve referral of smokers to specialist support."

NHS Grampian is using the cards and has signed up pharmacies to the charter to help deliver a generation free from tobacco by 2034 – the Scottish Government target.

**For more information see –**  
[www.ashscotland.org.uk/charter](http://www.ashscotland.org.uk/charter)

## Survey focus on under-reported age group

*Continued from page 9*

The survey's main points included:

- Anxiety: 971 men (70%) and 938 women (55%) reported not experiencing any anxiety about visiting a dentist.
- Attendance: 1,207 men (86%) and 1,517 women (88%) reported attending a dentist at least once within the last year.
- Dentate status: 2,998 (96%) patients had at least one natural tooth.
- Functional dentition: 2,019 (67%) had 21 or more natural teeth.
- Sound untreated teeth: Mean number was 14.
- Decayed teeth: Across dentate patients, the mean number was 0.5 for males and 0.4 for females.
- Filled teeth: Across dentate patients examined, the mean number was 10.4 for men and 10.8 for women.

- Artificial crowns: 633 men (47%) and 855 women (52%) had at least one crown.
- Bridges, veneers, and implants: 13% of dentate patients had at least one bridge, 5% had at least one veneer, and 2% had at least one dental implant.
- Oral hygiene: 445 men (33%) and 464 women (28%) had a score of 2 or 3 (with 3 indicating debris/plaque covering more than two-thirds of the tooth surface).
- Basic periodontal examination (BPE): 395 men (29%) and 420 women (25%) had a highest sextant BPE score of 3 or 4.
- Dentures: 974 (31%) reported wearing a denture of some type.
- Soft tissue examination: 288 patients (9%) had one or more types of soft tissue lesion identified, with a total of 331 lesions recorded. No potentially malignant lesions were noted for those patients examined.



# BDA Indemnity launched

*'Occurrence-based' insurance policy means it won't matter when complaint is made as cover endures*

**THE** BDA's new indemnity insurance came into effect this month, with the association touting its 'occurrence-based' cover as a market differentiating feature.

BDA Indemnity, backed by Royal Sun Alliance, is available exclusively to BDA members and offers advice from "experienced dentists, and case management that respects the member's unique situation".

The product features a legally-binding right to cover, that underpins the contract with the member, and a flexible category structure which, said the association in a statement, "means [members] won't be subsidising the risks of other dentists or medical colleagues, or peers in other countries".

A team of dentally-qualified advisers will be policyholders' point of contact, answering questions, advising, supporting, and being "a friendly voice". If an issue persists, and there is a need for legal representation or financial redress, the case will be handled by Royal Sun Alliance experts.

There will be different levels of cover available depending on an individual's need. BDA members will be able to access an online 'click and quote' system which will ask six questions before providing an indicative quote for their bespoke indemnity cover. The quote is then subject to an underwriting assessment. Cost will depend on the dentist, how many days a week they work, where they are in the UK, and what their standing is in a practice.

Peter Ward, BDA Managing Director, said: "As a member-owned, not-for-profit organisation with a nearly 140-year

heritage, the association has a clear and undiluted purpose - to support UK dentists. BDA Indemnity is the logical next step in that mission. This scheme has been designed by and for dentists working in the UK, and that means not a penny of what you pay will subsidise colleagues in other countries or other professions.

"When things go wrong we know it's vital to have a friendly voice and a supportive, experienced dentist on the end of the phone to reassure you and take action to stop problems getting out of hand. And we have assembled a team of dentally qualified advisers, who are getting ready to take your calls.

"BDA Indemnity is different. Occurrence-based cover means as long as your policy is in force when any incident happens, it doesn't matter when the complaint comes in: your cover will endure."

“

**WHEN THINGS GO WRONG IT'S VITAL TO  
HAVE A FRIENDLY VOICE ON THE END OF  
THE PHONE TO REASSURE YOU"**

More information can be found at  
[www.bda.org/indemnity](http://www.bda.org/indemnity)

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## Dentists dip in confidence

**BUSINESS** confidence among dentists has dropped slightly in the past year, according to Lloyd's Bank's healthcare index.

However, three-quarters (74 per cent) of dentists are forecasting growing profits, and only one-in-20 (7 per cent) expect their profits to fall in the next year. Growth is likely to be more organic than in recent years, it said, rather than through acquisition or adding associates.

Respondents described an increasing struggle with recruitment, with a third (32 per cent) reporting that recruiting new dental associates is a time-consuming issue, while a similar proportion (35 per cent) say they get plenty of applicants but not always of the quality they are seeking. A majority (59 per cent) said Brexit will have a negative impact on their business.

More positively, very few dentists expect practice goodwill values to fall over the next 12 months, with more than nine in 10 (92 per cent) predicting they will stay the same or increase.

"I think we'll see more practices investing in the non-NHS side of their business by broadening the

range of services they offer as a way of attracting more patients and growing revenues," said Johnny Minford, of Minford Chartered Accountants. "That could mean offering a wider range of specialist treatments, such as implantology and contemporary techniques of restorative dentistry."

The expectation of a large increase in financial pressures has decreased over the past five years (from 41 per cent in 2015 to 21 per cent this year), and three-quarters (74 per cent, up from 62 per cent in 2015) would now recommend the profession to a friend or family member.

"Overall, I think the sector has turned a corner and most dentists are now well-placed for future growth," added Johnny Minford.

“

**I THINK WE'LL SEE MORE  
PRACTICES INVESTING  
IN THE NON-NHS SIDE  
OF THEIR BUSINESS"**



# Insurance reform 'will not offer patients better protection'

*Medical defence organisations criticise UK  
Government plans for indemnity cover shake-up*

The UK Government plans to reform indemnity cover for healthcare professionals not covered by state-backed schemes have been criticised by medical defence organisations.

The Department of Health and Social care has published a consultation on indemnity cover for healthcare professionals who purchase their own indemnity cover because they are not covered by existing or proposed state-backed schemes.

There are concerns that the current arrangements could prevent patients getting appropriate compensation and put healthcare professionals at risk of being personally liable for the costs of claims.

The Government is seeking the public's views on how to ensure that:

- patients harmed by the negligence of regulated healthcare professionals can access appropriate compensation;
- regulated healthcare professionals hold stable and sufficiently funded clinical negligence cover, thereby reducing potential risks of prohibitive costs to the healthcare workforce and the patients they treat failing to access appropriate compensation;
- regulated healthcare

professionals have greater clarity and confidence about the security and terms of their cover, as well as patient protection in the event of a dispute, and

- patients have greater clarity and confidence of their recourse to any compensation.

However, the mutual defence organisation MDDUS said there was no evidence to suggest healthcare professionals and patients will be better protected through regulation of clinical negligence cover – and that the current indemnity model “remains the gold standard that serves healthcare professionals and protects patients”.

Chris Kenny, MDDUS Chief Executive, said: “We support regulation where there is a need but not regulation for the sake of it. Patients will not be better protected as a result of these proposals. The case for change simply hasn't been made.”

Raj Rattan, Dental Director at Dental Protection, added: “We are particularly concerned that these proposals would lead to dentists having to pay additional costs – including the cost of insurance premium tax – at a time when the rising cost of clinical negligence is becoming increasingly unaffordable.”

*Indemnity and beyond – Page 20*

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NEWS  
IN BRIEFGDC warnings  
on personal  
conduct

It has been revealed that a significant number of warnings issued by the General Dental Council (GDC) relate to a dentist's personal conduct.

The details came to light following a Freedom of Information (FOI) request to the GDC by the company Dental Protection. They show that 29 per cent of the warnings issued by the GDC in the past five years relate to personal conduct matters. Three-quarters of these were given

as a result of a driving offence. In light of this information it has been proposed that dentists should check the extent of the indemnity they have, as not all organisations provide protection against GDC investigations relating to personal conduct. Any dentist without appropriate cover would have to pay personally for this legal support when faced by the regulator.

Meanwhile, another notable statistic from the FOI request showed that 27 per cent of warnings issued to dentists related to record-keeping.

Safety strategy  
consultation

The GDCL has launched a consultation on its strategy for 2020-22 "Working with the dental team for public safety and confidence". The consultation seeks a conversation about the choices to be made in delivering

the regulator's broad statutory objectives.

The deadline to respond is Thursday 30 July 2019. It can be accessed at: [www.gdc-uk.org](http://www.gdc-uk.org)

Prison project  
for students

A group of dental students at the University of Dundee School of Dentistry have been given an award by the Oral Health Foundation for a project looking at oral health improvement and education within prisons.

Fourth-year dental students at Dundee were asked to select an area or group in the local community. They were then tasked with raising awareness of oral health in these groups by showing how to develop good oral health routines. As part of their degree, the students worked in tandem with voluntary and community organisations which

helped them reach out to individuals with mental health issues, the homeless and those with learning disabilities. The winning group of students was tasked with tackling oral health for the residents of the Scottish Prison Service within HMP Perth.

NHS expenses  
exercise

GDPs providing NHS Scotland General Dental services have been invited to take part in the annual expenses exercise. Participation is voluntary, but practices are being encouraged to take part by the Scottish Government, as the data collected will help inform future pay award for GDPs. Practices will be asked to complete a simple, online accounts template. Participants are asked to provide information on expenses, practice income, and staff numbers for the three financial years, 2015-18.



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## Mr Martin Paley

BDS (Dund) 1989, MB ChB, FFDRCSI,  
FRCS, FRCSEd (OMFS), GDC No. 64778  
Consultant Oral & Maxillofacial Surgeon

Martin's main NHS area of interest is Head & Neck Cancer performing complex reconstruction and Oral Rehabilitation using free tissue transfer techniques and Dental

Implantology. Martin accepts referrals at EDS for Oral Surgery and Dental Implant related cases.



## Dr Gillian Ainsworth

BDS (Sheff) 1996 FDS RCPSG,  
MSc, MSurgDent, GDC No. 71932  
Specialist Oral Surgeon

Gillian became one of the first two surgeons to complete the new specialist training program in Surgical Dentistry. Gillian is a recognised Oral Surgery Specialist, and accepts referrals for Oral Surgery, sedation and Dental Implant related cases.



## Professor Lars Sennerby

Tandläkare Gothenburg 1986  
GDC No. 72826  
Professor in Implantology

Lars trained in Oral Surgery at the Branemark Clinic in Gothenburg, which served as an international centre for clinical work, research and education regarding treatment of

edentulous patients with Dental Implants. Professor Sennerby is one of a handful of Clinicians in the world who has the title Professor in Implantology.



## Dr Suzanne Lello

BChD Hons (Leeds) 2008, MFDS RCS  
(Ed), MJDF RCS(Eng), FHEA, MOral Surg  
RCS (Eng) GDC No. 153633  
Specialist in Oral Surgery

Suzanne has been working in the field of Oral Surgery for 10 years and completed her specialist training in 2015. She is currently

developing a Postgraduate Certificate for the University of Edinburgh and accepts Dentoalveolar and Sedation referrals at EDS.

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### 17-18 JUNE

#### Training the Clinical Trainer

Royal College of Physicians and Surgeons of Glasgow (RCPSG)  
— Glasgow\*

### 18 JUNE

#### MJDF Study Day, FGDP

Novotel, 181 Pitt Street, Glasgow  
G2 4DT

### 21 JUNE

Preparation course for the  
Tri-Collegiate Membership in  
Paediatric Dentistry  
examination, RCSEd  
Edinburgh\*\*

### 27-28 JUNE

Royal College Advanced  
Certificate in Clinical Education  
RCPSG  
Leeds\*

### 9 JULY

#### Royal College of Surgeons of Ireland (RCSI) - Fellows and Members Conferring Ceremony

RCSI Exam Hall, 123 St Stephen's  
Green, Dublin 2\*\*\*

### 23 AUGUST

#### Dental Cone Beam CT Course

Level 2B Certification  
Royal College of Physicians and  
Surgeons of Glasgow (RCPSG)  
— Glasgow\*

### 11 SEPTEMBER

#### Making Life Work Better

Royal College of Physicians and  
Surgeons of Glasgow (RCPSG)  
— Glasgow\*

### 20 SEPTEMBER

#### BDA Scottish dental conference and exhibition 2019

Glasgow  
More information at: <https://bda.org/events/Pages/index.aspx>\*

### 23-24 SEPTEMBER

#### Training the Clinical Trainer

Royal College of Physicians and  
Surgeons of Glasgow (RCPSG)  
— Glasgow\*

### 3 OCTOBER

#### BDA CDS Group Annual Presidential and Scientific Meeting 2019

York Racecourse, Knavesmire Road,  
York, YO23 1EX

### 11 OCTOBER

#### FGDP(UK) National Study Day: Strategies for the Future Dental Patient

Etihad Stadium, Manchester

### 1 NOVEMBER

#### Core topic study day for DCPs, RCSEd

Edinburgh\*\*

### 1-2 NOVEMBER

#### Annual Scientific Meeting of the Faculty of Dentistry of the RCSI

RCSI St Stephen's Green Campus,  
Dublin 2 \*\*\*\*

### 18-19 NOVEMBER

#### Training the Clinical Trainer

Royal College of Physicians and  
Surgeons of Glasgow (RCPSG)  
— Glasgow\*

### 21-22 NOVEMBER

#### Royal College Advanced Certificate in Clinical Education, RCPSG

London\*

\*More information at: <https://rcpsg.ac.uk/dentistry/home>

\*\*More information at: [www.rcsed.ac.uk](http://www.rcsed.ac.uk)

\*\*\*More information at: [www.rcsi.com/dublin/news-and-events](http://www.rcsi.com/dublin/news-and-events)

\*\*\*\*More information at:  
[facultyofdentistry.ie/postgraduate-programme/upcoming-events/asm-2019](http://facultyofdentistry.ie/postgraduate-programme/upcoming-events/asm-2019)

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GDC Reg No: 66211



**Marilou Ciantar**  
GDC Reg No: 84070



**Graeme Lillywhite**  
GDC Reg No: 68916



**Brian Stevenson**  
GDC Reg No: 77605



**Lorna Harley**  
GDC Reg No: 79246



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GDC Reg No: 70079

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# Indemnity and beyond

*UK Government Consultation on Indemnity – a view from Helen Kaney, Lead Dento-legal Consultant and Head of Dental Services, Scotland, Dental Protection*



Helen Kaney BDS LLB Dip LP MBA FFGDP (UK) FFFLM  
Lead Dento-legal Consultant and Head of Dental Services,  
Scotland, Dental Protection.  
Helen spent many years in general dental practice before training  
as a solicitor and working for law firms that acted for commercial  
insurers and the UK indemnity organisations, acting for both  
doctors and dentists in various situations including clinical  
negligence claims and regulatory matters.  
She also worked as a dentolegal adviser for a commercial insurer  
which provided claims-made insurance for clinicians. Helen has  
worked for Dental Protection for the last 10 years where she is a  
Lead Dento-legal Consultant and Head of Dental Services,  
Scotland and advises and assists Dental Protection members  
throughout the UK and internationally.

**T**he UK Government has finished consulting on proposals that would reform how general dental practitioners and other healthcare professionals purchase their indemnity<sup>1</sup>.

This consultation was launched just before the state-backed indemnity scheme began for medical GPs in England and Wales for clinical negligence claims that relate to their NHS contracted work. A state-backed indemnity scheme for UK dentists, however, seems very unlikely and would be very challenging given that many patients will receive private and NHS treatment from their dentist and often during the same course of treatment.

It is therefore unlikely that a state-backed scheme would be introduced given the complexity of managing this scenario. UK dentists will therefore continue to arrange their own indemnity cover for the foreseeable future.

So, what do dentists need to know and what are the factors that dentists need to take into account in their indemnity decision-making?

The first is to check whether the protection provided is claims-made or occurrence-based? The second is





to establish whether the provider is a discretionary mutual organisation or an insurance company?

### **Occurrence-based vs claims-made cover**

Most clinical indemnity cover over the last 100 years in the UK has been provided by three main medical and dental defence organisations. In the last few years, however, there has been a rise in the number of insurers that have started to offer indemnity insurance in the UK market. Much has been written over the years about all of these issues and a recent BDJ article<sup>2</sup> covered these points.

The key difference between occurrence-based and claims-made protection is in relation to how the protection is structured. It is important to understand that claims are rarely made immediately after an adverse incident or course of treatment occurs. It is well known that cases in dentistry, and clinical negligence claims in particular, can have a very long “tail”, which means that it can take several years from the moment the incident happened or course of treatment was provided until a complaint or claim arises.

Dental Protection statistics indicate that only 14 per cent of claims are reported in the same year that the incident occurred. When a clinician is protected by

occurrence-based indemnity, that clinician can be assured that if they leave clinical practice for any reason they have indemnity in place for all incidents arising out of that clinical practice, no matter when a case relating to that incident, whether it be a complaint, claim or regulatory matter, comes to light.

Occurrence-based indemnity is considered to be the ‘gold standard’. Practitioners often value the long-term peace of mind that it offers, because they do not need to make any further financial arrangements if they leave membership of their provider or cease practice in order to protect them for the future. Although the cost of claims-made protection is often lower in the first few years than it is for an occurrence-based protection, there can be additional costs incurred on ending the policy (such as at retirement, if the clinician ceases practise or if they switch to another indemnity provider).

When all additional costs are considered, the overall cost for both claims-made and occurrence-based protection is likely to be broadly similar over the course of a clinician’s career. There is a need with claims-made insurance that “incidents” are reported within specific time frames, but what constitutes an “incident” can be open to interpretation in dental claims. Recent





member research by Dental Protection showed that the requirement to report incidents for claims made policies was of particular concern.

### Discretionary indemnity vs insurance

Much has been written over the years about discretionary indemnity and concerns about the value of such indemnity are regularly raised in several platforms, including on social media. There appears to be a belief that discretionary assistance can be withdrawn on a whim, which is absolutely not the case in my experience. In fact, discretionary indemnifiers must follow the law around how discretion is exercised, to ensure that it is fair and consistent and not arbitrary, capricious or irrational. Medical and dental defence organisations are also governed by their Articles of Association, which form a contract between the defence organisation and the member. If the articles are breached, members have recourse to the courts<sup>3</sup>.

Proponents of discretionary indemnity cite its flexibility as a positive aspect, in that it can allow the provider to respond to changes in the dentolegal environment and assist members with emerging risks that may not have been foreseen at the time membership was taken out.

Decisions to assist members are made every day. In situations where the analysis of the case and the member reveals a potential issue, the matter is considered extremely carefully to assess whether assistance can be provided.

There also appears to be a belief that assistance can be withdrawn mid-case, unjustifiably. In my experience, this would only occur if, for whatever reason, the member had decided not to co-operate with their defence team. Legal teams require instructions and cooperation from the member and when this isn't happening, the member is advised that if they are unable to work cohesively with their defence team, assistance may be withdrawn. Such situations are rare, but when they do occur, the member is given several chances to consider the implications of disengaging with their defence organisation. Some individuals then elect to deal with the matter themselves. It is also important to be aware that not all indemnity providers assist with personal conduct matters before the regulator, which is why some individuals are unrepresented at the GDC.

Both discretionary indemnity and insurance policies have their pros and cons. A contract of insurance brings a certain level of contractual certainty that assistance will be provided as long as the claim being made, i.e. the

assistance being requested by the insured individual, falls within the contractual terms of the policy. But precisely one of the benefits of discretionary indemnity is that it is not bound by policy wording. Discretion can be exercised

to widen the scope of the assistance usually provided for the benefit of the individual or the profession as a whole, which means that discretionary indemnity is usually considered to be more flexible.

It is very important to fully understand what has been purchased, whether it is discretionary or insurance-based cover and whether it is claims made or occurrence based. Policies provided by commercial insurers have differing caps and exclusions, so it is vital to understand what has been purchased and what the policy covers. It is also important to be aware that medical and dental defence organisations are "not for profit" member-owned organisations and do not need to charge insurance premium tax.

### UK Government Consultation and what happens next?

The three main UK medical defence organisations (MDOs) have now all responded formally to the Government's consultation. All indicate that there is little evidence that patients are unable to access appropriate compensation and explain that requiring dentists to hold insurance will mean that dentists have to pay extra costs to protect themselves from claims, including insurance premium tax of 12 per cent and other costs of regulation.

