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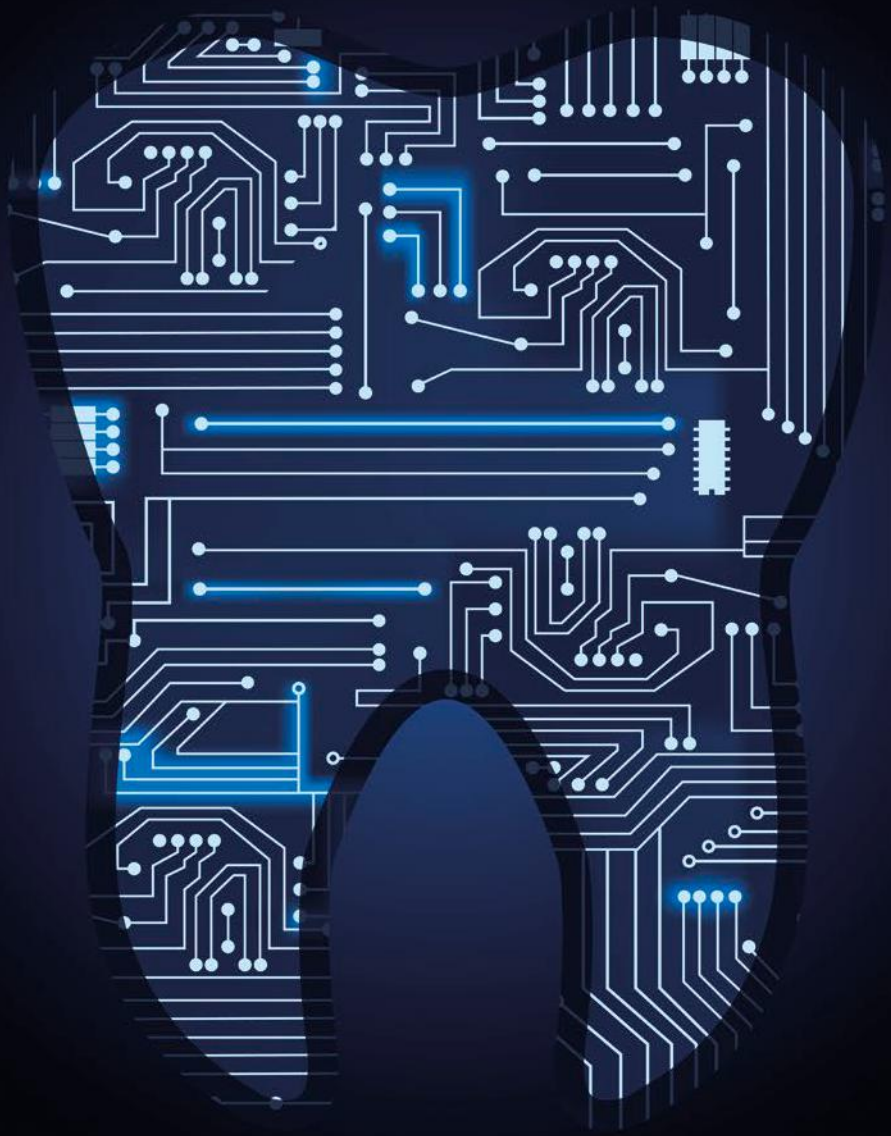

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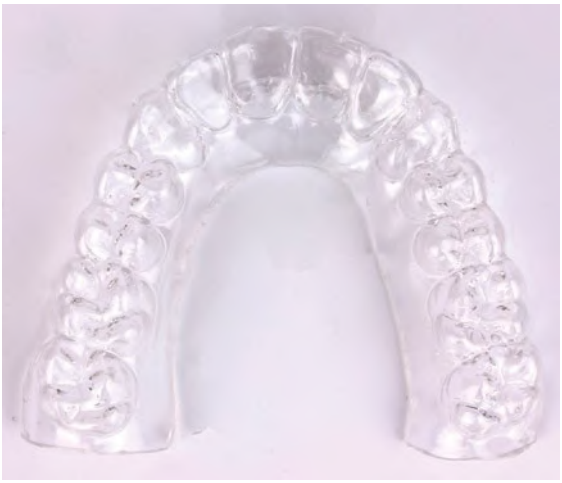

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A waiting game

A little over 20 years ago, an *Agence France-Presse* report caught my eye; it was news of the world's first hand transplant. Clint Hallam, a New Zealander, who had lost a limb while serving time in a low-security prison (so low-security that he had been using a chainsaw to prune a tree in its grounds when the accident happened), had undergone the operation in secret, in Lyon.

At the time, I was Scotland editor of the *Sunday Times* – but after four enjoyable years had decided to freelance from south-west France where, a few years earlier, my wife and I had bought a house. Before leaving, I was determined to win a commission from the paper's magazine; I figured it would serve as a great calling card in securing work from other publishers. One of the magazine's commissioning editors agreed that an interview with Hallam could form the basis of a compelling piece.

In London, Professor Nadey Hakim, a member of the international team which had performed the procedure, kindly spent several hours talking through its genesis.

By phone from Sydney, the pioneering microsurgeon Professor Earl Owen added layers of fascinating detail; as a schoolboy, while his father and uncles were away fighting in the Second World War, he endured boring lessons by surreptitiously carving tiny figures of soldiers from balsa wood, unseen; his hands hidden under the desk lid. It was a youthful skill he would later put to a career of life-saving and life-transforming use.

Hallam, however, proved elusive; he said he would only be interviewed in return for payment. The feature on hold, my wife and I made the move to France. But after a couple of months of persuasion, Hallam relented. We met for dinner in Lyon, where he was receiving follow-up treatment, and I shook him by his new hand. Hallam spoke candidly about the experience. By then, I had learned that a second operation was planned; the first *double* hand transplant. The hospital's photographer told me he intended to record the event through an intricate array of in-theatre lenses and agreed to provide images.

> "UNDERSTANDING AND REPORTING A SUBJECT BENEFITS FROM MONTHS OF RESEARCH AND TALKING TO THOSE WHO KNOW IT INTIMATELY"

Research for the feature continued, interviewing potential patients – among them, a Frenchman, Denis Chatelier, who had lost both hands when an artisanal rocket he was handling exploded. Throughout this time, the Lyon team had been in fierce competition with a rival group of surgeons in America. The former worked mostly in secret, the latter were open and consultative. I spent several days in Louisville, Kentucky, interviewing an array of surgeons and medical ethicists. One spoke about the possibility of face transplants (the first would happen, in Lyon, seven years later).

To perform the first double hand transplant, both teams had to play a waiting game; for a suitable donor - and a family willing for their departed loved one to donate. "Hands are visible, personal," I subsequently wrote. "A constant reminder that someone now dead touched, ate, lived and loved with them."

Then the call came; a donor had been found, Chatelier received his new hands and Lyon beat Louisville again. A little over a week later, it was the cover story of the *Sunday Times Magazine*, with the hospital photographer's incredible images inside.

More than two decades on, after returning to Scotland and covering business and technology for various magazines, I'm in a new job as editor of *Scottish Dental*. The reason for this, non-dental, tale is to illustrate how understanding and reporting a subject benefits from months of research and talking to those who know it intimately – and to ask for readers' indulgence while I get to know the dental profession and its people.

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Arthur Dent is a practising NHS dentist in Scotland
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A career conundrum

Without a clearly defined pathway, there is little support to encourage progression up the dentistry ladder to the very top of our profession. A framework to help our future leaders develop their talent is vital

Currently in Scotland we have an Oral Health Plan without any significant detail, timescale, or leadership. We have heard the dogma about 'evolution not revolution', which sounds like an excuse for a distinct lack of progress or new ideas. Repeatedly, we have heard the cry of 'no economic destabilisation'. All leading to stasis, indefinite timetabling of changes and no significant detail on what the changes may be. This in itself creates economic destabilisation by making the future so unpredictable that businesses cannot reasonably plan or invest. The former CDO was clear she wanted economic predictability so that investment could be continued to secure the future of NHS dentistry in Scotland. However, this hollow rhetoric was based on a complete lack of any understanding of the mechanisms involved in the business of general practice.

This is indicative of the way our profession runs. The Government has decided we no longer need to be under the direct control of the Cabinet Secretary for Health. Dentistry is no longer of political import. Patients can find dentists and the hierarchy that controls us can operate unchecked without a leader. Before that we had a leader who had no concept of how 90 per cent of us operated. No one in government or at the top of our profession has any clue (or at least recognises) how cheap it is to run dentistry using the model we have in Scotland.

If they did, they'd realise how important it is to keep it going. To keep it stable with continued but reasonable investment. One of the problems is our lack of a CDO. We have no leader. The next problem is who will do it? Who has a range of experience in all facets of dentistry? Who can command respect from GDPs, salaried dentists, and academics? Who actually understands, or at least is willing to understand the economics of practice? Who can fill the job spec?

This mini-rant brings me towards my fundamental point. I take myself back to my youth. Before you say it, quite a while ago. I was young, enthusiastic, maybe even idealistic. I had my future to look forward to and, after VT, I realised that I liked general practice. So that was to be my life. I realised quite quickly that there was little career progression in general practice once I had become an associate.

Further CPD, yes. Development of my skills, absolutely. Refining my practice, my life's work. Add in the challenges of buying and running a business. Advancing the property and facilities to meet and exceed guidance. Taking on a VT. These are things I am proud and happy to have done.

However, when I speak to friends, dental and non, I don't recognise a clear career progression. Other professions talk of exams, promotions, drive from line managers and corporate schemes to develop their talents.

Public Dental Service dentists may experience some of this in their learning programmes. An MSc or doctorate could be a way forward. However, often this is dictated by interest and availability rather than necessity or service requirements.

Most importantly of all, this requires drive by the individual. Not determined by a career pathway. At 23 years old I thought I had reached the sum total of what my dental life would be like. This is what I expected. My own personal endeavours and challenges aside, that is what I got. Now, I like what I do and the patients give me the 'biz' and the variety I like. However, I do understand why people get bored and want to 'get out' of clinical work.

On behalf of the younger dentists, I'd love to see a more-defined career pathway. More patients, more money, more techniques just lead to a bigger hamster's wheel. Education is great but who decides whether it is good or appropriate, let alone useful? Without definition of process, people often get it wrong or they just don't bother. To be solely self-motivated throughout a decades-long career isn't practical. To continually challenge and reinvent yourself isn't easy. It requires a long-term view and constant personal drive and ambition to find your own way. That simply isn't for everyone.

Even more so, and to get back on point, you'd have to invent your pathway and that of any other dentist. Where is the predetermined, tried and tested path to reach the top of our profession? At no point in my career could I have said, you know what, I started as a GDP and I'll follow the process and maybe one day I'll be CDO. I'll be able to command the respect of my peers, garner the diverse knowledge of the various facets of my profession, and reach the dizzy heights of governmental healthcare.

I know there can be only one CDO. However, shouldn't there be a way to put yourself in the frame? Especially as a GDP who understands how the vast majority of dental care is provided.

The disconnect from reality is a major problem. The reality of being able to stop developing your professional skills at 23 is frightening. A framework to help future leaders and followers develop into the best they can be is necessary. For professionals and patients alike. Let's keep ourselves interested and involved. It makes us much more interesting and satisfied people and ultimately better dentists.

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Sugar in processed meals 'fuelling oral health crisis'

Call for tighter global regulations as study says commercial baby food and drinks 'encourage preference for sweetness in early life'

ORAL health has been isolated from traditional healthcare and health policy for too long, despite the major global public health burden of oral diseases, according to a new Lancet Series.

Failure of the global health community to prioritise the burden of oral health has led to calls from its authors for the radical reform of dental care, tightened regulation of the sugar industry, and greater transparency around conflict of interests in dental research.

Diseases, including tooth decay, gum disease and oral cancers, affect almost half of the global population, with untreated dental decay the most common health condition worldwide. Lip and oral cavity cancers are among the top 15 most common cancers in the world. In addition to lower quality of life, oral diseases have a major economic impact on both individuals and the wider health care system.

The Lancet Series on Oral Health, led by University College London (UCL) researchers, brought together 13 academic and clinical experts from 10 countries to better understand why oral diseases have persisted globally over the last three decades, despite scientific advancements in the field, and why prevalence has increased in low and middle-income countries (LMICs), and among socially disadvantaged and vulnerable people, no matter where they live.

"Dentistry is in a state of crisis," said Professor Richard Watt, Chair and Honorary Consultant in Dental Public Health at UCL and the series' lead author.

"Current dental care and public health responses have been largely inadequate, inequitable, and costly, leaving billions of people without access to even basic oral health care.

"While this breakdown in the delivery of oral healthcare is not the fault of individual dental clinicians committed to caring for their patients, a fundamentally different approach is required to effectively tackle to the global burden of oral diseases."

In high-income countries (HICs), dentistry is increasingly technology-focused and trapped in a 'treatment-over-prevention' cycle, thus failing to tackle the underlying causes of oral diseases, say the authors. In low-income countries the current situation is most bleak, they say, with even basic dental care unavailable and most disease remaining untreated.

Sugar consumption, the underlying cause of tooth decay, is rising rapidly across many LMICs. While sugary drinks consumption is highest in HICs, the growth in sales of sugary drinks in many LMIC is substantial; by 2020, Coca-Cola intends to spend US$12bn on marketing its products across Africa in contrast to WHO's total annual budget of $4.4bn.

"The use of clinical preventive interventions such as topical fluorides to control tooth decay is proven to be highly effective, yet because it is seen as a

Continued on page 11

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Dundee double

Prestigious international honours for two professors


Professor Graham Ogden

PROFESSOR Graham Ogden, of the University of Dundee, has been awarded the 2019 IADR Distinguished Scientist Award in Oral Medicine & Pathology Research, one of the highest awards in dental research.

Professor Ogden was presented with the accolade at the International Association for Dental Research (IADR) 97th General Session & Exhibition of the IADR, in Vancouver in June.

"I am deeply honoured to have received this award from IADR, which represents colleagues from around the world," said Professor Ogden. "It is obviously very nice to be the focus of such recognition from one's peers. It also shows the impact Dundee has made in dental research and the international reputation we hold."

The Oral Medicine & Pathology Research Award is one of the highest honours bestowed by IADR. The award recognises outstanding and sustained peer-reviewed research that has contributed to the understanding of the mechanisms governing the health and disease of the oral cavity and associated structures, principally encompassing skin, bone and the oral soft tissue. The award consists of a monetary prize and a plaque.

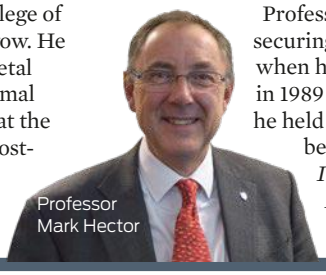
Professor Ogden is Chair in Oral Surgery at the University and is also Dean of the Dental Faculty in the Royal College of Physicians & Surgeons in Glasgow. He completed his PhD on cytoskeletal and nuclear morphology of normal and malignant oral epithelium at the University of Dundee and his post-doctoral research focused on the effect of alcohol on cell function and morphology.

For raising public awareness and contributions to professional education on oral cancer, he received the 2012 Ian Stevenson Award for Public Engagement with Research. He won the Senior Colgate Prize in 1992, awarded by the British Society for Dental Research, and represented the United Kingdom as participant at the IADR Hatton Awards in 1993.

Peers' recognition

Professor Mark Hector, Dean of the School of Dentistry at the University of Dundee since 2011, has been awarded Honorary Membership of the International Association of Paediatric Dentistry (IAPD) at its 27th congress in Cancun, Mexico. This is only the 19th time in its 50-year history that the IPAD has made this award, the highest honour that can be bestowed on a member.

Professor Hector said: "I am delighted to have received this honour from the IAPD, which represents more than 15,000 dentists around the world."


Professor Mark Hector

Professor Hector was instrumental in securing the future of the association when he was first appointed to the board in 1989 as its secretary/treasurer, a post he held for nine years. He subsequently became the IAPD editor for the *International Journal for Paediatric Dentistry* and then president in 2009-11.

Sugar, alcohol and tobacco industries fuel global burden

Continued from page 9

a 'panacea', it can lead to many losing sight of the fact that sugar consumption remains the primary cause of disease development," said Professor Watt. "We need tighter regulation and legislation to restrict marketing and influence of the sugar, tobacco and alcohol industries, if we are to tackle the root causes of oral conditions."

The Lancet Series authors have called for wholesale reform of the dental care model in five key areas:

- Close the divide between dental and general healthcare.
- Educate and train the future dental workforce with an emphasis on prevention.
- tackle oral health inequalities through a focus on inclusivity and accessibility.
- Take a stronger policy approach to address the underlying causes of oral diseases.
- Redefine the oral health research agenda to address gaps in LMIC knowledge.

Ending the neglect of global oral health: time for radical action. Prof Richard G Watt, PhD; Prof Blánaid Daly, PhD; Prof Paul Allison, PhD; Prof Lorna M D Macpherson, PhD; Renato Venturelli, MSc; Prof Stefan Listl, PhD; et al. www.tinyurl.com/y5xoqcca

Poor oral health link to liver cancer risk

A STUDY from Queen's University Belfast has found that people with poor oral health are more likely to develop liver cancer. The investigation involved more than 450,000 people across the UK and discovered that failing to look after your teeth and gums can make you up to 75 per cent more likely to develop cancer of the liver.

"Poor oral health has been associated with the risk of several chronic diseases, such as heart disease, stroke and diabetes", explained Dr Haydée WT Jordão, from the Centre of Public Health at Queen's and lead author of the study "However, there is inconsistent evidence on the association between poor oral health and specific types of gastrointestinal cancers, which is what our research aimed to examine."

Models were applied to estimate the relationship between cancer risk and self-reported oral health conditions, such as painful or bleeding gums, mouth ulcers and loose teeth. While no significant associations were observed on the risk of the majority gastrointestinal cancers and poor oral health, a substantial link was found for hepatobiliary cancer.

Of the 469,628 participants, 4,069 developed gastrointestinal cancer during the (average) six-year follow-up. In 13 per cent of these cases, patients reported poor oral health. Participants with poor oral health were more likely to be younger, female, living in deprived socioeconomic areas and eating fewer than two portions of fruit and vegetables per day.

The biological mechanisms by which poor oral health may be more strongly associated with liver cancer, rather than other digestive cancers, is currently uncertain. One explanation is the potential role of the oral and gut microbiome in disease development, which said Dr Jordão, warranted further studies.

Oral cancer risk infomercial for young people

NHS Lanarkshire's health improvement department has produced a short infomercial aimed at young people to highlight the importance of regularly checking your mouth and looking out for the signs and symptoms of mouth cancer.

The animation, developed in partnership with the Coatbridge Peer Education Group and Community Learning and Development, North Lanarkshire, provides useful information on the steps to take to lower the risk of getting mouth cancer. The new resource was funded by The Ben Walton Scholarship and Development Grant hosted by the Royal College of Physicians and Surgeons in Glasgow.

Anne Moore, NHS Lanarkshire's Director of Dentistry, said: "I welcome this initiative to raise awareness of mouth cancer in the younger generation as, sadly, we are seeing more and more young people being diagnosed with this condition where crucially early detection and diagnosis is key to better outcomes."

Heather Meechan, a member of the Coatbridge group, said: "We weren't aware of mouth cancer and wanted to get involved to raise awareness. The animation gives great advice on how to cut down on the risk."

As well as looking out for the signs and symptoms, the infomercial encourages young people to practise some risk-lowering behaviours such as getting to know their mouth through self-examination, not smoking, watching what they drink and practicing safer sex. Importantly, it encourages young people to go and see a dentist if they are worried.

Coatbridge peer educators Eva Findlay, Cathryn O'Neill and Heather Meechan along with youth workers Kimberley Honeyman and Kirsty McKenny, youth work senior Amy Reynolds, North Lanarkshire Council, and Susan Lyttle, NHS Lanarkshire's Senior Health Promotion Officer

Susan Lyttle, Senior Health Promotion Officer (Oral Health), who was the first winner of the Ben Walton Scholarship and used her £3,000 award to fund the Lanarkshire project, said: "It was wonderful being part of this partnership project. I think the young peer educators have done an amazing job. I'm very impressed with the animation and hope it raises awareness among young people."

To view infomercial, visit: https://www.youtube.com/watch?v=sXvY0Vh5SQ0&feature=youtu.be

Naturally grown teeth could replace implants

RESEARCHERS believe they have identified cells responsible for the formation of human dental tissue.

The team of Russian and Japanese tissue scientists and dentists say the study heralds the development of bioengineering techniques aimed at growing new teeth for patients.

They used human prenatal tissues to study early stage development of the embryonic oral cavity during the period when the teeth were set up, from the fifth to sixth week. The team identified several cell types involved in the formation of dental enamel.

"Numerous attempts to grow teeth from only the stem cells involved in the development of enamel, dentin and pulp, i.e. ameloblasts and odontoblasts, were not successful," said Ivan Reva, Senior Researcher of the Laboratory for Cell and Molecular Neurobiology at the Far Eastern Federal University's School of Biomedicine. "There was no enamel on the samples, teeth were covered only by defective dentin. The absence of an easily accessible source of cells for growing dental tissue seriously restricts the development of a bioengineering approach to dental treatment.

"To develop technologies of tissue engineering and regenerative medicine, promising methods of treatment in dentistry, the cells identified by us may become the clue to the new level of quality dental treatment.

"Natural implants that are completely identical to human teeth will no doubt be better than titanium ones, and their lifespan can be longer than that of artificial ones, which are guaranteed for 10-15 years. Although for a successful experiment, we still have a lack of knowledge about intercellular signalling interactions during the teeth development."

BDA urges Scottish Government to pay up

BDA Scotland is calling on the Scottish Government to accept the recommendation in the 47th report of the Review Body on Doctors' and Dentists' Remuneration (DDRB) of an above inflation 2.5 per cent net uplift for general dental practitioners.

It follows the announcement that the UK Government had accepted the 2.5 per cent recommendation for dentists in England. The uplift will be backdated to April, with no staging.

This apply to community dentists, with a final uplift to contract values for general dental practitioners to be confirmed following a consultation on expenses. Hospital dentists will see a 2.5 per cent uplift in basic pay, but with no increase in their clinical excellence awards, meaning an overall uplift of 2.35 per cent.

The pay rises there will be backdated to the start of each work force's financial year and, across the public sector, represent a rise of 2.75 per cent for school teachers, 2.5 per cent for consultants and dentists, 2.5 per cent for police officers, 2.9 per cent for personnel in the armed forces, at least 2.2 per cent for prison officers and 2 per cent for senior civil servants and senior military staff.

The BDA has focused media and political attention on how "failure to deliver reform combined with a 35 per cent real-terms collapse in practitioner incomes is now jeopardising the long-term sustainability of NHS dentistry". It has insisted that announced increase must not be a one-off and should send a clear signal to devolved administrations.

In Scotland, the BDA is also calling on the Scottish Government to award at least 3 per cent for expenses, introduce the overall pay uplifts as soon as possible, and backdate them to April.

David McColl, Chair of the Scottish Dental Practice Committee, said: "While we were disappointed in the delay in publishing the DDRB report, the Scottish Government now needs to follow its Westminster counterpart and announce that it accepts the DDRB recommendation.

"To avoid significant recruitment and retention problems, an above-inflation increase is now the very least ministers can do if they want NHS dentistry in Scotland to remain sustainable.

"Implementing DDRB recommendations in full won't reverse a 30 per cent collapse in real incomes, but it will send a clear signal that we have finally turned a corner on a pay policy that has put increasing pressure on NHS services."

NEWS IN BRIEF

Community Challenge grants for 2019

The Scottish Government has announced the recipients of grants awarded under the Oral Health Community Challenge Fund.

The fund was one of the initiatives introduced in the Oral Health Improvement Plan. Details of the Fund and a call for proposals were launched in February of this year. The Scottish Government subsequently released details of the successful oral health improvement projects and funding earlier this summer.

More than 20 groups, in places as far apart as Ayrshire and Aberdeen received grants.

Anoop Maini passes away

Dr Anoop Maini, one of the UK's leading orthodontists, has passed away, aged 50. Anoop was a pioneer of implant and advanced cosmetic dentistry having studied in the UK and America after qualifying from King's College, London.

Kaney elected to faculty board

Helen Kaney, Head of Dental Services in Scotland for Dental Protection, has been elected to the board of the Faculty of General Dental Practice (FGDP(UK)).

A dually qualified dentist and solicitor, she was elected to one of two national seats for a term of three years. As well as practising general dentistry for many years, she has worked as a clinical assistant in restorative dentistry, a senior dento-legal adviser, and a solicitor acting for dentists and doctors.

Clyde Munro expansion

Glasgow-based dental group Clyde Munro has occupied new headquarters in the city centre to help with its plans to double its business.

The move provides the group's support centre with an area twice the size it previously enjoyed. Thirty-five staff have moved into the base on Douglas Street.

The group operates 25 practices across Scotland and will use the larger headquarters as a "launchpad" to support its rapid acquisition strategy. Founder and chief executive Jim Hall said: "Being on the acquisition trail means we need to ensure our central support centre can provide the skills and experience needed to support our rapidly growing group of dental practices."

Clyde Munro employs more than 100 clinicians and treats 200,000 patients in Scotland.

Orthodontic conference

The British Orthodontic Conference 2019 in Glasgow on 19-21 September will celebrate the British Orthodontic Society's 25th anniversary.

Highlights include a keynote by IVF pioneer Professor Robert Winston and the prestigious Northcroft Memorial Lecture, presented by Professor Greg Huang from Washington State University.

British Orthodontic Conference

Glasgow

19 - 21 September 2019

Lord Winston delivers key address: Can we achieve happiness?

www.bos.org.uk

Driving Private Practice - a programme dedicated to discussing treatment options for orthodontics in the private practice setting and also marketing private practice in 2019 with a superb line-up of speakers.

