

ESSENTIAL KNOWLEDGE FOR DENTAL PROFESSIONALS IN SCOTLAND

Scottish Dental

APRIL 2020

RRP £5.50

On the *horizon*

A new model of care for adult NHS patients



ENSURE YOU CONTINUE TO RECEIVE SCOTTISH DENTAL MAGAZINE

Sign up to receive email notifications from Scottish Dental magazine including the latest issues in digital format, news, and Show updates.

Visit WWW.SDMAG.CO.UK/EMAIL-SUBSCRIBE

- 05 Editorial
- 07 Insider
- 09 News

FEATURES

- 20 Profession heads to lockdown
- 24 The show must go on
- 28 Designing a new model of care for adult NHS patients
- 32 New report on dentists' pay reveals plunging profitability
- 34 Practitioner Services responds to criticism
- 42 Q&A with Royal College's new education director

MANAGEMENT

- 46 The importance of patient feedback
- 48 The fiscal responsibilities of Associates
- 50 Practice growth requires some simple maths
- 52 MDDUS case study: Defending an erroneous extraction

PROFESSIONAL FOCUS

- 68 Practice Profile
- 70 Executive guide
- 76 Products

FOLLOW US

- SDMAG.co.uk
- [@scottishdental](https://twitter.com/scottishdental)
- [scottishdental](https://facebook.com/scottishdental)



Scottish Dental

CONNECT
ENGAGEMENT IS EVERYTHING
connectmedia.cc

MANAGING EDITOR
David Cameron
david@connectmedia.cc

EDITOR
Will Peakin
Tel: 0141 560 3019
editor@sdmag.co.uk

EDITORIAL
Stewart McRobert
Tim Power

ADVERTISING
Ann Craib
Tel: 0141 560 3021
ann@connectmedia.cc

DESIGN
Scott Anderson

SUBSCRIPTIONS
Stephanie Koetsler
Tel: 0141 561 0300
stephanie@connectmedia.cc

EDITORIAL BOARD
Tony Anderson
Roger Currie
Ulpee Darbar
Dr Michael Davidson
Toby Gillgrass
Professor Mark Hector
Professor Richard Ibbetson
Gordon Morson

Peter Ommer
Andrew Paterson
Professor J Mark Thomason
Dr Donald J Thomson
Professor Angus Walls

© Connect publications 2020
The copyright in all articles published in Scottish Dental magazine is reserved, and may not be reproduced without permission. Neither the publishers nor the editor necessarily agree with views expressed in the magazine.
ISSN 2042-9762

martin aitken
accounting | tax | finance

Get your practice ready to roar into the 2020s

Accountancy, tax and commercial management advice that will get your practice and profits roaring ahead. Find out more on maco.co.uk/dental

©Martin Aitken & Co Ltd 2020-21

Radical change beckons, but right now concerns are more immediate

As the 'Insider' asks overleaf, how will we cope? There were already some answers to this question as we moved from March into April. Adaptability, care, resilience. They were words that could be applied to the response prompted in many parts of society by the outbreak of COVID-19; the response of individuals, businesses, and communities.

Certainly, in the short term, those different responses in support of a common cause brought some positive outcomes in the face of the terrible loss that others had already suffered and the overwhelming nature of the disease's impact on our health service and those who work on its frontline.

How we will cope in the longer term remains to be seen. The effects on people's health and on the health of the economy are still unfolding. It is difficult to imagine 'coping' with the loss of loved ones. Coping with the economic implications will be hard, but necessary.

In terms of fiscal measures, the UK Government responded in a manner that was unprecedented in peacetime history, though anything less would surely have made its position untenable. The extent to which its response will mitigate the effects of the disease on our daily life will only be truly known in the coming months and years.

For the dental profession, like all professions, there are questions. Some of the most pressing are around the ability simply to work and earn a living. Quite rightly, the nature of patient contact shifted rapidly

from the implementation of cautionary measures, to emergency treatment only and, finally, towards complete practice shutdown as 'urgent care hubs' were readied to deal with emergency-only patients.