Discretionary indemnity continues to be the principle that underpins how compensation is made available in the UK, not just by the MDOs – but by the new state-backed scheme for GPs, the scheme run for NHS Trusts and also the indemnity provided to nurses by the RCN. There is very little evidence or concern regarding the current arrangements.

The unintended consequences of requiring all dentists to hold an insurance product need to be properly considered if the Government proceeds with these proposals, and the types of insurance available considered and recommendations made regarding what would be considered to be an acceptable form to ensure protection of both the patient and the clinician. Dental Protection is very aware of the number of dentists who appear before the GDC without any support or assistance from their indemnity provider, which is certainly not in the interests of those individuals or even the profession as a whole. Whilst it seems likely that the Government will proceed with the reform of how indemnity in the UK is regulated, another option is to require a mandatory Code of Conduct for the discretionary providers. Among other measures, this could establish an independent complaints process to adjudicate on member complaints.

The final decision of the UK Government remains to be seen, i.e. whether that is to maintain the status quo or to dictate that all clinicians without a state-backed indemnity scheme need to hold regulated cover. Time will tell.

### REFERENCES

- [1 https://www.gov.uk/government/consultations/appropriate-clinical-negligence-cover](https://www.gov.uk/government/consultations/appropriate-clinical-negligence-cover)
- Mind the Gap L. D'Cruz British Dental Journal Volume 225 No. 10 November 23 2018
- [3 https://lexisweb.co.uk/cases/2014/april/whetstone-trading-as-whelby-house-dental-practice-v-medical-protection-society-limited-sued-as-denta](https://lexisweb.co.uk/cases/2014/april/whetstone-trading-as-whelby-house-dental-practice-v-medical-protection-society-limited-sued-as-denta)



**THE UNINTENDED CONSEQUENCES OF REQUIRING ALL DENTISTS TO HOLD AN INSURANCE PRODUCT NEED TO BE CONSIDERED"**



# From strength to strength

*The Scottish Dental Show continues to evolve with a packed programme that delivers and enhances essential clinical and business knowledge across the sector*

**T**he Scottish Dental Show, now in its eighth year, continues to grow, welcoming more and more delegates from across the dental profession each year. This year was no exception, welcoming more than 2,000 people over two days at Braehead Arena in Glasgow.

At every show we ask for delegates' feedback and use that to develop and enhance the show still further. This year, in response to this feedback, we developed a brand new Educational Programme which offered up to hours of verifiable CPD from the GDC's recommended topics for ECPD. We were honoured to welcome expert speakers and workshop leaders to deliver this programme.

In addition, there was a packed programme of lectures on essential business matters, and a wide range

of hands-on practical workshops featuring a variety of skills and techniques, plus many opportunities to network with colleagues and catch up with old friends. As our delegate numbers grow, so too does the show itself, and even more exhibitors were added to our dental trade show this year, the largest in Scotland, bringing delegates the latest in dental equipment, techniques, systems and services.

The show would not happen without the kind support of our speakers, workshop leaders, sponsors and exhibitors, and thanks must go to them for their time, hard work and engagement with the show.

We hope that everyone who attended the show, in any capacity, found it enjoyable, educational, and exciting whether it was their first time, or they'd been coming from the very beginning. If you couldn't attend this year, don't worry, the show will return on 24 April 2020.

'Radiography Radiation Protection' was one of the busiest sessions with an attendance of more than

## 330

Total registrations were more than

## 2,900

Total attendance over the two days was more than

## 2,100

## 1,069

attended one or more sessions onsite

## 36

lectures

## 27

workshops

## 841

pre-registered for sessions online using the new system









Helen Paterson



## A DELEGATE'S EYE VIEW OF THE SHOW

**Susie Anderson-Sharkey enjoys a fresh, less-pressured perspective of the event**

My attendance at the show this year was different from the previous years in that this is the first time I have attended the show as a treatment co-ordinator rather than a practice manager. For 13 years I was the practice manager at Dental fx and only stepped down in March to take up my new role as Treatment and Courses Co-ordinator.

So I was approaching the event with somewhat less pressure than in previous years and enjoyed taking time to speak with so many of my colleagues in the industry. In the 'who's who' in dentistry I think everyone was represented at this extremely popular event. There was excellent variety of stands from right across the industry as well as from across the UK, which pays tribute to the calibre of the show which has grown significantly year on year.

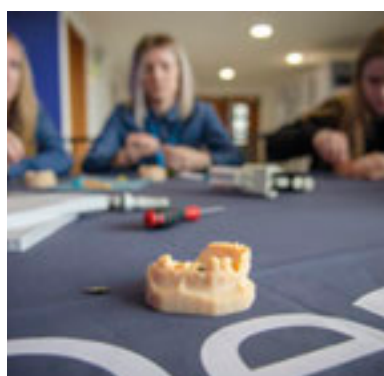
With so many shows being held south of the border, I feel extremely fortunate that I have a mere 30-minute drive to access the best there is in our industry all under the one roof.

For those who came along to the show to gain some valuable CPD, you would not have gone away disappointed. There was a great line-up arranged for both Friday and Saturday although I have to say I always feel sympathetic for those who have the 9am lecturing slots on the Saturday morning. For hundreds of delegates having danced the night away at the Scottish Dental Awards dinner, I applaud those who were willing and able to attend Roger Currie or Stuart Clark's lectures on the (early) Saturday morning!

A very hearty congratulations to all the well-deserved winners at the Scottish Dental Awards Dinner. The Friday evening event provides a chance for practice principals and staff, as well as many others from all areas of dentistry, to come along and for everyone to let their hair down (or get an up-do) for the evening and enjoy non-clinical time with friends and colleagues from what is a superb industry.

In my now nearly 30 years in the dentistry I can truly say that I have worked with and met people who are passionate about their career and in changing the face of dentistry in the 21st century.

So, thank you Scottish Dental for another great Show and I've already got my pen poised and my diary opened at May 2020...bring it on!!







Christine Goodall



Roger Currie



Peter Ommer



Sarah Manton



Donald Thomson





Lifetime Achievement Award winner Ken Scoular

## LIFETIME OF DEDICATION TO THEIR PROFESSION

Ken Scoular is a man used to living life on the edge – scaling the Old Man of Hoy twice, taking on the Cresta toboggan run and rescuing people off mountains among other hair-raising exploits. Nonetheless, the nerveless recipient of this year's Lifetime Achievement Award was a bit overwhelmed after being honoured by his peers at the Scottish Dental Awards.

Ken's award recognises his inspiring leadership and significant contribution to dentistry in Scotland and the wider world throughout his career, which included 31 years as a GDP in the Highlands.

Introducing him at the awards ceremony, Jim Hall from Clyde Munro told the audience that Ken's professional legacy is widespread, from his role in remote and rural education development to his work as Director of General Dental Practice Postgraduate Education in Scotland.

But he added: "I believe his input into the design of dental section of the new Centre for Health Science in Inverness was one of his greatest achievements – it is widely regarded as one of the finest dental education centres in Scotland."

Equally surprised was another notable winner on the night. Glasgow sole practitioner Fraser McDonald won both the Clinician of the Year Award and the General Practice Award of the Year Award.

Fraser, who opened his Shawlands Cross Dental Practice practice 30 years ago, was unaware that he had even been put forward until his birthday when he was presented with the nomination papers which had been compiled by a key member of his team – his wife Clare.

His surprise was greater when he won both awards, which pay testament to his decades of tireless commitment to his patients, his practice and his profession.

*Read more about the awards and winners on pages 30-41*

# Talent to inspire

*With new categories and criteria, the Scottish Dental Awards this year attracted a record number of entries from all areas of dentistry, whose qualities and achievements left the judges with an unenviable task*

**S**ince the Scottish Dental Awards were first held in 2013 they have grown and evolved each year to reflect the breadth and depth of the dental world. 2019 was no different, with the introduction of new categories and criteria, which allowed the awards to truly acknowledge the diversity of skills, knowledge, activities and achievements of the individuals and teams working in dentistry in Scotland.

2019 saw the introduction of another new element, a partnership with the Faculty of Dental Trainers for the Trainer of the Year Award. The Faculty was set up to reward and recognise interest, engagement and achievement in dental training, providing support and guidance for career development in dental training, and promoting standards in training. It was a privilege for all involved to work with them on both the awards and their stream of lectures and workshops at the Scottish Dental Show.

One thing that hasn't changed is the Scottish Dental Awards'

commitment to supporting a charity close to the hearts of the dental world. The charity partner this year was Medics Against Violence (MAV) and £3,000 was raised for their critical work through a charity raffle held in their aid during the awards ceremony and dinner in Glasgow, which was attended by 335 guests and hosted by broadcaster and comedian Fred MacAulay.

The awards celebrate the best of dental practice and patient care in Scotland, acknowledge those individuals and teams in primary and secondary care, NHS and private practice who place their patients at the heart of everything they do and continuously inspire, innovate and lead to deliver excellent patient care and who develop and enhance the dental profession.

The judges for the 15 awards this year were faced with a record number of entries – 137 nominations producing 73 nominees – from all areas of dentistry, so congratulations must go to all the nominees and winners who exemplify these qualities to, ultimately, improve oral health in Scotland.



Double award winner Fraser McDonald

# SCOTTISH DENTAL AWARDS 2019

## Clinician of the Year

**Fraser McDonald**, Principal, Shawlands Cross Dental Practice, Glasgow

## Scottish Dental Lifetime Achievement Award

**Ken Scoular**

## Professional Adviser Award

**Michael Royden**, Partner, Thorntons Law LLP

## Innovation Award

**Dr Michael Davidson**, Dentsply Sirona, and **Dr Brian Nattress**, Royal College of Surgeons of Edinburgh, celebrate their Innovation Award with their team

## Laboratory of the Year

**JD Watson Dental Lab**, Glasgow

## Practice Manager of the Year

**Andrena McFarlane**, Practice Manager, Mount Florida Dental

## Leadership Award

**Lisa Currie** and **Ivin Tan**, Directors, The Orthodontic Clinic

## DCP of the Year

**Evie Calderhead**, Head Dental Nurse, Visage Cosmetic Dental Clinic, Glasgow

## Team Award

**S4S Dental Lab**, Sheffield

## Outstanding Contribution of the Year

**Lesley Donaldson and Team**, Principal Dentist, Tryst Dental Practice

## Trainer of the Year

**Gordon McGovern**, Dentist/Trainer, Aviemore Dental Practice

## Young Clinician of the Year Award

**Jane Patterson**, Dentist, Torwood Dental Practice, Clyde Munro, Inverness

## Practice of the Year Awards

General Practice of the Year –

**Shawlands Cross Dental Practice**, Glasgow

Specialist/Referral practice of the Year –

**The Orthodontic Clinic**, Aberdeen

## Sales Consultant Award

**Louise Bone**, Sales/Business Development Consultant, DPAS Ltd



Dr Michael Davidson, Dentsply Sirona, and Dr Brian Nattress, Royal College of Surgeons of Edinburgh, celebrate their Innovation Award with their team



Young Clinician of the Year Jane Patterson from Torwood Dental Practice, Clyde Munro, Inverness, with presenter Kerra McKinnie from the award sponsor Scottish Building Society



Professional Adviser Award winner Michael Royden, Partner, Thorntons Law LLP with award presenter Jennifer Glenn from Dentsply Sirona



DCP of the Year Evie Calderhead, Head Dental Nurse at Visage Cosmetic Dental Clinic, Glasgow with Michael Reichel from Orasoptic



Gordon McGovern, of Aviemore Dental Practice, received the Trainer of the Year Award from Sarah Manton of the Faculty of Dental Trainers

Scottish  
**Dental**  
**AWARDS 2019**





The Outstanding Contribution of Year Award was won by Tryst Dental Practice team led by Principal Dentist Lesley Donaldson (right) and Business Manager Linsey Paton, pictured with Connect Chairman David Cameron



Practice Manager of the Year Andrena McFarlane with the team from Mount Florida Dental



The team from James Watson Laboratory in Glasgow celebrating their win with Connect Managing Director Alan Ramsay (left)



Louise Bone, Sales/Business Development Consultant at DPAS Ltd, received her award from Adam Stokes of Acteon Group



The Orthodontic Clinic from Aberdeen won the Specialist/Referral Practice of the Year Award



The Team Award winners from S4S Dental Laboratory, Sheffield, savour their success



Lisa Currie and Ivin Tan, Directors of The Orthodontic Clinic, with Scottish Dental's Ann Craib





*Scottish*  
**Dental**  
**AWARDS 2019**

[www.scottish.dental](http://www.scottish.dental)





# The heights *of* success

*Ken Scoular's passion for learning and training and his love of often hair-raising adventure have contributed to a lifetime of inspiring leadership. His lasting legacy to the dental profession across Scotland has now been honoured*

# K

en Scoular thrives on a challenge. From running his own practice a year out of university and overseeing the multimillion-pound development of three dental centres in Scotland, to rescuing people off mountains and bombing down the terrifying Cresta toboggan run in Switzerland, this modest man seems to take it all in his stride. However, he was a bit overwhelmed when he found out that his peers in the dental profession had honoured him with a Lifetime Achievement Award at the Scottish Dental Awards.

His first job at 16 was as a 'bin man' for Wishaw Cleansing Department, but he was persuaded to consider going to university.

Ken said: "I thought about medicine, dentistry and law, but I decided on dentistry as there was always a practical side to my nature. I like to help people, make things and, more importantly, dismantle them and put them back together again. I thought dentistry would be ideal."

This hands-on approach has served him well throughout his life, but he said it's his strong belief in the need to continually learn and educate that is behind his success, and he firmly believes that in order to manage continuous change over the decades, you have to embrace new technologies and continually upskill yourself and your team. Ken has a passion to pass on his experiences to others, particularly those new to the profession.

He jokes that his leadership in dentistry was developed at the University of Glasgow organising dances, Field Day and lobbying the Dean and the university for more entertainment facilities in the dentist student common room, but he also has a natural drive and taste for adventure and learning at the same time: as shown during his elective in the summer of 1975 when hitchhiked from New York to Florida University to study under Harold Stanley, then probably the world's "number one endodontist". He had to sleep rough for a while when he ran out of money, had a run-in with the local police, and ended up staying in a trailer park for the rest of his stay with a couple of Puerto Ricans.

He said his passion for learning and training was forged in Kettering, Northamptonshire, the location of his first professional job as a dentist in 1976. Ken explained: "I decided to move to Kettering because the dentist who owned the practice had an FDS and was medically qualified and I thought that would be a good learning environment. However, on the first morning he announced to me that he was off to train as a consultant and left me to it. He said he would

WORDS  
TIM POWER





come around on Wednesday night to see how I was getting on!”

This did not faze Ken and three months later he was given the option to lease the practice, with an option to buy a year later, which he did.

He said: “The whole thing was a steep learning curve, and looking back I should have walked out as there was no peer support, but I carried on. This experience, a sum total of my failures and near misses, moulded me into being a strong supporter of peer support and VT Training schemes.”

Ken got married to Anne in 1978 and, as they both share a love of adventure sports such as hill climbing and scuba diving, they were often travelling far at the weekends to either the Lake District or the south coast. After five years in Kettering they decided to find a place in Britain where they could both work and enjoy their leisure time without too much travelling.

Ever practical, Ken got out a map to decide where to go. He explained: “On the map of Britain I drew blue circles where I’d like to live and Anne drew hers in red, and where they intersected was where we agreed to set up a new dental practice.”

In 1982 they moved to Fort William, taking over a practice that had been established in 1920s with a large patient base that looked after people of the town as well as crofters and people from the islands and further afield.

Ken said: “The West Highlands then was quite a culture shock compared with England, as some of our island or remote and rural patients would have to travel up to six hours to see us, so we had to be flexible around appointments.”

He enjoyed his work and team in Fort William and also his life in the region which allowed him to complete all 284 Munros in 1989 and

join the Lochaber Mountain Rescue team where was a member for 28 years, winning two medals as well as Queen’s Award for Voluntary Service.

It was in 1996, and 20 years into his career, that he felt he was getting rusty academically. He explained: “I was beginning to realise that I didn’t know it all and it was time for a major revision of my knowledge and skill base, so I started a study group of dentists in Fort William and Oban to increase our knowledge of dental developments. We’d invite speakers, such as hospital consultants, to come up to talk with us and hold CPD for the whole dental team, not just the dentists – it was whole team education and that was ahead of the game then.”

### Thirst for learning

Enthused by his renewed thirst for learning, Ken went down to sit his MFGDP at the Royal College of Surgeons in London in 1998, but he nearly bottled out. He explained: “I remember walking around outside the college three times wondering whether I should go in and sit the exam. But in the anteroom, I had a ‘Road to Damascus’ moment and I realised that I was actually pretty bright and on top of my evidence and saw myself in a new light. It gave me a new confidence and I walked it.”

After merging his practice with another provider, Gregor Muir, in Fort William so they could share resources and combine their practice strengths, to form M&S Dental Care. Ken saw the opportunity to take a bigger role in education when he applied for the CPD tutor job for NHS Education for Scotland in Inverness. Not even the mould-strewn portacabin he was given as his office could dampen his enthusiasm for promoting learning opportunities to others.

He said this was a satisfying role:



**Above:**

Ken on Pollux, a 4000m peak near the Matterhorn on the Swiss-Italian border

“My job was to organise Section 63 education so I could fly top-notch speakers up from London for dental professionals from the health boards. At the beginning it meant people gathering in one place for the CPD, but later on in 2007 we had video conferencing, which increased our reach to dentists throughout the region. We covered a wide range of subjects from endodontics, decontamination and cosmetic dentistry to the mysteries of bonding, which was fairly new back then.”

He was not only helping people learn but also benefitting from education himself when he enrolled on the BUOLD (Bristol University Open Learning for Dentists) DGDP programme on dental business management. He said: “Within two years of completing the course and applying what we had learned at the practice we had become debt free, which shows the real benefit of education.

“Funnily enough, in 2010 I was asked back to BUOLD to be a guest lecturer and within six months I was running the business management scheme for dentists, and I did this for six years.”

In 2002 he also took up the role of Dental Practice Advisor



**Left:**

Ken lecturing at Centre for Health Science, Inverness



**I REALISED THAT I DIDN'T KNOW IT ALL AND IT WAS TIME FOR A MAJOR REVISION OF MY KNOWLEDGE AND SKILL BASE"**



(DPA) for NHS Highland, but he had to drop his DPA governance work when in 2005 when he was appointed Director of Dental Postgraduate Education at a time when the Government was funding big changes in dentistry to enable greater access for treatment.

Ken said: "The Government's Dental Action Plan included building 20 new dental centres around Scotland and I was involved in the design and the project management of the Stornoway Dental Centre, Dumfries Dental Centre and the Centre of Health Science in Inverness.

"They had facilities for dental students and dental therapists to be trained and educated while they also provided dental care for the public.

"The major challenge was to get them opened on time. It was very hands on, and I went around the building sites on a weekly basis. It was totally different experience, but it was great. I've always been very practical, and I can plumb, wire and do joinery as I built my own extension myself.

"The Inverness Dental Centre, which was a collaboration between three universities and two health boards, was the jewel in the crown. It had a huge footprint of glass and light, 22 dental chairs for outreach and therapy training, phantom head rooms, lecture theatres, rooms for resuscitation training. It was a roaring success, and all opened on time without any glitches in 2006.

"After that I was given new tasks developing the remote and rural fellowships, developing courses for practice managers and vocational training for dental therapists, plus taking part in the managing of the centre, but I still kept up my clinical practice in Fort William, on a Monday.

"You get a lot of respect when you are working as a dental director and you are still running a very successful practice."

He believes this respect helped him in his role in TRaMS (Training, Revision and Mentoring Support) providing remediation training for dental professionals who have had a complaint lodged against them.

He said: "I had many colleagues who had worked for 20-30 years with totally unblemished careers and these GDC complaints came out of the blue. It can have a dramatic effect on them so it's good to have someone who is experienced in the profession just to talk things over. I believe in the golden rule of reciprocity – treat people the way you like to be treated yourself – and I believe we've helped a lot of people through the TRaMS process."

Ken has contributed much to the profession outside his paid employment, a BDA Chairman in the Highlands and Islands, serving nearly a decade on both the National Dental Advisory Committee and the SDCEP. More recently, he has been extensively involved with the Dental Faculty of the RCPSG in Glasgow.