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SEC Glasgow
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20 SEPTEMBER
BDA Scottish Dental Conference and Exhibition 2019
Crowne Plaza, Glasgow
More information at: www.bda.org/events/Pages/index.aspx

27 SEPTEMBER
BDA Aberdeen - The art of digital dental photography
Aberdeen Altens Hotel, Aberdeen
More information at: www.bda.org/events/all-events

23-24 SEPTEMBER
Training the Clinical Trainer
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

16 OCTOBER
Dental webinars - Health Inequalities
RCPSG*

1 NOVEMBER
Core topic study day for DCPs
Royal College of Surgeons of Edinburgh (RCSEd), Edinburgh**

1-2 NOVEMBER
Annual Scientific Meeting of the Faculty of Dentistry of the RCSI
RCSI St Stephen's Green Campus, Dublin 2 ***

6 NOVEMBER
Informed Consent: Sharing the Decision ICONS
RCSEd, Edinburgh**

9 NOVEMBER
BDA North of Scotland - Dinner and ceilidh
More information at: www.bda.org/events/all-events

12 NOVEMBER
Emergency Dental Patient
RCPSG – Glasgow*

14 NOVEMBER
Dental webinars – Periodontal surgery
RCPSG*

18-19 NOVEMBER
Training the Clinical Trainer
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21 NOVEMBER
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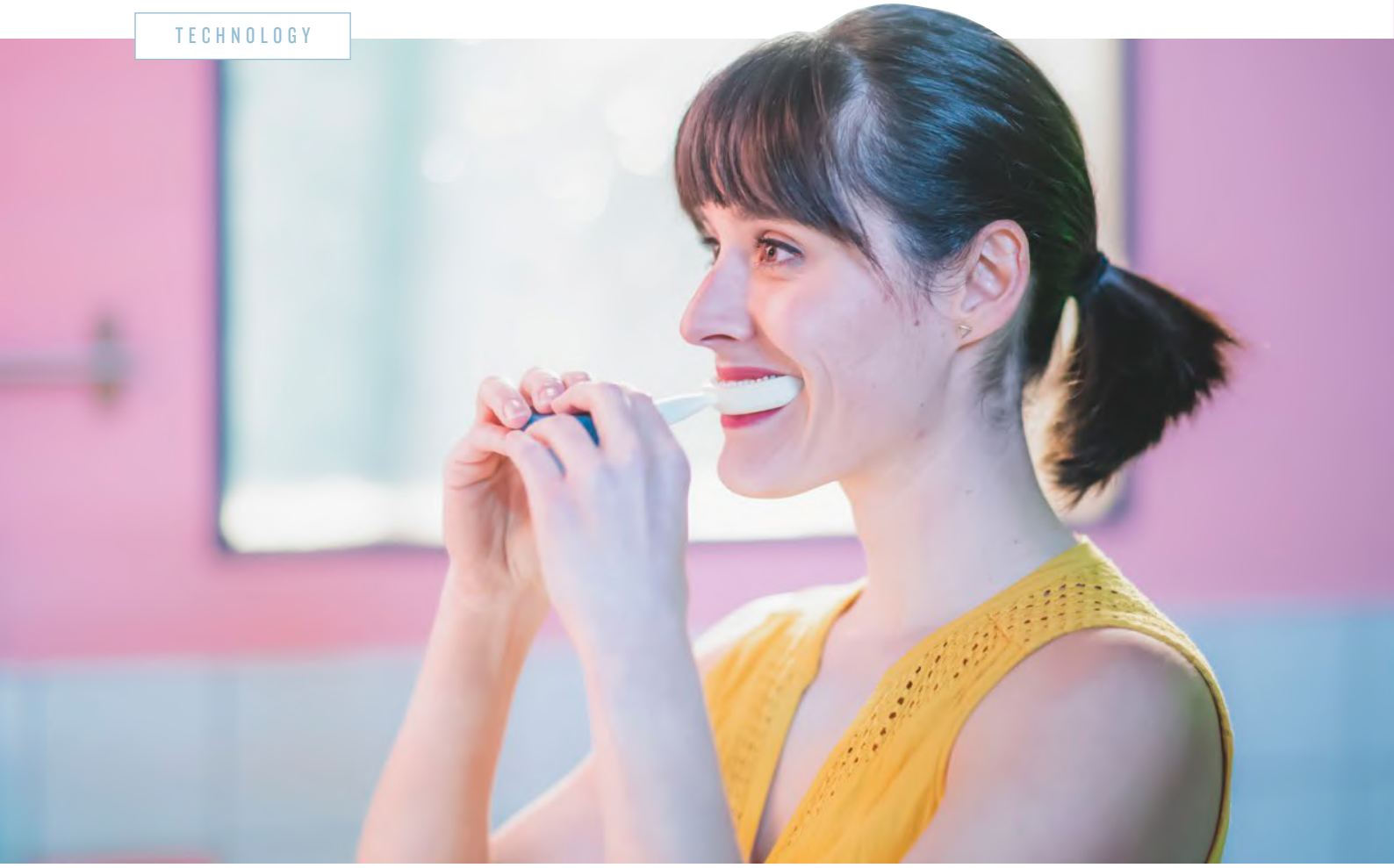

Disrupt this!

Can start-ups challenge a £40bn industry? (Clue: don't hold your breath)

WORDS
WILL
PEAKIN

Disruptive innovation, said Clayton Christensen, is a process whereby a smaller company with fewer resources successfully challenges incumbents. As the incumbents focus on improving their products and services for their most demanding – and usually most profitable – customers, they exceed the needs of some segments and ignore the needs of others.

"Entrants begin by targeting those overlooked segments," observed the Harvard Business School professor, "gaining a foothold by delivering more-suitable functionality – frequently at a lower price. Incumbents, chasing higher profitability in more-demanding segments, tend not to respond vigorously. Entrants then move upmarket, delivering the performance that incumbents' mainstream customers require, while preserving the advantages that drove their early success."

From the Ford Model T, through the transistor radio, to Netflix, 'disruptive innovation' – as coined by Christensen in his book *The Innovator's Dilemma*, published in 1997 – has become an obsession for entrepreneurs driven by the potential of smaller companies to out-compete and eventually destroy their bigger competitors.

The term, he argues, is often misunderstood and misused: "Disruptive innovations are not breakthrough technologies that make good products better; rather they are innovations that make products and services more accessible and affordable, thereby making them available to a much larger population."

You could take issue with this definition – and many do – in that, for example, the iPhone contained breakthrough technologies (a touch screen with fluid scrolling and pinch-to-zoom), was more expensive than existing 'smart' phones, and yet it did disrupt – indeed, several – industries while making services more accessible and affordable at the same time; effectively challenging Christensen's mutually exclusive criteria.

Whatever your take on his definition, in the personal health sector there have been attempts at disruption and innovation; Harry's is a subscription-based men's razor that takes a tilt at the incumbents' expensive innovation (remember "introducing seven blades, because five is not enough"?), while Quip is a similarly subscription-based rival to the established players' electric toothbrush

> WHEN I SPOTTED A TOOTHBRUSH THAT CLAIMS TO CLEAN ALL YOUR TEETH IN SIX SECONDS, I IMAGINED A GLEAMING DENTAL FUTURE"
>
> JONATHAN MARGOLIS

("a product combining simplicity and accessibility of the much loved manual toothbrush with the cherry-picked guiding features that dentists recommend from an electric," say its makers).

Joining these in dental health are start-ups attempting both innovation in, and disruption of, the humble toothbrush. The prize is great; the global oral care market – comprising toothpastes, toothbrushes and accessories, mouthwashes, and other dental products – is expected to reach $60bn by 2025, up from around $40bn now*.

"I hate brushing my teeth," wrote Jonathan Margolis in the *Financial Times* last month. "Seconds into each of the prescribed two minutes, twice a day, I get bored. So, when I spotted an automatic toothbrush that claims to clean all your teeth at once in six seconds, I imagined a gleaming dental future."

Blizzident, based in Munich, has been selling a 3D-printed manual 'whole-mouth' toothbrush since 2013; a giant version of the chewable brushes you see in airport vending machines but custom-made for your mouth. However, Margolis had plunged into what turned out to be not so much a gleaming dental future, but the occasionally murky world of crowdfunded products.

Danish start-up Unobrush's blurb had testimonials from dentists, so he paid his $109 on the Indiegogo platform. Unobrush is one of many new whole-mouth toothbrushes. "I was struck by how many others were looking for a better toothbrush. Unobrush raised 70 times its target and received £2m from 30,000 backers."

Amabrush, based in Vienna, was similarly over-subscribed; it raised almost £4m from 38,000 backers on Indiegogo and 3.2m on Kickstarter. Venice-based Unico's pitch is to undercut the six-second brushing time; it claims a complete clean in three seconds. "I still live in hope that my Unobrush will materialise in August," said Margolis, "and perfect dental health in 12 seconds a day becomes reality."

Alas, for Margolis, that hope may prove to be forlorn. In June, Amabrush filed for insolvency blaming an inability of European manufacturers to fulfil the overwhelming demand and Asian manufacturers, to whom they switched, to meet quality thresholds.

"We want to assure you that we have done everything in our power to avoid this situation," a post on its website said. "We learned a lot and we'd be happy to share our experiences with all who want to realise their ideas. So do not hesitate to contact us. We encourage you not to stop supporting and believing in novel and innovative ideas that rethink the status quo and that promise to make the world a better place. We will keep fighting for our idea and project."

Meanwhile, Unico's Indiegogo page has been closed for some time (having raised £325,547), with progress stalled at the 'prototype' phase ('production' and 'shipping' remain greyed-out). But the comments page is live with more than 850 posts, including recent, plaintive, messages from disgruntled backers complaining of not having received the product or, in some cases, having received a product that disappoints or does not work.

One start-up that *Scottish Dental* interviewed is determined to stand apart from the rest and prove doubters wrong. Based in Lyon, the makers of the Y-Brush are part of the European Union-funded accelerator EIT Health. Their brush, which claims to clean teeth in 10 seconds, is an advance on a device they developed for use in hospitals and care homes.

We asked one of the co-founders, Benjamin Cohen, about their story.

FasTeesH co-founders Christophe Cadot and Benjamin Cohen

What's your background?

I am 34 years old. I studied bioinformatics and health informatics in one of the most recognised French schools (ENS), at McGill (in Canada) and at MIT (USA). After my studies, I had multiple positions in management, as project director, team leader and operations manager in the health sector (mainly in medical devices). And then I founded FasTeesH / Y-Brush more than three years ago.

Has oral health always been of interest to you and, if so, why?

To be honest, when I was younger, I had a phobia of dentists! But I have been interested in health and biology since I was a child.

It's said that watching your younger cousins become bored brushing their teeth was an inspiration for developing the device, but what do you think drove you to actively pursue a solution?

What pushed me to move forward is for many people in the population, tooth brushing is boring, seen as a chore, because two minutes is too long. Three years ago, I met a dentist, a key opinion leader, who has helped us a lot. Yes, good tooth brushing is a real challenge. Our

“YES, IT WILL DISPLACE THE TRADITIONAL TOOTHBRUSH, BUT IT WILL TAKE A BIT OF TIME BECAUSE IT IS VERY DIFFICULT TO CHANGE HABITS”

BENJAMIN COHEN

observation is that the current players are investing a lot to keep users brushing their teeth for two minutes, for example with games and applications for children. But in the end, toothbrushes have hardly changed for centuries. Our vision is to make brushing more accessible, faster, easier, and therefore more efficient.

How does the partnership with your co-founder Christophe Cadot work?

Christophe had developed sensors in another industry. On my side, I have supervised the industrialisation of IVD (in vitro diagnostics) products, such as pregnancy tests you can perform at home.

Did similar competitive products exist and, if so, why did you feel you can bring something new and different to the concept?

Our product is truly unique. There are indeed some products, which generally come from Asia, which are, like ours, in the shape of jaws. The problem is that these products use silicone tips several millimetres in diameter; too soft and too large to remove plaque. They ‘massage’ the teeth but have no effective plaque abrasion. On our products, we use very thin nylon fibres, thinner than a hair, like toothbrush bristles, which are really effective and able to go between teeth. We have performed many tests to prove it, and independent tests have been done on competing products.

The Y-Brush claims to clean your teeth effectively in 10 seconds

Other start-ups have attempted to develop similar products, with mixed results; why do you believe your product stands apart from these and how will you convince sceptics (both dental professionals and consumers)?

Yes, they used silicone tips that have no effectiveness – as I explained in the previous question. Our product uses the same technologies (and improved) as a standard toothbrush (sonic vibrations and soft bristles), and acts in the same way as an electric toothbrush but brushes all teeth at the same time – the top set, then the bottom.

Our product stands apart because it is effective. We are very transparent; we conducted trials with several of our customers (and they posted their feedback without review from us!), with journalists (the same), and so on. Regarding dental professionals, we have had a lot of interaction with them and very positive feedback from around the world and we are launching a special engagement programme for the profession.

Could you describe the research and development process that occurred over the three years of the product’s development?

We carried out three years of R&D to obtain a product that is medically effective and well perceived by users. We mainly worked on the brush, which is very complex to manufacture, especially because it is flexible with nylon bristles. We worked on several aspects; the sizes of the brush, the user perception, the effectiveness, the design (with adults, and schools with children) and so on.

Can you provide detail about the clinical validation process that you have undertaken and whether there is a further validation process under way?

In terms of the efficacy - in vitro tests, with in vitro protocol dental researchers’ use, and in vivo tests, with plaque revelator, from one brushing to a six-month period.

They were supervised by dentists trained for that. In addition, since January this year we have been selling our first product in France, under the FasTeesH brand, to hospitals, nursing homes and establishments for disabled people. This is providing a lot of feedback. And we are preparing a clinical study in France at the end of this year.

How do you intend to scale your product and business?

We have sold a lot through our website, to consumers in more than 60 countries. We will continue that. In addition to that, you’ll find our products in stores from mid-2020, first in France, and then in other countries through distributors all around the world.

You were at the Consumer Electronics Show (CES) this year; what was the response?

It was great. We didn’t expect it, to be honest, but we got hundreds of highly qualified contacts, and a huge press coverage with CNN, CBS, and so on.

What has been the response of the dental profession?

Great, also. You know, dentists share our point of view; that the oral health of populations is not good, and they will promote everything that could improve that.

Do you see the Y-Brush ultimately displacing the traditional toothbrush, or will it remain something which stands alongside other types of brush?

Yes, it will displace the traditional toothbrush, but it will take a bit of time because it is very difficult to change habits.

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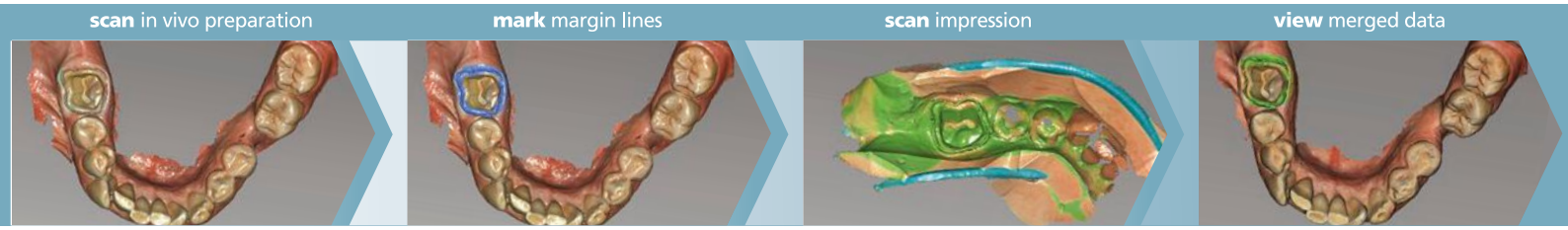

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Artificial Intelligence

A vision of the future

Imagining a toothbrush that detects wider health issues and connects directly with health professionals

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While start-ups attempt to disrupt the way we brush our teeth, the incumbents are betting on evolution rather than revolution. Egle Kiiver, a product development engineer at Procter & Gamble, points to the heritage of its Oral-B brand, founded by the American dentist Dr Robert W. Hutson. In the late 1940s, Hutson began experimenting with different designs – trying to make one soft enough to be gentle on the gums yet strong enough to effectively clean the teeth.

By 1949, Hutson discovered that using hundreds of thin nylon filaments with rounded ends could achieve the desired results. His invention has been ranked among the most significant developments in oral health of the modern era, since the advent of the bone-handled, 'hog-bristled' toothbrushes fashionable in Europe during the late 1700s. "It was the first gingiva-friendly toothbrush," said Kiiver.

For the past six months, Kiiver has been busy bringing Oral-B's most advanced toothbrush – the Genius X, that boasts artificial intelligence as a feature – to market; from its unveiling at the Mobile World Congress in Barcelona to talks across Europe, such as a meeting of the Women in AI group in Frankfurt where the spread of artificial intelligence through consumer products was debated.

The user can brush as normal and then brush the areas that still need more attention

However, Kiiver said that using AI to understand consumers' behaviours and needs was not the most important factor in developing the new product; the most crucial remained the insights from dentists and scientists on what can improve oral health. It was from understanding health goals that she and her colleagues could then look at what new technologies were available to meet those, such as AI.

Incorporating two sensors (an accelerometer and a gyroscope) – negating the rather clunky need of its predecessor to be paired with a smartphone camera – and an AI algorithm, the Genius X can determine where the user is brushing and how.

"It is the only brush with AI that gives real-time feedback, showing the user where he or she is brushing, tracking what the user is doing rather than telling the user what to do," said Kiiver. "The user will get results based on that. That is the advantage of this system; the user can brush like he or she usually does and then can brush the areas that still need more attention [see picture; shown in blue]."

The company's ambition for future iterations of its product extends beyond oral health. The mouth is the "gateway to health", it contends, and a toothbrush touches that twice a day. Oral-B's vision is that humans will live longer and healthier lives through dental care at home; a device that will detect wider health issues and connect directly with dental and health professionals whenever needed.

Currently, its Biometric Health Tracker concept is the company's idea of a 360-degree health platform, designed to improve oral and overall health. It is not a finished product, the company says; it is a vision that will enable pioneering work between dental professionals, external researchers, and Oral-B scientists alike.

"This is our vision of the future, the possibility of telling consumers if they have problems in the mouth that might affect their overall health. A change in pH level, for example, would indicate to the user that an imbalance between good and bad bacteria has developed, and the user would be advised to try to eat less sugar and more yogurt. The app would give the user daily tips and observe whether there has been an improvement or not, especially regarding the gingivae, where many problems can present and lead to other diseases.

"This is just a vision, not yet on the market, but data and scientific papers tell us that there is a relation between oral health and general health.

"I see the future as making it easier for everyone to achieve good oral health so that dentists have less restorative work and can focus on preventative care and people have the tools for expert home care."

> "THIS IS OUR VISION, THE POSSIBILITY OF TELLING CONSUMERS IF THEY HAVE PROBLEMS IN THE MOUTH THAT MIGHT AFFECT THEIR OVERALL HEALTH"
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Closing the circle

NHS National Services Scotland launches a three-pronged initiative to tackle waste

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Taking part in a BBC Radio 4 programme earlier this summer about the history of the toothbrush, Peter Dyer, the chair of the British Dental Association's Central Committee for Hospital Dental Services, was struck by a couple of statistics that emerged; first, that if we in the UK each use one toothbrush every three months, then we are disposing of approximately 200 million brushes each year – and, second, research has shown that it can take 400 years for a plastic toothbrush to degrade.

"Anyone who watched the *Blue Planet* series with David Attenborough or more recently the *War on Plastic with Hugh and Anita* [Hugh Fearnley-Whittingstall and Anita Rani], couldn't help but be moved by the realisation that our reliance on plastics is causing havoc to the environment," wrote Dyer last month in a blog post at bda.org

"The plastic-free July campaign [www.plasticfreejuly.org] has also made me think, what can we do in dentistry to help reduce plastic usage and reverse the dire consequences of using this material in such large quantities?"

While consumer-facing campaigns promoting environmental sustainability are at the forefront of public discourse, the role of medical professionals in reducing waste commands a lesser profile; understandably so, as their primary concern is the patient's health and, in the case of of re-use or disposal, the public's safety. The BDA is working on the issue of sustainability in dentistry across the UK, engaging with key stakeholders to develop policy and supporting dental practices to overcome the barriers to becoming more sustainable[1].

In Scotland, environmental sustainability in dentistry is set to come to the fore as NHS National Services Scotland launches a three-pronged initiative to tackle waste in the profession. The re-tendering of NHS DenPro, the collaborative procurement scheme for NHS Dentists in Scotland, will influence the range and type of disposable items that practices can purchase. NSS is also working with Zero Waste Scotland to move practices from using non-recyclable white plastic cups to others that are recyclable. A new waste contract will provide opportunities to recapture some recyclable items, allowing practices to contribute to the circular economy.

"Scottish dental practices probably produce a disproportionately high level of waste in comparison to other Scottish health care providers, as a consequence of decontamination guidelines," noted Paul Cushley, NSS's Director of Dentistry.

"Practices need to demonstrate a commitment to reducing waste and recycling as part of their responsibility for social stewardship in the communities they serve.

"Like every other business, they have to help contribute to the 'reduce, recycle, reuse' agenda rather than continuing to contribute to the growing amount of waste that is polluting our environment. NSS, in partnership with dental practices and dental suppliers, will drive this agenda through a number of initiatives providing support for dental practices to make positive environmental choices and help facilitate improved environmental stewardship."

The organisation is developing an 'eco-challenge' which suppliers and practices can sign-up to, promoting awareness and delivering actions that foster good ecological stewardship. It will move suppliers towards tagging products using a red, amber, and green traffic light system identifying those which can be recaptured and contribute to the circular economy and allowing practices to make positive buying choices. It will also work with practices to provide a mechanism through the collection of the orange waste stream nationally to capture recyclable plastics.

Cushley said that initial feedback had been positive: "As part of the customer engagement process around the renewal of the DenPro contract, NSS surveyed the membership around the issues of disposable items. There was a positive response to being able to identify good environmental choices in the catalogue.

"It was also recognised that there is a need to reduce choice where multiple, similar products are available. Although every change may not have an environmental benefit there could be associated benefits of standardisation. A reduced choice could potentially deliver a financial benefit through economy of scale purchasing as well as improving ecological outcomes."

NSS is in an ongoing dialogue with Zero Waste Scotland to tackle the issue of plastic cup use

He also highlighted what had been achieved to date: "DenPro is the first NHS Scotland multi-practice buying group and has dispelled the myth that dentists could not or would not act in a collective manner. Dental practices signed up to a simple promise that NSS would go to the market and negotiate hard on behalf of our 400 member practices and deliver savings.

"We have delivered huge savings since May 2016. We have expanded the offer during this time to include a broader range of goods and services available at a saving. We have created a one-stop shop for practices to allow them to concentrate on delivering the best quality of dental care, what they are best at, and reducing the need to spend time shopping around for the most competitive prices.

"Dental practices are no longer at the mercy of pricing that is solely determined by what the manufacturers and suppliers want to charge dental practices. NSS has delivered the savings and profoundly changed the dental market. Prices from all the dental suppliers and not just our current commercial partner have significantly reduced across the board in Scotland due to the influence that DenPro has had on the dental market."

Looking ahead, Cushley said that under the new contract the range of goods and services will be protected. "We will award the new contract based on the actual product use data we have from running the contact for three years. Previously this was based on experience derived from similar exercises. We will redefine what the core items are within the contract – those that are delivering the greatest saving and price stability – based on the most up-to-date data.

"There will also be a process for the supplier to propose new product ranges to reflect changes in technology or legislation. The changes around packaging regulations and Brexit uncertainty, too, will influence the construction of the contract. Perhaps the greatest change in the offer will be towards a focus on savings on familiar products across the catalogue categories, rather than just on the most frequently purchase items across the whole catalogue."

Cushley added that NSS is in an ongoing dialogue with Zero Waste Scotland about plastic cups; what is problematic about the existing type used, what are the alternatives, how easy will it be to introduce those, and what contribution that might they make in reducing waste in the long term. Making an impact depends not only on practices, he said, but also on a new waste contract that facilitates capturing all recyclable plastics.

"The new contract offers a safe, high-quality, reliable, efficient, cost-effective, sustainable and legally-compliant service which guarantees value for money," said Cushley. "Dental waste is just one of the component parts of the requirement for the new provider. This contract will also need to be more ambitious to help dental practices contribute to the circular economy by capturing all recyclables. The strategy is intended to open up the market in Scotland, encourage innovation, and meet environmental targets."

> "PRACTICES NEED TO DEMONSTRATE A COMMITMENT TO REDUCING WASTE AND RECYCLING AS PART OF THEIR RESPONSIBILITY FOR SOCIAL STEWARDSHIP IN THE COMMUNITIES THEY SERVE"
>
> PAUL CUSHLEY

Further reading: Exploring attitudes and knowledge of climate change and sustainability in a dental practice: A feasibility study into resource management. J. Grose,J. Richardson, I. Mills, D. Moles, and M. Nasser.Developing sustainability in a dental practice through an action research approach. J. Grose, L. Burns, R. Mukonoweshuro, J. Richardson, I. Mills, M. Nasser, and D. Moles.

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A problem or a crisis?

Harsha Kumar shares her thoughts on children's oral care and on why parents need to be better educated about the crucial role they play in encouraging good dental hygiene

I'm sure we've all been faced with a patient who cautiously asks: "Baby teeth aren't even important are they?" I'm incredulous, but always try to hide my disbelief, calmly explaining that baby teeth are important to their child's health and development, and will impact their ability to chew, speak, smile, as well as provide the pathway through which permanent dentition will follow.

But how big a problem is children's oral health in the UK? Firstly, I'd classify it as a 'crisis' rather than a problem. It is anathema to me that the most common disease in children in the UK is preventable. In February 2018, Public Health England *Health Matters* reported that a quarter of five-year-olds (24.7 per) have tooth decay, with on average three to four teeth being affected; so, that's one in four children with tooth decay before they even start school.

The survey found that tooth decay was the most common reason for hospital admission for children aged between five and nine in 2012 and 2013 and more than 63,000 children aged 0-19 years were admitted to hospital for tooth extractions in 2014 to 2015 and this number was a rise of 3 per cent than the previous year!

Research has shown that in North West England hospitals 26 per cent of children had missed school because of dental pain and infection, and there is an average of three days of school that are being missed due to dental problems. It was also shown that 38 per cent of children had sleepless nights because of dental pain.

The NHS spends approximately £3.4 billion per year on all ages primary and secondary dental care. The BBC also publicised last year that more children are having teeth out in hospital in England –42,911 operations in 2016-2017, up from 40,800. That's over 2,000 more operations in just one year. Dr Claire Stevens, aka 'The Tooth Fairy', an NHS consultant in paediatric dentistry, said that most of her patients were aged between five and nine, and that it is not uncommon to remove all baby teeth from a two-year-old because of dental decay!

So, what are the barriers to improving children's oral health? As a hygienist, I feel that there is a lack of knowledge about oral hygiene in children. Many parents don't even know that they are putting their children's health at risk by not knowing the facts about dental care.

A lot of parents that I come across say that they didn't even know when to start brushing their children's teeth or when to start bringing them in to seeing the dentist. Some parents have even admitted to me that they didn't think they 'baby' teeth were that important as they would fall out anyway.

There are also some parents who say they find it too difficult to brush their children's teeth or get the child to brush their own teeth as they are not compliant. There is also a lack of knowledge on the links between children's diet and oral diseases, most parents know about sweets and chocolates causing rotten teeth (although a lot of parents don't know about hidden sugars) but have no idea on acidic food and drinks.

I have two children, aged nine and four, and so I can relate to most parents and understand how difficult it can be to get your child to be compliant. My first-born was quite good and got along with brushing his teeth from a very early age and he now likes the routine including flossing and mouth washing.

My second however was not so compliant; she found everything too 'chilly' or she's always too tired or she's just being stubborn and throwing a mini tantrum. When your child is being a mini terror, it is so easy just to give in! But It is so important to understand why we must persevere and 'get in there' to gain a good oral hygiene.

I follow the guidelines set out in PHE's *Delivering better oral health: an evidence-based toolkit for prevention*, recommending that all parents or carers should be supervising children's brushing until at least six years of age. I recommend to all my patients to monitor all children's toothbrushing and to then go over them themselves until the age of 12 years. I recommend this as some children just cannot effectively remove all the plaque in their mouth themselves, especially when they

Harsha Kumar is a dental hygienist and therapist in the East Midlands, treating nervous children for fillings and extractions. She qualified in 2012 from The University of Leeds. She practices four days a week at three different practices

> "MANY PARENTS SAY THEY DIDN'T KNOW WHEN TO START BRUSHING THEIR CHILDREN'S TEETH"
>
> HARSHA KUMAR

have a mixed dentition. I do feel that more people are becoming aware of dental care and the role of the dental team and how prevention is better than treatment. However, the message needs to be way more widespread!

I recommend the following:

1. Brush as soon as your child has their first tooth! Starting them at such a young age helps in adapting a good regime and it teaches the child that this is the norm.

2. Brush twice a day with fluoridated toothpaste.

3. Brush every tooth and include the gum line too and then brush the tongue and cheeks too. Now this can be tricky especially at night times when most children become irritable and become too tired, therefore I recommend brushing after the child has finished their last meal of the day and one other time.

4. Supervise and monitor a child's brushing until the age of 12 years old; this is because up until the age of 12 most children still have a mixed dentition and so may not brush effectively.