The everyday care of the wider population – in a community setting – was, necessarily, put on hold. The question about the ability to work in the future arose from the initial steps taken by the Scottish Government to protect dental professionals who treat NHS patients from the loss of income they face over coming months.

As we detail in our feature on page 32,

the viability of many Scottish NHS dental practices already appears to be in question – with profitability experiencing a significant reduction in 2018-19; down 15.2 per cent compared with the previous UK average (comparison with Scotland-only figures is not possible as this is the first time that Scotland-only statistics have been compiled). This follows warnings last year that dentists had already experienced a 30 per cent real terms decrease in income in recent years.

In the days that we moved towards lockdown last month, the Chief Dental Officer (CDO) announced a series of actions, both clinical and financial – with the latter including "support measures to maximise sustainability within existing NHS dental resource" and the promise to "work with practices to seek alternative sources of support for small businesses". However, many were quick to point out that the

Government's direct financial support did not cover the patient contribution. "Practices are going to go out of business," one practitioner told *Scottish Dental*.

The CDO was quick to respond: "It is my priority that practices do not financially fail," he tweeted. "I hear your concerns re. practices with higher level of patient charges. These are initial measures & I am seeking additional funding". On 30 March, as *Scottish Dental* went to print, the CDO announced a revised funding package which will provide 80 per cent of the average income from item of service and patient contributions.

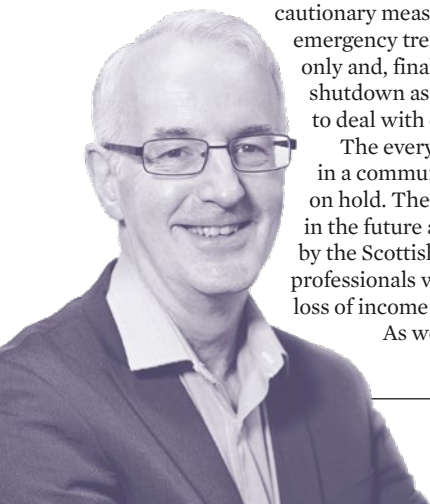
At such a time, it feels odd to turn our attention to a subject other than one touched by the COVID-19 crisis. But it is about the future; that of how adult NHS patients will be cared for in the years to come – and how the profession will be recognised for its expertise and dedication. As we also

detail in this edition – in our cover story on page 28 – a 'new model of care' for adult NHS patients is being developed.

It is early days and the CDO emphasised to this magazine that, before the issue of funding is addressed, "we want to get the model right first – for the patient and the profession."

But, as much as the profession as a whole will look for reassurance that primary care will be properly funded in the long term, and that the potential impact on secondary care of any changes will be taken into account, right now individual practitioners are understandably worrying about their future, and that of their team members, merely in the coming months.

“
**AT THIS TIME, IT
FEELS ODD TO TURN
OUR ATTENTION TO A
SUBJECT OTHER THAN
ONE TOUCHED BY THE
COVID-19 CRISIS”**



How will we cope?

The issue is how we effectively treat patients and ensure we have businesses at the other end

We are living in uncertain times, which requires resolve and fortitude. At the time of writing this, nearing the end of March, I've re-written practice policy and processes six times in seven days. The pace and degree of change is startling. The world is changing, maybe for a short time, maybe full stop. How will we cope?

COVID-19 is at the forefront of everyone's mind. It is challenging Government, the NHS, society at large, and sports fans everywhere. The sport I am missing dreadfully. I'm not able to watch it and not able to play it. As the Chief Medical Officer, said though, exercise is important for body and mind – and my mind is pickled right now.

The biggest problems facing dentistry just now are not the processes we are forced to use. Dentists adapt to rules and regulations. We work using the SDR, or a private equivalent, daily. We adapt, usually in small ways; now in big ways. People I'm speaking to are managing the changes. Not easily. I'm not suggesting the last week and a half has been simple. At the time of writing, nine days ago we were working normally. Now, there is no face-to-face contact with our patients at all. Yet we are finding ways to do it. We are clever, resourceful people and are demonstrating incredible resolve in the face of adversity.