### Widespread legacy

Introducing him at the Scottish Dental Awards, Jim Hall from Clyde Munro, told the audience that Ken's legacy is widespread. He said: "Ken's Remote and Rural education strategy paper published in 2003 proved to be the road map for future remote and rural development, and I believe his input into the design of dental section of the new Centre for Health Science in Inverness was one of his greatest achievements – it is widely regarded as one of the finest dental education centres in Scotland.

"As NES Director, he managed the TRaMS scheme for the training and support of colleagues in difficulty and it was so successful that its processes were adopted nationally, and this is another example of his professional legacy."

Another one of Ken's other maxims is: "If you are not living on the edge then you are using up far too much space". He's shown this ethos in both the challenges he has taken up in his professional career and also in his personal life; from climbing the 450ft Old Man of Hoy



**Above:**  
Ken with some of his team who have worked with him for more than 25 years at his Fort William practice

sea stack (twice) to running the infamous Glen Nevis River Race, now closed because of safety concerns!

Although he retired in 2014, he's still very active, enjoying long-distance cycling in Vietnam, New Zealand and Europe, as well as Canadian canoeing nearer home along the Dee, Tay and Spey rivers. He's still passionate about learning and boasts a bus pass and two student cards: one for the University of Glasgow for studying Italian; and the other at Glasgow City College learning all about patisserie and Cordon Bleu cooking.

Accepting his award, Ken thanked his teams and peers for their help and support over the years and said the award was a joint achievement.

His final message was: "Build, develop and trust your teams; figure out the future and have a plan for your life; and finally, don't forsake your education and developing new skills. It provides improved patient care... and, in my case, improved Italian and cooking skills!"

**Below:**  
Centre for Health Science, Inverness

**“IF YOU ARE NOT LIVING ON THE EDGE THEN YOU ARE USING UP FAR TOO MUCH SPACE”**



# Fraser still flourishing

*Thirty years after starting out as a sole practitioner, the popular winner of both the Clinician of the Year and the General Practice of the Year awards continues to put the patients in his community at the centre of everything does*

**O**n April 28, 1988 people in Glasgow woke with excitement and anticipation. It was the first day of the Glasgow Garden Festival, an event that would begin to transform perceptions of the city.

The same day was equally memorable for Fraser McDonald. As others readied themselves for a once-in-a-lifetime occasion, he collected the keys for a dental practice in Shawlands that he'd just taken over.

More than 30 years later, Glasgow's miles better and Fraser remains at the same practice. What's more, he's just celebrated winning Clinician of the Year and General Practice of the Year at the 2019 Scottish Dental Awards.

It's quite an achievement for a single-person practice. But it seems it's no change for a dentist who has been picking up prizes since his school and university days.

## Accolades

There was no sign that Fraser would become a dentist when he was growing up. "My background is pretty normal – my dad worked for the electricity board and my mum was a home-maker. Originally I considered medicine as a career, but realised I wanted to do something using my hands. That's when dentistry became an option. I turned up at Glasgow Dental School for an interview and got shown round. After seeing everything the job involved I was convinced."

He might have been sure, but his interviewer, spotting that Fraser had won maths prizes at school, had another suggestion; Fraser should take a maths degree before moving on to dentistry. "Being young, I thought he was crazy – why spend four years doing something else before getting on to do what you really wanted?"

"Coincidentally when I was a house officer at Glasgow, the consultant David Stirrups suggested I do an Open University degree in programming. Eventually, when I was in my 50s I followed his advice."

During his time as a student at Glasgow Fraser met Clare. She changed his outlook. "At school I'd always got through by the skin of my teeth, doing the minimum studying required to get through exams. But Clare liked to study, so I began accompanying her to the library and my marks massively improved. I had really good teachers too and managed to achieve the Dean Webster prize, which is awarded

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MCROBERT

**Below:**  
Shawlands Cross  
– where it all  
began in 1988  
and the practice  
is still thriving

to the most distinguished graduate in dentistry."

That wasn't the only accolade he picked up in his graduation year, 1984. He had carried out a research project under the guidance of Martin Ferguson. It earned him the Colgate Hoyt Prize for research.

## General practice

After qualifying Fraser became a house officer and then senior house officer before general practice called. He gained experience in Dan Cairn's practice in Motherwell where he says he was taught the importance of a good sense of humour. Then, he learned even more about the job working with Bob Morrison and Jim Law in Coatbridge.

The desire to be his own boss prompted him to take a chance when the Shawlands Cross practice came up for sale. "As a sole practitioner you can be a little more iconoclastic and do what you want. Crucially, it's allowed me the biggest luxury of my life – a great family life and the opportunity to spend time with our seven children.

"Having my own place has allowed me to buy equipment that's been good for patients and indulged my interests in dentistry and computing. For example, I bought a Cerec machine for my 40th birthday and was an early adopter of air abrasion units."

His philosophy is that in dentistry, as in life, you have to keep finding things that interest you. "Every day is different. It never works out the way you imagine. You get to listen to patients' stories and get to know them – that's a real buzz."

Indeed, patients are at the centre of everything Fraser does. To illustrate his approach he cites a phrase adopted from Jim Whitelaw, the former head of the general practice unit at Glasgow Dental School: "There are 'Three A's' of dentistry – affordability, availability and ability, and of those three the third is the least important." Fraser explained: "I don't know if I completely agree with that – ability is very useful. However, I do think it's vital to be amiable. If you can talk to patients and have them talk to you, they're more relaxed and you're able to ease any anxieties or worries they have.

"I know today's undergraduate courses include patient and communication skills. Back in my day you had to learn these things for yourself, or if you were lucky enough, they came naturally to you."

## Reducing options

While he has enjoyed making his own decisions and pursuing his interests he fears young dentists may not have the same breadth of choice he did. "When I left dental school I had options; perhaps to pursue an academic career before joining general practice where I would have a choice of different practices. I'm concerned that the variety of





practices is reducing for today's graduates."

He believes the future survival of small practices could be under threat, unless they find ways to share services. "I've seen people face increasing pressures. For one thing, the amount of admin involved in the job has increased immensely over the years. Meanwhile, the HMRC questioning of associates' self-employed status encourages an environment where direct employment becomes the simplest and most cost-effective option.

"I worry about these trends because there's the possibility that fewer practices will survive and we'll have less diversity in the profession; that's not good for patients, as well as dentists."

By joining together to share common services it may be that the owners of small practices can increase their financial viability and even improve work/life balance, allowing them more time for themselves. He suggested co-operation can help in other ways. "With regular inspection comes the pressure to produce written protocols. Those sorts of resources could also be shared, which would help spread good ideas, as well as help save time, effort and money."

On the theme of working together, Fraser said he had observed a shift in the relationship between health boards and dentists. "I have to say, the way we work with dental advisors and inspectors is very positive today. In the past there had perhaps been an

'us and them' feel. However, now advisers are seen as people who offer advice and listen to your concerns. And they play an active part in sharing ideas between practices. If they see an effective protocol in one place they are very happy to take it to others. That helps all practices, small and large."

Notably, Fraser has a long-held belief in the value of communication. He's been part of groups such as the Scottish Dental Practice Based Research Network, which promotes practice involvement in research projects and working with academics. He added: "I also have a keen interest in dental informatics which helps share knowledge online. And there's huge potential for more digital exchange between practices and practitioners."

Information exchange is vital in his part time job as an associate lecturer with the Open University where he teaches programming. "It's great fun. I'm a huge proponent of distance and lifetime learning. And, with most of my children being female, I'm a big advocate of addressing the gender imbalance learning STEM subjects."

With much to occupy his time, Fraser is relaxed about the future. "I'm still happy being a solo practitioner. At the age of 57 it might be that I start thinking about different ways of moving forward. I'm quite content to continue as I always have, but if new opportunities came up I'd happily explore them."

## Follow your intuition

Fraser's passionate interest in computing extends to a love of cyber security games and it's an area in which he has excelled. "I admit it - I'm a geek. I like maths, programming and tackling cyber security challenges, and have been invited to London for face-to-face finals. Alan Turing was one of my heroes. He was a polymath, but heavily into intuition too. Co-incidentally, I think intuition is great for both maths challenges and for clinicians. There's often a wee voice at the back of your head giving you a warning about your choice of action or a difficult diagnosis, where there's more to the story. Is it the best course to take and is it best for the patient? As a clinician you must learn to listen to that voice."

## Secrets and surprises

The successful nominations for Shawlands Cross Dental Practice at the Scottish Dental Awards were compiled in secret by Fraser's wife, Clare, who works alongside him. She gathered comments from patients and presented them to

him on his birthday in February before submitting the application to the awards' judging team. "It was a surprise to be shortlisted, and an even bigger surprise to win, especially when we picked up two awards," Fraser said.

He's hoping his success encourages other dentists in similar situations to put themselves forward. "If I can win, so can others. There are lots of people out there doing good work for their patients and they deserve recognition."



Fraser with his wife Clare and daughter Christina who also works at the practice

“

IT'S VITAL TO BE AMIABLE. IF YOU CAN TALK TO PATIENTS AND HAVE THEM TALK TO YOU, THEY'RE MORE RELAXED AND YOU'RE ABLE TO EASE ANY ANXIETIES OR WORRIES THEY HAVE”

# Second thoughts lead to first place

*When Jane Paterson decided not to pursue her dream of becoming a vet, it was dentistry's gain. Her commitment as a dedicated GDP in Inverness has earned her the support and respect of colleagues and patients in the local community*

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Jane Patterson couldn't face the thought of having to put animals to sleep. It was that unpleasant aspect of the job that gave her second thoughts about becoming a vet. Instead, she chose dentistry. And it has proved a wise move. Not only has she become an essential part of Torwood Dental Practice in Inverness, but she has also just won the title of Young Clinician of the Year at the 2019 Scottish Dental Awards.

The award, she said, was thrilling but unexpected. "It was such a lovely surprise to be nominated and then shortlisted. On the night I couldn't believe I'd won. I knew some of the other people in the category – they were all very strong contenders and I thought I had little chance."

Jane grew up in Co Down where her dreams of being a vet began. "However, the prospect of putting an end to an animal's life was far too sad a thought for me. The option of a dental career came about thanks to a couple of older cousins who are dentists and really love the job. After carrying out some work experience in their practice I was immediately hooked."

In 2007, Jane headed to the University of Glasgow. There, she enjoyed every minute of student life. "It's a fantastic place offering lots of sports, trips and other activities. I graduated in 2012 and did my VT at Torwood. I fell in love with the Inverness area where you are minutes from the mountains and the sea, and it's full of really great people."

After impressing during her VT, Jane was offered, and accepted, an associate post.

## Variety

It was the variety inherent in the GDP role that attracted her. "At university I enjoyed all sorts, from paediatrics to oral surgery. I couldn't pick one over the other, so I thought the best idea was to go into VT and see if I favoured a particular specialism. However, I found I liked everything and being a GDP is perfect because you get to work across lots of areas."

Having built up a solid patient base, she explained, her priority is to make sure the right resources are in place so that those she sees receive the treatment they need and

deserve. "No matter where you work I'm sure that's at the forefront of your mind – giving patients the best care you can."

"In Inverness we're lucky to be supported by a very good team at the hospital where the oral surgery unit is fantastic and there's a great children's department. Although there's just one restorative specialist, because our practice is now part of Clyde Munro we have access to a wide range of referral pathways. For example, a specialist endodontist visits us every month to provide advice and take on complex treatment. Plus, we have a great referral pathway for implant work and special cases."

The practice location means her patients come from a wide geographical area. A significant number come from Skye, the Outer Hebrides and Caithness. One patient, who used to stay in Inverness but has since relocated to Oxfordshire, remains loyal to Jane, combining dental visits with a holiday to old haunts.

Notably, patients are not pushed to travel far because their local options are limited. "They make a voluntary choice to come to us. Most don't find it an inconvenience. They have been coming a long time, like the practice and don't want to change."

## Good listener

When it comes to the secret of successful dentistry Jane believes you must be a good listener. "You need to be ready to find out what people really want. It's not easy for nervous patients to let you know what they're thinking. And with pain cases you need to be able to listen so that you can get to the root of the problem."

As far as her own success is concerned she said her triumph at the awards was down to the team around her. "They make my job as easy as they can, allowing me the time I need to focus on the patients."

With a major professional prize in the bag, Jane's continuing to progress. "I'm just finishing my diploma in restorative dentistry and once that's done I'll be looking at the next stage on the road to an MSc. And, of course, my focus is on the practice where I have great colleagues and great patients."



## Life on the line

Not content with life as a busy dentist, for the last two years Jane has been a full member of the local lifeboat crew.

Joining was the culmination of a lifetime's ambition. She explained: "My mum's from a fishing village in Ireland and when I was small we



always looked up to the guys on the lifeboat as superheroes. When I joined, the circumstances were just right. I was settled at work and the lifeboat was recruiting. So, I applied and was successful."

Naturally, call-outs are unpredictable. In 2018, her boat, based at Kessock, had 26 shouts, which qualifies as a quiet year. "You can be out twice in one night then not have another call for a month.

"My pager's on all the time, but during working hours my status is 'delay'. That means I will attend if possible, but can't give a guarantee."

She recalled one dramatic call-out. "It was January, dark and very cold, and we got the call that two children were missing. Water was freezing on our suits and we were part of a team that included a helicopter and our neighbouring lifeboat. Luckily, working with Police Scotland we found the children."

Coincidentally, life-saving is a family affair. "My husband works with the coastguard. So, often when my pager goes, so does his."

“  
YOU NEED TO BE  
READY TO FIND OUT  
WHAT PEOPLE REALLY  
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PATIENTS TO LET YOU  
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THINKING”



# What the judges said

## Trainer of the Year

### Gordon McGovern

- In this category, the judges were hoping to find someone who goes over and above what is expected within their day-to-day role to inspire, support and develop those they train. Gordon clearly demonstrated all of these attributes.
- He has demonstrated a genuine commitment to training across Scotland, sustained over many years, which is truly impressive in its scope.
- Gordon has been tireless in his activities training VTs, supporting trainers and trainees, delivering training programmes and organising CPD since 2004.

## Young Clinician of the Year

### Jane Patterson

- The judges were impressed that, so early on in her career, Jane has already developed such a breadth and depth of experience.
- It was heartening to see the strong support she had from both her colleagues and patients, and how strongly she was integrated into the local community.
- She is clearly an all-rounder with a strong work ethic who has already accomplished much, but continues to take time to train and develop herself and her skills still further.

## Team of the Year

### S4S

- S4S's entry exhibited all the best elements of teamwork, demonstrating a strong and successful team ethos, and focusing wholly on the team as a cohesive unit.
- They have used this ethos and excellent teamworking practice, to enhance the quality and impact of their work, and to contribute back into the wider community.
- They demonstrated a genuine commitment to the team as a whole, and a clear understanding of the importance of working together and supporting and developing each other.

## Sales Consultant of the Year

### Louise Bone

- The judges were impressed with the geographic spread of Louise's work and the

vast amount of support from her customers.

- It is clear that she is held in very high regard by them and is dedicated, passionate and skilled.
- The judges were also impressed that she continues to work with them over a long period of time in an area where it can be hard to build such supportive and long-lasting relationships.

## Highly commended

### Mike Watson

- The judges were very impressed with the support shown by Mike to his customers and the relationships he has developed with them, culminating in the support they have given him for this award nomination. The wide breadth of his work and customer base was also noted by the judges.

## Professional Advisor

### Michael Royden

- This was a very closely contested category and generated a lot of debate among the judges. The margins between all the nominees were very narrow.
- The judges were impressed with the strength of feeling demonstrated by Michael's clients and the way he manages to develop strong and ongoing relationships with people he is advising and guiding through a very stressful time.

## Practice Manager of the Year

### Andrena McFarlane

- Andrena demonstrated a wide range of skills which are of clear benefit to the practice and its patients.
- She is clearly able to develop a strong rapport with everyone she comes into contact with, patient, colleague or professional contact, and is able to develop strong and supportive relationships.
- She has shown a strong commitment to ongoing development, investing time and energy in continued training, to enhance her already impressive skillset.

## Highly commended

### Rebekah Broadfoot

- The judges were impressed with the clear evidence of Rebekah's innate leadership

skills. It is not an easy thing to take on a difficult task from scratch, and even harder to have delivered and achieved significant results in a short time, as Rebekah has. It is clear that she has already made positive and impactful changes to the practice and will continue to do so.

## Leadership Award

### Lisa Currie and Ivin Tan

- The judges were incredibly impressed with the high praise for Lisa and Ivin's leadership from across the board.
- They embody all the attributes of leadership, and have galvanised their team through engagement and strong communication coupled with a real clarity of vision.
- It is also clear from the testimonials of team members that Lisa and Ivin genuinely care about the wellbeing of the team and invest in creating a positive team dynamic which is based on mutual respect and trust.

## Lab of the Year

### JD Watson

- The judges were impressed by the clear praise from both NHS and private customers for the quality of work delivered and for the customer service and care experienced.
- It is to be commended that the lab was started from scratch and the owners have invested time in energy to build a lab which offers services across the board, and is committed to working in partnership with its customers.
- The lab clearly holds itself to very high standards in all areas and is highly valued by everyone it works with.

## Innovation Award

### RCSEd and Dentsply Sirona

- The judges commented that, from the outset, this showed genuine innovation, with no other event like it for dental students anywhere.
- They were impressed that the competition has continued to develop so that it is now held in every dental school in the UK and Ireland, with over half of all final year dental students taking part.

- It was commended for its commitment to showcasing dental skills that are not part of the core curriculum, for engaging dental students in them, and for continuing to innovate to develop ways of continuing that engagement and skill development post-graduation.

### DCP of the Year Evie Calderhead

- The judges were impressed with Evie's clear commitment and dedication to her role and her willingness to go above and beyond to support her colleagues and patients.
- It is clear that she can establish a strong rapport with patients, particularly those who are nervous, and that she invests her time supporting and training her fellow dental nurses, for their development and that of the practice as a whole.
- She holds the respect and trust of her colleagues and her patients and is truly an integral part of the practice.

### Outstanding Contribution Lesley Donaldson and her team

- The judges were hugely impressed with the numerous ways in which the team have contributed to their local community, and the significant impact this has had.
- They have instigated, or been involved in, a wide range of projects which have clearly enhanced the knowledge and awareness of multiple groups on topics related not just to oral health, but health and wellbeing more broadly.
- The judges commented on the fact that they continue to investing in sustainability and onward learning in these communities by training others, and have invested time and resources – both financial and human – altruistically.

### Practice of the Year, General Practice Shawlands Cross

- Shawlands Cross really stood out to the judges because it showcases the best in general dental practice.
- Shawlands was praised for the way it has maintained long-term engagement with its patients across generations of families, who have a genuine affection for the practice and the people who work within it.
- It is clear that it stands for values, ethics and establishing strong relationships between practitioners and patients, and it demonstrates a long-standing commitment to the community.
- It is also clear that, as well as this strength of commitment to its patients, Shawlands have the same strength of commitment to its team and are supportive and caring employers.

### Highly commended Bearsden Dental Care

- Bearsden were highly commended by the judges for their clear commitment to access to NHS dental services, and their work in domiciliary care. The judges were impressed by their investment in ongoing training for their staff to support all patient groups, and that they have demonstrated long-term commitment to expanding their services in order to widen access for all.

### Practice of the Year, Referral/ Specialist Practice The Orthodontic Clinic

- The judges praised the Orthodontic Clinic for their commitment to the high standards they have established, and the relationships they have built with their patients. In particular, the judges were impressed that the practice had managed to maintain this throughout a period of enormous change during a significant project which could have been incredibly disruptive to the team and to patients.
- It was clear that there is a strong team ethic, excellent communication and a real clarity

of purpose which ensured that, despite the upheaval, the team and patients felt supported and up to date with developments throughout, with no compromise to patient care or standards.

### Clinician of the Year Fraser McDonald

- Fraser stood out to the judges for his long-standing and tireless commitment to his patients, his team, his practice and his profession.
- He embodies the best attributes of a general dental practitioner, establishing long-lasting relationships with generations of patients built on trust and respect, and investing in the ongoing development and growth of his team and his practice – and of himself.
- More broadly, he has brought his skills and enthusiasm to the ongoing development of dentistry and dental practice in Scotland.
- Throughout his career he has lost none of his passion for his profession, a passion that has clearly inspired the many people who have worked with him over the course of his career.