5. Encourage flossing at a young age but monitor the children when flossing. Again, every child is different so it is difficult to give a definite age at which they should start flossing but I would say roughly introduce flossing at age 8 and then make it a daily routine by the age of 12.

6. Mouthwashing at a different time to brushing helps cleanse the mouth and gives a healthy boost during the day.

7. Make brushing fun. Maybe introduce rewards, such as stickers or a treat for good brushing behaviour. Praise them even if their technique isn't quite as good as it should be! Using disclosing tablets can help children 'see' the problem and make it a challenge to remove the plaque.

8. Give them knowledge. Kids are like a sponge and can absorb and retain so much information. Make the message relatable to the child's age, i.e. you could describe plaque as a 'baddie' that needs to be 'scrubbed away', you're then giving them a reason to want to brush their teeth.

9. Give parents and/or carers evidence-based written information and guidance, as messages can be so easily forgotten once outside the surgery. I use the Strong Teeth Make Strong Kids material developed by Oral-B in conjunction the University of Leeds. This gives me the confidence that the advice I'm giving is backed up by research, and is designed to instigate behavioural change.

10. Dietary advice is also key. It's unrealistic to expect parents to eliminate all sugary treats, but I encourage consumption to be restricted. I try to simplify the demineralisation and remineralisation of tooth enamel cycle, and explain that it's better to have a treat with meal times than as a snack. Limiting fizzy and sugary drinks is a must and, should they consume these I always recommend a straw.

11. Where possible I encourage children to get an electric toothbrush, which may make brushing more easier and fun thus resulting in better plaque removal. Having a kids-themed electric toothbrush has made my children brush better. Children tend to love technology so it makes sense to bring this into the bathroom.

A good relationship between the dental team and parents and carers of children is essential to improve oral hygiene among children. To prevent oral disease, we need to spread the knowledge not the disease.

Every child matters.

New thinking to combat oral cancer

International speakers, expert panellists, and delegates selected from around the world are to share the issues they face in the fight against the disease

WORDS
NIALL
MCGOLDRICK

Oral cancer continues to claim lives throughout the world without much progress been made in tackling the disease. In the UK, incidence has increased by 86 per cent since the 1970s. Globally, there are around 300,000 new cases each year. Prognosis remains poor. Surgery continues to be the mainstay of treatment with around 50 per cent of patients living to five years post diagnosis. Furthermore, nine out of 10 of these cancers can be attributed to a modifiable risk factor.

The problem is clear to those working in the area and to most dental professionals, but if we are to make a real difference to the figures above then some new thinking is required. We need the attention of world governments, research bodies, and healthcare providers to shine a light on the issues at hand and give oral cancer research and preventive policy a space at the funding table.

> "WE NEED THE ATTENTION OF WORLD GOVERNMENTS, RESEARCH BODIES, AND HEALTHCARE PROVIDERS"
>
> NIALL MCGOLDRICK

The Global Oral Cancer Forum hopes to begin that journey. We are bringing together an interdisciplinary delegation from around the world that will include dentists and doctors from many specialities, public health practitioners, NGOs, charities, data scientists, survivors and patients to establish new frontiers in the fight against oral cancer.

The inaugural Global Oral Cancer Forum took place in New York City in 2016. Some 250 people from around the world took part and contributed to the meeting. This was the first step in building partnerships and networks capable of making a real change across the oral cancer continuum and improve approaches to prevention, detection and treatment. It was clear from the forum that there was an appetite to continue momentum. A series of white papers with outputs from each of the sessions were published and are available to view here: www.globaloralcancerforum.org/white-papers

The next step is to bring together an even wider, more diverse group at the Global Oral Cancer Forum 2020 (GOCF'20) taking place in Edinburgh on 6 and 7 March next year.

The new theme for GOCF'20 is "reducing risk, prevention, early diagnosis and innovative treatments."

We will highlight risk reduction across the entire oral cancer continuum from prevention to initial diagnosis and treatment. International speakers, expert panellists and delegates selected from various world regions will convene to share the issues they face in the fight against oral cancer.

The Global Café session on day one aims to harvest and harness ideas from the international assembly focused on building awareness of gaps in prevention, patient care, technology and services. This session will be key to developing a strong global network and form a new social leadership within the oral cancer action community. By building these partnerships, the forum will promote the changes required for a substantial impact on incidence, morbidity and mortality of oral cancer worldwide.

GOCF'20 will also act as a spring board for early career researchers to get involved and mix with some of the old power that have contributed to the oral cancer work stream, bridging the gap between old and new. The agenda is available to view on our website www.gocf20.com

We want to extend an open invitation to any non-profit organisation that supports the GOCF'20 mission, to come onboard as an intellectual sponsor of the forum without financial commitment. Be part of the change and join the conversation on 6-7 March 2020 in Edinburgh.

Dr Niall McGoldrick is a member of the GOFC organising committee and convenor of Let's Talk About Mouth Cancer www.ltamc.org

Examination of the truth

It isn't enough to think 'I did that OK'; professionals need to give the process of reflection authority and value

WORDS
WILL PEAKIN

Earlier this year, the General Dental Council and eight other healthcare regulators published a joint statement on the importance and benefits of being a reflective practitioner. The organisations' chief executives signed a joint statement* which outlined the processes and advantages of good reflective practice for individuals and teams.

Reflection is the process whereby healthcare professionals assess their professional experiences – both positive and where improvements may be needed – recording and documenting insight to aid their learning and identify opportunities to improve. Reflective practice allows an individual to continually improve the quality of care they provide and gives multi-disciplinary teams the opportunity to reflect and discuss openly and honestly.

The statement made clear that teams should be encouraged to make time for reflection, as a way of aiding development, improving wellbeing and deepening professional commitment. Chief executives of nine regulators – the General Chiropractic Council, General Dental Council, General Medical Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council, Health and Care Professions Council, the Nursing and Midwifery Council and the Pharmaceutical Society of Northern Ireland – have all signed the statement.

"Reflection plays an important role in healthcare," said Ian Brack, Chief Executive and Registrar of the GDC. "It brings significant benefits to patients by fostering improvements in practices and assures the public that professionals are learning from the challenges they encounter – and seeking to improve.

"Our recent research on CPD highlighted the importance of multi-professional teams coming together regularly to reflect when things go wrong and when things go right, and this is one of the things that we are going to be seeking views about when we consult on the future of lifelong learning for dental professionals in the early part of this summer" [See Meaningful milestone, p34]

The joint statement by the regulators reinforces the view that reflection is a key element of development. It also makes clear that patient confidentiality is vital, and that registrants will never be asked to provide their personal reflective notes to investigate a concern about them. Guidance is given on how to get the most out of reflective practice, including having a systematic and structured approach with proactive and willing participants. It makes clear that any experience, positive or negative and however small – perhaps a conversation with a colleague – can generate meaningful insight and learning. Multi-disciplinary and professional team reflection is viewed as an excellent way to develop ideas and improve practice.

How can reflection help dental professionals?

As well as reinforcing how reflection can help dental professionals to gain insight into their whole practice, the statement highlights the direct impact it can have on improving services and patient care. It endorses the value of dental teams reflecting as a group and in multi-professional settings, to help develop ideas that can bring about positive change in practice. As part of this, it makes it clear that employers should encourage their teams to make time for reflection as a way of aiding development, improving wellbeing and deepening professional commitment.

Reflection is now common practice among dental professionals and will help to foster improvements in your dental practice and services. It can demonstrate how patient feedback and complaints are listened to, and acted upon, in the dental practice setting, as well as assure patients that the dental team is continuously learning. It encourages professionals to "remember to reflect on things that go well, alongside things that don't go to plan".

Jessica Rothnie, a policy manager at the GDC, who was involved in the roll-out of the Enhanced CPD scheme and in the formulation of the statement on reflective practice, acknowledged that there was a need for more guidance around what reflective practice should cover and what form it should take.

"Professionals need more guidance and help on how they reflect and how they do it effectively," said Jessica. "Absolutely, I think there is a gap there and part of the CPD consultation is building up more information around the concept."

As part of that process Janet Hayes-Hall, the GDC's Clinical Dental Adviser, is publishing a series of blogs over the summer. "As the recent publication of the joint statement attests, health regulators now consider that reflection is an essential aspect of clinical practice," said Janet. "For dental professionals, it might feel as though 'reflection' has worked its

The reflective process should help professionals to remember and embed new practice, learning or behaviours into their clinical or practice repertoire=

way into our lexicon in recent years as a relatively new concept."

But, she added, reflective practice has a long history. John Dewey, a philosopher and educator addressed this issue as far back as the late 1890s. He described reflection as "active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it, and the further conclusions to which it tends". While there have been many interpretations and variations in the wording since, Janet believes that his first considerations remain the core to reflective practice.

She points to the academic author and editor Gillie Bolton who observed: "I have come to realise .... that reflection is not a cosy process of quiet contemplation, it is an active, dynamic, often threatening process which demands total involvement of self and a commitment to action. In reflective practice there can be nowhere to hide."

Janet Hayes-Hall's interpretation is that reflection is expected to support deep, rather than strategic or superficial learning. This means that the reflective process should help professionals to remember and embed new practice, learning or behaviours into their clinical or practice repertoire.

"However, in my experience with many dental professionals, reflection is often considered to be a 'cosy' process such as thinking that a procedure went well, or 'those crowns looked great'. I have also found that dental professionals are unclear as to what they 'should' be doing to reflect effectively. For example, when I have asked a dentist for a piece of reflective writing I have been presented with a formal essay or cut and paste items from a textbook or journal document. But, while it's good to see there is genuine enthusiasm for the subject matter, I am often disappointed that the real learning hasn't been demonstrated. Ultimately, the reflective process has been missed.

"Perhaps this is because when asked to reflect in a more formal sense, dental professionals get stuck. I suspect a huge number of dental professionals actually 'reflect in action' on a regular basis, a phrase first introduced by Schon in 1991. In other words, we think on the go: we may determine that we will use a different product next time because the one we are using hasn't produced the appropriate colour, fit or shade, or we will use a different technique because of something learnt on a course. These actions or thoughts may be reflective in nature, but is this what reflection is really all about?

"Looking back on Dewey's definition, he states that reflection is the 'active persistent and careful examination of the truth and the facts that surround it'. I think that 'active' is the key word here. Active means we should engage with the process, that we need to do something. It isn't really enough to just think 'Oh that went well' or 'I did that ok'. We need to do something more to give that process of reflection some authority and value."

REFERENCES

*https://www.gdc-uk.org/professionals/cpd/reflective-practice

Other useful links:

https://www.gdc-uk.org/about/what-we-do/research

https://www.gdc-uk.org/professionals/ftp-prof/learning

https://www.gdc-uk.org/about/what-we-do/consultations

What the literature says about reflective practice

CPD and reflective practice are interrelated: reflection can enhance the benefit of CPD, and reflective approaches to practice can be promoted by CPD. Reflective practice is prominent within the most current CPD schemes and revalidation processes (UK solicitors, UK engineers, UK pharmacists, Ontario pharmacists and others).

Key points are:

- It is argued that the ability to reflect is not inherent and practitioners may need to be educated on how to reflect. This ability increases over time and with practice.
- The impact of reflection-on-practice is enhanced when it is undertaken willingly and shared with colleagues. Peer learning, group learning, mentoring and appraisal enhance the professional's ability to reflect on their practice.
- Portfolios can be used to record learning experiences and promote reflection. Portfolio-based learning is used, for example, with UK doctors and Ontario pharmacists. Questions remain as to whether current CPD systems really foster reflective practitioners. The portfolios and other reflective exercises included within the CPD schemes have to be real opportunities for practice improvement and not just a 'box to tick' exercise within the CPD scheme.

Source: A Review of the Literature on Continuing Professional Development (CPD) Executive Summary (commissioned by the GDC) January 2019.

> "I HAVE COME TO REALISE THAT REFLECTION IS NOT A COSY PROCESS OF QUIET CONTEMPLATION"
>
> GILLIE BOLTON

Meaningful milestone

Consultation represents the next step on the journey towards achieving a more effective system of CPD

"WE KNOW A MORE SUPPORTIVE MODEL OF LEARNING CAN BE ACHIEVED TO MEET AND MAINTAIN HIGH STANDARDS AND QUALITY PATIENT CARE"

REBECCA COOPER

Some dental professionals feel that CPD is little more than a tick-box exercise," says Rebecca Cooper, the General Dental Council's Head of Policy and Research. Last month, the GDC published a consultation document inviting ideas, comments, and views on the short and long-term future of professional learning and development in dentistry.

It follows the GDC's launch last year of 'Enhanced CPD', its new model of continuing professional development. Some of the changes ECPD brought included the introduction of a personal development plan (PDP) to help record CPD activity and aid further development; a change in the number of CPD hours required (100 hours for dentists, 75 hours for hygienists, therapists, clinical technicians and orthodontic therapists and 50 hours for nurses and technicians); and doing away with the need to submit non-verifiable CPD.

"While the Enhanced CPD scheme made some good progress towards increasing professional ownership of CPD and placing greater emphasis on reflection and planning," adds Rebecca, "we know a more supportive model of learning can be achieved to provide dental professionals with the information and tools they need to meet and maintain high professional standards and quality patient care.

"Our proposals look at how we might move to a system

that is flexible and responsive for the full range of dental professionals and where professionals can increasingly take responsibility for their own development, without the need for heavy-handed enforcement. This discussion document represents a significant milestone in achieving this goal and we really want to hear from as many people as possible about where lifelong learning should go from here."

The discussion document is presented in three parts: a future model for lifelong-learning which seeks views on a portfolio model and the merits of continuing with set CPD hour requirements; CPD practices, and how professionals can be encouraged to take up more high-value activities, such as peer learning and reflection; and informing CPD choices, which asks about the insights and intelligence dental professionals refer to when selecting learning activities and how these can be improved and promoted.

The publication represents the next step on the GDC's journey towards achieving a more effective system of CPD. That journey began with commitments made in the regulator's 2017 publication *Shifting the Balance* and the introduction of the Enhanced CPD scheme last year. Since then, this journey has continued with the gathering of further information and evidence through stakeholder feedback, a systematic literature review on CPD and, most recently, through workshops with professional associations, educators and other regulators which took place earlier this year.

After building a robust base of evidence, the GDC says it wants explore ideas for developing the CPD scheme with dental professionals and stakeholders and that it is "opening a conversation" about what meaningful CPD is, how it can be achieved, and what the obstacles might be that prevent dental professionals from accessing and undertaking it.

The literature review synthesised relevant articles and outlined the approach other professionals are taking. It provided the GDC with evidence, which can support its development of a more qualitative approach to the delivery and monitoring of CPD for the dental workforce. The aim was to inform and strengthen GDC policy development for dental CPD that would promote registrants' sense of ownership and pride in their continuing educational achievements and in turn improve engagement between the regulator and the dental workforce.

It concluded that aspects of qualitative-based models which could form part of an outcomes-focused model for dental UK professionals include: emphasis on reflection and reflective practice, active learning, portfolios, peer (and mentor) interaction and feedback; development of online, user-friendly tools, enabling registration of required evidence; a well-designed change and implementation process; reinforcement of close engagement of registrants with regulators through easily accessible communication channels; quality-assurance mechanisms embedded in the model, valuable for both regulators and registrants.

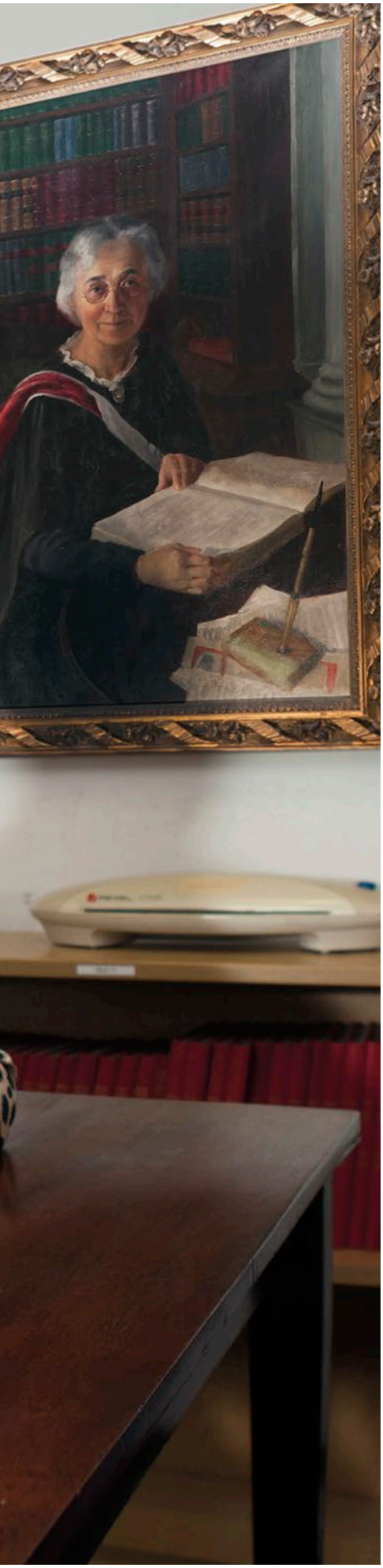
"If the aspiration is to create motivation across all registrants to actively pursue meaningful, relevant CPD activities," said the review, "then of course the approach to CPD should promote the concept of a responsible professional, who takes pride in keeping up to date and enhancing their clinical and professional skills and sharing their experience with others."

REFERENCES

The document can be read here: www.tinyurl.com/yyz8jeo5

Responses and views can be submitted until 3 October here www.tinyurl.com/yy8f6hfr

BDA President Roz McMullan's goal is to bring the expertise of all the nations and regions together



Raise a glass to the President

Working alongside pioneering surgeons and dedicated nurses has shaped Roz McMullan's approach to her life's work

WORDS
WILL PEAKIN

A bottle of Bushmills 12-Year-Old Single Malt Distillery Reserve sits on a shelf in Roz McMullan's flat in London; a reminder of the moment when she found out that she had been made President of the British Dental Association (BDA).

After a 40-year career, Roz had been reconciled to retirement; enjoying her family and tending her garden, though still dedicating some time to the Probing Stress in Dentistry project she had championed as chair of the NI Council of the BDA.

"The branch had put my name forward; I thought that was a great honour, but aside from filling out the form I had not thought much about it," Roz recalled. On the day the BDA's Principal Executive Committee met to ratify the nominations for future honours and awards, she happened to be hosting some visitors from Australia. It was raining, and where better to take guests on a wet day than the Old Bushmills Distillery.

"Because of the 'angels' share' and the risk from a spark, mobile phones have to be turned off – so I had been uncontactable," said Roz. "At the end of the tour, traditionally you have a wee nip. It was then I noticed that I had a missed a call, so I said to my guests: 'Enjoy your nip, I'll go outside and see who's looking for me.' Well, on hearing the news I turned a whiter shade of pale. I went back, but my hands were shaking, and I couldn't even raise the glass to my lips."

Roz told her guests and went outside again to call her brother and tell him the news. Looking on, the distillery staff had thought something was wrong – but the guests let them know, and a second nip was placed on the bar. When Roz returned after a short while, she was also greeted by members of staff with the bottle of 12-year-old bearing a label customised to celebrate her appointment.

"It was a whirlwind moment," she said, adding with a laugh, "one day I'll crack it open!"

Roz McMullan owes an early childhood habit of sucking her fingers for her distinguished career in dentistry; a deep commitment to the profession which continues formally into 2020 with the year-long BDA Presidency. At the age of five, she had been enrolled in one of two UK growth studies in Belfast (the other was in London). Each year, for the next decade, the craniofacial development of hundreds of children was tracked with radiographs, impressions, and photographs.

"Today's ethics committees would not allow yearly radiographs to be taken, let alone in a child from five to 15 years," commented Roz. "These growth studies are invaluable and will never be repeated."

Professor C Philip Adams was leading the Belfast study and, realising that Roz's mother was anxious about her daughter's increasingly

prominent front teeth, assured her that when the time was right clinically, he would oversee their straightening.

As a teenager, maths was Roz's favourite subject, but the culture of the time meant that women were not considered for a career in financial services. "I remember telling my orthodontist how terrible this was. He was a lovely man and he listened patiently. Then he said: 'Why don't you become a dentist?' And he walked me round the dental school, and it just such a transformative moment. It was the interaction with the patient, the multidisciplinary nature of the job, the sense of being able to make a difference in people's lives."

Roz went on to graduate from Queen's University Belfast and spent a year in general practice in Edinburgh, at two practices – in Stockbridge and West Calder – which illustrated the stark contrast in fortunes that can exist between communities in close proximity.

"I learned a lot about real life and the importance of caring for individual patients," she said.

Back at dental school in Belfast, Roz trained as an orthodontist and was planning to become a senior registrar. At the time, a pivotal and revered figure in orthodontics in Northern Ireland was a Scot, Professor Andrew Richardson, who one day called Roz into his office and offered her the opportunity to work with the pioneer of corrective cleft palate surgery, Professor Olav Bergland, in Oslo.

"When I returned to Northern Ireland, I said: 'We really need to develop alveolar bone grafting here'. Colleagues, including Professor Gunvor Semb and another Scot, Professor Bill Shaw, were incredibly supportive; we were only the second unit in the UK, after Great Ormond Street, to routinely offer the procedure."

Roz completed her senior registrar training and in 1991 was appointed consultant orthodontist in the Western Health and Services Board (later the Western Trust) where she stayed until her retirement in 2016. "I was enthused by this wonderful training – and then, suddenly, you are out their 'on your own'," said Roz of her first months in the role.

"But the Trust was tremendously supportive of innovation. I wanted to de-medicalise the care that we gave to some of our babies, and so we developed the cleft liaison nurse role. I'm a clinician; I make diagnostic decisions. Working with nurses and midwives exposed me to a completely new skillset; developing care pathways and working with people in an empathetic way."

Throughout her career, Roz has been involved in supporting dentists and dental teams in difficulty. In 2016, she worked with NIMDTA, the Northern Ireland Medical and Dental Training Agency, and Northern Ireland's Public Health Agency to establish 'Probing Stress in Dentistry', which works to raise the awareness of mental wellbeing in the dental workforce, and to establish a network of mental health first-aiders to support and signpost dentists, dental students, and dental teams who are experiencing difficulty.

It's clearly sensitive work and, in itself, counselling people who are feeling overwhelmed can in turn create mental pressures on the counsellors themselves, hence the creation of a 'buddy' system to maintain a mutual awareness of their own wellbeing. As I interviewed Roz, she presaged her comments with a question to me about whether I had direct experience of the issue. It was a telling insight into how discussion of suicide is best approached, whatever the context. In her presidential address, Roz said this: "These are certainly difficult times in the profession with a massive reduction in practice income and increase in expenses that most small businesses would struggle to cope with. Associate contracts have come under similar pressures over the last 10 years. Young dentists are coming out of university with large debts. Our community, hospital and academic colleagues are also affected by funding pressures, trying to maintain high standards of care, teaching and research, with reducing budgets alongside demanding performance targets and often concerned they are not valued by the organisation they work for.

"This, in addition to the burden of regulation and fear of complaints, has produced a profession that is anxious and constantly looking over its shoulder. For some, the stress can be overwhelming."

During her presidency, Roz is determined to take the lessons from the Probing Stress in Dentistry project, and others such as Stress in the Dental Workplace Working Group in Scotland, and make them UK-wide. Public Health England has expressed a strong interest.

Roz's goal is to bring the experience and expertise of people in all nations and regions together, to create a template that can be easily adapted depending on geography and profession.

"We should measure success not by activity, but by outcomes; by what we achieve," she said.

> "WE SHOULD MEASURE SUCCESS NOT BY ACTIVITY, BUT BY OUTCOMES; BY WHAT WE ACHIEVE"
>
> ROZ McMULLAN

If you are feeling overwhelmed, please reach out for support:
Dentists' Health Support Programme - 0207 224 4671
Samaritans - 116123 (calls will not appear on your phone bill)
Lifeline (Northern Ireland) - 0808 808 8000

Confidence is a key issue

"The General Dental Council must regain trust by championing the profession of dentistry and acting wisely and proportionately when dealing with complaints. They must demonstrate to the profession that they accumulate and use our money frugally.

"All those who commission and regulate dentistry must not ignore the systemic failures, rather than taking the easy route of focusing blame on the individual practitioner.

"We must be confident that our government understands and values dentistry and recognises that prevention of dental disease is key, ensuring oral health remains integral to the population's overall wellbeing.

"We must be able to trust the dental leaders in all four nations to deliver a system of NHS dental care that is respected, valued, properly funded, and supports dentists, no matter in what area they work, to aim for good dental health from cradle to grave.

"We can be confident that the BDA will put dentists at the heart of everything we do, no matter what stage they are in their career or where they work. The BDA is run by dentists for dentists and has the expertise to deliver practical and timely support and effectively represent you in all your diversity.

"Above all, we must have confidence in ourselves, celebrate our successes and learn from our mistakes."

An extract from Roz McMullan's Presidential Address.

Aiming to unite

President-elect of the ADI wants to increase access to education and inspire more women to get involved

Thinking about a career as she grew up, Eimear O'Connell was torn between teaching PE, engineering, and dentistry. "I thought about becoming a dentist because I woke up in bed when my granny hadn't got her full dentures in place. It gave me a worse nightmare than the one I had had to make me seek solace beside her in the first place! It made me never want to end up in such a situation with my own mouth."

After school in Coleraine, Eimear graduated from Edinburgh University in 1992. "Edinburgh was chosen primarily for the beauty of the city," she recalled. "It had a good reputation for dentistry, but I fell in love with the city – Belfast, Newcastle and Manchester didn't stand a chance after that!

"My first job was as a house officer, in conservative dentistry. I learned so much, but realised hospital work involved losing control of what happened in the long-term to patients, which didn't suit my psyche. I then worked as an associate in an NHS practice in the city until 1995, when I set up my own practice, Bite Dentistry.

"At that point I realised how little I knew about running a business! In the early years it was very challenging," she said. "But when you have great staff, the running the business part becomes easier – allowing me to focus on providing dentistry," she said. The practice became fully private two years later, and Eimear has been working in the city ever since.

"My focus as a dentist has been primarily based on preventing people from losing their own teeth by educating them on how to properly maintain their teeth through oral hygiene and diet," she said.

She has worked with the same group of support staff for 10 years and they have all completed advanced

training in implant dentistry, radiography and sedation. In 2014, to celebrate 20 years in practice, Eimear took her team to New York for five days where they attended the Greater New York Dental Meeting and saw the sites.

Around five years ago, Eimear also became Scotland representative for the Association of Dental Implantology (ADI). "After spending 20 years managing my practice and bringing up my family, I decided I had to take a step forward to help women in dentistry and to show it is possible to manage both," she said.

Like most representative organisations, there is a core membership who see real value; the challenge, said Eimear, is to motivate the rest to realise the benefits. The dental profession faces challenges and opportunities.

"One of the main challenges is litigation against dentists," she said. "The main opportunity comes with an ageing population, and people needing implants; with only 4 per cent marketing penetration this allows more scope for practice." Increasing use of digital technologies will also support improved patient outcomes.

Eimear is leading the way for women in dentistry. She is the first woman to be president-elect of the ADI and works hard to promote women in dentistry. She received her MFGDP in and FFGDP from the Royal College of Surgeons London and her Diploma of Implant Dentistry from the Royal College of Surgeons Edinburgh; she was the first female dentist in the UK to gain an implant diploma from the RCSE.

Outside of dentistry, Eimear coaches and plays hockey and she loves sailing and skiing. She has three daughters, another reason why she is so passionate about helping women in dentistry.

Looking forward to presidency of the ADI, Eimear said: "The main aim is to try to unite our profession, increase access to education and inspire more women to get involved." What more can the profession and wider society do to support more girls and young women into the profession?