The two biggest problems, I think, are how to effectively treat our patients and how to ensure we have businesses at the other end? I've been telephone triaging patients, prescribing antibiotics and reviewing if they haven't worked. I know it's what we have to do. Viral load is likely to be important with this disease and it is why dentists are at greater risk. Our patients still need to be seen and treated. I feel powerless to help and worse, I'm unsure if and when they will get help because PDS is unable to cope. This is mostly due to the lack of appropriate PPE; dentistry is down the pecking order for FFP3 masks, but we have to fight for our patients to be dealt with appropriately. If nothing else, to ensure they still support us at the other end when we get back to treating them.

Will they understand why we have been unable to help them, and will they forgive us?

Speaking of support; the other problem is financial. The uncertainty around the financial package is critical. Various measures to support the employed, SMEs and (again at the time of writing) to support the self-employed are coming. We are caught in the middle of this. The offer from the Chief Dental Officer (CDO), has, I have heard, emptied the coffers of the dental budget. I appreciate that the budget is cash limited. However, there must be 'extraordinary' funding available from the Scottish and UK Governments for this particular crisis.

The last letter from the CDO stated they are tirelessly working on additional funding and that we should explore other methods. However, there is a serious question of whether 'furloughing' of staff is compatible with the CDO offer. We need some clarity. I appreciate that that could be difficult and with the pace of change in the clinical setting, finances may have been a secondary concern.

President Macron said: "As France shuts down; no business, no matter how small, will be allowed to fail." Boris Johnson and Rishi Sunak have put in place some incredibly bold measures to keep people employed and businesses going. We have heard what an amazing job the NHS is doing and rightly so. NHS staff are putting their lives on the line, caring for people and times will get tougher. It is essential that dentistry is able to carry on. If we do not receive some clarity on the package soon, businesses could start to go within the next month.

The biggest problem from where I sit is understanding what options are available to us and how we communicate this to our staff. At the moment, I can't confirm to them what we're doing, how many I need, if I can 'furlough', and what if anything we can afford to pay them. I do understand that we don't want to be in a position where people are profiting from the situation. On every level that is wrong. However, our sums suggest we will get around 60 per cent of normal income. There will be some savings on lab costs, materials and consumables but that won't kick in immediately. We can possibly get relief of rates (it's just a cashflow benefit; not actual, as it's rebated). We might get one-off grants from councils but that won't give us much more than a month's cushion. The announcement of 'furloughing' grants gives people an expectation that they will get at least 80 per cent of their salary. If I 'furlough'; surely, I have to pay those still working at least 80 per cent too?

I hope there is additional funding, maybe with caveats of evidence of bills and other income? Maybe some method of ensuring we cannot collect more than 100 per cent of last year's income? I don't think it would be unreasonable to ask this and I'm quite sure if we thought we could get that kind of support we would be very happy to pass that on to our staff and associates. Uncertainty leads to instability and chaos in our routine-orientated lives. The happiness of my patients, staff and associates is waning because I can't confirm how I'm going to do my job for them as a dentist, owner and employer. I see fear in their eyes of the threat of the virus, of pain without care, the threat to their jobs, their livelihoods and the increased risks associated with working at a time of a global health crisis. As soon as I get clarity, I can give peace of mind to all who rely upon me. Then I might be happy, or at least a good deal happier. Be safe, stay home.

CDO announces new funding for NHS practices

Measures unveiled earlier last month would not have prevented closures, warned practitioners

ADDITIONAL funding to support hard-pressed NHS practices, whose future are in doubt because of the COVID-19 outbreak, was announced by the Chief Dental Officer, as *Scottish Dental* went to print.

Earlier last month, Tom Ferris wrote to Scottish NHS GDS-providing dentists, saying that financial support measures had been put into place to help independent contractors during the crisis.