## THE JUDGES



**Tom Bereznicki**  
CONSULTANT OMF SURGEON



**Professor William Saunders**  
EMERITUS PROFESSOR OF ENDODONTOLOGY, SCHOOL OF DENTISTRY, UNIVERSITY OF DUNDEE



**Sarah Manton**  
DIRECTOR OF THE FACULTY OF DENTAL TRAINERS



**Roger Currie**  
CONSULTANT OMF SURGEON, HON. CLINICAL SENIOR LECTURER UNIVERSITY OF GLASGOW



**Gordon Morson**  
MACDONALD & MORSON DENTAL CARE





# Don't fear *fallibility*

*In the relentless drive to improve patient safety developments in training and education are crucial, and the increasing sophistication of simulation-based education and human factors training is attracting attention.*

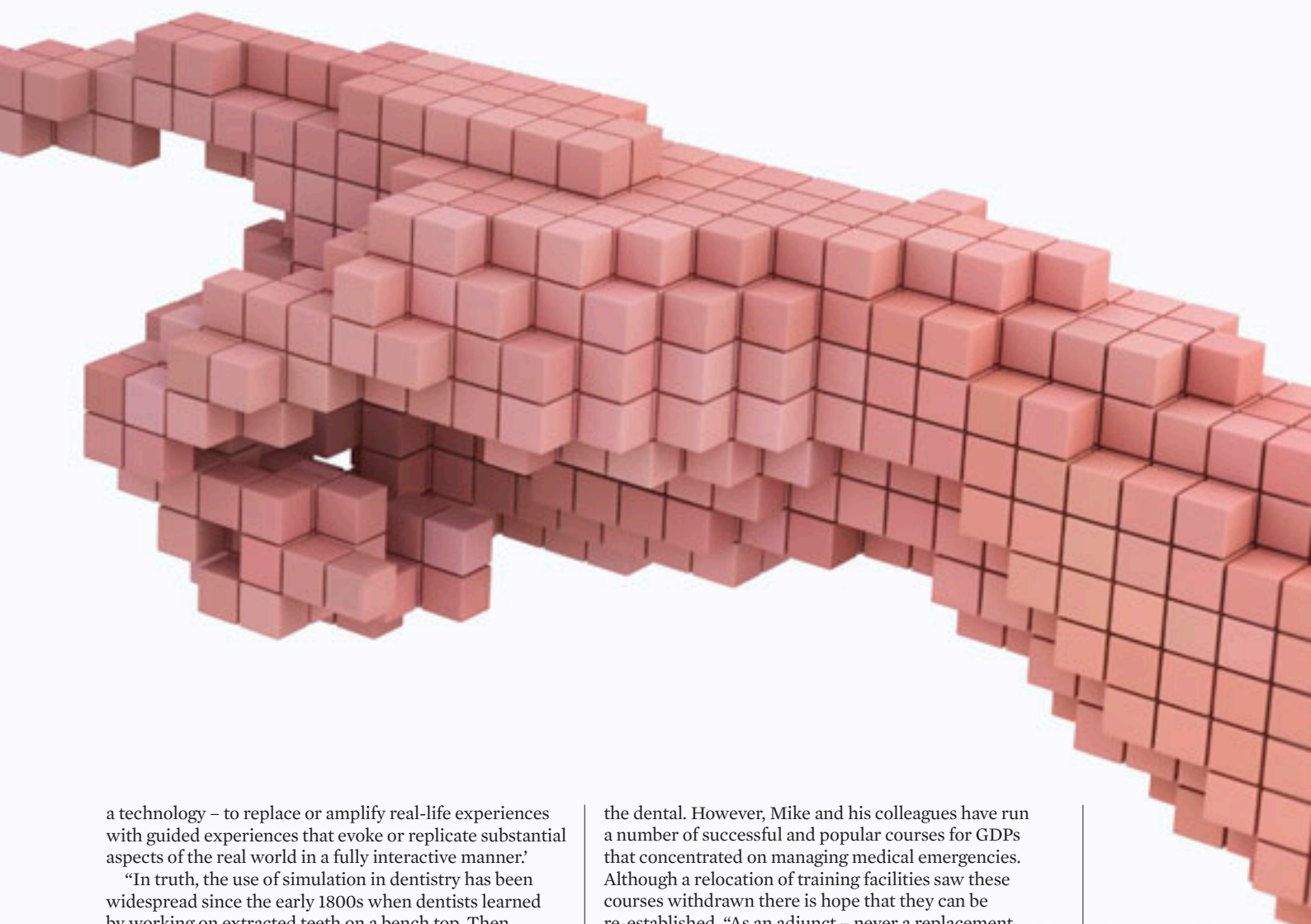
Everyone makes mistakes. After all, we're only human. However, the crucial element in healthcare is how we work as individuals and members of a team to eliminate error in the first place and learn from adverse incidents to make sure they are not repeated. This is the crux of simulation-based education (SBE) and human factors training which are gaining increasing traction in medical and dental education.

Thanks to new technology and increased understanding of the way human beings work, training and education in every environment has been transformed. These days, trainees can practise and master complex skills in safe, simulated environments. SBE has proved its worth in high-pressure, highly-skilled environments – it is widely used as a training tool in a wide range of high-reliability industries such as aviation, oil and gas exploration and the military. In healthcare, SBE is increasingly seen as having the potential to provide improved patient safety, better learning experiences for trainees and improve the lessons learned from adverse incidents.

One organisation helping to advance the work being done is the Northern Ireland Simulation and Human Factors Network (NISHFN). It was established after the Northern Ireland Medical and Dental Training Agency (NIMDTA) appointed a Simulation Lead and Simulation Fellow, as part of the ADEPT Clinical Leadership Fellows' programme. NISHFN aims to support and connect individuals who have an interest in simulation and human factors training.

Mike Morrow is the NIMDTA Simulation Lead. He said: "Simulation has been defined as 'a technique – not

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a technology – to replace or amplify real-life experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.’

“In truth, the use of simulation in dentistry has been widespread since the early 1800s when dentists learned by working on extracted teeth on a bench top. Then, in the late 1800s the ‘phantom head’ was introduced. It remains the mainstay of undergraduate work and is used to some extent in postgraduate training.”

In recent times computer-based simulation training has been adopted to a certain degree in dental training in the UK and Ireland. However, although a few studies have suggested it has some advantages in terms of availability, cost and reduced contamination, there’s no solid evidence to suggest it is superior to phantom head training.

“What has the potential to make a dramatic difference is the recent development of virtual reality feedback haptic devices,” said Mike. “Using technology developed initially for the aerospace and aviation industries, high-fidelity VR simulators can now provide trainees with realistic sensory feedback that’s much more meaningful than looking at a two dimensional screen. Although this technology is still in its early days, it is likely to prove a game-changer for dentistry.”

“There is likely to be a role for haptic training in more complex dental procedures, such as restorative work, where the availability of patients to train on is limited and the cost of mistakes is very high.

“That said, I don’t see the use of phantom heads disappearing any time soon, but the new products will undoubtedly be a powerful addition.”

Up to now, most of the SBE being done in Northern Ireland has focused on the medical side rather than

the dental. However, Mike and his colleagues have run a number of successful and popular courses for GDPs that concentrated on managing medical emergencies. Although a relocation of training facilities saw these courses withdrawn there is hope that they can be re-established. “As an adjunct – never a replacement – to clinical experiences, SBE has huge potential to improve skills and identify latent threats,” said Mike.

### Healthcare human factors

Human factors training focuses on optimising performance through better understanding of the behaviours of individuals and the way they interact with their environment. Numerous models have been developed to explain the complex relationship that exists between human factors and the patient. The World Health Organisation (WHO) identified 10 human factor topics most relevant for patient safety; safety culture, manager’s leadership, communication, teamwork – structure/ processes and team leadership, situational awareness, decision-making, stress, fatigue and work environment.

“In Northern Ireland, NISHFN is working with local and national experts to develop an all-encompassing approach to healthcare human factors. The aim is to develop skills in team-working, communication, behavioural issues and cognition among others.

“Cognition relates to how we think and, in particular, how we think in different situations, such as when we are operating under stress or are tired. These can leave a practitioner prone to error, therefore learning to think about how you think has the potential to help you improve or adapt your behaviour.”

“Similarly, when we were running our courses for







GDPs it became clear quite quickly that in many cases team working wasn't as well-developed as it might have been. For example, dentists might not always be aware of where resuscitation equipment was stored, what guidelines were available to them and when resuscitation drugs might go out of date."

The work in Northern Ireland is part of wider activity. In the UK, the Chartered Institute of Ergonomics and Human Factors has given greater urgency to its work in healthcare. Indeed, in 2018 it released a white paper on the topic. "Our work in Northern Ireland is closely aligned with the approach outlined by the Institute," said Mike. "One that takes account of the individual, the team they work with and the system they work in."

He believes future training must look at an individual's skills and requirements, the demands of the dental curricula, and human factors training. Such an integrated approach will help make sure dentists know about their own potential for lapses and errors, how they as an individual practitioner rely on the team supporting them, and how the system in which they operate can be fallible. Mike and his colleagues are also keen to see increasing links between groups across the UK and Ireland that support SBE and human factors training.

"Although I am not a dentist and have limited experience in training dentists, I know they're no different to other healthcare workers – they are human, and therefore prone to human frailties."

While it might be thought that people would react negatively to having their capacity for error highlighted, Mike said the opposite is usually true. "What we've found in our work with medics and allied healthcare professionals is that when individuals are made aware of these issues it can be a 'lightbulb moment'. Start talking about human frailty – which is not a disparaging term – and people intuitively understand that we are all fallible. The best way to protect your patient, your team and yourself from the consequences of error is to develop the skills, behaviours and cognition that make the job safer."

### Adverse incidents

Another area where human factors and SBE can be vital is in the ability to learn from serious adverse incidents. "NISHFN is currently piloting a Quality 2020 project using video training and structured feedback to look at this in the medical arena," explained Mike.

"Health boards, trusts and agencies are good at collecting data on error. Those stats are harvested, collated and analysed with subsequent recommendations fed back to clinicians.

"However, this process hasn't always been as successful or reliable as we would like. Frequently, feedback comes in the form of learning letters or an email attachment that can be easy to overlook. Unfortunately, all too frequently we see repeat episodes of the same problem occurring."

He believes repetition suggests a systemic problem. "The Public Health Agency is very focused on this issue and is keen to look at ways of addressing these recurrent problems. We are now involved in developing a human factors course to help, using video training to reach a wider interprofessional audience."

It has to be recognised that there's much to be



**ALTHOUGH I AM NOT A DENTIST AND HAVE LIMITED EXPERIENCE IN TRAINING DENTISTS, THEY'RE NO DIFFERENT TO OTHER HEALTHCARE WORKERS – THEY ARE HUMAN, AND PRONE TO HUMAN FRAILTIES"**

done in making SBE and human factors training an everyday part of medical, never mind dental, education. Mike noted: "At the NI Medical and Dental Training Agency we have begun working closely with Queen's University to make sure there's close alignment with what they are teaching in human factors and what we are aiming to do in a postgrad environment. We are working with the medical specialties trying to make sure SBE and human factors training is being delivered where recommended by the various Royal Colleges, and that the resources and readiness are there to make sure it can be delivered effectively."

Mike and his colleagues are also trying to make sure that training is being created in ways that are appropriate, delivered to a recognised standard and aligned with the various curricula.

"As part of that we have been involved in trying to standardise the approach to debriefing simulation sessions. A debrief has to be structured and reproducible. We've based a lot of our work on an approach developed by the Scottish Centre for Simulation and Clinical Human Factors. Our methodology has been rolled out successfully and accepted by undergraduate medical colleagues at the Queen's University, helping to bring a degree of standardisation.

"Overall, we are making small but steady strides and we at NISHFN would certainly welcome our dental colleagues as members of the network. NISHFN welcomes everyone who is interested in simulation-based education or human factors training, regardless of clinical background."

The Northern Ireland healthcare system, like others, suffers from acute financial pressures. SBE and human factors training require resources, faculty-training and time away from clinical work. Researchers are increasingly aware of the need to look at cost-effectiveness. Nevertheless, it is also recognised that there will be an increased drive for recognised simulation-based education and human factors training in undergraduate and postgraduate healthcare training.

"NISHFN looks forward to helping interested stakeholders support and develop simulation and human factors training across Northern Ireland in the coming years," said Mike.

"The challenges that those of us involved with this area face are cost, faculty time and how to get training integrated into the workplace. Our efforts have been focused on encouraging people to invest in this valuable way forward. It does take a paradigm shift for that to occur – there has been recent movement in the right direction, but full-scale recognition of the value of SBE and human factors training has not happened yet.

"The developments in these areas create an exciting challenge for everyone involved in healthcare education, but, as always we need the support of funding bodies."

It seems that we don't need to fear fallibility, but we do need the finance to face up to it.

# Oral syphilis – A case report

Dr Maria Taheny<sup>1</sup>, Dr Rebecca Lees<sup>2</sup>, Mr Roger Currie<sup>3</sup>, University Hospital Crosshouse

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## Introduction

Syphilis is a sexually transmitted infection caused by the spirochaete *Treponema pallidum*. Oral manifestations are usually in the form of a painless ulcer, known as a chancre, at the site of entry of the infection. This is a case report of a patient who was referred to the OMFS clinic with suspected oral cancer, but following investigation was diagnosed with syphilis. This report highlights the importance of considering syphilis in the provisional diagnoses of white/red patches and ulcerative lesions of the oral mucosa.

## Case

A 38-year-old man was referred to the oral and maxillofacial surgery clinic by his GMP with regards to a non-healing ulcer on his right lower lip. The GMP had prescribed a course of Nystatin, followed by Fluconazole with no improvement. At this point the patient was referred to the OMFS unit due to clinical suspicion of oral malignancy.

The patient attended the clinic complaining of an ulcer on his lower lip which he originally thought was a cold sore but grew suspicious when it increased in size and did not heal over a four-week period. He also mentioned being aware of a persistent white patch under his tongue and recurrent oral ulceration for three months.

Medically, the patient was diagnosed with HIV and subsequent Hepatitis C co-infection five years previously and was receiving the antiretroviral drugs Dolutegravir and Rezolsta. He was a smoker of 20 cigarettes per day and drank 18 units of alcohol per week. He worked as a hotel manager.

Clinical examination revealed a large ulcer on the right lower lip which

measured approximately 1.5cm x 1cm. It was a mixed red and white ulcer which appeared indurated. (Figure 1). There was also a red and white patch on the left ventral tongue (Figure 2) and some small ulcers on the posterior hard palate. Urgent incisional biopsies of the lip and tongue lesions were carried out.

The results showed both biopsies to be in keeping with the clinical impression of syphilis. The key diagnostic feature from the histopathology was “numerous corkscrew-like spirochaetal organisms especially prominent within the surface epithelium” which were visible after staining for *Treponema pallidum* (Figure 3).

The patient's blood tests were also positive for Syphilis IgM and *Treponema pallidum* antibodies. Liaison with the Infectious Diseases team resulted in the patient receiving intramuscular benzathine penicillin treatment.

## Discussion

Syphilis can be congenital or acquired. Acquired syphilis is sexually transmitted and has three clinical stages: primary, secondary and tertiary.<sup>2</sup> It can present as various oral manifestations, mainly at the secondary stage<sup>2</sup>. Oral manifestations are, in many cases, one of the first signs of the disease and can guide the correct and early diagnosis, which is of great importance for the treatment of the condition<sup>3</sup>.

These manifestations include ulcerated lesions, white plaques, verrucous lesions, or other atypical lesions<sup>1</sup>. The lip represents the most common site of involvement, followed by the tongue and the tonsils.<sup>2,4,5</sup>

In this case, the patient had sexually-

transmitted HIV and had already undergone serology investigation for syphilis, therefore secondary syphilis was in the provisional diagnoses. However, if the patient did not present with this history, the suspicion of syphilis would not have been as obvious. The other provisional diagnoses were aphthous ulcers secondary to immunocompromise, lichenoid reaction, dysplasia or SCC.

The analysis of a suspected patient's clinical history, combined with physical examination and serological assays normally allows a conclusive diagnosis of the disease to be reached, and biopsy is not normally required as an initial diagnostic resource<sup>2</sup>. In this case, biopsy was performed to rule out oral malignancy or dysplasia, particularly given the fact that the patient had risk factors for oral cancer, including smoking and immunocompromise and both the tongue and lip lesions had been present for more than three weeks.

The therapy of choice for syphilis is benzathine penicillin<sup>2</sup>, which is delivered intra-muscularly<sup>1</sup>. For patients hypersensitive to penicillin, oral administration of doxycycline 100mg twice a day for 14 days or tetracycline 500mg four times a day for 14 days is indicated, with similar efficacy<sup>2</sup>.

## Conclusion

This case highlights that syphilis can present intra-orally and represent a diagnostic challenge because of the broad spectrum of clinical appearances, which can be similar to other oral mucosal lesions. A thorough medical and social history is vital in reaching a definitive diagnosis so the appropriate treatment can be provided.

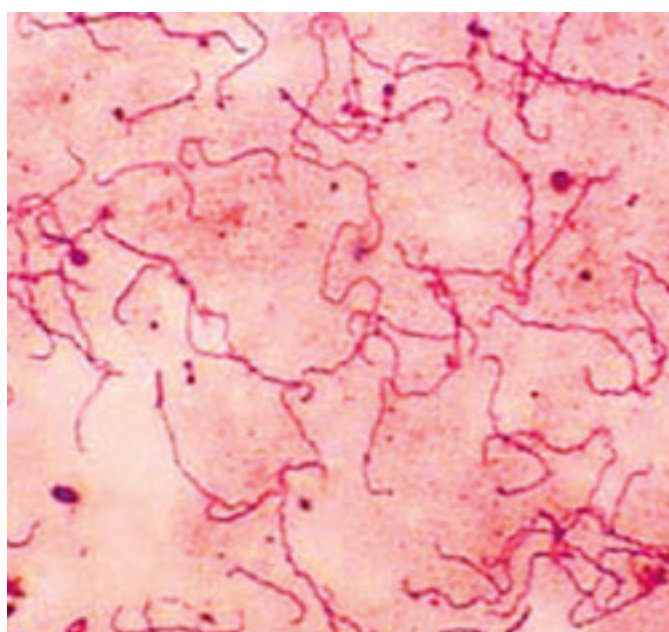




**Figure 1:**  
Lip lesion



**Figure 2:**  
Tongue lesion



**Figure 3:** Treponema pallidum slide<sup>6</sup>

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# THERE'S NO "JUST A..." IN DENTISTRY

*Every visit to the dentist – no matter how minor – is important to the patient, who should fully understand their treatments*

[ WORDS: ALUN K REES ]

**IT'S FUNNY HOW THE SIMPLEST OF** phrases can be misunderstood. When we say to a patient "just a" we mean "simply" or "there is nothing more than this" or "you can be reassured". However, when used in conjunction with, for instance, "check up", "a clean" or "the hygienist" it can diminish those processes or people.

Why is that? For most of us, dentistry is the day to day, the norm, it's what we do week in, week out. But for our patients it's no such thing; a visit is quite rightly a big deal. They know that they are going to be lying prone in a dental chair, a bright light shining close to their eyes and that someone will be using sharp metal instruments. The mouth is the opening to the lungs and the gut and wants to protect those canals. The oral cavity has a highly developed nerve supply and is very aware. Like it or not, dentistry can be an intimidating experience.

Throw into the mix the recall of any bad experiences that – for all our relaxation techniques, our empathy and reassurance – lingers at the back, or half way to the front, of the mind.

This visit, this time, has been in their diary for several weeks or more. They have organised their day around it. For them it is a big deal. There should be no "just a" about it.

Nobody wakes up in the morning and shouts, "Yes! Dentist today! I can't wait! I do hope they have to prove how skilled they are. I really want them to earn their money. I hope it takes ages so I get good value!"

Hands up who wants to be a difficult or challenging patient? Whether it be biopsy or vaccination, endodontics or endoscope we all want it to be straightforward when it's us on the receiving end. Of course we do.

But life isn't always that straightforward. Some procedures are downright unpleasant. Nobody would volunteer for a molar root treatment or a surgical procedure if the alternatives were a good lunch or a trip to the beach.