"There is actually a 50/50 split between men and women at university level, so there isn't necessarily a need for more women entering our profession," observed Eimear. "The more important thing is to keep them engaged and work out what challenges they face to advancing on a career pathway."

> "I WOKE UP IN BED WHEN MY GRANNY HADN'T GOT HER FULL DENTURES IN PLACE. IT MADE ME NEVER WANT TO END UP IN SUCH A SITUATION WITH MY OWN MOUTH"

Show me the evidence

At this year's British Orthodontic Conference, Professor Greg Huang from Washington State University will deliver the prestigious Northcroft memorial lecture. Here, *Ireland's Dental* asks Dr Huang about his career and his focus on evidence-based dentistry.

Why did you study dentistry?

My father was a pediatrician, and I always admired him for taking care of kids. However, there were two things about being a pediatrician that concerned me – there were lots of after-hours emergencies, and your patients were typically ill. When I considered careers that might allow me to work with healthy kids while minimising emergencies, dentistry, and in particular, orthodontics, seemed to be a perfect fit.

What were the highlights of private practice?

When I completed my orthodontic training, I started a practice in my hometown in Florida. I really enjoyed treating patients who were the kids of my friends and neighbours, and many of my patients and their parents had been patients of my father. To me, that sense of belonging to a community is the most special part of being a health care provider. I had a great time practising in that setting for 10 years.

Why the move into academia?

After about eight years in practice, I wondered if I might be able to contribute more to our profession. I had been teaching one day a month at the University of Florida, and I decided to consider a five-year stint in full-time academia. Naively, I thought my job would mainly be clinical teaching, as I had primarily been a clinician. However, now I realise that to be successful in academia, scholarship and service are equally important. Five years went by quickly, and as I became more immersed in research and administration, the original five years has quickly turned into 21 years.

What have been some of the most satisfying investigations?

I have had a very fulfilling career in clinical research, but in particular, the investigations into third molar removal, remineralisation of white spots, vibration, and currently, the adult anterior open bite study stand out. Also, I feel that the systematic reviews we have conducted on periodontal health, open bite, deep bite, self-ligating brackets, and vibration have been real contributions to the orthodontic literature.

> "THE ALIGNER REVOLUTION, COUPLED WITH 3D TECHNOLOGY, ARE THE LATEST EXAMPLES OF TECHNICAL ADVANCES IN OUR FIELD THAT ARE BOTH EXCITING AND A LITTLE SCARY"
>
> PROFESSOR GREG HUANG

Describe your motivation to develop the field of evidence-based orthodontics?

Believe it or not, my entry into this field was completely by chance. When I began my academic career, I decided to pursue a degree in epidemiology in order to improve my knowledge of clinical research. This just happened to coincide with the push towards evidence-based medicine and evidence-based dentistry. After completing my epidemiology degree in 2001, I started getting invitations to speak on evidence-based orthodontics. There is nothing mysterious or magical about evidence-based care. It just means we need to have to have a good understanding of the principles of clinical research, and then integrate the evidence with our education/experience and the patient's preferences/condition. I was approached by Wiley around 2008 to write a textbook on evidence-based orthodontics. This text is now in its second edition, and I think an evidence-based

approach to orthodontic care is well entrenched in most graduate programmes.

And what has been the impact?

Things don't change overnight, and the impact of EBO continues to grow. However, I do believe that the systematic reviews and meta-analysis that have been published in recent years have produced changes in our profession. For example, systematic reviews have changed our views on specific techniques, like early treatment for Class II patients or the advantages of self-ligating brackets. Also, the lack of evidence is important, as it reminds us that we do need better evidence for many of our treatments. In the US, the American Board of Orthodontics is emphasising an evidence-based approach to their exams. Finally, many manufacturers are tempering their advertising claims based on the evidence-based findings reported in the literature.

Describe the work of the practice-based network study?*

This seven-year project, funded by the National Institute of Dental and Craniofacial Research (NIDCR), has allowed us to investigate some very interesting and important questions in the field of dentistry and orthodontics. The advantages of network research include good generalisability, as well as the ability to enrol many patients in a relatively short period of time. In the case of the anterior open bite study, we had participation from more than 90 clinicians and almost 350 patients from all over the United States. NIDCR has just decided to renew the network for another seven-year cycle.

Are you embarking on new studies and/or projects?

I hope to follow the subjects in the anterior open bite study for the next three to five years. I am also interested in real-time 3D imaging of the tongue, to assess differences in tongue posture and function in normal versus open bite subjects. Over my 30-year career in orthodontics, I have always found it interesting that orthodontists can achieve successful results with many different techniques and treatment plans. If this is true, then we should also be investigating other aspects of care, like efficiency, predictability, safety, cost, and of course, stability.

What do you consider to be some of the challenges and opportunities for the profession?

Over many decades, our profession has faced both opportunities and challenges from technical advances. For example, straight wire appliances, bondable brackets, and niti wires have all improved orthodontics, but they have made it easier for non-orthodontists to provide orthodontic care. The aligner revolution, coupled with 3D technology (particularly, the advances that are possible with 3D scanning and printing), are the latest example of technical advances in our field that are both exciting and a little scary, due to their potential impact on the delivery of orthodontic care. In the United States, a large pharmacy chain is placing intra-oral scanners in their stores as a gateway for aligner treatment, with no dental professional on site.**

> "OVER MY 30-YEAR CAREER IN ORTHODONTICS, I HAVE ALWAYS FOUND IT INTERESTING THAT ORTHODONTISTS CAN ACHIEVE SUCCESSFUL RESULTS WITH MANY DIFFERENT TECHNIQUES"

What are your interests outside the profession?

I am a husband and also father to two teenagers, so that occupies quite a bit of my time outside of work. Hobbies include racquetball, hiking, photography and piano.

**Dr Huang will describe findings from the large, prospective, practice-based network study conducted in the United States at the British Orthodontics Conference taking place in Glasgow from 19 to 21 September. www.bos.org.uk/news-and-events/events/boc-glasgow-2019*

*** www.cvs.com/shop/content/smile-direct-club*

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EBD *the key highlights*

Preparing to step down after 20 years, the editor of the journal of Evidence-based Dentistry looks back at watershed studies

Derek Richards qualified from Cardiff Dental School in 1977 and came to public health dentistry after working in hospital, general and community practice. While undertaking his dental public health training in the Anglia and Oxford region he developed an interest in evidence-based health care and in 1995 helped to establish the Centre for Evidence-based Dentistry in Dundee.

He was also instrumental in founding the *Evidence-based Dentistry Journal*, which he currently edits. Derek is a specialist advisor to the Scottish Dental Clinical Effectiveness Programme and led the development of the Scottishdental.org website and completed the development of on online training programme for the National Dental Epidemiology programme (www.ndip.scottishdental.org).

Derek was involved in the York Review of water fluoridation and the NICE dental recall guideline and chaired a selective update of the SIGN guideline on the prevention of caries in children, which was published in March 2014. He has been involved with teaching evidence-based dentistry and a wide range of evidence-based initiatives both nationally and internationally since 1995. He is also a co-author of the book *Evidence-based Dentistry: Managing Information for Better Practice (Quintessential of Dental Practice)*.

"As I [was preparing] to step down as editor after 20 years with the journal it was suggested that I might like to select 20 topics we have summarised that I felt were important," he said. "Given that new evidence is emerging all the time and that some Cochrane reviews have had two or three updates since the journal started this was a bit of a challenge. As it is also a very personal choice, it comes with my personal biases, so be warned!"

Most of the studies selected by Derek have been Cochrane reviews. "The development of the Cochrane Oral Health Group and the number of reviews have to me been one of the important drivers of evidence-based dentistry over the past 20 years," he said. "Over that period, we have also seen significant growth in the number of non-Cochrane systematic reviews conducted. This, together with increased teaching of evidence-based dentistry at under and postgraduate level, has helped its development.

"However, there is still much to do to develop dentistry's evidence-base, and many of the reviews we are doing are highlighting the need to improve the quality of our primary research. We need to rapidly adopt and implement the best research practices. There is plenty of guidance out there in resources such as the EQUATOR Network*.

"We also need to build on the work that some dental groups are doing with common outcome sets**. Using common outcome sets helps compare outcomes in similar studies and assists systematic reviewers to aggregate data which should help us to build a more robust evidence base, answering important questions more quickly. As the volume of published research continues to grow, I feel there will be more than enough for my successor to digest and summarise."

Professor Elizabeth Kay has been appointed as the new editor. Elizabeth, who qualified from Edinburgh Dental School in 1982, has a long and distinguished career in dental public health and dental research and is a long-standing member of the BDJ editorial board. She is the author of 200 research and professional papers, six books and two book chapters, and has previously been Scientific Advisor to the BDA. In 2017, she was awarded an MBE in recognition of her services to dental education and is currently the Foundation Dean at the Peninsula Dental School at Plymouth University and Faculty Associate Dean for Equality and Inclusion. She will take over the position from the current editor with the June 2019 issue.

"I'm really excited about the new post and to have the privilege of working with some excellent people," said Elizabeth. "I have spent quite a long career trying to do research and translate it so that it's relevant to practitioners who are delivering good dental care to the population. I've been a great proponent of evidence-based practice and the evidence base being used properly ever since I did my PhD."

**www.equator-network.org*
***www.comet-initiative.org*

> "THERE IS STILL MUCH TO DO TO DEVELOP DENTISTRY'S EVIDENCE-BASE, AND MANY OF THE REVIEWS ARE HIGHLIGHTING THE NEED TO IMPROVE THE QUALITY OF OUR PRIMARY RESEARCH"
>
> DEREK RICHARDS

Derek Richards' highlights from 20 years

- The review of the prophylactic extraction of

The development of the Cochrane Oral Health Group and the number of reviews have been one of the important drivers of evidence-based dentistry

third molar teeth by Song et al., helped inform the NICE guidance on third molars and an announcement is awaited as to whether an update will go ahead.

• The York review of water fluoridation was an extensive and unique review in that it was overseen by a steering group involving both pro- and anti-fluoridation.

• The first publication of the Cochrane review on powered versus manual toothbrushes, summarised by Rick Niederman, coincided with an evidence-based dental meeting in Boston, and received a significant amount of media coverage with different interpretations of published evidence on whether powered or manual brushes performed better. Subsequent updates of the review are now clearer that powered toothbrushes reduce plaque and gingivitis more than manual toothbrushing in the short and long term.

• Summaries by Hannu Hausen of just two of the Cochrane reviews undertaken by Valeria Marinho on topical fluorides was very helpful in clarifying the effect size of a range of topical fluoride interventions.

• The summary by Sergio Uribe of the Cochrane review of pit and fissure sealants, the latter providing evidence of the effectiveness of sealants, with the most recent update of the review demonstrating caries reductions in occlusal surfaces of between 11-51 per cent at two years, an effective preventive intervention.

• Jim Bader's summary of the NICE guideline on dental recall. The key recommendation of the guidance was a move away from fixed six-monthly recall intervals to a variable risk-based interval for both children and adults. While there has been some change within the profession, this still seen by some as controversial and later this year the results of a UK-based trial will be available, which will add another contribution to the debate.

• Orthodontic retention regimes are also a topic of much debate and Chung How Kau summarised the Cochrane review by Littlewood et al., that looked into the evidence for this which at the time found insufficient data. The review was updated in 2016 and while more evidence was included in the review there is still not enough high-quality evidence to make recommendations.

• The only randomised controlled trial on Derek's list is a large trial of the Hall technique for restoring primary molars summarised by Aronita Rosenblatt. A simple and effective approach for managing carious molars that has been supported by several other trials and is now considered as one of a number of biological options for managing carious primary molars.

• In 2008 Toru Naito summarised a Cochrane review addressing the issue of whether single or multiple visits were the best approach for root canal treatment in permanent teeth, a topic of some debate. However, the review found no evidence of a difference in effectiveness between the two approaches, with the latest update to the review also finding no apparent difference.

• For many years the early extraction of primary canines had been recommended to facilitate the eruption of the palatal ectopic permanent canines. Carlos Flores-Mir summarised a 2009 Cochrane review which found no evidence to support this and there is now a new expanded Cochrane protocol in development.

• Toothpastes of different concentrations was, Derek believes, the Cochrane Oral Health Group's first published network meta-analysis. Published in 2010 and summarised by Graciella Racines, it confirms the benefits of using fluoridated toothpaste to prevent caries and provides information on the relative effects of the different concentrations of fluoride.

• Debra Ferraiolo and Analia Veitz-Keenan summarised a Cochrane review that compares paracetamol and ibuprofen for pain relief following third molar removal, finding high quality evidence to show that ibuprofen was superior to paracetamol.

• Sugar consumption is an important risk factor for caries and Ruth Freeman summarised the systematic review by Paula Moynihan that underpinned the 2015 WHO guidance on sugar intake.

• Periodontal disease remains a significant public health problem and Shalini and Neeraj Gugnani examined a Cochrane review on whether interdental brushing in addition to toothbrushing compared with toothbrushing alone was better for periodontal health with the review finding low quality evidence of a benefit.

• Three authors, Caitlin Stone, Andrew Hannah and Nathan Nagar, summarised a review of the long-implicated link between occlusion and temporomandibular disease (TMD). The Manfredini review summarised found very little clinically relevant evidence supporting an occlusal cause for TMD.

• Another summary by Debra Ferraiolo and Analia Veitz-Keenan looked at a Cochrane review comparing surgical versus non-surgical approaches for endodontic re-treatment, another area where there are differing views on the best approach. The review found evidence that surgical approaches lead to better outcomes, but the available evidence was of low quality.

• A number of studies have suggested links between periodontal disease and a range of medical conditions. One of these, adverse birth outcomes in pregnant women, was assessed in a 2017 Cochrane review, summarised by Silvia Spivakovsky. It found it was unclear if periodontal treatment during pregnancy has an impact on preterm birth (low-quality evidence). However, there was low-quality evidence that periodontal treatment may reduce low birth weight (< 2500 g).

• A summary by Parthasarathy Madurantakam of another Cochrane review which looked at the question of whether open or closed surgical exposure of palatally displaced crowns had the best outcomes, again a topic where there are different views. The review found no evidence to suggest that one approach was better, but the available evidence was of low quality.

'20 years – 20 highlights', by Derek Richards: www.nature.com/articles/s41432-019-0003-z

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Indemnity— the truth surfaces

As dentists scramble to switch to an insurance model, one question arises over and over again

WORDS
NEIL TAYLOR

In April 1912, 90 minutes after the Titanic hit the iceberg, the president of the company who built the ship jumped into one of the last lifeboats to leave. Using this analogy, one wonders which of the current crop of indemnity companies will make it into the lifeboats unscathed, and who will be left floundering in the sea.

Why, all of a sudden, do you see numerous articles on the topic of indemnity, with variations in opinion, and new indemnity companies opening up?

Having spent nearly a decade advocating the facts, I find my thoughts echoed within the Government consultation paper on *'Appropriate clinical negligence cover'* [1], which closed on 28 February 2019. Given the manner in which the consultation paper is written, it appears very likely that the era of discretionary indemnity will be confined to the annuls of time. Essentially, this is stage one of the consultation, and has yet to be concluded. However, as dentists scramble to listen and switch to an insurance model, which is the preferred Government option, one question arises over and over again:

"Should I be buying a 'claims made' or a 'claims occurring' policy?"

This is the topic that has been waiting to be discussed for a decade.

If you are currently a member of a medical defence organisation (MDO), you currently have membership of that organisation. You may seek and may be afforded indemnity at the discretion of that organisation. In the majority of cases, this is provided on the basis of "claims occurring" indemnity. If an incident occurs which relates to your period of membership, you will have been advised that you are covered in perpetuity, regardless of whether you remain in membership at the time of the claim arising. Of course, this can only be the case if the organisation still exists when the claim arises. This has not gone amiss by the Government, who at page 27 at 5.10 state:

"The absence of regulatory requirements for the provision of discretionary indemnity in terms of reserving adequately to meet expected claims raises the risk that providers may not be able to meet the cost of claims in the future, for example, because of an external shock or changes in the market. This may increase the risk of an indemnity provider exercising their discretion not to support their members, with patients losing out on potential compensation as a result, or the risk of insufficient and/or unaffordable clinical negligence cover in the market."

Thus, the issue is not the future, it is the past, and who will pick up the liability of the past claims as they arise.

Pots unplugged

Consider two identical pots with plugs at the bottom.

Pot A is the MDO 'claims occurring' pot. Member dentists, including those who have retired, have put money into this pot over the years. If a claim arises, at the discretion of the MDO board, the plug is opened, and a claim is settled or defended, with defence costs being paid out. The plug is replaced, and all the members put in more money by way of annual subscriptions. If the plug is opened more often, then the members need to put in more money to keep this topped up. As the model is utilitarian, it doesn't matter if the claim is yours; the books need to balance, so all the members pay more year on year, as the climate of litigation rises.

Following the Government consultation paper, and if this is enacted upon, which looks very likely, the MDOs will need to be regulated and will need an insurer. We will refer to this as Pot B. This may appease the Government; however, take care with your past claims which have not yet arisen.

Some appear to be advocating, and may even genuinely believe, that for Pot B to be the gold standard the model must be 'claims occurring'. If the MDOs with a new insurer attached, or indeed any new insurer, hits the market, the money the dentists pay in by way of annual subscriptions will be diverted into Pot B. As a consequence, Pot A will not be receiving much money now, or the combined price of A and B will be higher.

Most new models will have no

past cover (retroactive cover) as they are set up on a 'claims occurring' basis. This is obvious, as most new insurers will not want to pick up your past unquantifiable claims. Thus, if a claim arises in the future from an incident in the past, the dentist will be pushed back to the MDO to cover the claim, in view of the assurance that "we will cover you in perpetuity". Of course, this is discretionary cover, and now there is far less money going in at the top of Pot A, as most of it has been diverted into Pot B. Guess who is going to be liable for past claims when the money runs out in Pot A, if you only have 'claims occurring' insurance?

Dilemma

Fortunately, this has long been predicted by me and has not gone amiss by the Government.

At page 32 paragraph 5.32 " ... *One option could be that indemnity providers could prudently run-off their historic liabilities on a discretionary basis for a period, while, subject to authorisation, selling a regulated product through the establishment of separate subsidiaries under a mixed-activity insurance holding company."*

The problem, as we know, is that some claims do not arise for years.

The solution has been proffered to the Government by TDS.

The only viable options are:

1. Use taxpayers' money to bail out the run-off period of the MDOs if/when their money runs out, or;

2. 'Claims made' policies with retroactive cover and subrogation clauses. This means in the event that a claim arises from treatment during MDO membership, the claim would be picked up by the insurer in the event the MDO is unable to do so.

In my opinion, these are the only two solutions that will adequately deal with this dilemma.

If the MDOs pick up an insurer, this is a new and untested product. The TDS model of 'claims made' attached to a service product has been tried and tested for the last eight years. There has been never been an unrepresented client at the GDC, and endless appraisals of the model which is specifically designed to remove the dentists from this current predicament. Time will tell; however, do not be surprised if there is radical change in the very near future.

REFERENCES

[1]This document can be found at the following link: bit.ly/2XZpi3g

Neil Taylor, Head of Services at Taylor Defence Services, is qualified in dentistry, law and a retired five-year member of the Faculty of Advocates.

DO YOU HAVE APPROPRIATE CLINICAL NEGLIGENCE COVER?

The Government has recently published a consultation paper on appropriate clinical negligence cover for regulated healthcare professionals and strengthening patient recourse. The consultation paper can be viewed by scanning the below QR code with your smartphone camera.

The consultation paper highlights concerns about the stability of the current forms of indemnity cover.
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MY ROLE AS TREATMENT CO-ORDINATOR

The job is still in its infancy but may become as common as that of practice manager

[WORDS: SUSIE ANDERSON SHARKEY]

WHEN I STARTED WORKING IN dentistry almost 30 years ago, practice managers were a rare breed. A lot has happened in the intervening years and the role of practice manager has become almost common place (thankfully) in the vast majority of dental practices throughout the length and breadth of the land. The role is recognised with professional qualifications and can only benefit a practice. It has taken a long time for dentists to realise that dentistry is in fact a business, and they spent five years in dental school learning dentistry, not how to run a business. So, we have come a long way in the last 30 years to see the role of practice manager embedded in the culture of dentistry today.

After many years as a practice manager in a couple of different practices, a few months ago I stepped away from that well-worn path and decided it was time to take up a new role which is today where practice management was almost 30 years ago. The role is that of treatment co-ordinator and it's a role which is evolving and emerging in dental practices, probably just in the last five years or so.

I feel I am where I was back in the mid 1990s when people ask what you do. They didn't quite know what a practice manager did back in the day, and I'm finding the exact same reaction when I tell people I'm a treatment co-ordinator. "What's that?" "Never heard of that" or "That sounds interesting" are just a few of the comments I've had recited back to me over recent months. And I suppose I can understand why. In the spirit of enlightenment, let me describe my new role and how it works on a day-to-day basis.

A job description for a particular role will vary from practice to practice. In one dental practice you may have a nurse that doubles up as receptionist while in another practice you may have a dedicated nurse role and a dedicated receptionist role (as we do in Dental fx). It will depend on the needs of the practice, the type of dentistry being undertaken, and the way the practice is run. So although I will be describing my own role, this is very much the role of treatment co-ordinator at Dental fx, and although not exhaustive, it will give you some idea of the role I fulfil in the practice . Other practices may do things differently. There is no right or wrong in this. Roles will develop and evolve to the needs of the practice, and these roles can, and indeed must, change over time.

On any given day I have a few tasks ongoing in my role and as time goes on no doubt more will be added. Bearing in mind that I work in an implant referral practice, every day there are patients who will be having a surgical procedure carried out. The day after surgery I am keen to touch base with them to make sure they are comfortable, ask if they have any questions and to ensure they are following all the post-operative advice that is given.

After surgery when post-operative advice is given, along with medication and written post-op instructions, the patient sometimes doesn't take in all the information, and I find that they really appreciate this call as it gives them a chance to speak about the procedure and to clarify anything they are not sure of. I also take this opportunity to confirm their next appointment time and date, for which they are very grateful. And quite often the patients simply wants to have a chat – and recently, I was given very valuable advice on how to cut my hedge from one of the patients I phoned!

Another part of my role is to keep up-to-date with each patients' treatment and ensure they have future appointments. It is so easy for a patient to slip out when reception is very busy, phones ringing, patients waiting to check-in and a patient heads for the door saying: "I'll give you a call". We all lead busy lives and with the best will in the world it's easy to forget to pick up the phone and make another appointment.

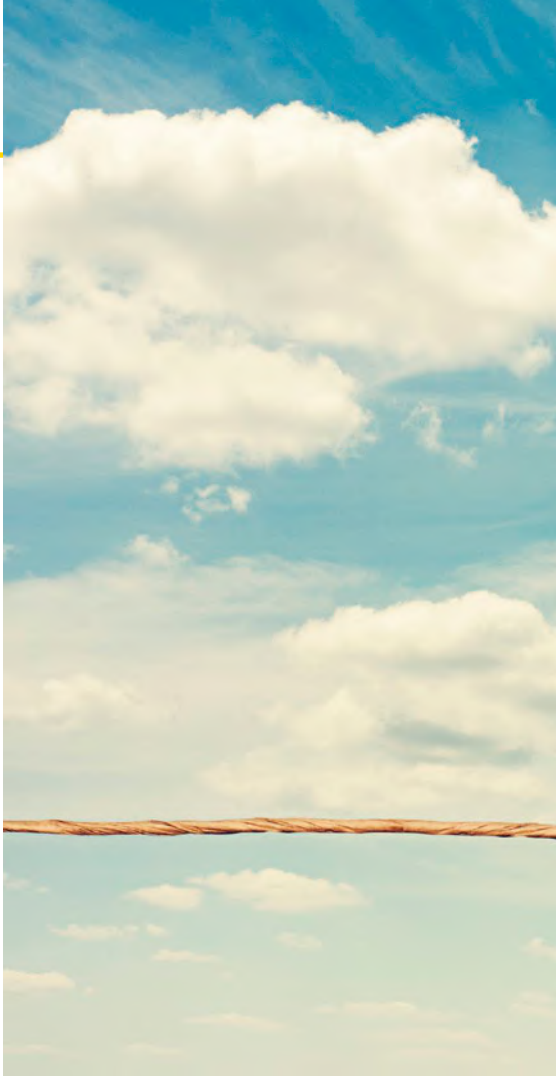
As treatment co-ordinator it's part of my job to ensure a continuity service to the patient at all times and their treatment is carried out as time efficiently as possible. When a patient has been seen for an initial consultation, it is part of my role to read through their proposed treatment plan and send two copies to them, both of which they sign, and one is returned for our own records. I frequently refer to these treatment plans throughout the patient journey.

As well as having contact with the patients, a large part of my role involves liaising with the referring dentist who has entrusted his/her patient to our care for the duration of their treatment. We never underestimate this position of trust and I am in contact every day with various of our referrers. They are kept updated with the progress of their patients at each stage of surgery so that they know at any given point in time how the treatment is progressing. This is one of the areas of the role that I find very satisfying as the dentists appreciate the fact that they know they are going to be updated and they know they can contact me for any further information they may need regarding a patient.

As in any role in dentistry (and for that matter any job), communication is key. The referring dentists need to be kept in the loop, the patients are reassured when they are contacted, and they know I am at the other end of phone to speak to them regarding their treatment, and the value of this can never be overstated.

As I said at the beginning, the role of a treatment co-ordinator, in my view, is still in its infancy. I think it will take a few years until this fairly new role comes into mainstream dentistry. Meanwhile, it will be interesting to watch the progression unfold and indeed to see the path of progression until we reach the stage where the role is as common place as that of the role of practice manager.

If you wish to contact Susie about this article or other practice management issues she can be reached at susie@dentalfx.co.uk



THE PERILS OF WILFUL BLINDNESS

Open your eyes, practice a bit of self-honesty and self-awareness to re-energise yourself and your practising career

[WORDS: ALUN K REES]

WILFUL BLINDNESS IS DEFINED AS, "a term used in law to describe a situation in which a person seeks to avoid civil or criminal liability for a wrongful act by intentionally keeping himself or herself unaware of facts that would render him or her liable". I am going to stretch the definition to include wilful ignorance, which includes situations where people deliberately turn their attention away from ethical, business and other problems because the effort of facing up to making a decision is too much for them.

It has also been described as Nelsonian Knowledge, because of Admiral Nelson's reaction to signals suggesting that he end an action and retreat during the Battle of Copenhagen. Famously, he held a telescope to his blind eye and said, "I see no ships", continued the action and won the battle.

More recent examples include the Catholic Church, and the banks involved in the sub-prime mortgage business. We are all familiar with procrastinating politicians "kicking the can down the road" or "into the long grass".

In dentistry and other businesses, 'wilful blindness' can manifest itself as a reluctance to change even in the face of evidence. We know what worked in the past will not always work in the future but often people and organisations seem to persist. A favourite saying is, "People will not make changes until the pain of not making a change is greater than the pain of changing."

Examples often quoted are the manufacturers involved in the wagon and carriage industry as the age of the motor car blossomed. The carriage makers suffered but the carriage parts makers often transitioned successfully. The Timken Company made roller bearings and adapted their products easily. On the other hand, of the 40 or so manufacturers of whips, tools and carriage parts in the town of Westfield, only one survived.

Often, because teaching reflects older experiences and the status quo, students are given a potentially outdated view of the world of work they are joining. Occasionally, I am aware that the opposite can be the case, in some subjects cutting-edge techniques might be taught which have not been adopted by the mainstream.