He said that Practitioner Services would determine the average monthly item of service income – net of patient charges for fee paying patients – for the period 2019/20, calculate 90 per cent of this income.

Where that sum was greater than the dentist's net item of service earnings for a month it would pay the difference between these earnings and the 90 per cent as a top-up in the next available schedule.

However, the announcement – which also covered clinical steps to be taken by dentists – resulted in a flood of emails to the CDO and the GDS mailbox, as well as concern on social media.

Ferris responded the following day saying that it was his priority that “practices do not

financially fail”.

He said: “I hear your concerns around practices with a higher level of patient contributions providing income being adversely affected despite this financial support. The measures announced to date are initial measures and we are presently seeking additional funding to support the most affected NHS practices.”

Practitioners who contacted *Scottish Dental* warned that by not including the patient contribution in its calculation the Government was risking practices across Scotland going out of business.

The CDO did emphasise at the time that, in the interim, practices should seek support from the business initiatives announced by the Scottish and UK Governments and their agencies.

“I want to reassure you that the CDO team is working tirelessly to source additional NHS funding to address these concerns. Additionally, I would ask that you and your professional organisations explore other avenues of COVID-19 support for small businesses,” added Ferris.

A spokesperson for the Greater Glasgow

and Clyde Local Dental Committee commented: “We would encourage practice owners to take a breath before making significant decisions about laying off or furloughing employees or making significant cuts to associates.”

“The fine detail of how the Government furlough scheme might apply to NHS dentistry is far from clear, especially if the NHS are providing us with bespoke funding packages that may be contingent on having an availability of staff to be redeployed. The CDO has indicated in his letter that further financial support may yet be forthcoming for GDPs.”

On 30 March, the CDO announced: “I have revised the funding package, which will now provide 80 per cent of the average income from item of service and patient contributions.”

This was a “considerable enhancement,” he said, and was in addition to the protection provided by capitation and continuing care payments, GDPA, rent reimbursement, and commitment payments.

Profession responds to outbreak, see page 22

Central ‘urgent care only’ service being readied

THE office of Scotland's chief dental officer was preparing to order the complete shutdown of dental practices as *Scottish Dental* went to print.

By the middle of last month, dentists had been told to phase out aerosol generating procedures and cease routine dental care for people in vulnerable groups such as older people, those with underlying health conditions, and expectant mothers.

Then, with the subsequent closure of schools, colleges, and hospitality and leisure outlets, and the increased emphasis on social distancing, practices were told that “all routine dentistry should cease”.

They were advised: “Practices should work together in localities through ‘buddy arrangements’ to ensure that people can make contact with a dental professional during normal working hours.

“This contact should be by telephone to avoid patients presenting at a practice, to minimise any contact whilst travelling or in the practice. Practice teams should make every effort to triage, advise and reassure patients who have a dental problem.”

At the time of this second round of guidance being issued, on 23 March, the profession was warned: “In the event of a significant and rapid escalation

of COVID-19, NHS Boards will move to a centralised urgent care only service for people who are asymptomatic for COVID-19.

“They will require assistance from dental team members in practices to contribute to the staff rota at the centre. NHS Boards must ensure that PDS/HDS dental teams at the designated urgent care centres have been trained in the use of and access to FFP3 respirators.”

In Glasgow, practices were being asked by the health authority to consider what PPE and other stock they had that could be “redployed into the urgent care hubs for when the service inevitably condenses following practice closures”.

An official said: “We are currently looking to identify what we are describing as ‘hot’ and ‘cold’ spots/locations where, moving forward, we can treat emergency patients, whether they are symptomatic or non-symptomatic, COVID-19 patients. We are establishing teams who can work from these locations on a rotational basis.”

Tom Ferris, the Chief Dental Officer, commented: “These are incredibly challenging times and I value your continuing support and appreciate the tremendous dental team efforts taking place across GDS practices, PDS and HDS services and NHS Boards in Scotland. Together we will get through this.”