"Just a" is meant to reassure, to comfort, to help, I understand that. However saying "just a check up", "just a cleaning" or "just the hygienist" can make these visits less important in the patient's mind, and yet we all know how important they are and how we want them to be valued by the patient.

When I ran my practice, in the dim and distant past, my team and I sat down and decided on a vocabulary of words and phrases that we would and wouldn't use. New patient examinations and check-ups became Dental Health Assessments and Reviews respectively.

With our focus on health and particularly gum health we explained and showed





the problems and the diagnosis, then ran through the causes and solutions and explained why it was important that the patient took responsibility for looking after themselves at home before any active treatment was started.

When possible we let the patient meet the hygienist before they left the practice. That way, when their appointments were made, they had already met the person who would be working with them. The routine gum health review emphasised the importance of periodontal disease and its control.

A team member at “front of house” who had no previous dental knowledge gave us a welcome opportunity for us to “translate” what was involved in various treatments to her; this then allowed her to explain in straightforward terms to patients.

In these days of not only obtaining informed consent but also ensuring the patient does fully understand procedures, it is vital that they are able to repeat in their own words what is planned for them and why. Taking the time to work on the clear “what, why, how, when and who” can save a lot of misunderstandings and problems.

It also means that the patient is able to take ownership of their diseases and their control, can make informed decisions about the timing of future treatments and is able

to anticipate what needs to happen.

None of this comes without hard work, particularly teamwork. Regular team meetings mean that everyone can get on board. Practicing what we say is needed but, in my experience, this is something that seldom seems to be done in-house.

Rehearsing conversations can become a sort of game where different team members choose a card with a procedure and then have to explain it to another team member who does their best to misunderstand and then ask difficult questions.

The more you practice, the more you realise how hard it is to be a dental patient and how hard it can be to fully comprehend what is planned for you.

Give it a try.

Alun K Rees BDS is The Dental Business Coach. An experienced dental practice owner who changed career, he now works as a coach, consultant, trouble-shooter, analyst, speaker, writer and broadcaster. He brings the wisdom gained from his and others' successes to help his clients achieve the rewards their work and dedication deserve.

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“  
FOR MOST OF US,  
DENTISTRY IS THE  
DAY TO DAY. BUT  
FOR OUR PATIENTS  
IT'S NO SUCH THING”

# ATTRACTING GOOD STAFF IS GETTING HARDER

*Make changes to your hiring strategy if you want to attract top candidates*

[ WORDS: RICHARD PEARCE ]

Richard Pearce lives in Northern Ireland. Following a business career in various sectors and an MBA, he joined his dentist wife in dentistry. Richard combines his wide commercial experience with being attuned to what it is like for an associate dentist, a practice owner and a practice manager. His unique perspective ensures he can assist a practice owner with every area of the practice to create a more profitable practice and to achieve their smart objectives.

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## **MANY DENTISTS ARE JUST NOT GOOD AT RECRUITING**

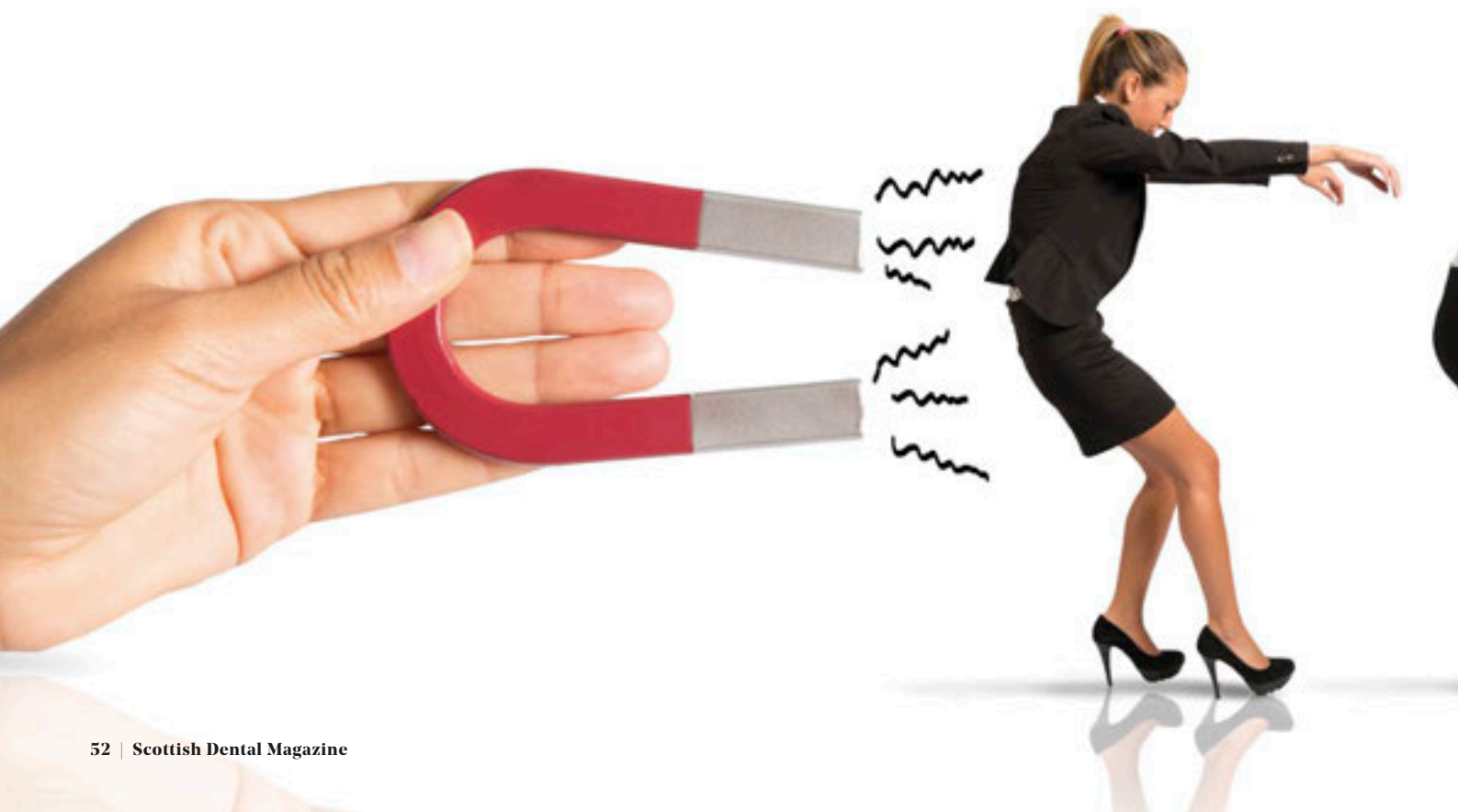
**IT IS NOTICEABLE HOW OFTEN** the same jobs are advertised again and again. Some practices don't seem to be able to recruit the right staff and thereafter, to retain them.

High turnover can be hugely expensive in terms of the disruption it causes as well as the time and cost to recruit and train new staff members. It also gives a very bad impression to patients, who like continuity and the feeling of belonging to an established,

stable practice. Good clinicians and support staff can very much pick and choose in today's environment.

Given that the revenue of the practice can only be generated by the clinical staff, it is obvious that the right clinicians and people who support them are crucial. This article will look at how a practice owner can give themselves the best chance of success in the recruitment and retention challenge.

First, however, let's look at why so many practices get it wrong.



The recruitment process starts right back at the consideration of the sort of staff member you are looking for. The job description and the person specification are not meant to be just another piece of admin, but a key part of understanding what the role is and what sort of candidate would have the best chance of success.

This applies just as much to a general dentist as it does to a lead receptionist, a TCO or manager. Having a vacancy to fill does allow you to aim higher and recruit someone with more of the experience, skills and attributes in line with practice values than their predecessor.

The advertising process allows you to create a shortlist: let's aim for at least three. Having only one candidate at the interview stage is likely to mean that you convince yourself that they are right for the job, as you have 'no choice'. The adage, 'Recruit in haste, repent at your leisure,' is extremely prescient. Be ready to politely say 'No', to all applicants as you will waste more time with the wrong appointment than you will with just starting again.

The interview is a two-way process. If your advertising of the position has encouraged good candidates (who fit the specification), you now want them to see the level of professionalism that you aspire to in your practice because you want your chosen candidate to accept the

position. It comes across as extremely unprofessional to squeeze in an interview at lunchtime (and quite possibly be running 15-20 minutes late for it!). Why not consider instead holding interviews at the practice on a Saturday morning where you can fully focus on the candidate and the process or what about at a local hotel, say from 5-8pm?

Why is it that recruitment in dentistry is often handled so unprofessionally? It is likely because historically dentists (who become practice owners) have never, ever experienced a well-managed, effective recruitment process themselves. Hence, apart from the odd article they may have read, they have no real idea about how the process could be made more successful.

So, back to our recruitment process. Five candidates have been asked to interview, booked 45 minutes apart. A scoring sheet has been prepared, created from the job description and person specification. You have a colleague or somebody with you who can be relied upon to score candidates objectively, even if they know nothing about dentistry.

The candidates may have been asked to complete an online Excel assessment, prior to selection for interview. Or perhaps provide a Kolbe score. Having other means of assessing a candidate (other than just the interview) is strongly encouraged. What about the money question? For most roles, people are used

“

## WHY NOT CONSIDER HOLDING INTERVIEWS AT THE PRACTICE ON A SATURDAY MORNING WHERE YOU CAN FULLY FOCUS ON THE CANDIDATE”

to being asked, 'What is your current salary?' It is unlikely that a manager for instance would expect to double their salary in one move. Therefore, we can ask a dentist too.

All things being more or less equal, dentists don't go from grossing 10k a month to 30k a month. So, you can ask and you should. If they don't want to answer, that's fine - too - just wish them every success for the future and keep looking!

After the interviews, what about a two-hour trial period on reception? Even for dentists. Can they interact and empathise with patients? When all the scores have been added and the lead candidate is clear, you can now make them an offer.

Assuming you have found your ideal candidate, you now have to get this person working effectively in your practice; delivering the gross that you both expect and becoming a valued member of the practice team.

So next time, we will look at:

- Job offer and pre-starting administration
- Induction
- First month
- Reviews.

With recruitment such a crucial part of the success of a practice, it pays to take it very seriously and be ultra-professional. The standout candidates are then more likely to accept your offer of a position within your practice and you will be snapping up the best staff, honing your team to give you the edge on the competition.





## MDDUS CASE STUDY:

# PROBLEM PATIENTS COME WITH GREATER RISKS

Mr D, a young male adult patient, has a history of poor dental care. He had a permanent molar extracted at the age of 14 and three years later another permanent tooth removed. He attends his regular dentist – Miss L – and is advised that two additional teeth, LL5 and LR5, are badly decayed with the only option being extraction. Mr D is needle phobic so Miss L discusses with the patient the option of sedation. She also discusses the risk of complications inherent in the procedure including incomplete extraction of the teeth. Mr D is appropriately consented and advised to attend the arranged appointment with his escort.

### DAY 13

Mr D attends for the extractions accompanied by his escort. Miss L reinforces the consenting process and Mr D is appropriately sedated, complying with available guidance. Miss L finds the teeth are brittle and during the extraction there are root fractures in both. Mr D becomes uncooperative at this stage and Miss L is unable to extract the roots. Miss L has to administer a reversal agent due to the behaviour of Mr D. While the patient recovers from sedation the dentist explains to Mr D's escort that the roots have been left in situ. An appointment is made for Mr D to re-attend the surgery in a week's time for review and to discuss further treatment options. Miss L neglects to make a record of the retained roots in the patient's notes or of her detailed discussions with Mr D's escort.

### DAY 20

Mr D does not attend his appointment and fails to arrange an alternative appointment. Unfortunately, Mr D is lost to follow up by the practice.

### 11 MONTHS LATER

Mr D makes an appointment at the surgery and sees a different dentist – Mr N. The dentist carries out an extensive examination along with an OPG radiograph due to the presence of the retained roots. He notes the retained roots and discusses treatment options for removal of the roots. Mr D expresses his preference for surgical removal of the roots under general

anaesthetic even if this means a trip to the hospital. Mr N makes no reference in the notes to an abscess or infection associated with the retained roots and no antibiotics are prescribed. A referral letter is sent to the oral surgery department of the local general hospital and an appointment scheduled, which Mr D later cancels.

### ONE YEAR LATER

The patient arranges an emergency appointment at the surgery for a painful abscess in UR7. This time he sees Miss L and they discuss both the need to extract UR7 and the retained roots from LL5 and LR5. Mr D is adamant that the treatment must be carried out under a general anaesthetic in hospital. Again there is no mention of pain, infection or abscess associated with the retained roots. Another referral letter is sent to the oral surgery department and two months later the roots are removed along with UR7 under a general anaesthetic.

A letter from solicitors representing Mr D arrives at the dental surgery six months later alleging breach of duty against Miss L. It is claimed that the dentist failed to record and inform the patient that the teeth had fractured during the extraction. It is also alleged that she failed to arrange an appointment in order to discuss treatment options for removal of the roots.

The patient also claims that within days of the failed extractions he was in considerable pain and that the extraction sockets were open and infected. Pain and infection were then intermittent from the date of the procedure until the roots were finally removed nearly two years later.

Miss L contacts MDDUS and an expert report is commissioned. The dental expert finds no breach of duty in regard to the fractured roots as such complications are sometimes unavoidable. He also accepts there could be valid reasons for not prolonging a procedure in order to extract retained roots. But he does find fault with Miss L's clinical notes. The dentist should have recorded the fact that she failed to complete the extractions

along with a note of what action was to be taken as a consequence. In addition she should have recorded her detailed discussions with Mr D's escort.

The expert also points out that it is normal practice to inform a patient post-procedure of any unforeseen event, such as root fracture. But he accepts that in this case that Mr D was still under sedation and in no fit position to discuss any information given at that time. In this situation it was reasonable for Miss L to arrange a follow-up appointment. Examination of the appointment book verifies a follow-up visit was scheduled despite claims by the patient to the contrary.

Had Mr D attended the follow-up the dentist would have informed the patient of the retained roots and treatment options would have been discussed along with recommended referral to the local hospital. In regard to the pain and infection claimed by the patient, the expert can find no evidence that this was associated with the retained roots.

MDDUS lawyers and advisers give the case some further consideration –

most notably how it hinges on the disputed facts regarding the patient being given an appointment for follow-up review. Given the poor record-keeping by the dentist this is considered a risk should the case come to court. There is also no written evidence in the patient notes that the follow-up appointment was confirmed in writing nor any record of the patient being contacted when he did not attend.

Given these weaknesses in defending the case the decision is made to settle for a modest sum.

### LEARNING POINTS

- Ensure dental records comply with available guidance
- Ensure the practice appointment system details interaction with patients
- Be aware of available sedation guidance.



Aubrey Craig is head of dental division at MDDUS

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# THE WARM M-BRACE OF NEW PRACTICE

An open-plan site in Airdrie provided Raja Mahesh with a blank canvas to create a stunning new orthodontic space, offering patients the ultimate in comfort and first-class treatment in digitally advanced surgeries

**W**hen Raja Mahesh found the site for a new orthodontic practice in Airdrie he was delighted with its position. Not only was it in the North Lanarkshire NHS Community Health Centre building, just off the high street and opposite an existing dentist, but the site was an open shell – providing the perfect blank canvas to design his third M-Brace Orthodontics practice.

Mahesh opened his first M-Brace Orthodontics practice in Glenrothes in 2010 and his second in Bathgate in 2012, and due to the growing number of patients referred from Lanarkshire

and beyond in the west of Scotland, he decided on Airdrie as a good base to help service these patients and grow his practice further.

He said: “My other practices have been conversions of existing buildings so it was wonderful to find a site where I could work with my architects NV Design to design the optimum layout possible and to take advantage of the open-plan environment.”

IWT Dental + Services along with Primrose Property Services were the main contractor for the whole refurbishment of the new Airdrie practice and provided the flooring, plumbing and electrical work, right

“

**I WANTED TO CREATE A WELCOMING, OPEN AND LIGHT-FILLED SPACE THAT WOULD MAKE PATIENTS FEEL HAPPY AND RELAXED.”**

RAJA MHESH

through to the final decoration of the practice over the five months development. The practice was opened in March and consists of three surgeries, a decontamination suite, X-ray room, two general offices, a lab, storage and plant room, and a comfortable staff room. However, it's the open-plan reception and waiting area that really impresses Mahesh's patients.

The glass-fronted practice has wide doors that open to the reception desk on the left of the room, which is branded in M-Brace Orthodontics blue and white colours. But to the right they will see a restful sunlit forest







scene on the facing wall, a forest motif that is also used in the recessed ceiling lights, which help to give a feel of openness and freshness. Also on the right is an open waiting area with comfortable blue banquet seating and large-screen TV recessed into the wall for patients to enjoy.

Mahesh said: "I wanted to create a welcoming, open and light-filled space that would make patients feel happy and relaxed. We've used shiny white cladding in our reception to give a slight clinical feel, but not too much as this is offset by our comfortable blue seating area. We also have a feature wall to the left of the reception using chips of stone with inset recess for unusual objects, such as our Lego dentist chair. This wall also hosts a digital check-in panel for patients to use when the reception is busy."

Joining Mahesh at the new Airdrie practice are two orthodontic therapists, two dental nurses, an administrator and receptionist, and a new associate, Megan Wright, who joins the team in October.

M-Brace Orthodontics offers a wide range of removable and fixed braces for NHS patients as well as the latest ceramic, self-ligating, lingual and clear cosmetic braces plus Invisalign aligners for private patients, so its three surgeries are fitted out with state-of-the-art equipment and facilities to provide the patient with a quality dental experience.

All the surgeries are specially designed with in-built cabinets incorporating glass cabinet display cases, and all monitors, display units and LED lighting are installed

flush with surfaces to create a clean, calming and professional environment.

All the surgeries have ambidextrous Belmont chairs and use NSK handpieces, and Orthocare supply specialist orthodontic products. Above the chairs are TV display screens that have been installed flush with the ceiling for patients to enjoy TV or DVD movies while they are being treated.

Mahesh said: "The surgeries are clean and bright with integrated cabinets flush to the walls keeping all equipment out of eyesight, such as the automatic alginate mixer machines to take impressions. There are also two in-built monitors with clinical keyboards for the clinician and nurse to access patient records independently of each other."

Since only one surgery faces the window and has access to natural light, Mahesh has installed virtual windows in the other two surgeries and staff room which give the impression that the rooms look out onto a tropical beach with palm trees, rather than Airdrie High Street.

He added: "I think the virtual windows are fun, and people like them. Later on, I'm really interested in getting hold of the new generation of virtual windows which can be programmed for a wide range of seasonal weather conditions to mimic the real world outside."

Like his other practices, the new Airdrie site has been designed to be digitally integrated, with patient records, X-rays and surgery updates available at the touch of a button. This digital integration is going to be further enhanced next year





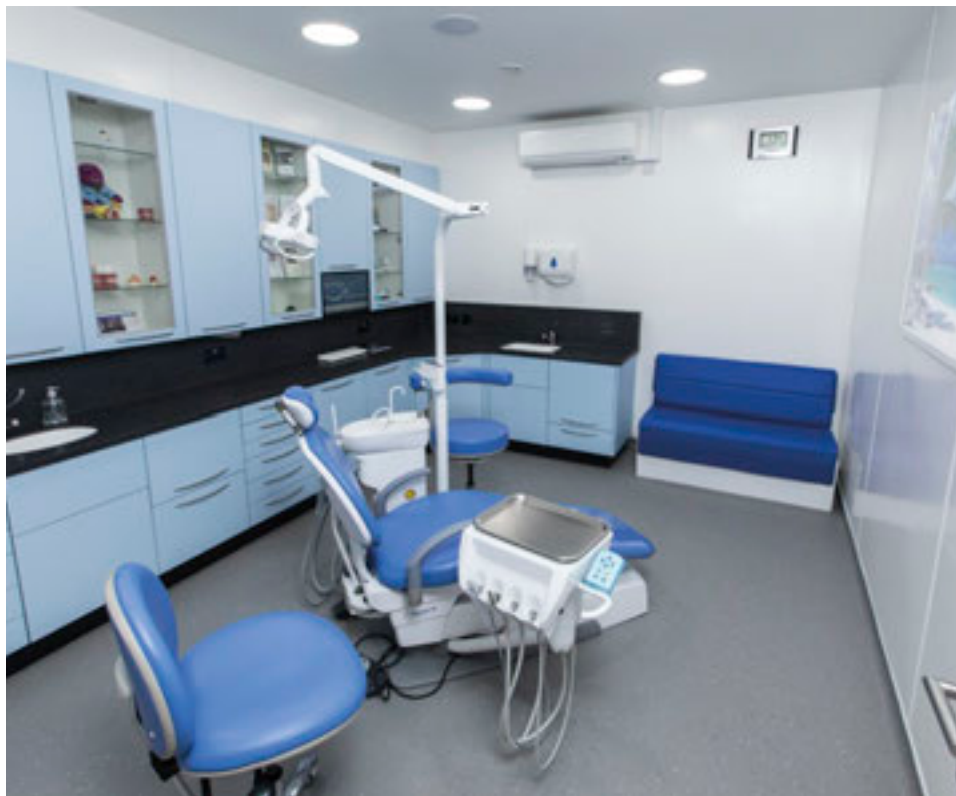
when M-Brace Orthodontics moves to taking 'digital impressions' using an intra-oral scanning system.