The Gaussian distribution curve of people's adoption of new ideas shows that the innovators are 2.5 per cent, the early adopters 13.5 per cent and the early majority 34 per cent of a population (dentists included). The remaining 50 per cent comprises the late adopters and the laggards. In more simple terms, as Jim Lovell of Apollo 13 fame said, "There are people who make things happen, people who watch things happen and people who wonder, 'what happened?'"

The real and potential applications of digital technology in dentistry have already seen the innovators and early adopters stretch away from the rest. The early majority will soon join in, but the other

50 per cent risk being left far behind as the changes are rapid and the required investment of both time and money is considerable. Stay in the rear and you run the risk of being dropped from the race.

Success will come to those who not only deliver what their existing patients want, but also anticipate what they can offer to their patients that is not currently available. Look at the success of removable aligners, facial aesthetics and minimal intervention techniques. It would have taken a brave man or woman to have backed those just a decade or two ago.

Writing in **The Journal of mHealth*, Dr Aalok Y Shukla says that modern dentistry has two parts:

Psychosocial dimension: Feeling happy with your smile – orthodontics, prosthodontics and cosmetic dentistry.

Health dimension: No disease in the mouth, gum disease, tooth decay, endodontics, jaw pain, oral cancer.

He anticipates that the future solution will have three elements:

- Continuous digital monitoring of oral health for early detection of disease.
- Preventive, interceptive and reparative home solutions.
- Clinical minimally invasive reparative, regenerative and enhancing solutions.

As Bob Dylan sang, "The times they are a'changin'."

The usual excuses of dentists including, "My patients won't pay", "I'm too close to retirement", and "I'll wait a few years for the price to come down" no longer wash. With the growth of practices and more aggressive marketing, patient expectations are increasing rapidly and the consumerist genie is out of the bottle. If you don't provide the service then expect your patients to vote with their feet and find someone who will cater for their needs.

The patrician era of "doctor knows best" is long gone and has been replaced by one where the patient does their homework and expects the best.

Wilfully blind behaviour will lead to your practising life becoming stifled, stagnant and stultified. Open your eyes, practice a bit of self-honesty and self-awareness to re-energise yourself and your practising career.

**www.thejournalofmhealth.com/disruptive-technology-in-dentistry-rethinking-the-model*

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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"THERE ARE PEOPLE WHO MAKE THINGS HAPPEN, PEOPLE WHO WATCH THINGS HAPPEN AND PEOPLE WHO WONDER, 'WHAT HAPPENED?'"

JIM LOVELL, NASA ASTRONAUT

RECRUIT, INDUCT, DEVELOP

Assembling an effective team is vital for both growing a practice and building a group

[WORDS: RICHARD PEARCE]

FOLLOWING ON FROM JUNE'S article, where we looked at recruitment, this month we will consider how we can help our new employee to make an effective contribution as quickly as possible. We will assume that you had a clear person specification for the job description (JD) you were aiming to fill. Your marketing of the vacancy generated at least 10 applications. You asked them to complete some online screening, perhaps an Excel and Word assessment and you shortlisted three for interview.

Based on a scoring system, you interviewed the candidates on the shortlist and there was one stand-out candidate. Within 12 hours of the interview, you rang the candidate you wished to appoint and offered them the job and they immediately accepted. Straight away you sent them a well-written offer letter, confirming salary, start date and their contract. Now the hard work starts.

Having checked references and agreed a start date, you prepare for their first day. Easily overlooked is communication to all your current team of the new employee. An announcement of their name, the start date and a small bit of background on their experience may be useful. You don't want them arriving and nobody knowing who they are – this would not demonstrate that you are organised and effectively communicate with your team. The first month is crucial; both parties are deciding if they made the right decision. You will need an induction plan that covers at least the first two weeks. It will need to include:

- who they will meet and when
- software they will use (and their training on it)
- documentation they will need to read
- specific training, the learning outcomes and how their understanding might be tested.

Don't forget regular reviews with them (at the end of the first day, first week and first month). Give them a chance to express their concerns so you can immediately address them. Make sure they have their job description at each review (the JD will have been crucial in designing their induction).

Each induction of a new staff member is a chance to improve it for the next new recruit. Therefore, ask them at each review what part of the induction could have been better and how it could be improved. Could you use videos to enhance their understanding? It's possible they have come from a non-dental background and so they will need to understand the treatments that you provide.

Your new staff member is obviously on probation. There is a reason for the probationary period. You can't possibly be completely sure that a person is right for a role and so probation allows you to fairly assess them and if need be, they can fail their probation and leave.

Once they are operating in their new role, whether it's as a nurse, receptionist or dentist, after induction you will want to consider ongoing training and development. After only a few weeks you can start to congratulate yourself on your skill in seeing potential, or alternatively start to question your choice.

So, a word about what to do if you find yourself in the latter camp. This is why regular reviews, which are documented, are so crucial. If you have areas of concern, then you need to highlight them with the new employee early on. Be clear on where their behaviours need to alter. But always remember, "Fire, fast!" If you start to have doubts, take immediate steps to assuage those doubts, or fail the probation. So much time can be wasted persuading yourself that an employee will work out, when they almost certainly won't.

Many times, I have been into a practice to assess their operation and find that one employee can be the 'obstacle' to progress. Often it can be the manager who has been in place for a long time and just 'gravitated' to the manager position. This is always a difficult problem to fix and is usually time-consuming and often expensive. But, if you

consider the recruitment and induction process that has been suggested above, it was almost certainly not followed when you evaluate a 'problem' employee. Often there was no clear JD for the position (and probably still isn't), no interview and evaluation process and certainly no effective ongoing reviews.

The recruitment and development of an effective team is vital if you want a growing practice and even more important if you have aspirations to build a group. Staff are your biggest cost and will be the source of your biggest headaches if you don't develop skills to recruit, induct and develop them.

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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MDDUS CASE STUDY:

SLOW PERIO

Mr K should have been offered smoking cessation advice and referred to a periodontist

[WORDS: AUBREY CRAIG]

DAY ONE

A 42-year-old long-term smoker – Mr K – has been a patient at his dental surgery for two years and attends Dr J for a regular check-up and scale and polish. He complains of ongoing bleeding gums on brushing and Dr J undertakes an oral examination. This includes a BPE scored at 000/020. The dentist notes that Mr K is at moderate risk of periodontal disease and advises him on good oral hygiene and the need to quit smoking.

ONE YEAR LATER

Mr K attends the surgery for another check-up and complains again of intermittent bleeding gums. Dr J notes a cavity in a rear lower molar and also general periodontal infection and pocketing. His BPE is recorded as 342/221 and he is prescribed antibiotics and a medicated mouthwash. Mr K also sees the hygienist who notes that his gums are sore and inflamed, and there is bone loss in all quadrants. The patient is asked to return for a radiograph but fails to attend. No other details are recorded in the notes.

10 MONTHS LATER

The patient returns to see Dr J for an examination along with a scale and polish from the hygienist. It is noted that his oral hygiene is much improved.

18 MONTHS LATER

Mr K moves house and registers at a new surgery. He attends Dr S complaining of bleeding gums and the dentist records BPE scores of 332/323. Dr S discusses the implications of periodontal disease and refers Mr K to a hygienist. She finds gingival health is very poor and undertakes root surface debridement of deep pockets. Mr K claims he was not told of the full implications of periodontal disease. Advice is provided on proper oral hygiene and he is offered a referral for smoking cessation.

ONE YEAR LATER

Dr S reports that despite serious efforts by Mr K to improve oral hygiene and having quit smoking, there is still active disease, especially in the anterior teeth. The patient is referred for specialist periodontal care.

A letter of claim is sent to Dr J alleging clinical negligence in failing to diagnose and treat Mr K's periodontal disease. It states that appropriate BPE assessments were not undertaken at all appointments, despite the patient being at risk. There was also failure to act on BPE scores indicating the need for subgingival scaling, and no radiographs were taken to monitor the condition. It is also alleged that Mr K should have been offered smoking cessation advice and referred to a periodontist.

A periodontal specialist instructed by the patient notes a significant risk he could lose a number of teeth in the medium to long term.

MDDUS instructs an expert dental surgeon who takes the view that the patient has not received a reasonable standard of care from Dr J. This opinion is based partly on the poor quality of the notes, which offer few details of the presenting complaint and history, no special investigations and findings, and no stated diagnosis or prognosis with discussion of treatment options. There is also no mention of radiographs being taken apart from the recall, which the patient failed to attend. There is also no record of smoking cessation advice given beyond Mr K being told to quit.

The expert opines that BPE scores should have been recorded at every patient review and he doubts the accuracy of the first BPE, given the patient's bleeding gums and subsequent scores. Only one bitewing radiograph (undated) was in the records, with no record of relevant findings. The expert finds this insufficient.

In his response to the claim Dr J said he did not refer Mr K to a periodontal specialist because the BPE scores did not warrant it – but the expert believes that referral should have been discussed (and recorded) to ensure shared decision-making.

The expert opines that BPE scores of 3 and over should have prompted an analysis of plaque and bleeding distribution, along with six-point pocket charting of the affected sextants after initial periodontal therapy. The patient should then have been provided with intense oral hygiene instruction and treatment arranged for debridement of the affected root/tooth surfaces.

A separate opinion is sought for causation (consequences of the breach of duty of care). A periodontal specialist examines Mr K and says that with good treatment and compliance there is a reasonable chance he will retain all his teeth in the medium term – but that with earlier appropriate treatment the patient's periodontal condition would not have been as severe. Given the unsupportive opinions, MDDUS settles the case with Dr J's agreement.

> "DR J SAID HE DID NOT REFER MR K TO A PERIODONTAL SPECIALIST BECAUSE THE BPE SCORES DID NOT WARRANT IT"

KEY POINTS

- Ensure patients at risk of periodontitis are informed/aware.
- Do not neglect to make and record BPE assessments.
- Discuss referral with patients with definite or borderline periodontitis.
- Ensure records reflect all examination/assessment discussions with patient and advice given.
- Ensure appropriate justification for prescribing antibiotics.

Aubrey Craig is head of dental division at MDDUS

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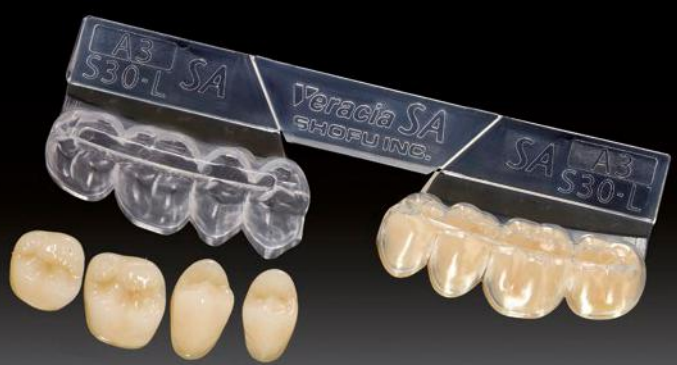

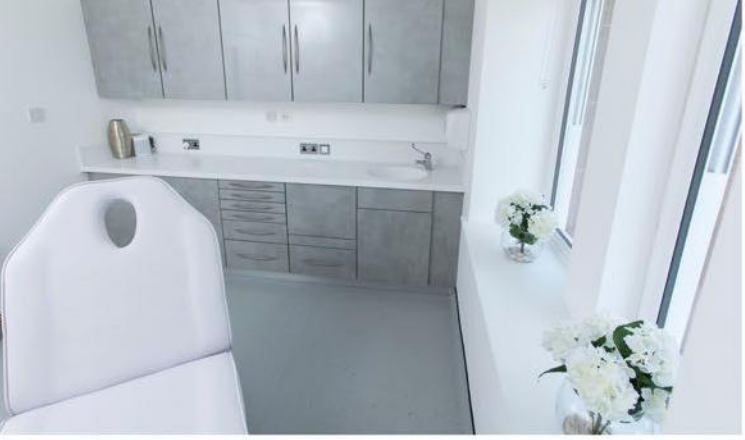

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The character of the building along with the client's contemporary yet timeless branding set the theme for the design of the practice. The surgeries, waiting and reception areas benefit from generously proportioned fenestration bathing each space in light. Neutral colours, natural textures, high gloss finishes and feature lighting offer a high-end aesthetic with a calm and welcoming ambiance.

Bridge of Weir Dental and Aesthetics, Bridge of Weir, Renfrewshire

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HIGH STANDARDS IN AN EXCEPTIONAL SETTING

A landmark building in Renfrewshire has been given a new lease of life as a place for premium patient care

It's been quite a time for Dr Ayesha Ali. A new baby boy. A post-graduate degree in skin ageing and aesthetic medicine. And opening her own practice. "Having got through them all, I feel I can tackle anything," she says laughing.

Sitting in the waiting room of Bridge of Weir Dental and Aesthetics, with its incredibly soothing décor and wonderful view out onto the Renfrewshire countryside, Practice Principal Ayesha is the epitome of cool, calm and collected. "It's not been without its stresses," she concedes, "but you learn to take things in your stride."

After graduating in dentistry from the University of Glasgow in 2010 and a year in vocational training, Ayesha worked as an associate at Renfrew Dental Studio until 2018. "I really enjoyed my time there – and, now, being a principal has given me a real appreciation of what goes into running a business – but there were

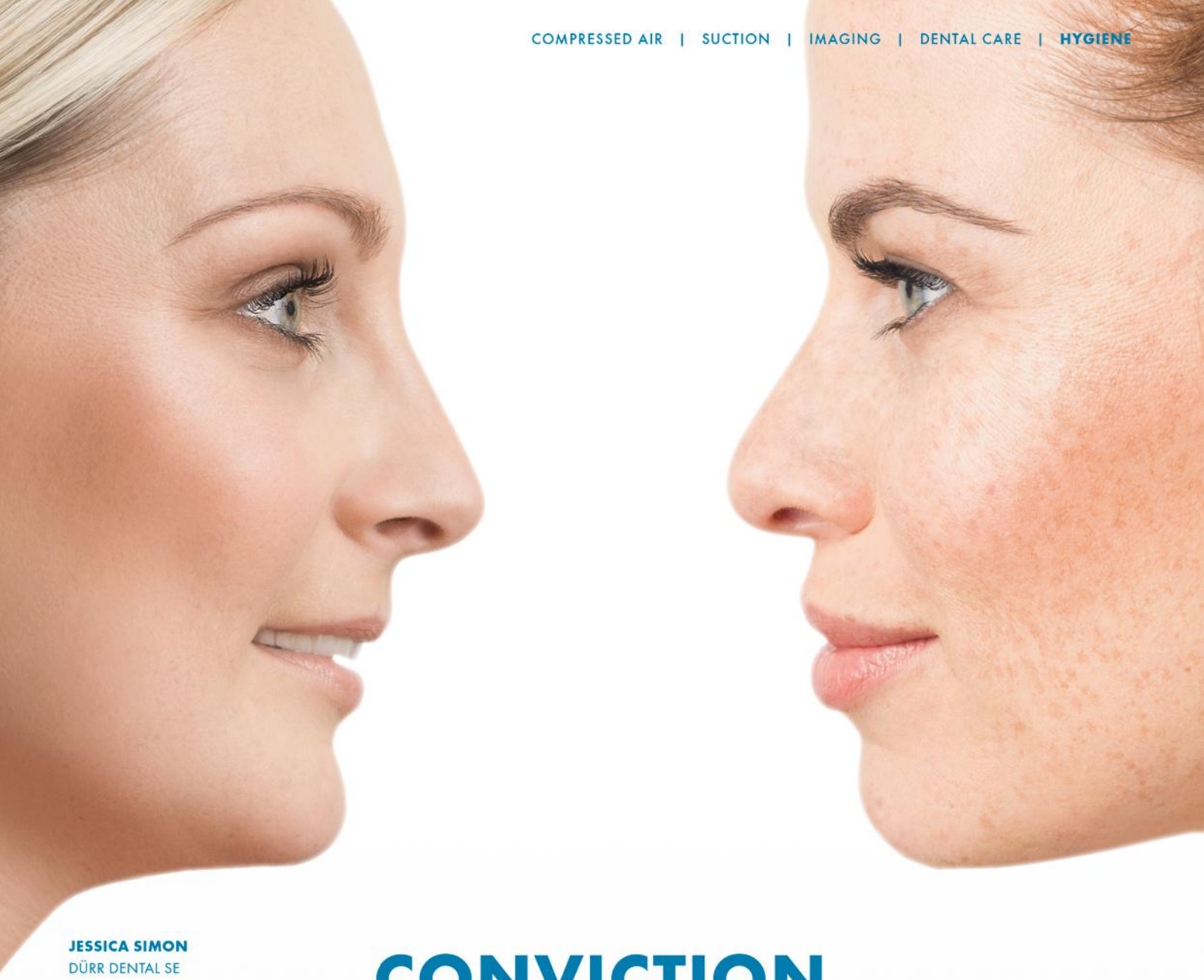
Dr Ayesha Ali with colleagues Kiera Callaghan (left) and Chantelle Lafferty

things that I wanted to bring to the patient experience which I felt could only be achieved by establishing my own practice."

That experience begins even before stepping into the Bridge of Weir practice; located in one of the area's landmark buildings – the former Clydesdale Bank – it commands a prominent position at the entrance to the village. Sensitively refurbished and landscaped on the outside, by contrast the spacious interior is distinctly modern. White walls are initially offset by the black lacquer reception, adorned with the practice logo; a nod to the nearby historic bridge.

Moving through, tasteful art breaks up the white, orchids make regular appearances, and relaxing music adds to the tranquillity. "It is all about the patient journey," says Ayesha. "From the look and feel and the way staff interact with the patients, to the technology we use and the services we offer. Our focus is on the long-term health and it's really important to me that our patients are informed.

"I spend a lot of time making sure they understand what is happening and the aim of any treatment that is



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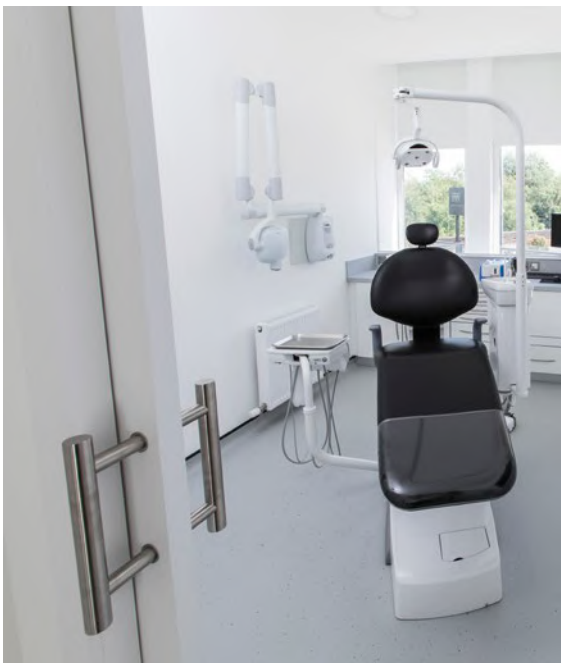

> WE TAKE A VERY HOLISTIC APPROACH. OUR MISSION IS SIMPLE; TO PROVIDE PREMIUM PATIENT CARE LOCALLY"

required. If patients are on-board, they are more likely to maintain the health of their mouth. And it's not just for the health of their mouth, but also for their general wellbeing. We take a very holistic approach. Our mission is simple: to provide premium patient care, locally."

Ayesha worked with NV Design architects on the design of the practice and brought in Interact Interiors for the refurbishment of the building She said: "NV Design are specialists in the dental sector so I enjoyed the process of working with them to design the practice from scratch and also fine tune the layout. It's been great and everything is finished to a very high standard."

IWT Dental + Services also worked with the architects to integrate all the IT infrastructure and equipment, which means the practice is virtually paperless. Wall-mounted TV screens have also been installed in the surgeries where patients can be shown information about dental hygiene and their treatment and, where relevant,

let them see a live feed and images of the dental work through intraoral cameras."

Each surgery is equipped with Belmont chairs and NSK hand pieces, and the practice employs a compressor from Durr Dental.

In addition to gaining postgraduate qualifications in dental implants and orthodontics, and membership to the Royal College of Surgeons of England, Ayesha has also studied the science of skin ageing and aesthetics at Manchester University.

She added: "It took 18 months from the first design meeting with the architects to welcoming my first patient through the door and during this time I really appreciated the help and support I got from my family. Without them this would not have been possible!

"My family has lived in Bridge of Weir for more than 20 years so I'm very proud to be able to breathe new life into the old Clydesdale Bank building, which was such a landmark in the village, and provide both dental and aesthetics care for the community around Renfrewshire and further afield."

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DEMAND DRIVING INNOVATION

To stay at the leading edge of patient care, dental professionals need the best technologies

More demanding patients are driving change in technologies employed by the dental profession, says Bruce Deane, Director at IWT Dental + Services.

"There are a growing number of practices making the move to intraoral scanning, for example" said Bruce. "We're also now starting to see more milling in practices and also 3D printing. The cosmetic side of dentistry is also developing strongly, with software that provides a very accurate 'before' and 'after' view for patients so that they can see the likely outcome of a procedure before undergoing it.

"As a company, we have always been at the cutting edge of IT supply, but with this shift to digital across so many aspects of people's lives the patient is becoming that much more demanding.

"You see it in things like dental chairs where increasingly technologies are being built in. So, as a provider you have to be on that journey and always anticipating the next developments on the horizon as the next generation of practitioner comes out of university."

Over the past five years, IWT Dental itself has been on a journey; growing from IT and dental chair supply specialisms to a full turnkey managed service across a range of practice products and requirements.

"Our staff numbers have increased on the IT side and we now have an engineering team on the dental side. We're growing the number of practices we work with, right across Scotland. We have recently been appointed by Planmeca as their digital dentistry solutions provider in Scotland. Our product range is growing also and, perhaps most importantly, our service delivery is first-class." Dental practices require a blend of ergonomic design, functional equipment, and adaptable IT infrastructure. IWT provide industry-leading solutions for dental practices of any size and at any stage in their development.

"We don't just work for you; we work with you, before, during and after installation and implementation," added Bruce. "Our partnership philosophy offers you full optimisation of your practice, your equipment and your workflow, allowing you to retain maximum on - patient focus."

From singular installations to its full turnkey services, including building works, plumbing, electrics, flooring, dental chairs and bespoke cabinets in metal or wood, IWT are experts in identifying and fulfilling practitioner needs and expectations.

Whether dealing with an NHS surgery or a private practice, the company's established relationships with leaders and vanguards of dental equipment, and their experience providing excellence throughout the industry allows IWT to offer dental professionals cutting-edge innovation and complete practicality, no matter the budget.

Experienced directors

Ian Wilson and Bruce Deane are currently Drectors of IWT Dental + Services . They provide specialist IT solutions to dental practices throughout Scotland, including server-based network installations, waiting area digital signage/ patient information, business telephone systems and cloud back-up solutions.

All offered products are complimented with a proactive maintenance service agreement which includes regular site visits to ensure all IT systems are functioning correctly. Ian has vast experience working with many of the leading software and hardware companies in the industry, allowing him to find the right solution that can incorporate practice management software, digital imaging and much more.

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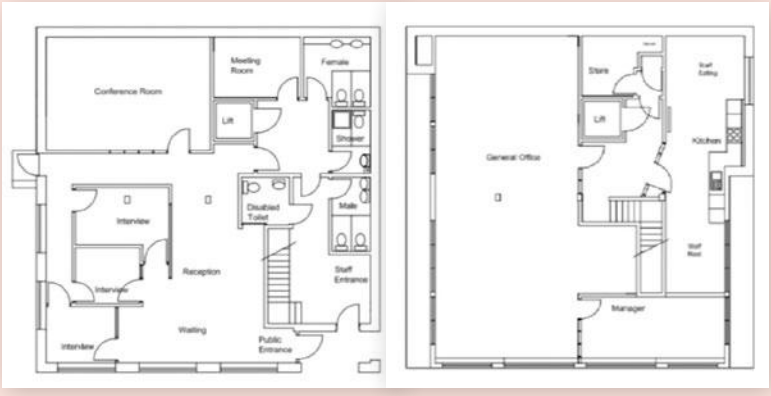

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THE S-MAX PICO HANDPIECE – A REVOLUTION IN GERODONTOLOGY

Dr James Robson, Principal Dentist at Identity Dental Care, discusses the value of specialised equipment when it comes to treating elderly patients during day-to-day practice.

Increasing life expectancy and the rising demographic of older people has greatly impacted dentistry. As such there is a greater need to keep more teeth for longer. In Europe, people aged over 65 make up 16 per cent of the population – this statistic is expected to reach 27 per cent by 2050. Elderly patients are more likely to be affected by tooth loss, tooth wear, dental caries, periodontitis and oral cancer.

Dental caries, in particular, represents a major cause of the treatment delivered to elderly patients, with xerostomia (dry mouth) having an impact. As a disease, caries remains curiously active, with an observed mean increment of approximately one surface per year. These new sites may be wear facets which have decayed or root surfaces which may be trickier to access. This is where miniature dental handpieces such as NSK's S-Max Pico come in, allowing improved access and being very suitable for treating our increasing elderly demographic.

THE NEED FOR PRECISION

When I first began my career in dentistry 20 years ago, my first introduction to an NSK handpiece was of course the NAC-E slow-speed, contra-angle handpieces which were ubiquitous at the time. However, my move into private practice a few years later left me seeking more refined handpieces and in particular I came across the NSK Ti-Max range. The precision engineering, durability, light weight and excellent air and water spray make this range indispensable to how I practice.

THE PROBLEM OF RESTRICTED ACCESS

The majority of my work deals with cosmetic adult restorative dentistry. For me gerodontology is a major part of this. This element of practice presents more challenges than simply polypharmacy and oral-systemic health links. In my experience, a large number of my elderly patients may not be able to tolerate or may not wish to be reclined as fully as I would like, or may not have the stamina to remain open-mouthed for long enough to perform essential treatment.

Restricted dental access is perhaps more commonly associated with children as they have small mouths. As such, paediatric dentistry sees high usage of miniature handpieces. However, such precise technology has significantly benefited the oral care of my elderly patients, where oral access remains an issue due to limited opening and patient posture.

GERODONTOLOGY AND THE S-MAX PICO HANDPIECE

The S-Max Pico handpiece makes my life easier. Its streamlined body shape and miniature head have provided me with predictable access to the mouth, in particular while treating root caries and has improved access to the mouths of my elderly patients. This eases the frustrations of the dental team and patient alike.

The S-Max Pico has become essential to how I work. Initially developed for minimal intervention dentistry, the S-Max Pico has been designed with precision in mind. It is hard working and reliable, as I have come to expect as a Ti-Max user. I find that the small head of the S-Max Pico allows for broader viewing, which is essential when addressing restricted oral access, in particular the buccal root surfaces of posterior teeth. This handpiece feels good in the hand and although steel (opposed to titanium) does not feel significantly different to use due to its smaller size. The S-Max Pico is air driven, making it a lighter and far easier to use handpiece than its weightier, electric counterparts.

Advances in innovative handpieces are paving the way for dental procedures to be better tailored to the needs of each patient. The S-Max Pico, in my opinion, is greatly beneficial to those delivering paedodontics and gerodontology. To access narrow and restricted operational fields, whether due to size or limited opening, dentists should look to handpieces such as this, to improve the delivery of care.

James Robson qualified from Newcastle University in 1998 and spent six years working in NHS general dental practice on Teesside, followed by a similar period in private practice in York, before purchasing his own practice in 2010. James also enjoys teaching dentists, hygienists and therapists or writing for the dental or local press. He has lectured in the UK and throughout Europe. He is most passionate about tooth-coloured fillings and oral systemic health.