Private practice faces 'catastrophic' impact

Failure to support self-employed may have devastating impact on dental service, Chancellor is warned

THE British Dental Association (BDA) has warned means-testing of support for the self-employed during the COVID-19 epidemic will have a potentially catastrophic impact on large parts of the dental workforce, particularly those providing private care.

While support measures are being put in place for NHS contract holders, the vast majority of high street dentists operate 'mixed' practices. While practice owners may be able to benefit from some relief via support for businesses, the self-employed associate dentists working under them are likely to be hit hard.

Those operating exclusively on a private basis were, at least up to the end of last month, ineligible for any packages of support for lost income, beyond mortgage holidays and self-assessment deferrals for income tax. The BDA estimates spending on private sector dentistry has exceeded the total UK-wide NHS budget since 2012. It warned that an already threadbare NHS service would be incapable of meeting patient demand left by any fall in private capacity.

Dave Cottam, chair of the BDA's General Dental Practice Committee, said: "Many self-employed dentists working in largely or exclusively private practice have seen their incomes fall to zero. Failure to offer them a safety net will not only hit highly skilled individuals but will have a devastating impact on the essential services they provide. When NHS dentistry is already stretched to breaking point, letting private practices go to the wall would be criminally irresponsible." In the wake of the Chancellor's announcement on 26



The Chancellor preparing his statement last month on support for the self-employed

March of support for the self-employed, James Goldman, director of advisory services at the BDA, commented: "The BDA is devastated and angry that the help from announced by Rishi Sunak will not be provided to self-employed people who earn more than £50,000. We have written to the Chancellor and will be campaigning in every way we can."

In his letter to the Chancellor, Martin Woodrow, the BDA's chief executive, says: "When you told the self-employed that, as a group, they 'have not been forgotten', I am afraid that you were overlooking the majority of associate dentists who, while being self-employed and earning over £50,000 per year, are by no means in the realm of the super-rich. The average

earnings of an associate dentist today are £69,000, significantly less than an MP for example.

"We know from earlier announcements that those working in NHS dentistry across the UK can expect some income protection – which we welcome – however the reality of dentistry in the UK today is that there is a mix of NHS and private provision. Indeed, the private sector is bigger than the NHS in terms of expenditure, and the money earned from private care subsidises NHS provision in many practices. The impact on the oral health of the nation would be catastrophic if private practice were to disappear. That has to be a real possibility if no support is offered through this health and financial crisis."

PG Cert in Dental Sedation and Anxiety Management



THE UNIVERSITY
of EDINBURGH



- Blended delivery provides flexibility, and hands-on practical skills
- Become an independent practitioner in conscious sedation with intravenous midazolam

'Best course I've ever done. Where theory meets a lot of clinical practice'
– Current student

'Worthwhile, innovative, engaging'
– Suraj, current student

Applications close 28th May 2020. Find out more at: Edin.ac/dental-sedation

FGDP Dean calls for greater diversity

Joint symposium on diversity in dental organisations proposed for later this year

THE Dean of the Faculty of General Dental Practice (FGDP(UK)), Ian Mills, has called for the leaderships of dental organisations to better reflect the diversity of the profession.

In an address to Faculty members and professional leaders at the FGDP(UK) Annual Dinner and Awards in March, Dr Mills, pictured, said dental leaders have a “moral obligation” to ensure that their organisations “support social justice through a culture and environment of inclusivity”. He described as “unacceptable” the persistence of “many barriers which intimidate and inhibit certain individuals from engaging with dental organisations” and said that the best way to change perceptions and encourage engagement was by ensuring diversity of gender, age and ethnicity within Boards at both national and local level.

Outlining the opportunity, he said diversity “modulates attitudes and behaviours, undermines ‘groupthink’, and delivers improved performance within an organisation”.

He continued: “Social and professional diversity reflects the diversity within our profession, and can provide insight into the different views, attitudes and beliefs which may exist. This is a healthy environment which can stimulate discussion, debate

and reflection, and in turn, provides a degree of internal accountability. We need diversity to understand the changing needs of our profession, to connect with new members and ensure that we continue to be relevant.”