He said: "My teams have started training on the system and we plan to go fully digital in 2020. It's a much more efficient way of working as the scans can be stored digitally. It should speed up the process too as we can send the scan to the board for approval rather than sending plaster casts, and if someone loses their retainer we can easily go back to the original scan to get a replacement.

"It's a much more pleasant experience for the patient; the digital scan can be done in under two minutes."

In addition to the surgeries, the practice has an X-ray room housing a Carestream CS8100 OPG & Ceph machine and the LDU room has washer & disinfectors and autoclaves. There is also a small lab room to make retainers and staff have their own spacious rest room with lockers, microwave and sink, wall mounted TV with their own tropic beach view 'outside'. There is also a storeroom which houses a compressor installed by Dencomp Systems.

Now that the practice is up and running, Mahesh's focus is on developing the business and is busy meeting with dentists in the area to build up the practice's profile.



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# GOING THAT EXTRA MILE

The key to finding happy and motivated staff

**P**S Newjob is a well-established, specialised dental recruitment agency covering the whole of Scotland. It is one of the biggest agencies in the country, supplying both locums and permanent staff to all dental practices.

The agency features knowledgeable and experienced dental and recruitment consultants. There is 24/7 contact available and confidentiality is key.

All clinical and professional checks are cleared before any candidate is sent to a practice. All locum staff are full registered, experienced and qualified. Rates are competitive and there is no upfront booking or registration fees for either candidates or clients.

There is access to a large and growing candidate database, full support is provided throughout the recruitment process and there is a 12-week guarantee period on all permanent placements. All dental staff are recruited, on a locum and permanent basis, even at short notice.

Advertising on PS Newjob's site and other job boards is provided as part of the service. Referral schemes are also available for recommendations that result in a successful placement.

"We believe that as we take care of our candidates they go that extra mile for our clients," says Director April East. "We offer many benefits to our locums and this works well as our candidates are then happy and motivated to work."

Contact April or Angela at:  
[april.east@psnewjob.com](mailto:april.east@psnewjob.com)  
[angela.milligan@psnewjob.com](mailto:angela.milligan@psnewjob.com)  
[www.psnewjob.com](http://www.psnewjob.com)

April said that PS Newjob is always on the lookout to recruit the best candidates possible. "We pride ourselves in being honest, hard working and approachable. We try to make even the hardest request possible."

"There's no 'glass half empty' - we do our very best to solve any problem, supporting our clients with any staffing requirement. PS approaches every booking or vacancy with professionalism and enthusiastic outlook, we will always keep you informed throughout the process."



PS Newjob is one of the biggest Dental recruitment agencies in Scotland, supplying both locums and permanent staff to all Dental Practices. We believe that as we take care of our candidates and go that extra mile for our clients. We offer many benefits to our locums, this works well as our candidates are then happy and motivated to work.

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### DENTAL ASSOCIATE

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### DENTAL NURSE

Glasgow required for this slightly different position based in gorgeous modern facial aesthetic clinic. Must have some experience of facial aesthetics.

### DENTAL HYGIENIST/THERAPIST

part time for 2 per week to support a busy Glasgow practice. Must be fully qualified and have at least 1 years experience.

### DENTAL RECEPTIONIST

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### DENTAL NURSES

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### DENTAL NURSES

required for locum positions all over Edinburgh. These positions are to help support the team when someone else is on holiday, sickness or just so busy. Excellent rates.

### DENTAL NURSES

required for all over Scotland. If you live anywhere in Scotland looking for extra money then we will be able to get you locum work in your area. Great practices.

As its coming upto holiday season we are looking for more LOCUMS right across Scotland, so come on and join our friendly team and call NOW



For more information call April or Angela on 0141 202 3000

email - [april.east@psnewjob.com](mailto:april.east@psnewjob.com) | email - [angela.milligan@psnewjob.com](mailto:angela.milligan@psnewjob.com) | [info@psnewjob.com](mailto:info@psnewjob.com) | [www.psnewjob.com](http://www.psnewjob.com)

# READY FOR YOUR CLOSE-UP?

RIZK Media's focus is on helping you to make your business succeed, using the power of visual information delivered through compelling video content

**H**istory is speckled with claims to the phrase "an image is worth a thousand words"; from Confucious, through Napoleon, to the great newspaperman Arthur Brisbane. While words convey detail, to be absorbed over time, images engage in an instant. They capture significant moments, convey a brand's value, explain 'how to', or simply entertain.

For a small or medium-sized business, they can be a powerful tool. A short video can encapsulate the range of services you provide, the quality you bring to their delivery, and the experience that the customer can expect. Information is delivered in an accessible way. Reassurance

is provided. The likelihood of you being recommended to others is increased.

But as a business owner whose forte is not digital media, creating content that is polished, informative and enduring is a big ask. It's not what you do. You need someone with the skills, resources and vision required to deliver compelling content that meets your business needs, and more; content which supports business growth.

"Your business is our business"; that's our philosophy," says Mohsin Hussain, of Glasgow and Manchester-based RIZK Media. "We are passionate about wanting to see the businesses we work with succeed and grow."

RIZK has partnered with global hardware brands to offer the latest digital display

For a limited period, RIZK is offering £100 off each package sold. [www.rizkmediagroup.com](http://www.rizkmediagroup.com)

screens for use by businesses to inform and entertain clients and customers. Depending on the screen type, content can either be delivered via USB or – using an Android-based portal – remotely. The latter offers the ability to tailor, change, and add to the information displayed.

The team at RIZK can also create bespoke video content; working with businesses to storyboard, film, and produce snappy sequences that showcase core strengths, as well as promote additional services through the use of innovative digital techniques. Take the time to explore what screens and bespoke video could add to your business – and watch out for 3D, soon to come!



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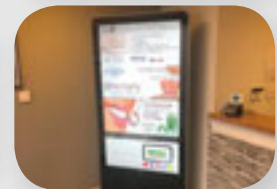
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George Papadakis - One Eighty Dental, Bishopbriggs.



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MANCHESTER OFFICE: 83 DUCIE STREET, MANCHESTER. M1 2JQ • TEL: 0845 241 6355

# PREPARING FOR LIFE AS A NEW SELF-EMPLOYED DENTAL ASSOCIATE

If you are in the process of securing your first dental associate post, or you have already started your self-employed career then the following guidance is for you.

## REGISTER AS SELF-EMPLOYED

You should register as self-employed with HMRC within three months of becoming self-employed to ensure you pay the correct income tax and National Insurance.

## HOW DO I PAY TAX AND HOW MUCH SHOULD I SET ASIDE EACH MONTH?

You should pay HMRC direct. Tax payments are due at the end of January and July each year. If you become self-employed in July/August 2019 you may not have to pay your first tax bill until January 2021. It is good practice to set aside 30 per cent of your annual income for tax. Don't forget that you will also have to pay Class 2 and Class 4 National Insurance through self-assessment and some of you may well have student loans to repay.

## DO I NEED AN ACCOUNTANT?

An accountant will act as your business and tax adviser. This will involve keeping you compliant with the law and tax regulations – submitting your annual tax return and preparing your annual accounts and providing you with advice on offsetting your taxable income with business expenditure. So do keep your receipts and good records of your expenditure including any business or professional courses you attend.

There are good and inexpensive cloud accounting packages available for self-employed Associates that will help you to manage your finances. You can link your cloud accounting software to mobile apps that will enable you to, for instance, take photographs of your receipts on your phone and post them digitally to your accounts, as well as linking your accounting software directly to your internet bank account.

We run training sessions for all new associates on how to use the cloud accounting packages, linking up with your bank account and setting up the appropriate apps to make the financial admin that little bit easier to manage.



Jayne Clifford CA,  
Director, Martin  
Aitken & Co email:  
jfc@maco.co.uk or  
call 0141 272 0000.

## PERSONAL FINANCES

First things first. We would advise that you open up a business bank account to keep all of your business expenditure separate from your personal expenditure.

Following securing a full-time post many Associates look next at getting on the housing ladder. To get a mortgage, most lenders will require you to have 2 years of self-employed accounts as evidence of your income and your ability to repay the debt.

If you arranged an income protection policy whilst still at university or at the start of your VT year you should review this policy to ensure the cover is still adequate.

## ARRANGE AN APPOINTMENT WITH JAYNE TO DISCUSS YOUR ACCOUNTING, TAX AND FINANCES

She will also update you on the review HMRC is currently undertaking on the employment status of associate dentists. There may well be impacts for associates and principals from the review. Jayne will advise you on the steps you should take now to protect yourself.



# PROFESSIONAL MORTGAGE FILLS GAP FOR DENTIST DOWNSIZING

Scottish Building Society delivers flexible solution to secure ideal family home

**W**hen homeowners downsize it is often driven by a desire to free equity tied up in the larger property to fund lifestyle changes or choices.

However, when John and Alison Cadden decided it was time to move from their home in East Kilbride to a smaller five-bed property in Bearsden to be closer to friends and family, it came with a hefty price tag.

John (63) is a dentist with a practice in Coatbridge and his wife Alison (57) is the owner of Alison Kennedy School of Dance, which runs classes in Bearsden and Newarthill. The couple bought their East Kilbride home in 2007 from a private property developer in order to shorten John's daily commute to Coatbridge.

"It was a beautiful house in a great location but I felt really isolated from my friends," said Alison. "We bought it when the market was really strong and paid a premium price for the house as a result. Even so, I was really disappointed to receive £25,000 less than we paid for it 12 years on, especially as we had invested in ongoing improvements."

Buying in Bearsden doesn't come cheap, and the Caddens' new Cala home at Kilmardinny Manor was valued at £705,000. Developer Cala paid half of the stamp duty due on the property, leaving the couple with the remaining £22,000 to pay which meant they needed to borrow £250,000 to fund the price gap between their old home and the new one.

"We had been mortgage-free for many years so decided to take professional advice to find the best product to suit our needs. We were looking for a 10-year loan which would allow for some flexibility for John to consider a phased retirement plan.

"Our mortgage adviser Claire Walsh was brilliant. When our first application to a major lender became over-complicated, she recommended the Scottish Building Society's Professional Mortgage. It is part interest only and part capital repayment and allows us to over-pay up to 10 per cent each year, which is exactly what we were looking for. The whole application process was transparent and completed within a few days," said Alison.

John and Alison, along with their



Happy home: John and Alison Cadden with their daughter Amy

daughter Amy (20), a student at Strathclyde University, moved in to their new home in April and are enjoying being back in Bearsden.

"It turns out nearly every house in the street is home to a medical professional," said Alison. "We're just finishing off the snagging, and although we have fewer rooms than we had in East Kilbride, we are using more of the house than before because our old lounge and formal dining room were rarely lived in."

Claire Walsh of CW Mortgages, who advised the Caddens, said: "John and Alison were looking to borrow £250,000 and were in a strong position. I had disappointing service from the first lender I approached on their behalf, but turned a corner when I ran the case past David Richardson at Scottish Building Society. I was able to speak directly to the Society's underwriter who understood the special circumstances and common sense prevailed.

"The Caddens have secured a fixed rate for three years which will allow John to consider his retirement options, and they appreciate the flexibility of being able to pay more each month to reduce the outstanding loan amount."

## Professional Mortgage

A Professional Mortgage from Scottish Building Society allows fully qualified, practising and registered accountants, dentists, medical doctors and solicitors to borrow up to 95 per cent of the purchase price or valuation of property in Scotland – whichever is lower (or 80 per cent on loans over £400,000). To qualify for our Professional Mortgage, you need to be over 21 and registered with the appropriate governing body.

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- Save money – Our re-mortgage package includes a free valuation and free legals
- Portable – you never know where your career might take you next. Our Professional Mortgage is portable, so you can take it with you if you move house within Scotland.

To find out more about our Professional Mortgage, call 0345 600 4085 and speak to one of our qualified Mortgage Advisers.

### YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON YOUR MORTGAGE

Scottish Building Society is regulated by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (Register No 206034). Member of Building Societies Association and UK Finance. Scottish Building Society, SBS House, 193 Dalry Road, Edinburgh EH11 2EF

# TO BUY, OR TO SELL – THAT IS THE QUESTION

Michael Kelly of MacRoberts LLP may have the answer. Here he offers advice on some common concerns of practice owners pondering their future

**A**re you thinking of selling your dental practice? Perhaps you've thought about expanding and growing your business into a multi-practice group? This article notes some of the most common questions and concerns practice owners have when considering selling their business.

## **"I AM TOO BUSY RUNNING THE PRACTICE TO THINK ABOUT HOW TO SELL IT!"**

The priority, understandably, for any practice owner will be to focus on the day-to-day operation of the practice, however, the best exits are done in line with a clear and well thought-out plan.

Similarly, if you are looking to acquire practices, it is useful to speak to professional advisors and financial institutions on structuring and funding in advance to allow you to explore the options. Given the increasing demand and competition in buying successful practices, you want to be ready to move quickly when that practice you've had your eye on comes to market.

## **"WHO WOULD BUY MY PRACTICE?"**

The dental sector is ripe for consolidation.

The sector is fragmented which provides an opportunity for small owner-managed groups, large consolidators and private equity firms to acquire practices. You may even look a bit closer to home at your existing team of associates and approach them about the possibility of a management buy-out.

## **"ARE ALL BUYERS THE SAME?"**

The idea of consolidation in the dental market may conjure up stereotypical images of the small practice being swallowed up by a larger corporate machine and for some, this fate may seem unpalatable. This is not always the case as not all buyers are the same and indeed, consolidation by larger corporates can and, more often than not, does bring a successful outcome for the practice owners and patients.

It is a question for the individual practice owner of whether to sell to a consolidator or to a smaller owner managed group. The answer to this question may be value driven or based on other terms such as a continuing role in the practice. Would you like to have ongoing involvement in the business after it has been sold? Could you go back to being an associate?

Often larger operators will insist that the



Michael Kelly  
Partner,  
Corporate Finance  
michael.kelly@  
macroberts.com  
0141 303 1318

outgoing owner remains in the practice for some time after the sale. This is to ensure continuity for patients and protect the goodwill of the practice for the buyer. A proportion of the consideration may even be linked to the previous owner remaining in the business for a period of time.

## **"THE TIMING ISN'T RIGHT FOR ME TO SELL MY PRACTICE"**

Perhaps you are content with the status quo and see no reason to look into your options at this time. However, if you can identify an exit strategy you can then allow this to inform the ongoing decisions you take in the practice.

Good corporate governance is important whether selling to a corporate, passing the practice, through the more organic route, to the associates, or dealing with the ever increasing regulatory and reporting requirements placed on the practice.

Try to run the practice with an eye on the exit – consider what the potential buyer will be looking for when they take over. Value is only one aspect of an exit. Focusing on the right exit will drive value and make the practice a more attractive target for potential buyers.



# DENTAL INCORPORATIONS – AN EFFICIENT TAX PLANNING TOOL

**W**ith the recent changes to the Scottish income tax system, many dentists are considering how to run their business more tax-efficiently.

A useful tool to achieve this could be the incorporation of their sole trade or partnership business to a limited company.

A comparison of the tax rates at play are stark; profits within a limited company are subject to corporation tax at 19 per cent (falling to 17 per cent from April 2020), compared to self-employed profits which can be charged to income tax at rates as high as 46 per cent. Additionally, self-employed individuals are subject to Classes 2 & 4 National Insurance

contributions, which add an additional tax burden.

In basic terms, the tax payable on business profits can be reduced. However, personal taxes due when company profits are extracted must also be considered.

The transfer of any business assets to the limited company, such as goodwill or land and buildings, will be treated as chargeable disposals for capital gains tax purposes. These disposals must take place at market value and any gains will be charged to tax at the reduced rate of 10 per cent (excluding goodwill which is taxed at 20 per cent).

The disposal of any business assets to the company will create a 'loan account' of funds due to the directors (equal to the assets'



For further information please contact:  
**Blair Hay, Business Advisory Manager at Anderson Anderson & Brown LLP**

market value) and this can be withdrawn tax-free in a similar way to drawings from a self-employed business. The creation of this loan account also allows shareholders to structure their personal tax affairs in such a way that the majority of their required annual income is taken tax-free.

However, a word of warning – a business incorporation may not be suitable for all dental practices, particularly those that have high levels of NHS income or receive substantial grant funding.

If this is something that you think may benefit you, please do not hesitate to contact Blair Hay ([blair.hay@aab.uk](mailto:blair.hay@aab.uk)) and we can prepare an incorporation review to outline the advantages.

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# CONTRACTS IN A DENTAL PRACTICE

**W**e have reason from time to time to ascertain what contracts our dental clients have with third parties. It may be in the context of a practice sale, or more generally where they require advice on a specific issue. The most common answer we receive is that they don't have any contracts. Is that the case? Most certainly not.

The reason that they give this answer is that the term "contract" conjures up an image of a formal document signed by both parties. However, a contract in legal terms is a much simpler concept than that. It encompasses every arrangement which two or more parties enter into. The most obvious examples in a practice are:

- Supplier arrangements, e.g. the terms of purchase of materials
- Services – a practice takes services from lots of external parties, examples being alarm companies, fire safety inspections and HR services to name a few
- Equipment supply – every agreement for lease/hire (or indeed purchase) of equipment is a contract.

Contracts do not need to be in writing – any agreement where one party undertakes to provide goods or services to another in exchange for payment is a legally binding contract. It is of course more difficult to prove the terms of a verbal contract but

writing isn't essential for a contract to be formed.

In turn, it can be very easy to agree to the terms of a contract without realising what you are agreeing to. A very common example of that these days is most purchases over the internet. When you buy a product or service, most websites will present you with a box which you tick to say that you accept the seller's terms and conditions of sale. This is the equivalent of the small print in a written contract, and you usually won't be able to complete the purchase without clicking that box. Many people simply don't read those terms and conditions, but may live to regret it if an issue arises later and they find that the conditions of sale contain something which they are unhappy about.

So what?, say many. There isn't any point reading standard terms and conditions, it's a take it or leave it situation. That may be the case in small purchases, but for more substantial purchases, it isn't unheard of for a buyer to agree some specific terms with a seller. If you don't ask, you don't get! In turn, even if the terms are non-negotiable from the seller's perspective, if you are unhappy with them you still have the option to buy elsewhere.

One key area which arises, particularly in the context of services contracts, is auto renewal. This is a very regular issue in contracts with providers of HR advice services, although it is seen elsewhere too.