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FINANCIAL PLANNING FOR NEW ASSOCIATES

Jon Drysdale offers key advice for new dentists

Autumn is a busy time for new associates. Getting to grips with new job, a new practice environment and newly acquired self-employed status can be a challenge. On a positive note the recent uplift to your income will shortly kick in. Now is the time to set up some career-long financial planning that will stand you in good stead for the future. Here, I look at three key areas of financial planning and how they relate to dentists.

PROTECTING YOUR INCOME

Dentistry is a physically and mentally demanding career so insuring your income against the worst that can happen is a good idea. Musculoskeletal complaints head the list of claims* followed by psychiatric disorders. In fact, dentists are high risk for most income protection insurers (even minor injuries could prevent you from practising) and consequently many won't offer own occupation cover. For dentists, own occupation simply means that if you can't practice dentistry your policy will pay out. For example, if you have a general policy, the insurer might argue that your hand injury doesn't prevent you working elsewhere. An own occupation policy doesn't need you to prove otherwise.

Another occupation-specific element to income projection planning is how this relates to your NHS sick pay. Even though you may work as a self-employed associate, you will have some NHS sick pay entitlement where you perform for NHS fees. You will have to be off work for at least four weeks before you can claim this and payments are limited to 22 weeks. Your income protection policy can be set to provide cover after six months – which reduces the cost. If you have an existing policy it is important to review it in light of this.

FUTURE PROOFING

The NHS pension isn't what it used to be. All dentists qualifying after March 2015 (and other public sector workers) have a pension retirement age linked to the State Pension age. For most this is currently 67. Importantly for a newly qualified dentist, it remains to be seen if this age will be increased and if future governments will continue the recent downgrading of public sector pension schemes.

I recommend that all dentists have a retirement 'Plan B', separate to the NHS pension scheme. This might involve personal pension contributions, which yield tax relief as follows:

Amount you contribute to a personal pension per month	£200
Government adds (basic rate income tax)	£50
You claim back through your tax return	£50
Net cost to you for a £250 contribution	£150

As well as the tax relief incentive shown above, personal pension pots grow free of income and capital gains tax. Currently they can be accessed from age 55 under flexible withdrawal rules. For many they could be a useful form of additional income in a phased retirement. After all, how many of you want to work to age 67?

Personal pensions are different to the NHS pension for a variety of reasons. While they offer flexibility on the retirement age they don't provide a government-backed pension. The value of your personal pension will depend on how it is invested and how long you leave it to grow.

Jon Drysdale is an independent financial adviser for chartered financial planners, PFM Dental. Go to www.pfmdental.co.uk

GETTING A MORTGAGE

While your income as an associate may be more than other professionally qualified employed individuals you may find it harder than them to secure a mortgage. This is because most banks require at least two years of accounting history before they will lend to a self-employed individual. From starting out, it will be three years until you have this accounting history.

Some lenders are sympathetic to this and recognise the reliable nature of self-employed income from dentistry. This is especially so for those working within the NHS. Often it is possible to secure a mortgage on the strength of your associate principal contract or at least a letter of comfort from your practice confirming your predicted fee income. The challenge is to select a lender who offers such flexibility, without prejudicing the interest rate. Most high street lenders don't offer this. A suitably qualified financial adviser with dental specific experience will know which lenders do.

In summary, self-employment brings some financial planning challenges. With the help of a dentally aware financial adviser you should be able to overcome these.

*Dentists' Provident claims statistics for 2018 published 06/02/19

The value of investments can go down as well as up. Investors could get back less than they put in. Past performance is not a reliable indication of future performance. Tax rules and legislation are subject to change.

Selling your practice is a big deal

We keep dentists smiling

With PFM Dental you get access to thousands of buyers, local knowledge, professional valuers and years of experience. Our priority buyers will even pay your agency fee.

"Having spent years building the practice, it was important to us we found someone to take good care of our team and patients. PFM Dental took the time to understand who we were looking for and helped us market accordingly."

– Mark Woodger, former practice owner

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UNDER THE SPOTLIGHT

WHAT IS THE ISSUE?

Hundreds of incorporated dental practices throughout Scotland will have received a letter from Her Majesty's Revenue and Customs (HMRC) on 16 January 2019 to advise that HMRC would be carrying out a detailed review of the structure with a view to potentially reallocating any NHS income from the company to the principal for tax purposes.

At the time when many practices were incorporated, the dentist remained on sub-part A of the dental list, rather than the dental company. Indeed, this was the only way that a practice could be incorporated initially on the basis that there was no mechanism to allow a company to register on sub-part A of the dental list.

However, HMRC's stated view is that, if the dental company is not listed on the relevant NHS list, then payments have been remitted to the dentist providing general dental services in a personal capacity (i.e. as a self-employed dentist) and not to the dental company.

WHAT IS THE ARGUMENT?

The principal argument being advanced by HMRC is that the dentist, and not the company, remains taxable on NHS income if it is the dentist that is on sub-part A of the dental list.

The basis of this argument by HMRC can be found in the NHS (General Dental Services) Scotland Regulations 2010 (the "2010 regulations"). However, the 2010 regulations are not tax legislation; they relate to the payment of fees to dental practices for the treatment of NHS patients. After the 2010 regulations were introduced, it was *possible* for dental companies to register on sub-part A of the dental list, but many did not do so.

The main question that arises is whether the 2010 regulations had the impact on the treatment, for tax purposes, of NHS income received by dental companies argued by HMRC, or whether the general position is that the 2010 regulations are merely dental regulations and have no impact on the underlying treatment of NHS income for tax purposes.

HOW CAN CONDIES HELP?

Condies are currently advising several clients, including existing clients who appointed Condies to act for their pre-existing dental company, clients who formed a company to acquire a dental practice from a third-party seller, as well as a few cases where we provide specialist support to new clients who have received these letters, where their existing long-standing accountants retain compliance services. Our approach is different in each case, as a result of the different factual background, but we will typically aim to:

- Wholly mitigate any additional taxes payable by challenging the technical basis of HMRC's argument, which in some cases we do not agree with as a matter of law; or
- Reduce the additional taxes payable by carrying out a forensic review of the practice accounts to ensure that the NHS profits are properly identified and that any corporation tax paid on those profits is repaid to the dental company; and
- In any case, challenging any penalty assessments raised by HMRC on the basis that the practice had a reasonable excuse for declaring the profits in the dental company, rather than the principal declaring the profits as self-employed income.

WHO TO CONTACT?

If you have received a letter from HMRC that challenges the treatment of the NHS income received by your dental company, please contact our Strategy Partner, Cliff Fleming (email: cliff.fleming@condie.co.uk) or our Head of Tax Strategy, Gordon Buist (email: Gordon.buist@condie.co.uk)

Gordon Buist (above) is a chartered accountant and a Fellow of the Chartered Institute of Taxation (CIOT) with extensive experience providing tax and commercial advice to owner-managed businesses and their proprietors, as well as advising high net worth individuals. He offers practical advice, explaining complex tax matters in plain English and avoids the jargon that so many advisers use to impress, recognising that clients want clear and practical advice. He advises clients on all aspects of their personal and business tax affairs, including VAT on land and property transactions.

DEDICATED BUSINESS AND ACCOUNTANCY SUPPORT FOR DENTISTS

Condies Health is a founding member firm of NASDAL (National Association of Specialist Dental Accountants and Lawyers) in Scotland. Our team has an intricate understanding of the dental profession and can assist clients in all matters relating to practice and personal finance.

Whether you are an associate starting out or a long established practitioner, Condies Health can advise you on the following:

- Starting off
- Management accounts
- Practice structure
- Practice benchmarking
- Succession planning
- Book keeping
- Annual accounts
- Tax planning & compliance
- Strategic planning
- Practice acquisitions and disposals

info@condie.co.uk

www.condie.co.uk

CONDIES HEALTH

DENTAL MARKET REMAINS STRONG IN 2019 DESPITE CHALLENGES

Paul Graham, Head of Dental at Christie & Co, provides an overview of the dental market in the first half of 2019, reflecting on previous predictions, emerging trends and challenges facing the sector

Christie & Co's Business Outlook 2019 report predicted the dental market would become increasingly quality driven throughout the year and expected competition for larger practices would continue among private equity-backed groups and mini corporates, driving market consolidation.

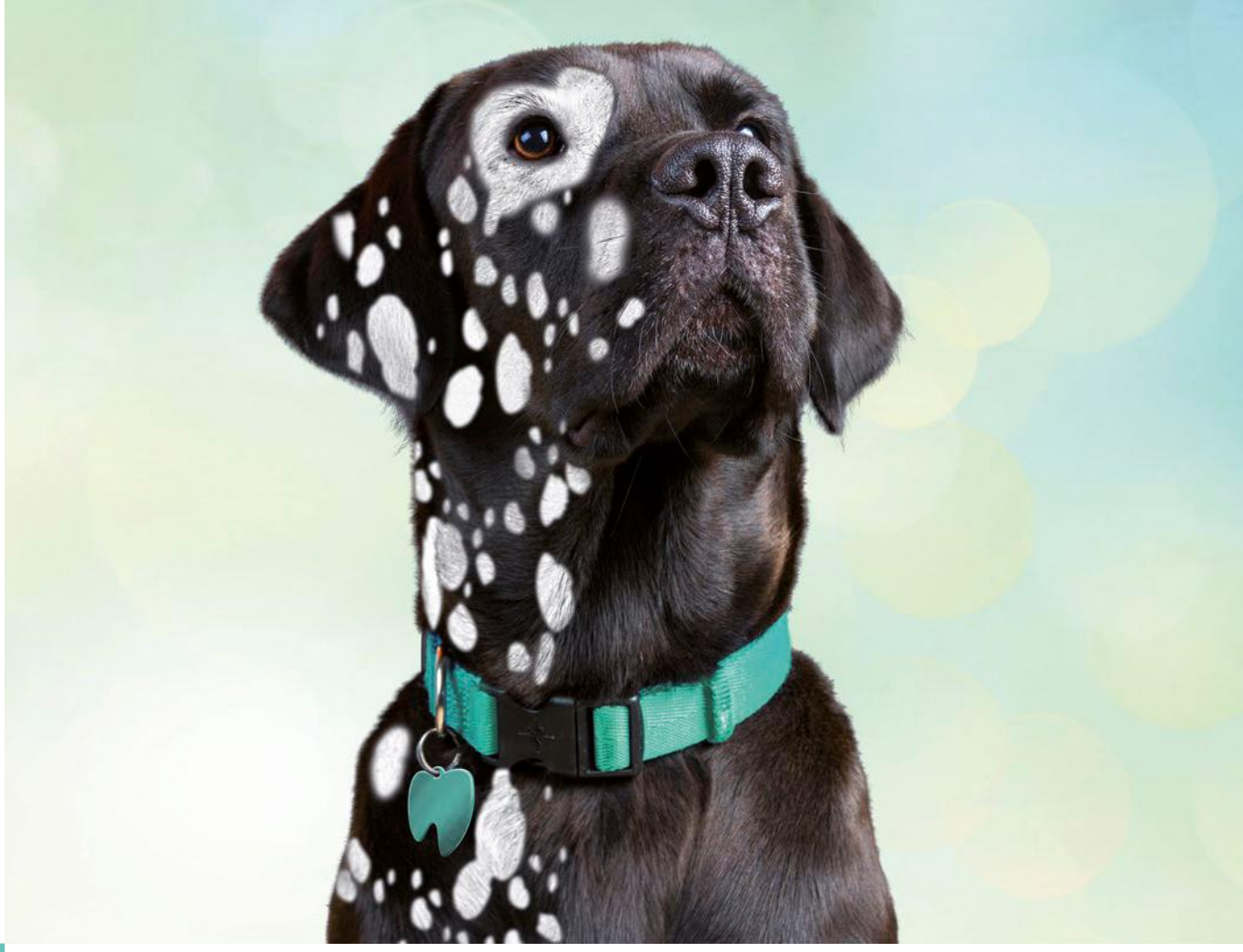
In the first half of the year, the shift towards the private sector has continued, as corporate and multiple practice owners seek to counterbalance risk associated with the proposed changes in the NHS. Although Christie & Co notes there has not been any reduction in demand from first-time buyers and independent operators for single-site NHS or mixed income practices, demand for fully private practices, whether general or specialist, continues to grow significantly.

As predicted, the market has simultaneously become increasingly quality driven and geographically sensitive, as challenges related to associate recruitment and retention drive demand towards urban locations. However, NHS dentistry is still considered highly attractive for many entering the sector and independent buyers, who are less sensitive to recruitment challenges, as they will be an owner-principal and directly involved in the performance of the practice.

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

Demand continues to outstrip supply, which is a significant factor in price inflation, and while average prices have increased across the dental sector, larger practices of high quality have recorded the greatest rates of increase in line with demand.

Despite the ongoing challenges of associate recruitment, particularly in the NHS sector, and an uncertain political climate, the dental sector continues to perform very well with significant transactional activity across all price ranges.



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PROUD REPUTATION OF DELIVERING SPECIALIST LEGAL ADVICE

Thorntons' dedicated team of lawyers provide a wide range of bespoke advice and services tailored to the specific needs of the dental profession in Scotland

At Thorntons Law LLP, we recognise that the dental profession is unique and that the intricacies of the sector require a bespoke type of legal service. It is for that reason that we have a dedicated team of lawyers who specialise in advising dental professionals, and who can support dentists with all of their legal requirements.

We are able to provide specialist professional advice in relation to your practice, as well as dealing with any personal requirements, such as preparing your will. Our clients represent a wide range of practice types and each one can be assured of our in-depth knowledge and understanding of the dental sector.

Our experienced team consistently deliver a flexible service specific to each client's individual needs and requirements. Our dental team is one of the leading providers of specialist legal advice to dentists across Scotland – in recognition of our level of knowledge, we are the only Scottish legal firm who are members of both the Association of Specialist Providers to Dentists and the National Association of Specialist Dental Accountants and Lawyers.

Furthermore, many of our team members regularly spend 80-90 per cent of their working week solely advising dentists on a range of issues, from practice sales and acquisitions, expense sharing and partnership agreements, and associate agreements, to compliance advice in relation to NHS regulations.

The demand for our assistance is steadily increasing, with the original team of two or three lawyers growing to 10 in the last few years. The team's growth is demonstrated by its level of work, with the team dealing with practice acquisitions and disposals in 2018 with an aggregate value of more than £35 million.

Kim Campbell, Lead Associate in the Dental Team, said: "The ability of our dental team to provide bespoke advice which is tailored specifically to the dental profession in Scotland has led to us becoming very well recognised in the Scottish dental sector, a reputation which we are extremely proud of."

Our dental team has contacts with a variety of specialist dental accountants, valuers/sales agents and with all of the Healthcare Teams within the Scottish banks, and can call upon advice from them, or make introductions, where required, which assists us in providing a seamless service to our clients.

Of most importance to us is the level of service that we provide to our dental clients. Our aim is to be a long-term partner to our clients, with our advice helping them to achieve their long term goals, as well as their short-term objectives.

In turn, we recognise that the best form of advertising is word of mouth. We therefore value very highly the testimonials provided by our existing clients, which endorse the specialist advice provided by the dental team in a range of areas, and which we proudly display on the dental page of our website.

We are always happy to speak to any dentist who thinks that they would benefit from our advice, without any cost or commitment on their part. Please don't hesitate to get in touch if you think we may be able to assist you.

For further information please contact: Kim Campbell, Lead Associate in the Dental Team at Thorntons Solicitors Tel: 01382 797067 kimcampbell@thorntons-law.co.uk

Understanding the unique needs of the dental profession

"I have found that working with Michael was a pleasure. His knowledge of the dental industry in Scotland is second to none in my opinion and as a professional adviser he worked with us in a timely and professional manner. He was able to meet with us in person when required and was aware of the pressures of time that face dentists and so was entirely flexible with his time and mode of communication. I found that the entire Thorntons team - but particularly Michael - were knowledgeable and thorough with great attention to detail. I would not hesitate to recommend Michael as a professional advisor to any of my colleagues."

Elaine Halley
Cherrybank Dental Spa

- Buying or selling a practice
- Buying, selling & leasing premises
- Practice incorporation
- Associate agreements
- Employment contracts
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TAX IMPLICATIONS OF SELLING YOUR DENTAL PRACTICE

When the time comes to sell your incorporated dental practice, you will have two options – sell the shares in the company, or sell the assets of your company.

Selling the shares in your company will mean that you sell the whole of your company, including assets, goodwill, liabilities, future liabilities. This means as a seller, you will be free of any future obligations the company has and you will most likely qualify for Entrepreneurs' Relief (ER) on the capital gain you make on the sale of the practice.

In order to qualify for ER, meaning any gain made will be taxed at 10 per cent instead of 18/28 per cent, you need to meet certain criteria:

- You need to be a trading company
- You need to hold at least 5 per cent of the equity of the company
- You must be an officer of the company.

For most dental practices, these criteria would most likely be met, so ER would be available.

The benefit of selling the shares of the company means there is continuity of business for the purchaser – meaning no TUPE for employees, no re-negotiation of NHS contracts and no issues transferring assets into a new name, which may upset third parties. However, a buyer may not want to buy your past, requiring a lot of due diligence work.

Selling the assets of the company is different. You would still own the company, but sell the goodwill, equipment, property etc., creating a gain on sale within the company, on which corporation tax would be charged, currently at 19 per cent. A second tax charge would arise when you withdrew the cash/reserves from the company in the form of income tax.

For further information on selling your dental practice, please email Anna Coff anna.coff@eqaccountants.co.uk or call 01307 474274.

Selling the assets, as opposed to the shares, sounds more costly in terms of tax, but there are other considerations.

Perhaps you would prefer to keep the property and instead rent it out to the new owner. This would make the sale cheaper, and potentially more attractive. This is easily done with an asset sale, but more complicated with a share sale, as the property would need to be transferred out of the company prior to the sale.

Bear in mind, if you kept the property out of the sale, it wouldn't qualify for ER if sold further down the road.

As with all things tax related, each case is different. You will need to discuss your current, and future intentions with your accountant before making any decisions to ensure you are making the best use of tax reliefs.

Innovative Endodontics

Friday 22nd November - Saturday 23rd November 2019

The Principal Hotel, Manchester

Hosted by the British Endodontic Society, this year's Regional Meeting will take place in Manchester in November. Put the date in your diary and follow us on social media and our website events page where news and updates will be posted and booking will become available.

Enjoy a 2-day programme of keynote speakers, table clinics, networking and table top exhibition. Eligible for 10 hours verifiable CPD. Conference Dinner featuring Tribute Band 'Noasis'

Don't miss out!

International speakers confirmed to date:

Joerd van der Meer
3D matters and workflow in endodontics
Groninden, Netherlands

Meetu Kholi
BioCeramics and applications
Pennsylvania, USA

Gilberto Debalian
Instrumentation - development of NiTi technology for preparation
Oslo, Norway

Paul Lambrechts
Innovative approach to unravel external cervical resorption pathology
Belgium

Roeland DeMoor
Laser application in endodontics - including disinfection and biofilm disruption
Ghent, Belgium

British **Endodontic** Society

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SIX THINGS TO INCLUDE IN YOUR MORNING HUDDLE

Louise Bone looks at ways to make sure it is effective and enjoyable

It's a good idea to have a morning huddle, but it's an even better idea to have a plan that ensures they're effective. Sometimes an idea like a morning huddle can be set up with the best of intentions, but without any real structure and, therefore, they make little real difference to how the practice runs, and enthusiasm about having them wanes.

Below are some fresh ideas about what items you could put on the agenda to not only reinvigorate your huddles but also make sure they are worthwhile:

- Think about the day ahead in terms of the potential it has, whether that be in terms of increasing the number of people on your membership plan, filling available slots with your treatment co-ordinator or gathering patient testimonials. As part of this it can be worthwhile reviewing the previous day and anything that was particularly successful. You can even try rating the day before on a scale of one to 10, and thinking about ways to make the coming day's rating even better.
- Look at challenges and celebrations for the day. Identify any patients who are booked in that you know may be difficult and have a plan as to how you will mitigate this. On the positive side, find things to celebrate – this could be personal like a team member's birthday or work anniversary, or professional, such as the number of new patients or positive patient feedback.
- Rotate who leads the huddle on a weekly or monthly basis so that everyone feels involved and to allow people to bring a different approach to the way in which the meeting is run.
- Discuss any current marketing campaigns so that everyone is aware if a particular treatment is being promoted or discounted, and discuss how they are performing. Also make sure the team knows about what the next campaign is and when it will start.
- Create a theme for each day, and make sure some of them include something fun! For example, Tuesday Teasers, where you pick a topic and have a quiz with a silly prize – which could be something based on practice policy or around a certain treatment, or just a fun general knowledge quiz to team build. Why not try Whiter Wednesdays where you identify any patients attending that need to top up their whiter smile kits and set targets, or Feedback Fridays where you discuss the week, the financial targets and any management issues.

To find out more about how Louise and DPAS can support you, visit www.dpas.co.uk or call 01747 870910

Louise Bone is Scottish Dental Sales Consultant of the Year. She has been a Business Development Consultant for DPAS, a leading provider of practice-branded dental plans, for more than five years and has over 17 years of experience in dentistry, including five in practice. She has worked in both NHS and private practices, hospital and training settings and has a passion for improving compliance, the patient journey, delivering training and team motivation.

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dedicated passionate and skilled

(it's what we do!)

"Louise is very forward thinking and has shown dedication and commitment to helping me to develop and grow my practice, she constantly delivers over and above my expectations"

Chris Pritchard
Gentle Dental Care, St. Andrews

Everyone needs a Louise!

Why not get in touch?

01747 870910

Louise Bone : Scottish Dental Awards 2019
"Sales Consultant of the Year"

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BECAUSE YOU CARE ABOUT YOUR PATIENTS

THE ORTHODONTIC CLINIC

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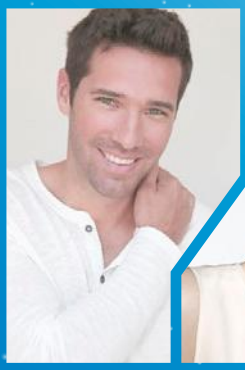
"Thank you for your kind referrals"


The Orthodontic Clinic is delighted to receive new referrals and welcome patients to our brand new premises in Golden Square.

We have moved to an impressive 4-storey building and our clinic now has 6 chairs with state of the art facilities, a large on-site laboratory and spacious waiting room, not to mention generous office and storage space.

The ambience is airy, relaxed and comfortable with beach-themed concepts throughout.


We're a multi-award winning specialist clinic and have a dedicated clinical team led by *Dr Lisa Currie*, a Consultant Orthodontist with over 20 years experience. We truly care about our patients and aim to deliver great orthodontic results with high levels of customer service, so you can rest assured that your patients are in safe hands. We provide all types of orthodontic appliances, including Invisalign, Incognito, self-ligating varieties, and also provide anti-snoring treatments using mandibular repositioning appliances.

We see both children and adults, both NHS and private patients and we are happy to provide specialist advice for any cases that our dental colleagues may require.

The Orthodontic Clinic is proud to have gone from strength to strength since 2014 when it was bought over by the current directors. Our reputation and professionalism is something we pride ourselves on and we're humbled that our hard work has been acknowledged in the awards we have won. It's our aim everyday to show our patients and our dental colleagues that we want to give the best care that we possibly can. **The Orthodontic Clinic** - trust us to take care of your patients to create those perfect smiles.

Scottish Dental Awards 2019

- Winner of Specialist/ Referral Practice of the Year
- Winner of Leadership Award (Lisa Currie and Ivin Tan)

THE ORTHODONTIC CLINIC

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Winner of Best Team Scotland (The Dentistry Awards 2018)

Winner of Best Employer (Dentistry Scotland Awards 2018) **Winner of** Best Team Awards 2018)

Winner of Employer of the Year Award (Elevator Awards 2018)

Winner of Employer of the Year Award (Scottish Dental Awards 2018)

Winner of Best Dental Team (Scottish Dental Awards 2017)

Best Employer "Highly Commended" (Dentistry Scotland Awards 2017)

Winner of Health & Wellbeing (Life With Style Awards 2017)

Winner of Most Improved Practice (Dentistry Scotland Awards 2016)

A TEAM TO INSPIRE CONFIDENCE

With many years of experience in the sector, Strictly Confidental's Patricia Munro and Gillian Wylie form an experienced and dynamic leadership team with an intimate knowledge of the dental profession

SERVICES TO THE DENTAL INDUSTRY

Strictly Confidental has been operating for more than 18 years in the dental industry in Scotland. We can source and supply all relevant information regarding sales, valuations and the acquisition of Dental Practices, and we can also assist with recruitment. We offer our service to the whole of Scotland.

- Sales – selling and re-locating, we will effortlessly start the process
- Valuation – equipment, goodwill, insurance and legal
- Purchase – acquiring a practice or practices
- Recruitment – contact us to fill your temporary/permanent vacancy for either an associate (full or part-time)

We provide a valuable and discreet service to our clients because we understand the importance of confidentiality when either buying or selling a dental practice.

Our 18 years' experience in this field shows how professional and confidential our work ethics are. Our sales and valuation services are efficient, professional but most of all discreet.

VALUATION OF YOUR DENTAL PRACTICE

Once a client has decided to sell or relocate their practice, one of the various aspects of the sale is obtaining valuations.

Valuations are done for a number of reasons:

- associates buying into an existing established practice
- sale of practice
- insurance purposes
- other legal matters, for example dissolving a partnership or divorce.

PURCHASING A DENTAL PRACTICE

Have you been working as an associate for a while and want to take that next step towards fulfilling your dream of owning your own dental practice?

Or do you want to relocate your existing practice?

Strictly Confidental have many years of experience in this field and we have a sterling reputation for providing advice and information for successfully purchasing new premises for a practice.

Give us your wish-list of what you are looking for: location, size, etc. You can leave the rest to us.

Some things we like our clients to think about are:

- what post codes do you want to consider?
- is ground access important or not?
- parking availability – is this a necessity?
- are you looking to own or lease?
- NHS or private?

We do all the groundwork to let you get on with your day-to-day work while we source the relevant information for your new venture.

Strictly Confidental will go through every detail with you and offer advice when purchasing a practice:

- find a good commercial lawyer
- lodge note of interest
- contact your financial institution
- requirements for lending
- current property survey report

Patricia Munro
0790 613 5033
0141 468 8276 (office)
patricia@strictlyconfidental.co.uk

Gillian Wylie
0791 468 8322
0141 468 8276 (office)
gillian@strictlyconfidental.co.uk

- equipment valuation
- goodwill valuation
- three years accounts of proposed acquisition
- personal banking details.

RECRUITING DENTAL STAFF

We also deliver a first-class service providing professional associates/locums either full or part-time.

There are many reasons why you may find yourself suddenly short staffed: accidents, bereavement, illness, and holidays. In many situations, absences are sudden and unexpected.

During this time, the practice is under considerable strain. This is where Strictly Confidental can help supply you with an experienced dentist to help lower your blood pressure!

We have supplied many associates/locums over the years. Be assured that all the relevant checks have been made on candidates by Strictly Confidental before entry in our database. We can supply references and you will be safe in the knowledge that our candidates are well trained, professional and have experience as an associate/locum stepping into a well-established practice.

Strictly confidental

Sales

Valuations

Purchase

Recruitment

Strictly Confidental has been operating for over 18 years within the Dental profession in Scotland.

We can source and supply all relevant information regarding sales, valuation and acquisitions of Dental Practices and we can also assist with recruitment.

"Patricia and Gillian were an effective team who listened to me and they actively sought the most suitable buyer for my practice. I successfully sold and found the process as stress free as it could be as I let go of the practice which I had built. I would be happy to recommend both Patricia and Gillian as professional and caring agents."