Giving the example of students and early careers dentists, he said that as Dean he “can try to understand the challenges they face and what they need and want from the FGDP, but in reality, it is simply my interpretation. The different groups within dentistry need to have a voice”.

Dr Mills said this was “particularly true of women in dentistry”. He noted that when he was elected to the Faculty Board in 2003, there was only one female board member out of 30 (3.3 per cent), and that while this had improved to six out of 16 today (38 per cent), the board remained “a male dominated environment” at a time when “there are more female undergraduates than male, and the number of women on the dental register exceeds the number of men.”

He added that FGDP(UK)

and the British Dental Association would be announcing details of a joint symposium on diversity in dental organisations, with a particular focus on gender balance, later this year.

Earlier this year, the BDA announced a review into governance and policy making processes looking at practical ways to better reflect the diversity that exists within dentistry, whether in terms of gender, ethnicity, age or type of practice. It said this could be through providing opportunities for leadership training and shadowing, as well as mentorship and encouraging younger dentists to get involved with the BDA at national and local levels.

Diversity and inclusivity in the NHS are issues something everyone should be concerned with and “cannot be outsourced to HR”, commented Dr Shera Chok, co-founder of The Shuri Network. “This is something we must all own, collectively,” she said, “if we are truly serious about improving patient care and delivering our health objectives and aims.”



Top five reasons for dental complaints revealed

THE Dental Defence Union (DDU) has revealed the top five areas of practice which lead to the most complaints about dental treatment, with concerns about unsatisfactory treatment or examinations topping the list.

Over a recent five-year period, the DDU assisted dental professionals with more than 9,000 patient complaints. The DDU examined a sample month of complaints to identify the significant causes. The top five reasons for complaints were:

Unsatisfactory clinical treatment or examination –

allegations of poor technique, adverse incidents, poor treatment outcomes or treatment outcomes not meeting the patient's expectations.

Delayed diagnosis – alleged failure to spot obvious signs of decay, gum disease or oral cancer.

Communication problems – misunderstandings surrounding treatment advice or possible complications.

Fees/charges – confusion over the cost of treatment, whether it was being provided on an NHS or private basis.

Staff attitude/behaviour – allegations of rudeness or an unsympathetic manner.

Alison Large, the DDU dento-legal adviser who carried out the analysis, said: “Nobody wants to receive a complaint, but they are part of everyday practice and, if well-handled, can be a worthwhile experience for you and your patients.”

“It's difficult not to take a complaint to heart, but it's important to realise that, in our consumer driven world, a patient complaint provides you with an opportunity. Not only can you offer a remedy directly

to the person complaining to avoid matters escalating to the Ombudsman or GDC, but you can also increase your standing by handling concerns calmly and professionally.”

John Makin, head of the DDU, added: “Although it may seem counter-intuitive, a well-publicised complaints procedure operated by a well-trained dental team avoids issues escalating. Complaints successfully resolved at a local level can actually enhance your reputation. Your dental defence organisation can provide you with objective advice.”

Report reveals plunging NHS practice profitability

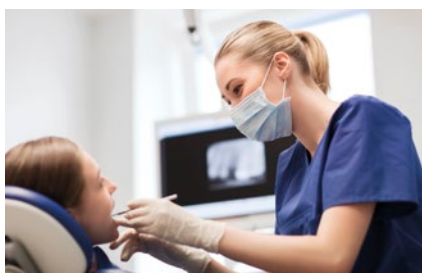
New figures follow a big increase in costs, most notably in staff and general administration

A TYPICAL private practice's profit in Scotland is more than £23,000 greater than that of a typical NHS practice, according to a new report.

The finding forms part of the inaugural NASDAL Scotland (National Association of Specialist Dental Accountants and Lawyers) Benchmarking Statistics. The statistics were gathered from the accountant members of NASDAL across Scotland, who together act for more than a quarter of self-employed dentists.