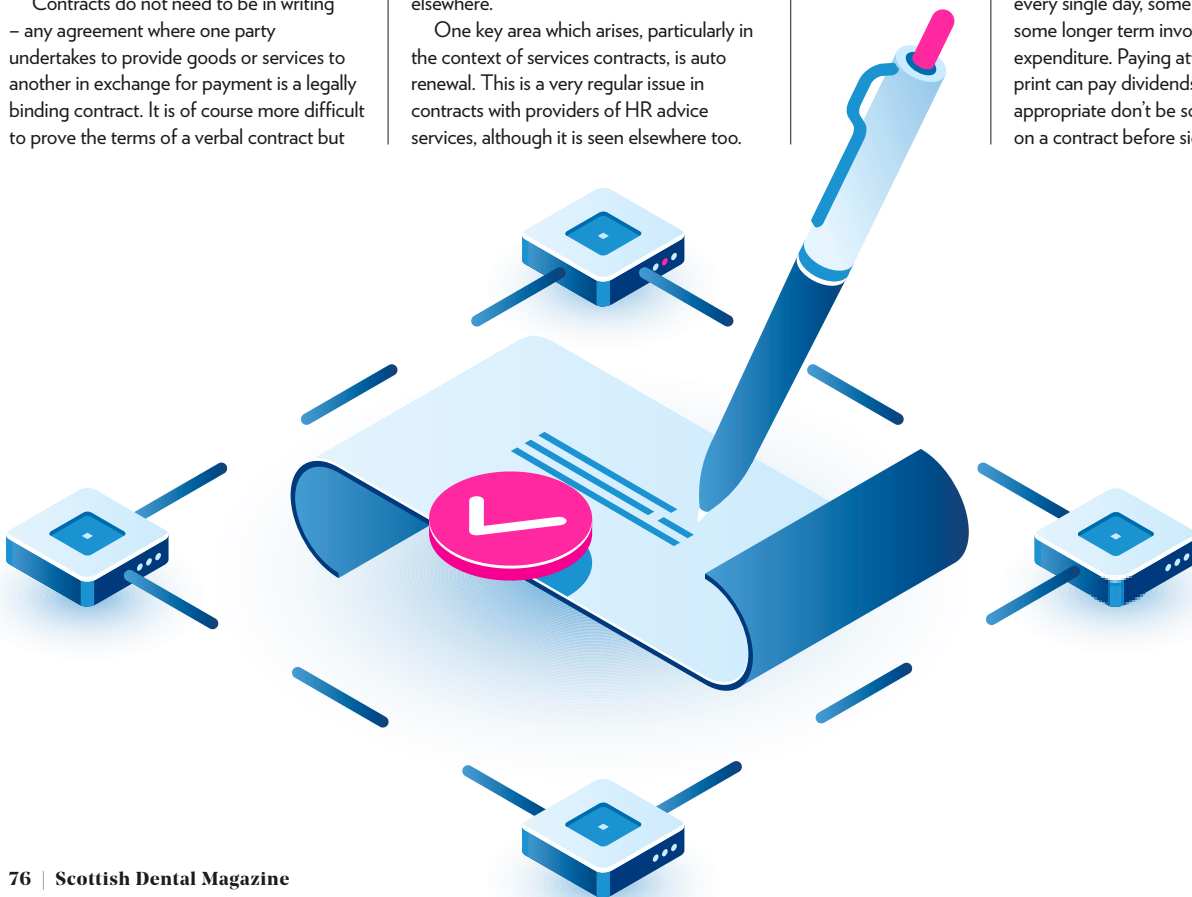


**For further information please contact:**  
**Michael Royden**  
 Partner in the Dental Team at Thorntons Solicitors  
 Tel: 01382 346222  
 mroyden@thorntons-law.co.uk

We find that clients may have signed up to take HR advice from an external agency for a period of a year or two, but for whatever reason don't wish to continue at that end of that initial period. They then tell the agency that they aren't continuing, only to receive the response that the contract has auto-renewed as its terms require the practice to have given written notice at an earlier stage and the contract has rolled over, sometimes for the same period again. That never goes down well with the practice who clearly had a reason for wishing to move provider.

Unfortunately, if the auto-renewal wording is clear in the contract, it will be valid and would need to be complied with fully in order to terminate the arrangement. Providers in this situation generally play hard ball and insist that the practice stay or alternatively buy themselves out of the contract. It is therefore very important that practices carefully read such contracts, diarise dates for termination if they decide to move, and comply fully with the notice requirements of the contract.

Contracting isn't about formal legal documents, practices enter into contracts every single day, some short and routine, some longer term involving substantial expenditure. Paying attention to the small print can pay dividends, and where appropriate don't be scared to seek advice on a contract before signing up to it.



# CONSIDERING SELLING YOUR DENTAL PRACTICE?

**W**hen it comes to selling your dental practice, it's often one of the most significant business decisions that you'll ever make. You will have worked hard to build and nurture goodwill that you wish to ensure is not only maintained but will flourish further under new ownership.

The number of transactional sales in the Scottish market has never been greater and demand for practices continues to outstrip supply. This not only creates a safety net by generating interest from multiple buyers when marketed properly but also ensures the best possible price for your practice is achieved.

Aside from Christie & Co providing a realistic appraisal for your practice, there are a number of aspects in the mix that need to be working coherently in order to ensure a smooth and successful sales transition:

## BUYERS

There are three main buyer profiles – corporates, multiple operators and independent/first time buyers. The current demand from buyers is a major catalyst for activity and each purchaser type has its strengths and weaknesses. On the dental transactions that Christie & Co is instructed on, we act for the seller and have no conflict of interest when speaking to buyers. Too often we see sellers who have been dealing directly with a buyer, receiving unfavourable and unrealistic conditions attached to a mediocre offer. In recognition of the different needs and demands of these buyer profiles, Christie & Co offers a bespoke service tailored specifically for you – the seller – to ensure a healthy and fair bidding process.

## FINANCE

Compared to many other sectors, dentistry



To discuss how Christie & Co might help you achieve your future plans, contact Paul Graham, on 0131 524 3416.

offers a safe haven for banks and other investors. In a less certain political landscape, money tends to follow regulated, needs-driven sectors where levels of business impairment have historically been low. Dentistry delivers on that criteria and offers owners opportunities for organic growth through the introduction of private dentistry and a flexible skills mix at practice level.

## CONFIDENCE

There is a noticeable shift in demand towards the private dental sector, driven by the challenges NHS operators face in recruiting and retaining associate dentists. NHS dentistry is still considered highly attractive for many entering the sector. Knowledge of the local market is invaluable when selling your NHS, mixed or fully private practice and working with a specialist agent such as Christie & Co will help ensure the best possible outcome.

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# HOW TO AVOID THE AIA TRAP

If you are thinking of buying new equipment for your practice, plan well ahead to take advantage of the temporary increase in the investment allowance

**O**n 1 January 2019, a temporary increase in the Annual Investment Allowance (AIA) was introduced, increasing it from £200,000 to £1,000,000 per annum. It is set to decrease back to £200,000 per annum from 1 January 2021. These changes are very straightforward for dentists who operate their business using a year-end of 31 December. However, if they have a different year-end, they need to be aware of the transitional rules in place.

This temporary increase will benefit the dental sector, especially if you are thinking of buying a practice and will need to kit it out fully from scratch, or even if your

current equipment is in need of an upgrade. As most dentists know, the purchase of any expensive equipment is usually planned well in advance so the 1 January 2021 deadline may arrive sooner than you think. Below is a more detailed explanation of how you can avoid the AIA trap.

A practice with a 30 April 2021 year-end has an AIA available of £733,333 ( $8/12 \times £1,000,000 + 4/12 \times £200,000$ ).

If they plan to purchase new equipment, this can quickly add up, especially if a few new treatment centres or dental chairs, X-ray machines, compressors and the like are needed. The business may assume that



If you would like further information on AIA, and the amounts that can be claimed, please email [anna.coff@eqaccountants.co.uk](mailto:anna.coff@eqaccountants.co.uk) or call 01307 474274.

this expenditure will all be covered by their AIA regardless of when in the year they purchase it. If they go ahead and purchase all the new equipment in January 2021, they will actually only be allowed to use £66,667 of their AIA because they purchased it between 1 January 2021 and 30 April 2021 ( $4/12 \times £200,000$ ).

This shows that dentists need to be proactive with their accountant when they are planning large amounts of capital expenditure. In the above case, our EQ Healthcare specialists would advise the company to bring the purchases forward to December 2020, as then the full amount would qualify for AIA (up to £733,333).

## Your Practice. Energised.



At EQ Healthcare, our dedicated team of specialists act for numerous healthcare practices of all shapes and sizes. We enjoy working with clients who view us as part of the team, assisting their practices to grow and develop, to realise their personal ambitions and to make a real difference.

We can offer assistance when buying or selling your practice, ensuring you have a tax efficient structure, managing your day-to-day financial controls, or providing advisory support and practical solutions to your healthcare business challenges.

For further information please contact:

Louise Grant 01382 312100 [louise.grant@eqaccountants.co.uk](mailto:louise.grant@eqaccountants.co.uk)

Anna Coff 01307 474274 [anna.coff@eqaccountants.co.uk](mailto:anna.coff@eqaccountants.co.uk)

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# PENSION DRAWDOWN – WHEN SHOULD YOU TAKE INCOME?

Jon Drysdale explains the pros and cons of when to draw pension income

**F**or many dentists, personal pensions have been a highly tax-efficient method of saving in addition to the NHS pension. Where access without penalty to the NHS pension is commonly restricted to age 60 or later, personal pensions are accessible without penalty from the age of 55.

It is more than four years since 'Pension Freedom Day' (6 April 2015) allowed those over 55 to draw their entire personal pension fund in one fell swoop. Contrary to media predictions, few have opted to take such drastic action and many have made sensible use of the flexible drawdown arrangements.

Selling your practice may mean you require additional income and a personal pension could provide this. However, there are several knock-on effects of drawing pension income and these are worth considering as part of your plan to retire.

## DON'T PAY INCOME TAX UNLESS YOU NEED THE INCOME

The first 25 per cent of your personal pension value can be drawn tax free. After that, income withdrawals are subject to income tax. For example, if you already have income of at least £43,430 a year, pension income will be charged at a rate of 40 per cent. To reduce or avoid this, consider phasing the tax-free cash withdrawal over a period of months or years or wait until you have stopped work and your tax position is more favourable.

Most pension policies don't offer phased cash withdrawals or flexible income options. Drawing tax-free cash may trigger a taxable income payment (an annuity) which you can't stop. It may be best to transfer your existing pension(s) to a more flexible arrangement that offers drawdown income. This is likely to be a SIPP (self-invested personal pension). Take care to avoid excessive investment charges, set-up and administration costs. Use an independent financial adviser to help select the most suitable SIPP.

## ASSESS YOUR LIFETIME ALLOWANCE (LTA) POSITION

Withdrawing tax-free cash from your

pension triggers a test against the LTA. The amount of the LTA used is deemed to be four times the tax-free cash taken. For example, a tax-free cash withdrawal of £50,000 uses £200,000 of your LTA. If you plan to take your NHS pension at the same time or have already done so, then consider how much of your LTA remains. The LTA test on personal pensions can be deferred until age 75 and delaying the test could defer a tax charge.

If you have already taken your NHS pension you will have used up some or all your available LTA. Taking tax-free cash subsequently from your personal pension(s) may incur an LTA charge if you exceed the remaining LTA. There may be HMRC LTA protection available to reduce the impact of the LTA charge. Eligibility for HMRC protection is a complex area and advice should be sought.

## PENSIONS MAY BE OUTWITH INHERITANCE TAX

If you intend to draw cash or income from your personal pension, then take care where it ends up. Monies held in personal pensions tend not to form part of your estate for the purposes of the inheritance tax calculation. Personal pension growth is free of income and capital gains tax, making it one of the most tax-efficient investments. A general principle is not to draw personal pension monies unless you intend to spend it, otherwise it may be exposed to inheritance tax.

Personal pensions can be passed down the generations or to your spouse/partner and death benefits are relatively generous where death occurs before the age of 75. An inherited pension will not aggravate the LTA position of your spouse or children and they don't have to wait until 55 to draw benefits.

## CONSIDER ALTERNATIVE INCOME SOURCES

Pensions should be considered the fund of last resort when deciding where to draw income. Alternative sources of income, such as an ISA or a unit trust portfolio, are worth comparing with the pension drawdown option. Drawing money from an ISA won't attract income tax and up to £12,000 of



Jon Drysdale is an independent financial adviser for chartered financial planners, PFM Dental. Go to [www.pfmdental.co.uk](http://www.pfmdental.co.uk)

capital gains could be drawn annually from a unit trust portfolio tax-free. Drawing money from your non-pension source will not aggravate your LTA position and may reduce your exposure to inheritance tax.

Where personal pensions remain in place, it is important to assess the underlying investment funds regularly to ensure they continue to fit your risk profile and performance expectations.

## SUMMARY

While drawing income from personal pensions might seem an attractive proposition, there are several reasons to defer this. At the very least, advice should be sought on the options, especially where you intend to take NHS pension benefits in addition or have already done so. If you have accumulated a variety of personal pensions, consider consolidating these to a SIPP in advance of your retirement. This will ensure income and tax-free cash can be taken on a phased basis. The issues around the LTA can be complex and you should get guidance from a suitably qualified adviser.



# UNRESOLVED PROBLEMS WITH DENTISTS' AND GPs' PREMISES

**E**nsuring the viability of doctors' and dentists' practices is an obvious social good, since it protects the health and welfare of people across Scotland. GPs and dentists like everyone want a good livelihood, not one impaired by financial instability or unexpected expenses.

A constant concern of GPs and dentists is the cost of repairing and maintaining surgery premises. Not only do such costs put pressure on practices' finances but the uncertainty can be a huge disincentive to the recruitment of new practitioners, particularly in rural or deprived parts of the country.

For GPs, a raft of new measures is beginning to address this. Over the last few weeks letters from the Scottish Government awarding new NHS sustainability loans have begun arriving at GP surgeries. These loans represent a new stream of funding for GPs, with further phased loan rounds to follow.

In total, the Scottish Government has allocated £30 million by 2021 to making such loans available. This implements in part on undertakings given in the Code of NHS General Practice Premises of November 2017. The code, negotiated as part of the latest GMS Contract, is designed to reduce the risks to practices owning or leasing premises. Measures include local health boards taking head responsibility for leases of new GP practices as well as assisting with terminal lease repair costs.

Some GPs had expressed scepticism when the code was announced whether these measures would ever come to fruition. Similar commitments in the past have failed through lack of funding and sometimes GPs not knowing what they can claim.

Moreover, other problems remain,

particularly in relation to practices, both GP and dental, within health centres or new primary care multi-disciplinary buildings.

First, practices when taking up occupation of premises in publicly owned or financed health centres often have little clarity on occupancy costs, because there is no standardised national occupancy agreement in place. Too often, practices move in to new premises and only after many months learn the true occupancy costs. Resulting disagreements with health boards on such costs are not uncommon.

In the case of GPs, the code contains little of assistance to practices struggling to meet ongoing running costs for shared parts of health centre buildings. Yet often repair and maintenance costs for shared parts exceed those for the practice premises themselves: in older health centres leaky roofs and broken boilers typically fall within the shared parts; in newer centres of the type most recently built under 3PD leases and the Scottish Future Trust scheme, a high standard of maintenance and generously sized reception and other public areas can mean far higher service charge costs than practitioners would have expected before moving into the building.

A further difficulty is the opaqueness of language used in existing government premises directives. As a consequence, NHS premises manager have an unenviable task of discerning these rules.

Dentists, for example, under their NHS financing rules are entitled to reimbursement of rent for premises which is to be 'adjusted' to take account of liability for common areas. There is no guidance, though, of the criteria to be applied by health boards in making these adjustments.



Michael Dewar is a Partner at Wright, Johnston & Mackenzie LLP.

For GPs the premises directions are more detailed but some of the service charge reliefs appear ignored in practice. Rules that give a GP practice a reduced service charge for the first three years of occupation of a new health centre never seem, in the writer's experience, to have been implemented nor are GPs made aware of it.

There are two clear ways in which these issues could be addressed.

First, there ought to be a modern style of standard agreement between GPs/dentists and health boards to regulate occupancy of health centres. Existing government circulars date back to 1980 and are outmoded. South of the border nationally agreed style agreements exist and something similar could be replicated here.

The second is to offer GPs and NHS-committed dentists greater protection from running costs of shared parts of buildings. Practices taking up occupation of health centres should be given in advance a detailed breakdown of costs. These costs should be restricted and, as a minimum, boards should both fund and inform GPs of their rights to transitional service charge relief.

Wright, Johnston & Mackenzie LLP is a full-service, independent Scottish law firm, with a history stretching back 165 years, operating from offices in Glasgow, Edinburgh, Inverness, Dunblane and Dunfermline. Further information on WJM can be found at [wjmc.co.uk](http://wjmc.co.uk)

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## &gt; CARESTREAM

## AN INTRO TO DIGITAL

The world of dentistry is fast becoming digital – but do you feel like the change is overwhelming?

Why not gradually introduce digital imaging into your practice by choosing the CS 7200 imaging plate system?

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For more information, contact Carestream Dental on 0800 169 9692 or visit [www.carestreamdental.co.uk](http://www.carestreamdental.co.uk)

## &gt; COLTENE

## BRILLIANT COMPONEER™ FROM COLTENE

New and improved BRILLIANT COMPONEER™, the composite material from COLTENE, was launched at this year's British Dental Conference and Dentistry Show.

Delegates learned how BRILLIANT COMPONEER™ can be used for chair-side restorations in a single session – no laboratory necessary! – with a range of indications.

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Colleagues for their continued support

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We are primarily an NHS based Practice, but we also welcome Private Referrals for Patients who prefer to consider more cosmetic appliances such as "Clear" Appliances and Aligners.

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13 Main Street, Milngavie, Glasgow, G62 6BJ

**SCI Gateway**

We are delighted that Lauren Anderson won best  
Young Dentist at the 2017 Scottish Dental Awards





# THE BEST DENTISTRY REQUIRES THE BEST TOOLS

Rami Khatib is practice principal at Glumangate Dental Practice in Chesterfield. As someone who strives for excellence in dentistry, he explains here why the products and service he receives from NSK UK are instrumental in his practice's success.



NSK iCare



NSK Surgic Pro

**M**y practice has been through an enormous change since I bought it in 2011 as it has grown from a single treatment room to six surgeries offering a full range of treatments via the NHS or our revolutionary fixed predictable care scheme. In addition to this we have recently become a referral service for minor oral surgery and IV sedation for NHS patients.

As you can imagine, this has been a very busy time for us and we are keen to run the practice as efficiently as possible and make the best use of our resources. As we expanded we have needed more equipment and instruments including handpieces and surgical motors, and that's when we were first introduced to NSK. Their representative for our region, was extremely helpful from the word go, showing us a variety of surgical equipment as well as offering us a number of handpieces to try out in the practice before making any decision to buy.

## TRY BEFORE YOU BUY!

Being able to try equipment in your own environment is invaluable. The NSK team were fantastic in letting us select a variety of turbines and contra-angles we wanted to try and left them with us to use in practice for 10 days. This gave us an excellent opportunity to decide which suited us best. My 'go-to' workhorse for general dentistry is the NSK S-Max M600L air turbine which delivers unrivalled cutting performance without a hint of vibration coupled with excellent visibility of the oral cavity.

When it comes to implant placement and oral surgery I'm a firm believer in not taking any chances, so we have invested in the NSK Surgic Pro oral surgery and implant micromotor system – an unbeatable combination. The Surgic Pro is very easy to programme, memorising up to eight different implant systems at a time. It features advanced handpiece calibration (AHC) with a wide range of speed and torque settings which is very helpful. We have a range of NSK surgical handpieces including the Ti-Max X-SG65L 1:1 surgical straight handpiece and the S-Max SG20 20:1 implant contra-angle handpiece which are excellent and very trustworthy.

## LOOKING AFTER THE INVESTMENT

All turbines and contra-angles are an investment, but if looked after properly will easily stand the test of time. To help us maintain our NSK kit to the highest possible standards we have also recently invested in an NSK iCare, an automatic system for cleaning, disinfecting and lubricating up to four instruments at a time, something that my nurses find really convenient and easy to use.

For routine servicing of our handpieces we use NSK's dedicated in-house team of service engineers who are factory trained to service and repair NSK equipment with genuine NSK parts. The service we receive from them is excellent – efficient, quick and reliable. They even loan us



For more information on NSK's product range or to request a 10-day free equipment trial visit [www.trynsk.co.uk](http://www.trynsk.co.uk), contact NSK on 0800 634 1909, visit [www.nsk-uk.com](http://www.nsk-uk.com) or contact your preferred dental dealer. Facebook: NSK UK Ltd Twitter: @NSK\_UK

replacements when items are being serviced or repaired so there is never any downtime which could disrupt our workflow.