- Angela Harkins

Tel Trisha Munro on 07906 135 033
email - patricia@strictlyconfidental.co.uk

Tel Gillian Wylie on 07914 688 322
email - gillian@strictlyconfidental.co.uk

www.strictlyconfidental.co.uk

PIONEERS OF eORTHO PAYMENTS SYSTEM

Over the past five years NHS National Services Scotland has worked closely with dental practice management software suppliers to deliver a new, real-time processing solution for making NHS claims. This project has laid the foundations for many of the visionary projects that NHS Scotland has planned for the near future, including electronic prescribing, the Oral Health Improvement Plan and better integration with SCI Gateway for referrals.

The current and final stage of the eDental roll-out is for specialist orthodontic practices and those mixed practices with an orthodontic element. This phase known as eOrtho is in full swing with a mandated deadline of 1 January 2020 for all claims to be sent electronically.

From the plethora of dental practice management software suppliers in Scotland, only Systems for Dentists has already entered the beta stage of eOrtho, having transmitted live claims to the PSD for both prior approval and standard payments claims.

Simon Chen, Specialist Orthodontist at Kirkintilloch Orthodontic Clinic, was the first practice in Scotland to transmit an orthodontic claim on the new system. The following week Robert Irvine and his team at Borders Orthodontics, Galashiels joined the programme becoming the second site to transmit eOrtho forms.

Working closely with the senior team at Systems for Dentists and the PSD, Simon and Robert have been able to adapt the solution, advise the developers and ensure that the processes match the needs of a busy orthodontic practice.

This has proven the solution, and with the upload of digital scans to the PSD from Borders Orthodontics there are significant benefits to both the speed with which approvals can be started and environmental benefits from a reduction of gypsum.

These early adopters have paved the way for their colleagues to enjoy the benefits of this new system. Some practices have received the disappointing news that their software supplier(s) have decided not to embrace the changes in the NHS, which leaves them having to obtain new software before January 2020 for the purpose of transmitting their claims. As such, Systems for Dentists is prioritising the orthodontic practices in Scotland for installation and training.

With commitment from 3Shape to enable Systems for Dentists to integrate Trios™ 3D Models within their software, the overall experience of replacing gypsum with digital promises major efficiency savings for both general and orthodontic practices.

NHS Scotland are investigating version 2 of their file upload system, which will enable practice management software suppliers to fully integrate the upload process of prior approval claims. This will allow the software suppliers to automate the upload of attachments such as digital radiographs, clinical photos and 3D models, significantly reducing the time required by practices to share their evidence with the PSD.

It is an exciting time for NHS dentistry in Scotland as the country continues to lead the way forward with a digital vision.

By improving the efficiencies in administration, claiming and communication it allows the dental team more time to focus on the most important element – patient care.

Systems for Dentists

eOrtho

Meet the January 2020 deadline with Systems for Dentists.

The SfD eOrtho solution comes with new assessment and treatment screens, designed to aid your workflow.

0845 643 2727

info@sfd.co

www.sfd.co

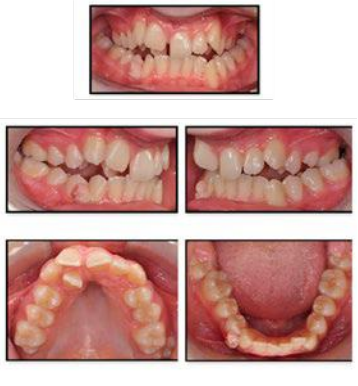
SPECIALIST ORTHODONTIC TREATMENT AT THE BERKELEY CLINIC

In 18 years of working around the globe Dr Mohammed Almuzian, our specialist orthodontist, has accumulated a wealth of experience in treating complex orthodontic cases and sleep apnoea

Dr Mohammed Almuzian is a specialist orthodontist who has completed more than 10,000 cases in three continents and six countries including the UK, UAE and Australia.

Dr Almuzian has vast experience in the field of adult and children's orthodontics encompassing 18 years. Dr Almuzian enjoys many conventional options but also likes to customise treatments to produce optimal solutions using a variety of different methods including clear aligners (Invisalign), removable and functional appliances, tooth-coloured braces such as ceramic and resin, metal braces (conventional and Damon self-ligating braces), lingual (Incognito) braces, and skeletal anchorage devices (TADs).

COMPLEX ORTHODONTIC CASE WITH DR ALMUZIAN



Before

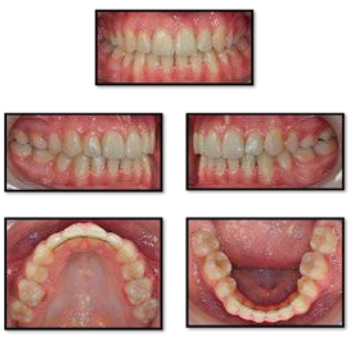
Here is just one of the smiles (below) that Dr Almuzian has transformed using the latest orthodontic treatments.

This patient had a very narrow top jaw, a poor overbite and both their top and bottom teeth were significantly crowded. Dr Almuzian used a top jaw expander, train track appliance and removed four teeth to straighten the teeth over a period of 18 months.

OBSTRUCTIVE SLEEP APNOEA AND ORTHODONTICS

Orthodontists can play a big role in the prevention, diagnosis, and treatment of this serious medical condition.

Dr Almuzian has particular interest in breathing and sleep apnoea. For mild to moderate sleep apnoea, a dental device is often the recommended therapy. The appliance Dr Almuzian uses is the Sleepwell, (below right) the most clinically proved MAS for snoring and mild to moderate obstructive sleep apnoea.



After

Dr Mohammed Almuzian BDS(Hons), MScD.Orth. (Distinction), MSc.HCA (Atlanta), DClin.Dent.Orth. (Glasgow), PGCert.Health (Portsmouth), PGCert.MedEd (Dundee), MJDF RSC (England), MFD RCS(Ireland), MFDS RCS (Edinburgh), MFDS RCPS (Glasgow), MOrth. RCS (Edinburgh), IMOrth. RCS (Glasgow), RCS (England), MRCDS. Orth. (Australia), MDFT RCS (Edinburgh)

This device is the most technically advanced and patient-friendly MAS with a success rate of over 80 per cent.

The appliance, which is worn just for sleep, holds the lower jaw in a forward posture, holding the back of the tongue forward and thereby preventing it from obstructing the airway.

Too often the sufferer, or their partner are not aware that their dentist can play a large part in the treatment of these conditions and how effective a mandibular advancement splint can be.

If you have any patients that you feel could benefit from Dr Almuzian's treatment of complex orthodontic cases or sleep apnoea, contact The Berkeley Clinic today on 0141 564 1900.

the berkeleyclinic
Committed to Excellence

Referral Event at The Berkeley Clinic September 2019

the berkeleyclinic
Committed to Excellence

We would like to invite you to our Referral Event where you can meet the latest additions to our specialist dental team which includes implant and restorative dentists, our periodontist, orthodontist and paediatric dentist. Join us for food and drinks at our clinic, where you will have the opportunity to speak to the team about your clinical needs and how we can support you with the care of your patients.

Dr Maria Trianti Specialist Periodontist

Non-surgical

- Chronic periodontitis
- Aggressive periodontitis
- Treatment of peri-implant mucositis, peri- implantitis
- Combined perio – endo lesions

Surgical

- Pocket elimination surgery
- Crown lengthening procedures
- Root amputation & coverage procedures
- Subepithelial connective tissue graft

Dr Michelle Hickey Implant & Restorative Surgeon

- Particulate & block bone augmentation
- Single, multiple and full arch implant placement and restoration
- Holistic dental therapies

Dr Libi Almuzian Paediatric Dentist

- Works with children of all ages with behavioural and dental challenges
- Inhalation sedation techniques
- Behavioural management
- Holistic & evidence-based treatment plans

Dr Mohammed Almuzian Specialist Orthodontist

- Skeletal anchorage devices (TADs)
- Lingual braces
- Tooth coloured appliances
- Metal braces (conventional & Damon self-ligating braces)
- Removal & functional appliances
- Sleep apnoea treatment

What we expect

- A simple, convenient and secure way to refer patients
- See our state-of-the-art clinic & friendly team
- Food & beverages provided
- Free mentoring for all referring dentists.

To register your interest in our referral event or if you would like to refer to us, please call our Care Coordinator, Alison on 0141 442 0052 or email at cc@berkeleyclinic.com

The Berkeley Clinic, Glasgow, 5 Newton Terrace, G3 7PJ

We welcome all referrals!

JILL JOINS JOURNEY TO SUCCESS

As Patient Plan Direct continues its rapid expansion, the plan provider's latest high-level recruit explains why she is excited about business opportunities in Scotland

The UK's most cost-effective major plan provider Patient Plan Direct has expanded with the organisation's first dedicated business development hire based near Glasgow. This news comes after a period of rapid growth, with the last 12 months seeing the provider celebrate its 10th anniversary and the team double in size.

Jill Taylor has joined as Business Development Manager covering Scotland. Jill brings a wealth of industry experience to the business, having had a lengthy career in practice as both a dental nurse and a practice manager.

Jill has also had various industry roles and is former President of the Association of Dental Administrators and Managers (ADAM). Jill has also previously worked as a judge at the Scottish Dental Awards.

We found out a little more about Jill and what she hopes to achieve in her new role:

SDM: WHY DID YOU CHOOSE TO JOIN PATIENT PLAN DIRECT?

Jill: I believe in the Patient Plan Direct business model and motto – your patients, your plan. I thought this was an amazing opportunity to bring this proposition to Scotland, and I wanted to be a part of the journey from the start. I'd previously done some work with practices that were clients too and could see the great service they received for a reasonable cost, which resonated with me.

HOW DID YOU GET INTO THE DENTISTRY SECTOR?

I went into the industry pretty much straight after school. I had a chance meeting with a careers officer who recommended I try it, and I also had a friend who was a dental nurse who thoroughly enjoyed it – it intrigued and excited me, so I thought why not?

WHAT HAVE YOU ENJOYED IN YOUR ROLE SO FAR?

Our admin fees start from £1 per patient per month so nothing beats the look on a client's face when I've calculated the annual savings they could make by working with us. The team has been really welcoming and fantastic to work with too. We're an independent company so are a close team who really support each other.

WHAT DO YOU HOPE TO ACHIEVE?

Ultimately great success, both for the business and for my own career development. I can't wait to spread the Patient Plan Direct word and sign up lots of practices across Scotland – saving these practices lots of money, while also growing their brand's awareness to increase patient numbers.

"I CAN'T WAIT TO SPREAD THE PATIENT PLAN DIRECT WORD AND SIGN UP LOTS OF PRACTICES ACROSS SCOTLAND"

Patient Plan Direct provides low-cost plan administration with a personal service. To find out more visit patientplandirect.co.uk or call 0344 848 6888 to arrange a meeting with Jill

We're Scotland's most *cost-effective* major plan provider

Get in touch to see how we can support your practice

Monthly plan admin fees from
£1 per patient
including IDD Compliant A & E Cover

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10 years 2009 – 2019

Referrals welcome for
Full Arch (All-on-4®), Dental Implant treatment, Endodontics, Digital Smile Design, Cosmetic Dentistry, Prosthetics, Dentures, and Bone Grafting.

Why refer to New Life Teeth:

- Quick and easy online referral
- Complex and Non Complex treatments provided
- New patient consultations within two weeks

NEW LIFE TEETH
the **dental implant** people

Dr. John Clydesdale

BDS (Belf) MJDF RCSEng MFDS RCSEd DipImpDent RCSEng FFGDP(UK)

Dental Surgeon

John graduated from Queens University of Belfast, with a distinction in the practice of dentistry in 2001. John then moved to Edinburgh to continue his career and has worked in the Edinburgh area since 2001. Over the years John has pursued an intensive post graduate education completing and passing the required examinations and coursework for the Royal College of Surgeons of Edinburgh and England as well as the implant diploma and fellowship.

John's main area of interest is implant dentistry and John works with a network of referral dentists in around the Lothians and Fife. Further to this John organises a free study club that meets twice a year covering various topics including core CPD. Also in conjunction with Nobel Biocare, John runs the Esthetic Alliance Program (EAP) which is an implant restorative course.

Mr. Rob Leggett

RDT Dip CDT RCS Ed

Clinical Dental Technician

Rob is co-founder of New Life Teeth with Dr Stuart Lutton. His focus is on the creation of dentures and dental implant solutions, including full arch dental implants, which he constructs from zirconia using ground-breaking technology from Zirkonzahn.

After qualifying as a dental technician from Edinburgh's Telford College, Rob worked in both the private and public sector, spending 10 years in the NHS including Glasgow Dental Hospital and Edinburgh's Dental Institute.

In 2009 Rob qualified as a Clinical Dental Technician from the first CDT course to be run in the UK. In January 2013 Rob began Scottish Denture Clinic in Edinburgh, and now practises at New Life Teeth, where he works with both NLT and referral patients.

Dr. Daniel Benson

DMD, MOM, MSc Implantology and Dental Surgery

Dental Implant Surgeon (Practice limited to implant treatments)

Daniel qualified in 2006 from Semmelweis University. His first registration with the GDC is 2007. Daniel completed a Master degree in Implantology and Dental Surgery in 2013 at Muenster University.

Daniel is a widely experienced implant surgeon providing single, multiple and full arch implant treatments, soft tissue and hard tissue augmentations. He is a member and registered implant mentor of the Association of Dental Implantology (ADI UK). He regularly lectures nationally and internationally. Attention to detail and where possible minimal invasiveness characterises his work. In 2018, Daniel provided over 30 full arch rehabilitations.

Daniel accepts referrals in Edinburgh for any type of implant work. He treats patients needing complex GBR procedures, block grafts or sinus augmentations.

Dr. Arvind Sharma

BDS, MSc (Endodontology), MJDF RCS, MFDS RCPS

Dental Surgeon
(Practice limited to Endodontics)

Arvind qualified in 1996 from the University of Dundee. He completed a Master's degree in Endodontology at the University of Central Lancashire, passing with Merit and has gained membership through examination of the Royal College of Surgeons of England in 2012 and Glasgow in 2016.

Having worked many years in general practice he has now limited his work to Endodontics providing his services in Edinburgh. Using contemporary equipment, (including a microscope), materials and techniques.

Arvind accepts referrals for all aspects of non-surgical endodontic treatments from first primary treatments to re-treatments and includes management of cases with complex anatomy, sclerosis, open apices, perforation repair and removal/retrieval of fractured posts and separated instruments.

Call **0131 564 1822** or visit **newlifeteeth.co.uk**

THE PERFECT PRODUCTS FOR PRECISION RETENTION

Fihol has designed and manufactured these unique, high-quality and clinically effective dental products for more than 40 years

FILPIN is the perfect product for all dentine retention pulpal pin requirements that provides maximum advantages without compromising safety, dentine integrity or retention.

It is 99.8 per cent pure titanium, more flexible, biocompatible and compatible with all dental materials. The self-threading, self-aligning pin speeds and eases placement for self-shearing first time, every time once optimum depth is reached. Its unique thread design maximises retention strength.

After insertion FILPIN can be easily bent to suit the restoration without breaking it or the tooth. If minimal tooth structure is present pins are recommended to enhance chemical bonding provided by adhesives and when core build-up is used with less than one half of coronal tooth structure remaining.

Bonding alone is not sufficient in many situations where minimal tooth structure is present. Pins provide anti-rotational benefit when a single post is used. FILPIN is available for use by handpiece or hand placement in two sizes together with a drill to complement each size.

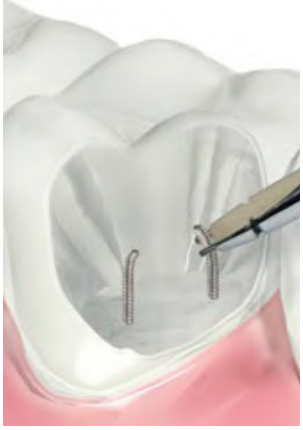
FILPOST is the only prefabricated post system that can be customised to suit the restoration for root post and core build-up.

It can be bent and shortened without risk of fracture, enabling easy insertion of multiple posts into converging canals. Engineered to be easier to place, even in difficult cases, in a faster, safer manner. There is more preserving of healthy tooth structure and it is stronger in use via its unique passive 'interlocking' system.

FILPOST is 99.8 per cent titanium, biocompatible and compatible with all dental materials. Save time by using FILPOST as no drilling is required during placement thus avoiding risk of perforation. Its anatomical shape minimises dentine removal.

Retention grooves along the post, working together with retention grooves formed within the canal surface, by the special Universal Groover, create a unique passive interlock that strengthens retention.

FILPIN



FILPOST

'WHY YOU, WHY US, WHY THIS, WHY NOW?'

Dr Leonard Maquire explains how he and his father created The Dentists Academy, the online resource to help you to succeed not only in serving patients, but also in the business of dentistry too

My father, Dr Derek Maguire, and I have more than 35 combined years in general dental practice as dentists, running 11 general dental practices with 47 associate dentists, 180 staff, and more than 60,000 registered NHS patients.

WHY IS THAT IMPORTANT?

Reassurance and clarity for you. As we're both dentists, we know, first-hand, the challenges you're facing every single day. Our real-life business experience of owning and running multiple dental practices means we know what it takes (the hard work, commitment, resilience and determination) to be successful in the business of dentistry, either as an associate dentist, or running a practice.

We understand and have faced so many of the same challenges that arise in practice.

Here's just a snapshot of what our profession is facing today:

- Complaints are rising
- Stress is at all time high
- Time pressures are increasing
- Patient expectations are the highest they've ever been
- Money is not as easily earned in dentistry
- Record keeping is being scrutinised
- Costs are rising
- Indemnity isn't getting cheaper
- Regulation is on the up
- Burnout and overwhelm are becoming common
- Litigation is increasing
- Pressure from management on performance

So, it's clear dentistry is rapidly shifting as a profession.

Yes, there is much opportunity – but there is also more risk than ever.

RECENTLY I READ...

....that more than one in three dentists in the United Kingdom are considering leaving the country as a result of their services being marginalised by NHS and/or Brexit. So, 18 months ago, my father and I sat down and thought: "What can we do to help ease the pressure on our colleagues and re-ignite some positivity and passion within the profession?"

This was based on the numerous private phone calls and messages we receive from other dentists (not necessarily within our organisation) relating to the above matters that highlight the common themes.

Ultimately, our aim is to foster the right learning environment to help grow exceptional dentists during this time of change and uncertainty. We looked at the areas that seem to cause the most concern, and studied them. And, really, it boiled down to being able to answer the following question... *"What is it that's keeping dentists awake at night?"*

HANDS DOWN, THE NUMBER ONE REASON...

... is the fear of complaints and litigation. Closely followed by the complicated world of "business" in dentistry. So, this is where The Dentists Academy was born

This first part is key. We focus on non-clinical aspects of dentistry that are so vital to being successful in your practice. Occasionally some clinical points arise, which we can cover, but that's not our primary focus.

Most dentists don't need told how to prep a tooth for a crown, or remove decay.

BUT WE LOOK AT AREAS OF RISK AND OPPORTUNITY

Of course, we all want to make more money. But, as you and I know, we're in healthcare. Everything we do is done with integrity. Yes, we want to earn more money – but it has to be done right. Together we look at areas that dentists don't get much training on.

Such as:

- Challenging conversations
- Managing patient expectations
- Discussing fees with treatment plans
- Avoid complaints or handling them properly if they do arise
- Record keeping
- Compliance with regulation
- Consent.

So, in a nutshell, it's all about personal growth and business development (remember, being self-employed, associate dentists are in business too).

All of these ideas apply to both principal and associate dentists.

Dr Leonard J Maguire BDS MFDS RCSEd MFGDP MDTFEd AFFMLM LL.M MBA CMgr MCMI PG Dip Med. Ed. FICD MFFLM Dental Surgeon. Author. Dento-Legal Adviser leonard@thedentistsacademy.com.

Dr Derek J Maguire BDS MDTFEd RCSEd FFGDP(UK) FDS RCPS(Glas) FICD Principal Dentist. Group Owner. Author.

WHAT'S INCLUDED FOR YOU AS A MEMBER?

Monthly web meets, training videos, recorded interviews Q & A sessions and access to Dr Derek Maguire and myself. Everything is recorded and stored in your password-protected area within our online portal – so you can access everything whenever it's convenient for you.

We also have some of the best training and from my personal mentor and friend – Peter Thomson. He's not a dentist. He's been awarded the Lifetime Achievement Award from the Institute of Sales and Management. And has spent his lifetime in sales, leadership, management, communication skills, etc .

As a member you can log in and watch from the comfort of your own home – no need for expensive flights or accommodation as with some courses.

All of these videos, reports, articles, templates, interviews are all recorded and stored for you in your own personal password protected area.

So that you, as a dentist, can let go of any worry about being sued every time you put your hands in someone's mouth, confidently and comfortably share your knowledge and expertise with your patients and enjoy more money, holidays and time off with your family

The Dentists Academy went "live" on 12 January 2019 and already we have more than 2,000 dentists with whom we are in touch with on a weekly basis, who receive the weekly blogs, articles etc. (you will too).

Currently more than 100 new dentists each week (worldwide) sign up to be part of the group.

The Dentists Academy

Download a FREE copy of our latest report (value £27)

'The 7 Big Mistakes Dentists Unwittingly Make; Exposing Them to Expensive Lawsuits'

Introducing The Co-Founders:

Dr Derek Maguire BDS MDTFEd RCSEd FFGDP(UK) FDS RCPS(Glas) FICD

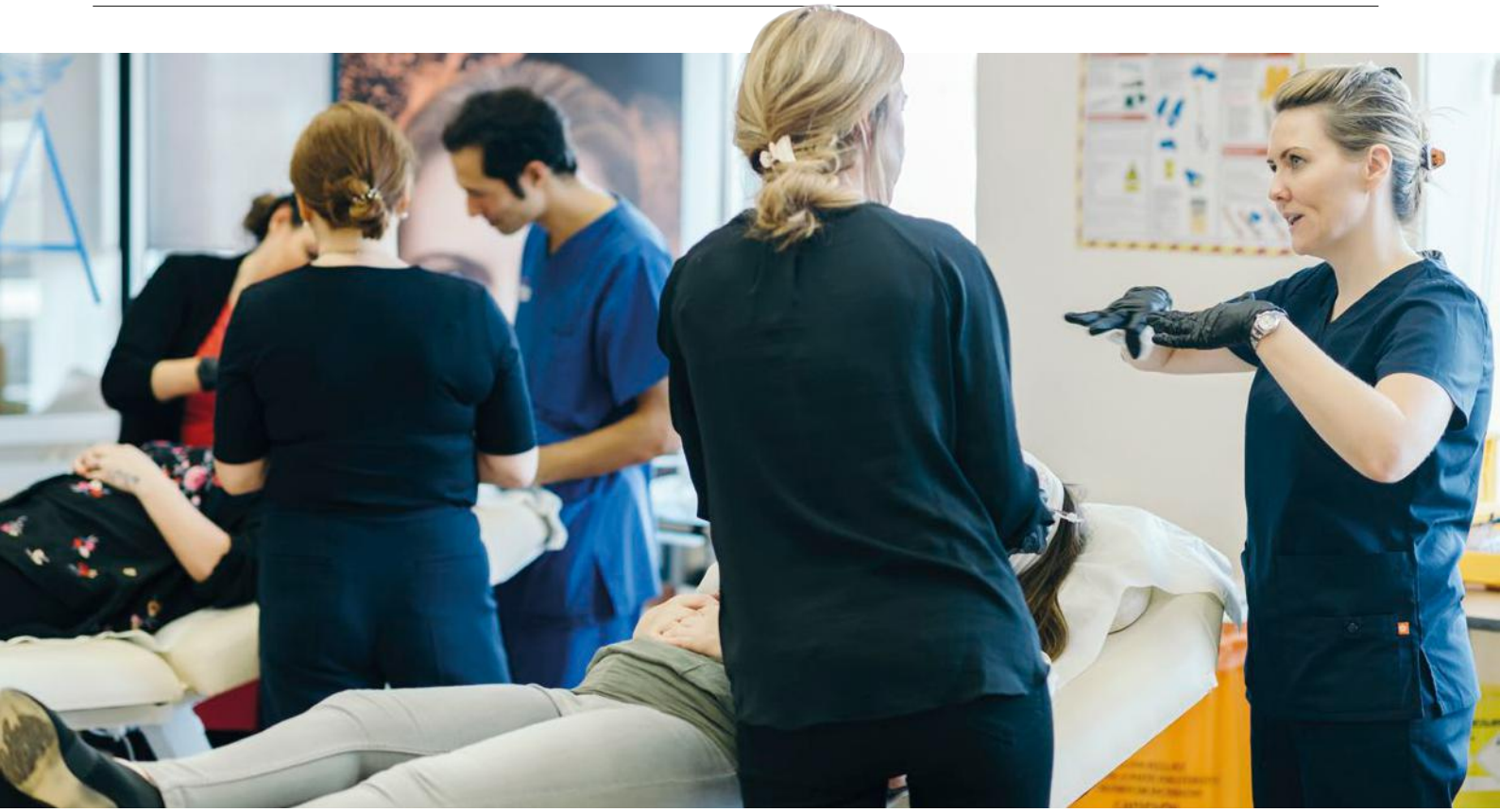
And

Dr. Leonard Maguire BDS MFDS RCSEd MFGDP MDTFEd AFFMLM LL.M MBA CMgr MCMI PG Dip. Med.Ed. FICD MFFLM

Successfully owning 11 practices across NI, employing 180 staff (including 50 associates) and over 60,000 registered patients.

To download it go to to: www.thedentistsacademy.com/7big

e: leonard@thedentistsacademy.com



THE MODERN FACE OF AESTHETIC MEDICINE

With its years of experience and award-winnning practitioners, the Aesthetic Training Academy can help you to develop skills and expertise in performing treatments in this growing speciality of dentistry

Facial aesthetics is an ever-growing speciality of dentistry offering non-surgical treatments that can reduce, reverse or prevent the signs of ageing. The most common treatment modalities are wrinkle relaxing injections (Botox) and dermal filler treatments.

WHY WOULD I WANT TO OFFER FACIAL AESTHETICS?

Patient awareness and demand for aesthetic treatments is rapidly increasing. Treatments are quick, pain free and effective so patient uptake is huge and constantly growing.

It is also financially lucrative for a dental practice to offer these additional treatments. Safe and predictable treatment outcomes in aesthetic medicine ensure patients return for repeat treatments.

Additionally, aesthetic treatments are very enjoyable to carry out. With more than 35 years of robust scientific data to support aesthetic treatments, if you have an interest in this area of medicine, facial aesthetics gives you an artistic outlet with an underpinning scientific understanding.

HOW DO I BECOME QUALIFIED TO PERFORM AESTHETIC TREATMENTS?

A dentist can become qualified to administer botulinum toxin injections and dermal fillers to their patients after attending a two-day course at the Aesthetic Training Academy. We are proud to say that the majority of our delegates continue on to complete more advanced courses and masterclasses to further develop their skills and expertise.

WHY SHOULD I CHOOSE THE AESTHETIC TRAINING ACADEMY?

There are a number of facilities that offer training in aesthetic medicine throughout the United Kingdom, so why should you choose the Aesthetic Training Academy?

At the Aesthetic Training Academy we believe passionately in raising the standards of medical aesthetic training to give delegates the best chance of getting ahead in their careers. Our key trainers are multi-award winning practitioners in multiple national awards for their expertise in aesthetic medicine. We pride ourselves on delivering truly expert courses with the highest standard of teaching and maintain a trainer ratio of one to four delegates maximum on all courses.

Additionally, the Aesthetic Training Academy is the first and only stand-alone training facility registered with Healthcare Improvement Scotland. We have also been shortlisted for the past two years at the national Aesthetics Awards for Best Independent Training Provider.