## UNBEATABLE SERVICE

I would definitely recommend NSK products and services to other clinicians. Their handpieces are so reliable, with significantly less vibration than those from other manufacturers, making them much easier to work with and far more comfortable in the hand. I especially want to thank our NSK representative Jo who is extremely supportive to the whole practice team, especially in helping with staff training and the correct maintenance of our handpieces and valuable equipment. NSK's customer service and product range is second to none and I really cannot recommend the NSK team highly enough.

## DR RAMI KHATIB BDS (HONS)

Rami Khatib studied at Sheffield University and graduated in 2005 with honours. He worked in Rotherham for several years before taking over Glumangate Dental Practice in April 2011. He strives for excellence and has transformed the practice with new surgeries and facilities to the highest standards. Rami has an interest in surgical dentistry and enjoys providing cosmetic treatment including crowns and veneers. He likes providing treatment for nervous patients and building their confidence. Rami was also a clinical tutor at the University of Sheffield Department of Oral Surgery. [www.glumangatedental.co.uk](http://www.glumangatedental.co.uk)



# BRACE YOURSELF FOR eORTHO WITH THE HELP OF SFD

**T**he eDental project (which now incorporates eOrtho) has been introduced to help modernise dental

practices to better perform in today's market, and is now well under way. Phase 1 of eDental went live on 1 January 2018 and the eOrtho project will be live in January 2020.

The world as we know it has changed, and with that the software we use to power our dental practice has become more intuitive and effective. Dental practices need to adapt if they are to survive and give the best possible service to their patients – but what does this mean in everyday life and what goes into modernising your dental practice?

No one size fits all when it comes to modernising your practice. Whether you're a new practice, have trusted pen and paper for the last 30 years or a corporate group, we all have individual needs. When choosing a

practice management software (PMS) supplier there are some steps that would be useful to follow:

## 1. DO YOUR RESEARCH

The NHS National Services Scotland provide regular updates on deadlines to adhere to, alongside the status of each Practice Management supplier working on accreditation for eOrtho. If you are committed to delivering orthodontics in your practice, ensure you liaise with a PMS supplier listed to both be fully accredited in eDental and working towards accreditation in preparation for the January 2020 launch of eOrtho.

## 2. FOCUS ON THE OPPORTUNITY

eOrtho is anticipated to modernise the prior approval system for submitting new NHS Orthodontic claims, which in turn could speed up the prior approval process from weeks

to days. This brings huge benefits for the patient and practice.

## 3. LOOK TO THE FUTURE

When selecting a PMS provider, it's important to review all of their services to ensure your PMS system can grow with your business. Three important elements when selecting your supplier is their history in the market, level of support offered and how frequently updates are made to the software.

## 4. GET YOUR TEAM INVOLVED FROM THE START

It's important to ask what is required from your PMS system for the entire dental team, from reception, patient contact and, of course, the dentists and orthodontists working in your practice.

## 5. TEST AND TEST AGAIN

Before going live, ensure that your

staff are fully trained and aware of the features your new software has to offer. This will minimise disruption and get your practice up and running efficiently.

Here at Systems for Dentists, we are braced for the change. Our developers have been working around the clock to prepare for the move to eOrtho. Our team has been out on the road discussing the requirements of orthodontists and developing our system to ensure it meets the needs of a busy practice. If you are committed to delivering orthodontics, ensure that your software supplier is committed to delivering eOrtho.

If you'd like to find out more about our plans for eOrtho, or would like to arrange a demo of our PMS system, visit our website [www.sfd.co](http://www.sfd.co) or call 0845 643 2828.



# HOW CAN DIGITAL TOOLS BE UTILISED TO IMPROVE PATIENT KNOWLEDGE AND AWARENESS ABOUT THEIR ORAL HEALTH?

**T**he one thing that all digital tools have in common is the ability to provide instant answers, or at least instant information, from which informed decisions and diagnoses can be made. This is especially useful when your patient is still sat in the chair. You have the opportunity to explain a problem, show them the evidence, discuss the solution and get acceptance on the course of treatment available.

A patient's main concern when visiting a dentist is whether or not they will have a clean bill of health or need some type of treatment. Patients are

becoming more knowledgeable and interested in the treatment options available to them and appreciate the time taken by their dentist to explain the possibilities and implications.

Catching caries in the earliest stages is obviously beneficial to the conservation of tooth tissue. However, with periodontal disease gaining recognition as a major factor not only in oral health, but also general health, early detection of the signs is becoming equally important.

Periodontal disease affects nearly half of the adult population in the UK. However, periodontitis is both preventable and treatable. Helping patients to see the problems and to understand how they can influence

disease development in the future is key to improving the success of treatment and long term oral health.

The use of highly developed technology such as Soprocure can assist in diagnosis and education of patients. Soprocure is an intra oral camera that uses light frequency to aid diagnosis of dental caries and tissue inflammation.

High resolution images can then be shown to patients on the computer screen and then saved as part of the patient clinical notes.

The Soprocure Intraoral Camera has two modes, Perio and Cario. The Perio mode highlights new dental plaque, newly mineralised dental plaque, old dental plaque, stains, soft

tissue inflammation and gingival recession.

The Cario mode highlights early occlusal caries, enamo-dental caries, seepage of old restorative material and secondary caries.

By having access to the latest digital technology, dental clinicians can not only provide the highest quality of clinical care, but also are able to explain their conclusions with patients there and then, gaining understanding, treatment acceptance and confidence in their care provision.





# SUCCESS UPON SUCCESS FOR JD WATSON

**J**ames Watson and his colleagues at JD Watson Dental Lab in Glasgow are celebrating. In four years they've seen the number of dentists using their services double and now they've just been named Laboratory of the Year at the Scottish Dental Awards 2019.

The ongoing success of the lab is such that it now has three drivers on the road delivering dentures, chromes and orthodontics appliances across the city and beyond.

After 16 years gaining valuable experience working for various dental labs around Scotland, James decided to set up JD Watson Dental Laboratory when his former employer at Henry Hall Dental Laboratory, based in Riddrie, decided to retire. James bought over the company in November 2015 and has built up a business with a reputation for high-quality work and personal service.

James said: "This is our fourth year in business and things have been going very well. We've doubled the amount of dentists we first started with and, as business has grown, we have increased our staff from two to six now, and recently refurbished the lab. We also now employ three drivers on daily runs to service our dentists around the city but also as far west as Greenock and over to Alloa in the east."

James worked his way up through the profession

after joining a dental lab when he left school. His first job was as a 'plaster boy', making moulds, and over the past 16 years has build up experience in all aspects of dental laboratory work, both with large and small dental laboratories.

He said: "I've worked in a number of different large labs and I have found their main focus is on the high-end, high-tech dental technology for implants, and I always thought that the denture departments don't get enough attention."

"That's why I decided to focus on dentures and to give our customers' patients the very best products possible, whether private or NHS."

James believes that his team's attention to detail and focus on quality gives his dentists the extra service they are looking for to both meet their patient's needs and to work more efficiently in their clinics.

He said: "We check every dental impression that comes in, so if there is one that is short we will not do any work on it until we get a full-depth impression. Our dentures are always fitted carefully to the models so the dentist does not waste surgery time trying to trim new dentures to their patient's mouth, and we also create 'suction chambers' on some of our dentures to aid retention in the mouth. We create an air pocket in the model before we finish the denture,

which traps air between the top surface of the denture and the mouth pallet helps to hold it in place – I've not seen any of the big labs offer this technique.

James prides himself on his attention to quality, not only in training and passing on his experience to his team but also ensuring that every item that leaves his lab is top quality.

He explained: "We've got a very good quality control system here as I always give my team a brief on how each piece of work should be carried out, and I also have the final check afterwards so nothing leaves the lab until it is finished to the best standard it can be."

James is also looking to expand his services by employing a crown and bridge specialist to complement his existing offer, which includes quality prosthetics, chrome and cobalt, expert restorations and orthodontics appliances.

He added: "I think I'm a bit OCD in my work as I'm passionate about producing high-quality products. It's probably because I love sending my customers our work and receiving feedback from them that we have done a great job and that their patients are very happy with their dentures. It's a feeling of sheer satisfaction and it just makes me want to continue trying my best for my customers."



## &gt; COLTENE



## RAISE THE STANDARD OF YOUR DENTISTRY WITH COLTENE

For any dentist looking to upgrade their dentistry, COLTENE offers the tools to do just this.

At the recent Scottish Dental Show, professionals had a perfect opportunity to discover all the restorative, endodontic and general dental solutions available. The latest addition to the Hyflex™ EDM file system – the Glidepath file 15/.03 – proved particularly popular, improving preparation of severely curved canals.

Dr Connor Morgan also joined the stand to demonstrate the many benefits of BRILLIANT EverGlow™ and share his first-hand experience of the product with colleagues.

To find out how COLTENE could help you raise the standard of your dentistry, contact the team today.

To find out more visit [www.coltene.com](http://www.coltene.com) email [info.uk@coltene.com](mailto:info.uk@coltene.com) or call 01444 235486

## &gt; CALCIVIS®

## GROUND-BREAKING TECHNOLOGY IMPRESSES DELEGATES

Visitors to the Scottish Dental Show 2019 were impressed by the world's first bio-tech dental device showcased by CALCIVIS®

Delegates were amazed as Flora Couper hosted a workshop that demonstrated how the CALCIVIS imaging system uses bioluminescence to identify demineralisation activity on tooth surfaces at an earlier stage than ever before.

Dr Leanne Branton from Southside Dental Care in Edinburgh also told delegates how the CALCIVIS imaging system is working in practice to support a preventive programme and how her patients and her business are benefiting from this unique technology.

To find out more about detecting early active demineralisation, contact CALCIVIS now.



For more information visit [www.calcivis.com](http://www.calcivis.com), call on 0131 658 5152 or email at [info@calcivis.com](mailto:info@calcivis.com)

## &gt; W&amp;H



## THE HIGHEST PRAISE FOR W&H

"The Lisa sterilizer from W&H is one of the best on the market, if not the best," says Wayne Davy, Dental Facilities Manager at Coldstream Dental Centre. "The Lisa's user interface is simple to use and leaves little room for user error. The machines themselves are well made and very robust – we have eight units in our practice that are all approaching 18,000 cycles and still run like new. I would highly recommend the Lisa sterilizer to other practices.

"Moreover, I cannot fault the after-sales care provided by W&H and I only have the highest praise for the team, who I've worked with for the last 10 years. They are always helpful and understand my professional needs. Although I have dealt with many engineers since I've worked in the decontamination industry, I have found that those from W&H are always very professional and reliable. If ever an issue arises with one of the Lisa sterilizers, W&H works with me to resolve it. No problem has beaten the team yet."

To find out more visit [www.wh.com/en\\_uk](http://www.wh.com/en_uk), call 01727 874990 or email [office.uk@wh.com](mailto:office.uk@wh.com)

## &gt; NOBEL BIO CARE

## MANAGE CHALLENGING IMPLANT CASES EASIER

While excess cement has been linked to peri-implantitis, location of the implant has sometimes built a barrier for use of screw-retained restorations.

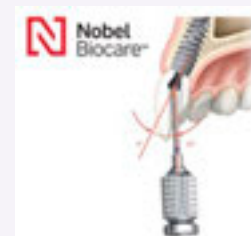
Well, not any more.

The Angulated Screw Channel (ASC) abutment and Omnigrip™ tooling from Nobel Biocare have been designed specifically to offer a solution.

The abutment can be screwed into place at any angle up to 25 degrees from the axis, within a 360 degree rotational radius. The accompanying Omnigrip™ screwdriver then ensures quick and easy pick-up functionality for a smooth and efficient workflow.

In the posterior region, this means the risks associated with excess cement can be eliminated, even in limited vertical space. Aesthetic considerations that once contraindicated screw-retained restorations in the anterior zone are also eliminated, so you can deliver the results your patients want and deserve.

Access has ever been easier and patient comfort never higher. Discover the ASC from Nobel Biocare to make challenging restorative cases simple and deliver outstanding clinical results.



For more information, contact Nobel Biocare on 0208 756 3300, or visit [www.nobelbiocare.com](http://www.nobelbiocare.com)

## &gt; IAS ORTHO



## TICK ALL THE BOXES

If you are currently providing orthodontic treatment but are looking to offer a different system, Dr Ian Walker from Apple Dental Practice suggests the Fixed course from IAS Academy.

"I was looking to move away from other appliances, and found that the Fixed course from IAS Academy ticked all the boxes.

"Firstly because the training is ethical with a focus on what's best for the patient, but also because it's geared around safety and predictability to ensure safer orthodontic delivery.

"The support and ethos from the Academy is fantastic too, as is the quality of the fixed system – I would definitely recommend."

For more information on upcoming IAS Academy training courses, visit [www.iasortho.com](http://www.iasortho.com) or call 01932 336470 (Press 1)

## &gt; DENTAL ELITE

## PRACTICE MAKES PERFECT

Experienced in buying and selling practices, Greg Fickert shares some hard-earned wisdom.

"Anyone who has bought or sold businesses knows that it can be a minefield. My advice is to get going with the paperwork well ahead of time. Be prepared because you will have to juggle this extra work while continuing to run a business.

"A good agent can make a world of difference. Simply listing a property and hoping for the best isn't good enough.

"By far the best agent I have ever used is Luke Moore of Dental Elite – he really took the time to understand the numbers in the business and had a good grasp of the market."



For more information on Dental Elite visit [www.dentalelite.co.uk](http://www.dentalelite.co.uk), email [info@dentalelite.co.uk](mailto:info@dentalelite.co.uk) or call 01788 545 900

## &gt; CALCIVIS®



## CALCIVIS FOR HIGH STANDARDS OF CARE

Providing her thoughts on the CALCIVIS® imaging system, dentist Jill Douglas from Inverurie Dental Care said: "I think the CALCIVIS imaging system is a really good idea as it provides a visual image for the patient to see exactly what damage has occurred in their mouth. It also supports what we're telling them with regards to the control they have to prevent any further problems. This makes the system a great aid in helping patients look after their teeth in the long term.

"It is also another tool for the dentist to better monitor their patient's health. It helps to quickly identify any issues that may arise and enables the clinician to effectively stop caries before they really start. Ultimately, the CALCIVIS imaging system supports preventive dentistry and helps dentists to provide the best standards of care."

For more information visit [www.calcivis.com](http://www.calcivis.com), call on 0131 658 5152 or email at [info@calcivis.com](mailto:info@calcivis.com)

## &gt; ALIGN

## BUPA DENTAL CARE AND ALIGN TECHNOLOGY

Align Technology and Bupa Dental Care have announced a new agreement, which will increase the offer of the Invisalign system and iTero intraoral scanners across Bupa's network of dental practices in the UK & Ireland, benefiting both patients and dentists alike. The new contract will also see Align provide dedicated education and training programmes for Bupa's network of dentists and orthodontists, so that they can leverage the latest innovations with confidence while providing patients with the highest possible quality care. With more than 470 practices across the UK and Ireland, as well as ambitious growth plans, Bupa Dental Care is one of the market's biggest dental providers, carrying out over six million appointments each year.

Align Technology is a global medical device company focused on the design and manufacture of the Invisalign, the most advanced clear aligner system in the world. It produces more than 380,000 unique aligner parts per day, each one digitally designed to gradually straighten a patient's teeth. The Invisalign system's nearly invisible appearance makes it a popular alternative to traditional braces.



For more information please visit [www.invisalign.co.uk](http://www.invisalign.co.uk) and [www.bupadentalcare.co.uk](http://www.bupadentalcare.co.uk)



## &gt; DURR DENTAL

ALL-IN-ONE  
DIAGNOSTICS

Dürr Dental have developed an extended version of their VistaVox S panoramic machine which contains six additional programmes for time-saving cephalometric exposure with minimum radiation doses, called VistaVox S Ceph.

As you'd expect from Dürr, exceptional diagnostics and ease of use are guaranteed. Alongside the 17 panoramic programmes, the VistaVox S Ceph has several orthodontic applications, including 'Lateral Head', 'Full Lateral Head', 'PA Head' and 'Waters View'. The unit is as fast as it is smart – with a scan time of just 1.9 seconds, and images are exceptionally sharp using the lowest possible radiation dose. This functionality is afforded by the high-sensitivity CSL sensors. The unit can effortlessly switch between the 3D X-Ray and the Ceph boom.

Just like the VistaVox S it has a perfect 3D imaging volume of 130mm (compared to 80x80mm for most other systems). This means it completely covers the whole diagnostically relevant area, including the rear molars, an essential requirement for diagnosing an impacted wisdom tooth. Enhanced visibility does not require a higher radiation dose; in fact, the opposite is true. A special curved path, which rotates 540 degrees, in combination with a tightly collimated fan beam and a highly sensitive CSL sensor, means that a particularly low radiation dose is used.

## &gt; DURR DENTAL

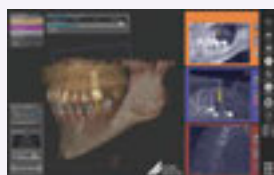
SMART  
TECHNOLOGY  
FOR THE  
SURGERY

Chances are many of us are using smart technology within the home, to control our heating, lighting or alarm systems. Now the same pioneering technology is available to make your working life as simple. Dürr Dental have launched their new IoT (internet of things) solution called VistaSoft Monitor, to ensure that the practice runs smoothly and intuitively.

This cloud-based IoT service solution allows all connectable Dürr Dental systems to be integrated into VistaSoft Monitor, providing a clear overview of all products, including compressors, autoclaves and x-ray systems. The software is based on the following principle: monitor-transmit-analyse-act.

The units constantly monitor important operating parameters and transmit them in real time to VistaSoft Monitor, where they are analysed and then presented to the user in a clear format. Operation can be viewed centrally at a PC in the reception area, or decentralised in every treatment room or on a smartphone/tablet via the corresponding app.

Potential problems are detected in advance, i.e. if the fill level of the amalgam collecting container is reaching its maximum, an alert will be sent to ensure a replacement is ordered in plenty of time. The software will also flag issues that require an external response, such as a filter change on a compressor or a routine service of a piece of equipment.



## &gt; BELMONT

LATEST  
TOUCHSCREEN  
X-RAYS

Belmont Touch is the new touchscreen X-ray from Belmont. Despite its technology being advanced, the product couldn't be simpler to use. The easy-clean screen produces instant error code reports and has multi-lingual functionality. It also switches into 'sleep mode' to conserve energy and contains a USB port and handheld exposure switch which can be wall mounted. Belmont Touch is also aesthetically appealing and has a zero-drift scissor-arm, which means it can be neatly stowed away against the wall when not in use.

Belmont Touch is compatible with any type of digital imaging system. Not only does it reduce the soft x-rays absorbed by the tissues, making it safer and more reassuring for patients, but the tube voltage, current and exposure time can all be selected according to the individual clinical need, helping to avoid unnecessary exposure to radiation.

Offering a minimum exposure time of just 0.01 seconds, the Belmont Touch pre-programmed timer is selectable for digital systems and two different types of films. A total of 16 film speeds are available and the lightweight, compact, easy to hold tube head enables the operator to align the tube accurately every time for re-producible, high contrast, crisp radiographs with excellent image quality.

For further information call 020 7515 0333 or e-mail dental@takara.co.uk.

## &gt; DENTAL SKY

EDISON  
AWARD

Goccles® oral cancer screening glasses have recently been honoured with the Edison Best New Product Award. Recognising excellence in design and innovation, these awards set apart those products deemed to be 'game changers'. Named after the iconic US inventor, recipients of the award symbolize ingenuity and creativity.

This is not the first time the product has received an independent third-party endorsement as earlier this year Dental Advisor rated Goccles as their preferred product for oral cancer screening. With an enviable rating of 92% they found the Goccles system easy to use and effective at displaying early lesions.

Goccles oral cancer screening glasses allow the clinician to run a simple, non-invasive and painless test using the technology of fluorescence and cell-tissue autofluorescence by utilising the wavelengths emitted by curing-lights. This allows the user to see in a clear and accurate way any anomalies of the oral cavity. The basic principle is that the auto-fluorescence of abnormal cells lining the mouth when exposed to light, differs to that seen occurring in normal cells. Goccles® glasses allow the clinician to see differences in auto-fluorescence of the tissues, with normal cells appearing green and abnormal cells dark.

Goccles® are distributed exclusively through Dental Sky.



For more information visit <https://www.dentalsky.com/goccles-oral-cancer-screening-glasses.html>