Whether you are just starting out in your aesthetic medical career or are an experienced practitioner, our training courses are designed with your needs in mind. Our emphasis on facial anatomy and hands-on training allows you to get the best chance of moving forward to confidently grow your practice.

At the Aesthetic Training Academy, we don't believe in a paint-by-numbers approach to injecting. We are passionate in providing our delegates with an understanding on how facial features interact with one another to allow you to treat each of your patients on an individual basis.

EXPERT BOTULINUM TOXIN & DERMAL FILLER TRAINING FOR DENTISTS

UPCOMING COURSES

9th & 10th September 2019
Advancing Skills in Aesthetic Medicine

23rd & 24th September 2019
Getting Started in Aesthetic Medicine

7th October 2019
Non-Surgical Rhinoplasty Masterclass

8th October 2019
Treating Tear Troughs with Dermal Filler

21st & 22nd October 2019
Advancing Skills in Aesthetic Medicine

4th & 5th November 2019
Getting Started in Aesthetic Medicine

18th & 19th November 2019
Advancing Skills in Aesthetic Medicine

25th & 26th November 2019
Getting Started in Aesthetic Medicine

Your Training Journey Begins Here

At the Aesthetic Training Academy, we passionately believe in raising the standards of medical aesthetic training to give our delegates the best chance of getting ahead in their careers.

At the Aesthetic Training Academy, we don't believe in a paint by numbers approach to injecting. We are passionate in providing our delegates with an understanding on how facial features interact with one another to allow you to treat each of your patients on an individual basis.

AWARD WINNING TRAINING FACULTY

Finalist for Best Independent Training Provider 2018

Dr Emma Ravichandran Medical Aesthetic Practitioner of the Year

Dr Simon Ravichandran Medical Aesthetic Practitioner of the Year

Aesthetics Awards FINALIST 2018

My Face My Body Awards Winner 2018

Winner 2018 Aesthetics Awards

www.ATAGlasgow.co.uk
enquiries@ATAGlasgow.co.uk

CPD Certified The CPD Certification Service

Regulated by Healthcare Improvement Scotland

Hamilton Fraser Training Course Partner

QUALITY OF EDUCATION HAS NEVER BEEN MORE IMPORTANT

Tipton Training's standards of accreditation guarantee courses of the highest quality

The ever-changing world of dentistry presents a modern-day dentist with a unique set of challenges. Some worry about delivering UDAs to meet their NHS contract commitments, while others are concerned about complying with regulations (such as CQC).

One thing that hasn't changed and will never change, despite the new requirements that keep coming, is that dentists must still treat patients.

In the hue and cry of regulations and practice management, everyone forgets that the primary role of a dentist is to treat patients. If a dentist struggles at treating patients, we are in the age of litigation, so sooner or later a dentist will be found out.

Fortunately, thanks to GDC's 'Enhanced CPD' guidelines, the standards of dental training and education have been at the forefront of the industry. But how do you identify quality education?

ACCREDITATION: AN ASSURANCE OF QUALITY

The easiest way of identifying high-quality education is to confirm that the organisation is accredited by a reputable industry body or institution. That's why Tipton Training has adopted the approach of achieving accredited status with highly reputable independent bodies.

ACCREDITATION BY UK RECOGNISED AWARDING BODY – EDUQUAL

When Enhanced CPDs were being discussed, Tipton Training decided to target maximum compliance.

So four months before the official launch of Enhanced CPDs, Tipton Training introduced its portfolio of Level 7 (Masters level) courses.

A Level 7 course is a recognised vocational qualification and a guaranteed level of quality. This status is only awarded to courses after the curriculum, its method of delivery and assessment is verified by an independent awarding body such as EduQual.

ACCREDITATION BY ROYAL COLLEGE OF SURGEONS OF ENGLAND (RCS)

The Royal College of Surgeons of England (RCS) has awarded Centre Accreditation to Tipton Training for its courses in the UK and Ireland.

For more information about Tipton Training and its courses, please visit www.tiptontraining.co.uk, email enquiries@tiptontraining.co.uk, or call +44 (0)161 348 7849.

With this, Tipton Training becomes the first private post-graduate dental education provider in the UK to have an RCS England accredited centre (ratified by the RCS Council on 13 June 2019).

This means that in addition to the valuable skills a Tipton Training course delivers, delegates can be assured that the quality of education and methods of training have been reviewed by the best in the industry. The entire Level 7 course portfolio successfully meets the criteria and standards for accreditation.

"With this RCS accreditation, our delegates can rest assured that Tipton Training courses are of the very highest standards. Becoming the first RCS England accredited private dental education centre in UK is exciting but also reinforces our commitment to quality dental education that adds real clinical skills," explains Vivek Gupta, CEO of Tipton Training.

"Our PG Certificate and Diploma courses also have Level 7 (Masters level) status. This means that Tipton Training alumni possess a real advantage when applying for competitive positions, or when looking to expand the range of treatment options for their practice patients."

A LEVEL 7 PG CERTIFICATE IN RESTORATIVE DENTISTRY

Accredited by the Royal College of Surgeons of England

LOCATION | GLASGOW

Level 7 PG Cert in Restorative Dentistry

The accredited Level 7 PG Cert in Restorative Dentistry is focused to develop the delegates clinical knowledge and hands-on skills on understanding Occlusion and Restorative Dentistry.

- ✔ Gain the skills to move into private work
- ✔ Gain Postgraduate qualifications at the same time
- ✔ Learn why Occlusion matters
- ✔ Take on more complex cases
- ✔ Learn from Professor Tipton and his team of specialists and general dentists.
- ✔ Get the experience of 30 years of private practice
- ✔ Can lead to a Diploma and MSc
- ✔ At a venue near you.

ACCREDITED BY

Royal College of Surgeons
ADVANCING SURGICAL CARE

PG Certificate Restorative Dentistry

Price: £499 + VAT per day | Course starts September 2019

Duration:	14 days
Enhanced CPD:	84 hours

Topics Include:

- ✔ Principles of Occlusion
- ✔ Articulators
- ✔ Ceramic Inlays / Onlays
- ✔ Porcelain Veneers
- ✔ TMJ/Splints
- ✔ Adhesion / Composites
- ✔ Endodontics
- ✔ Implant Restorations
- ✔ Treatment Planning
- ✔ Periodontics
- ✔ Bridge Design
- ✔ Treatment of Tooth Wear
- ✔ Tooth Preparations
- ✔ Post techniques
- ✔ Marketing
- ✔ Pricing policies
- ✔ Private practice conversion
- ✔ Sales techniques
- ✔ Full Dentures
- ✔ Partial denture design

Learn | Practice | Achieve

BOOK NOW | STARTS SEPTEMBER 2019

Please note all courses include a £500 registration fee.

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*Subject to availability. Terms and conditions apply.

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EMPOWERING DENTISTS

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3 MAGNIFICATIONS

It's time to zoom in and take a closer look at EyeZoom™ - the first and only loupe to offer multiple magnification powers. Co-engineered by Orascoptic™ and Konica Minolta®, this revolutionary optical design boasts a 3-step variable magnification technology and edge-to-edge high definition resolution.

You now have the power to customize your magnification for specific techniques, or zoom in and out to change your perspective during a procedure. It's like having three loupes in one!

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› DURR DENTAL

CLEAN WATER WITHOUT CHEMICALS

Dental treatment systems offer ideal conditions under which biofilm can form and micro-organisms such as pseudomonas, legionella and cryptosporidium can flourish. These micro-organisms can be exposed to the patient via the cooling water, mouth rinsing water and aerosol exposure. Hygowater from Dürr Dental ensures the service water in your practice always meets the same stringent requirements as drinking water. This standard is consistent with the advice given by the Robert Koch Institute.

Water-carrying systems in treatment units can still, however, harbour various micro-organisms, which can colonise and form a biofilm that adheres to the inner walls of the unit. To ensure optimum safety, micro-organisms must be reduced to a minimum and biofilm permanently removed from hoses and pipes.

Hygowater is a system that promises safe and reliable service water processing. It fulfils all the legal requirements for water hygiene as well as satisfying the meticulous standards demanded by the German Drinking Water Ordinance as well as meeting the requirements for a Class I medical device.

The compact unit is extremely easy to operate. The unique combination of filtration and electrolysis prevent biofilm formation and thus minimises infection risks to both patients and practitioners. As well as being good for the safety of the practice, it's also great for the environment, as long-term drinking water quality is ensured without the use of any chemical additives.

› DURR DENTAL

SMART TECHNOLOGY FOR THE SURGERY

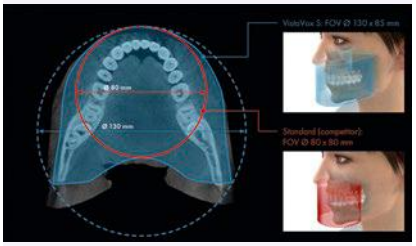
Chances are many of us are using smart technology within the home, to control our heating, lighting or alarm systems. Now the same pioneering technology is available to make your working life as simple. Dürr Dental have launched their new IoT (internet of things) solution called VistaSoft Monitor, to 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. Operational reliability is thus ensured as the monitoring is being done through the wonders of IoT rather than relying on human assessment, leaving staff free to focus on what's most important – patients.

› 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, images are exceptionally sharp using the lowest possible radiation dose. This functionality is afforded by the high-sensitivity CSL sensors. The unit can effortless switch between the 3D X-Ray and the Ceph boom, a process that on some machines can be both cumbersome and risky.

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°, in combination with a tightly collimated fan beam and a highly sensitive Csl sensor, means that a particularly low radiation dose is used.

Similarly to the VistaVox S, this enhanced model offers Ø 50 x 50 mm volumes, for indications that only require a certain part of the jaw region to be shown, e.g. for endodontic or implant treatments. The unit offers true all-in-one capabilities for a full range of diagnostics making it ideal for dentists, orthodontists or those who work within larger practices offering a full range of specialist treatments.

› HENRY SCHEIN

THINKING DIFFERENTLY ABOUT DENTISTRY – DENTAL INNOVATION SYMPOSIUM 2019

The all-new, two-day Dental Innovation Symposium, which took place in June at the Pullman London St Pancras, was a huge success, with the inaugural event setting the world of dentistry on fire.

This innovative symposium brought together a first-class line-up of dentistry's leading experts in the area of business performance, as well as key opinion leaders from the world of digital and clinical dentistry. It was heralded as THE event for practices open to thinking differently about how to boost their business and meet patients' needs and it did not disappoint. Organisers Henry Schein Dental, Software of Excellence, BioHorizons and MediEstates interwove the topics, to create a blend which offered wide appeal to the attendees.

About 300 delegates from dental practices across the UK were greeted by Ben Flewett, Managing Director at Software of Excellence, a Henry Schein One brand, who launched the event by reminding dentists of their preventive responsibilities in the wider health care arena and giving some top tips to improve efficiency and boost business performance.

On the first day the event threw open the stage to the keynote, non-dental speakers, and delegates gave a deserved standing ovation to motivational speaker and inspirational trainer Steve Head following his thought provoking and highly entertaining talk 'Making the 1% Difference'. Steve showed how to create a resilient mindset, with tips on how to manage stress and so improve performance. Mandy Hickson, a former RAF pilot and only the second woman to fly the Tornado GR4 operationally, followed Steve and shared her incredible stories from the front line, providing a vivid insight into how to communicate and empower to get the best from the whole team in high pressure situations.

Throughout the two days a series of smaller presentations and breakout sessions, covering a range of topics including digital dentistry, practice performance, teamwork, dental implants, orthodontics, lasers, marketing and finance, meant

delegates could choose the topics most relevant to their needs. Naturally, such a prestigious event attracted support from leading manufacturers and suppliers, led by headline sponsor Dentsply Sirona. The blend of topics and disciplines meant that delegates were able to discuss with the experts, their clinical, digital and business ambitions.

As dentistry becomes increasingly competitive the need to differentiate in the minds of patients is crucial. By using new technology and following standard business practices, dentists can achieve a more efficient workflow, provide better clinical outcomes and boost practice performance. The Dental Innovation Symposium ticked all these boxes, and furthermore, provided delegates with practical advice and tools to help their practices grow.

henryschein.co.uk Twitter: @HenryScheinUK Facebook: HenryScheinUK

› JOHNSON & JOHNSON

JOHNSON & JOHNSON LAUNCHES NEW CAMPAIGN TO HELP IMPROVE THE NATION'S ORAL HEALTH

This month sees the launch of a new campaign by Johnson & Johnson, offering more than 400,000 people up to £50 off a dental hygiene appointment.

Across England, Wales and Northern Ireland, 66 per cent of adults have visible plaque and 83 per cent show some evidence of gum disease (that is bleeding, calculus, periodontal pocketing of 4mm or more), suggesting that there is still more help needed for the population to achieve better levels of plaque control.

Johnson & Johnson has been dedicated to supporting dental professionals in improving their patients' oral health for more than 100 years, making full use of evidence-based clinical research and science to help deliver better outcomes through its range of LISTERINE® mouthwashes.

Building on this, the new campaign aims to offer greater support to dental hygienists, as Johnson & Johnson recognises the importance of regular dental and hygiene visits and is committed to helping reinforce that message among the public.

With only 17 per cent of adults in England, Wales and Northern Ireland stating that they had seen a dental hygienist at their last completed course of dental treatment, it seems that there remains a need for increased awareness and access.

Speaking about this extraordinary contribution to the nation's oral health, Mike Lynch, Global Scientific Engagement Director of Oral Health for Johnson & Johnson, said "Just like our dedicated dental professionals in the UK, we are committed to improving oral health for patients. To show our support, Johnson & Johnson is pleased to be able to remove the financial barrier for more than 400,000 individuals and demonstrate the value of our dental hygienists in the UK to ensure more people can understand the importance of good oral health."

To qualify, the individual must purchase two promotional bottles of LISTERINE®, available in Tesco stores from this month. They then visit their existing hygienist (if they have one) or make an appointment with any hygienist in the UK for a scale and polish and pay for the appointment in the usual way, applying to Johnson & Johnson for reimbursement up to a value of £50.

The only impact on dental hygienists may be an increase in patient numbers, especially where cost of treatment has previously been a barrier.

Johnson & Johnson

For further information, visit www.listerineprofessional.co.uk/dentalcheck

› UCER EDUCATION

EXEMPLARY SUPPORT AND GUIDANCE

Dr Karl Walker-Finch from Lindley Dental Centre, Huddersfield, shares his experience of the PG Cert in Implant Dentistry from Ucer Education.

"The course was brilliant. The speakers, especially Professor Cemal Ucer and Professor Shakeel Shahdad, explained everything step-by-step and offered exemplary guidance and support.

"Upon completion of the course assessments, a Level 7 qualification issued by Eduqual. In this day and age, the formal certificate gives you confidence in the quality of training you've received and allows you to demonstrate that you've taken adequate steps to develop your skills.

"This course really laid the foundations I needed with a strong evidence-based and ethical grounding to my implant dentistry and allowed me to progress to gain an MSc in Implant Dentistry. It offers a practical foundation of knowledge and skills and inspires dentists to deliver excellent treatment for their patients."

For more information on the PG Cert in Implant Dentistry from Ucer Education – supported by Geistlich, Megagen, Neoss, TRI Implants and General Medical – please visit www.ucer.education or call 0161 237 1842

› CALCIVIS®

ADVANCED BIOTECHNOLOGY TO SUPPORT PREVENTIVE DENTISTRY

The CALCIVIS imaging system is an advanced visual aid that helps dental professionals to identify and visualise active demineralisation on tooth surfaces.

Using unique biotechnology, the CALCIVIS imaging system recognises decay and dental erosion at the earliest, most reversible stages and presents this information as a visual, glowing map at the chair side.

The CALCIVIS imaging system enables dental professionals to implement first response therapy to prevent dental tissue from further destruction. Plus, it provides a valuable and engaging communication tool for increased patient understanding and motivation.

To discover more or to request an in practice demo, contact CALCIVIS today!

For more information visit www.calcivis.com, call on 0131 658 5152 or email at info@calcivis.com

› IAS ACADEMY

REFRESH YOUR SKILLS

Dr Jon Henley from Darlington Restorative Dentistry Referrals recently took the Aligner system hands-on course with IAS Academy to update his knowledge of anterior alignment orthodontics using clear aligners. When asked what he thought about the course, he said: "On every level the course was first-class. From the content and the style and delivery of the trainer, to the support that was provided, the training ticked all the boxes for me.

"I wanted to refresh and improve my skills in this area, and that's exactly what I feel like I've done. For all of these reasons, I would definitely recommend to other general dental practitioners interested in offering clear aligner treatment."

To find out more visit www.wh.com/en_uk, call 01727 874990 or email office.uk@wh.com

› W&H UK

MEET THE NEW LISA

W&H is proud to launch a new generation Lisa steriliser that has been future-proofed with an upgraded ergonomic design. It features the intuitive EliSense programme, which delivers detailed cycle information to help clinicians optimise their workflow.

Thanks to the Lisa's intelligent EliTrace system, full traceability down to a single instrument or set is possible for the first time, without the need for additional software or computers. Complete connectivity is also ensured through real-time remote monitoring via the Lisa Mobile App, which saves each cycle automatically.

Boasting patented Eco Dry+ technology designed to reduce energy consumption and ensure a longer service life for your instruments, the new Lisa sets the standard in sterilization. #incredible

For more information, contact Nobel Biocare on 0208 756 3300, or visit www.nobelbiocare.com/pearl

› CARESTREAM

GOING THE EXTRA MILE

A practice that offers a diverse array of treatments needs a CBCT machine that can ensure versatility.

Embrace a system that can give you more with the CS 8100 3D system from Carestream Dental.

Perfect for use in a diverse array of indications from traditional panoramic exams, to endodontics, implant planning and more, the CS 8100 3D offers much more opportunity than the average 3D unit.

Combining award-winning 2D imaging with state-of-the-art 3D power, the system is ideal for professionals who need reliability in every area.

Find out more by contacting Carestream Dental.

Carestream DENTAL

For more information, contact Carestream Dental on 0800 169 9692 or visit www.carestreamdental.co.uk
For the latest news and updates, follow us on Twitter @ CarestreamDentl and Facebook

› ALIGN TECHNOLOGY

ALIGN TECHNOLOGY HOSTS SECOND ANNUAL EUROPEAN GROWTH SUMMIT

Industry's largest clear aligner clinical education event brought together leading Invisalign trained dentists from around Europe in Berlin in July. Align Technology is the leader in digital orthodontics and is committed to helping Invisalign dentist partners to better understand the enormous opportunities digital orthodontics and an end-to-end workflow offers.

To help practitioners navigate these shifts, Align Technology's 2019 European Growth Summit built on its inaugural Growth Summit last year in Copenhagen. The event reflects Align's commitment to sharing forward-thinking knowledge, as well as arming practitioners with best market practice and networking sessions that may help them move forward with their practice. The progressive programme covered many in-demand topics. From best market practices to inspirational leadership skills, from the successful adoption of new technologies to the power of digital storytelling, speakers explored emerging trends, with a focus on elevating patient experience and moving a practice forward.

There was also be an opportunity for attendees to get up close and personal with the latest Align Technology innovations,such as SmileView tool and iTero 5D Element scanner, as well as hearing from leading lights on how iTero scanner and the Invisalign system are key to the development of any forward-thinking dental business

Following two presentations on Align's continuous product and technology innovation, day one kicked off with an incisive look at 'Science fiction in healthcare'. Medical futurist Bertalan Mesko dedicated his presentation to highlighting new technologies and the way delegates can evolve to incorporate the necessary change in their delivery of dentistry to optimise care.

Ken Hughes, a leading shopping and consumer behaviouralist, investigated the concept of modern-day consumerism and how digital influences are shaping patient expectations and values, not just online but also in the real world – with immediacy, efficiency and hyper-personalisation as three major considerations.

In other sessions, leading practitioners Elaine Halley, Michaela Sehnert, Edouard Negre and Giuseppe Marano offered guidance on the practical tools and techniques to help delegates maximise the benefits of the digital workflow using Align Technology's iTero technology.

A round-table discussion opened the afternoon session, providing an opportunity to interact with leading Invisalign providers Raman Aulakh and Chris Orr. Dr Hannu Vesaden finished day one with an overview of minimally invasive intervention for maximum results.

The second day began with Dr Christian Coachman, looking at the new era of Digital Smile Design .Two hands-on workshops followed, exploring the latest iTero Element scanner advances, with a focus on its capabilities, a look at how to integrate and adopt the iTero scanner as part of comprehensive and multidisciplinary dentistry, and the benefit for scanning at every patient at visit to optimise workflows.

Wrapping up this year's Growth Summit, entertainer Ruby Wax explained how technology can aid mindfulness, sharing her experience of the practice in her address on a 'sane new world'.

For more details about Align Technology's 2019 European Growth Summit, and how to sign up to participate please visit: www.aligngrowthsummit.com

› ORAL B

AI BRUSH KNOWS MORE ABOUT BRUSHING THAN ANYONE ON PLANET

Oral-B continues to be at the forefront of intelligent health and beauty by introducing a new generation of brushing through its most advanced dental device to date, the NEW GENIUS X with Artificial Intelligence.

Research from the number one brand recommended by dentists in the UK reveals 80% of people miss an area of their mouth when brushing their teeth* which if not improved, could lead to serious future dental issues. The brand's smartest toothbrush yet uses AI technology to track where you are actually brushing (and not brushing enough) in your mouth to generate personalised feedback via the Oral-B app, and show you how to achieve your best results every day.

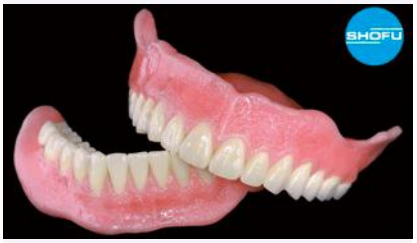
By identifying those areas you've missed and helping to change your brushing habits for the better, GENIUS X aims to save precious time and money when it comes to dental care in the long run. Over time, the app provides guidance on how to improve your brushing habits, coaching you to the best level of care for a healthy, happy smile.

The NEW Oral-B GENIUS X with Artificial Intelligence (RRP: £340), launched in the UK in July, available in a sleek black or metallic rose gold design. The new smart brush also features a modern, sleek travel case that charges both the brush and a USB device, such as a smartphone, to make travelling with an electric toothbrush easier than ever.

For the chance to win a NEW GENIUS X, and be one of the first to hear news and exclusive offers on the ground-breaking new product, consumers can sign up to the waiting list here: www.oralb.co.uk/en-gb/product-collections/genius-x

For further information, samples, or high-resolution imagery, please contact the Oral-B press team on oralb@publicisgroupe.net

› SHOFU



VERACIA SA & Q3-PACK

Excellent Aesthetics – Considerable Time-Saving

The semi-anatomical tooth line Veracia SA arose from the model of the fully anatomical Veracia teeth and for the first time the wear of the remaining natural teeth was taken into account: a perfect symbiosis of natural aesthetics and function.

The functional characteristics of the Veracia teeth were adopted and precisely predetermined sectors were marked with abrasion zones. The result is measurably enhanced chewing performance and pleasant wearing comfort with the stabilised denture while subjecting the jaw joint to substantially less stress.

Cross-system setups

With Veracia SA, you are not committed to any occlusion concept. Due to the clear occlusal setup, the effective central occlusion and the specifically incorporated spaces, the posterior teeth are clearly and easily set up against the opposite teeth.

- Balanced occlusion
- Lingual occlusion
- Tooth-to-tooth occlusion
- Tooth-to-two-teeth occlusion

Veracia SA supports the efficiency of your everyday prosthetic work. The unique functional design allows a practically effortless setup of the posterior teeth.

Q3-PACK – The new way to set up teeth efficiently

The physiological design of the Veracia SA posterior teeth enabled the development of a unique wax-free holder with a built-in setup support – Q3-PACK. With Q3-PACK you consistently achieve an effortless posterior teeth setup in reliable function and quality, regardless of the articulator system used. The setup time for eight Veracia SA posterior teeth is limited to a few minutes; neither time-consuming preparation nor extensive equipment are necessary.

› COLTENE

COMPOSITE MATERIAL LIKE NO OTHER

For chair-side restorations, discover BRILLIANT COMPONEER™ from COLTENE.

BRILLIANT COMPONEER™ is a composite material like no other. It can be used in a range of indications and supports minimally invasive tooth preparation. BRILLIANT COMPONEER™ also offers long-lasting gloss retention, with excellent stability on the final result.

COLTENE's motto is 'Upgrade Dentistry' and this is what BRILLIANT COMPONEER™ will allow you to do, with the enamel shells based on the submicron filler technology of the popular BRILLIANT EverGlow.™

Dentists who deliver efficient, stable and stunning restorative treatment choose from the COLTENE range.

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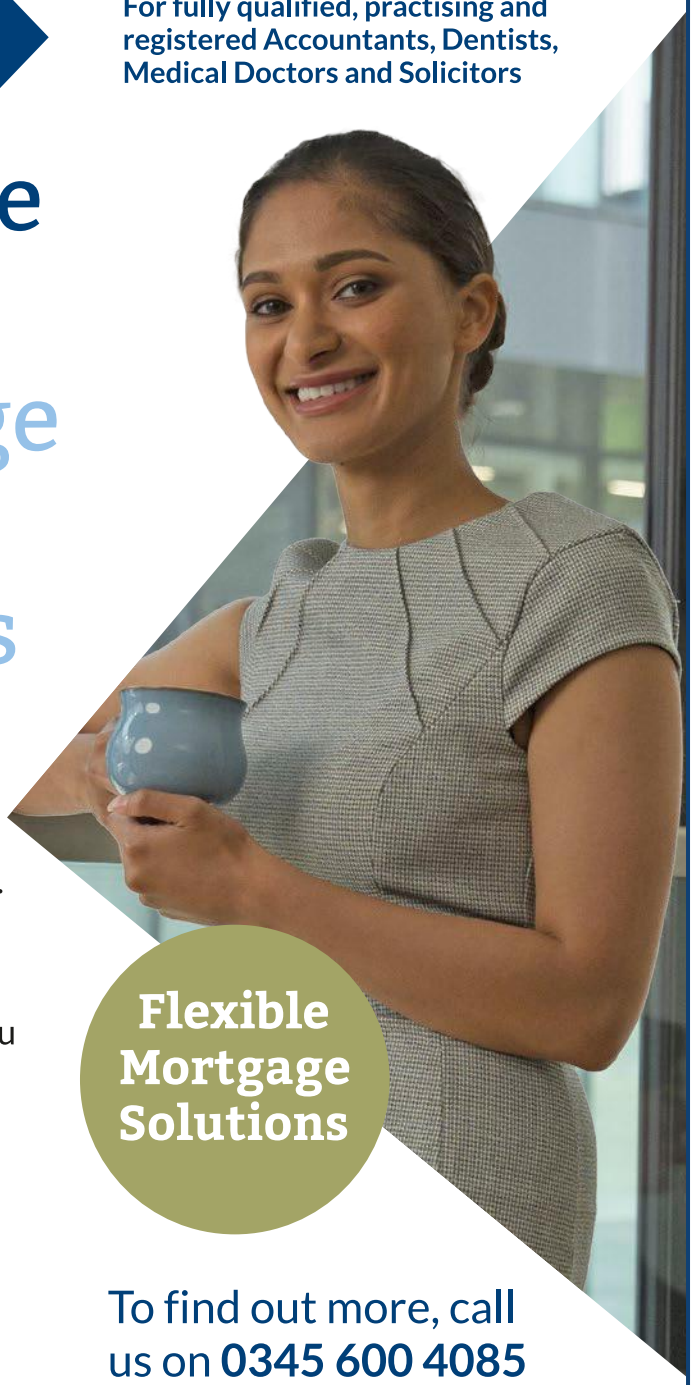

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