The statistics reveal that the average net profit per NHS principal was £118,409 versus £141,797 average net profit per private principal. Mixed practices sat at £130,697 average net profit per principal.

As well as the big gap noted between NHS and private, there appears to be a big reduction in NHS profitability in 2018-19, as this figure was down 15.2 per cent



compared with the previous UK average. The average net profit per principal is down from £139,698 to £118,409. Private and mixed profitability both saw a small rise of 1.7 per cent and 0.5 per cent respectively.

"Private practices are continuing to do well, and a big profitability gap is in place between private and NHS practices. NHS practices have seen a big increase in costs, most notably in staff and general

administration," said Roy Hogg, chair of NASDAL Scotland. However, he added: "We know that COVID-19 will have a life changing impact on dentists and dental practices across the country."

The statistics from 2018-19 show associates with an average fee income of £75,435 and average net profit of £62,419. Compared with the UK-wide figures from 2017-18, this sees a big drop in fee income from £81,714 and average net profit of £66,318.

The NASDAL Scot benchmarking statistics will be published annually in March and reflect the finances of dental practices and dentists for the most recent tax year. The figures provide a detailed picture of dental practice finances, sourced directly from dentists working privately and in the NHS.

Full story, page 32

Scots dentists on the move

GRAEME LILLYWHITE has now joined Paul Stone as Clinic Director at Blackhills Specialist Dental Clinic.

Graeme has been working at Blackhills Clinic for several years as well as being a restorative consultant at Edinburgh University Dental Institute and Aberdeen University Dental School. He is a registered specialist in Restorative Dentistry and in Fixed and Removable Prosthodontics and has a wealth of experience in implant dentistry.

Meanwhile, Ayrshire dentist Dr David Wiseman has teamed his practice, the Art of Dentistry in Prestwick, with Scottish dental group Clyde Munro. David gained acclaim as one of the first dentists to endorse implantology in the 1980's. He later achieved the highest level of award from the International Congress

of Oral Implantology in 1993.

The Art of Dentistry – which caters for thousands of patients – was set up by Dr Wiseman in Prestwick in 2007. He and his team of four provide treatment from cosmetic dental makeovers to high quality routine dental care.

Jim Hall, founder and chief executive of Clyde Munro, said: "Dr Wiseman and the Art of Dentistry are a very welcome addition to our expanding network of family dentists. Known for being an influential figure in dental implantation, David's professional record speaks for itself."

David added: "Clyde Munro is building a platform that will help benefit the industry as a whole as well as the people of Scotland. It's an exciting time. We're going to develop new ideas that will transform the industry."

S.H. MEHTA pharmacy

**34 ADMIRAL STREET,
Next to MEDICAL CENTRE
GLASGOW G41 1HU
TEL: 0141 429 1884**

**Cosmetics • Toiletries • Perfumes
Health dietary products • Baby goods
Patient & medication records kept
Photographic • Nursing home supplies
Diabetic and blood pressure meters
Smoking cessation products*
headlice products***



(*as per
NHS Greater
Glasgow
guidelines)

SHOP WHERE SERVICE AND VALUE COUNT

‘DIY ortho’ could lead to prosecutions

Regulator gathering evidence about potential harm to patients from direct-to-consumer orthodontics

THE General Dental Council (GDC) has issued a statement in response to the rise in high-street outlets offering orthodontic treatments, warning that anyone practising dentistry, as defined by the Dentists Act 1984, while not registered with the GDC could be subject to prosecution.

A spokesperson for the British Orthodontic Society said it hoped that the GDC was now “actively searching for those who are contravening the legislation”.

The UK regulator said in its statement: “We have received reports that providers of ‘direct to consumer orthodontics’ are offering services which may not include face-to-face patient contact with a registrant authorised to provide direct services to patients.

“Our view is that for all dental interventions, this important interaction between clinician and patient should take place at the beginning of the patient consultation. This enables the clinician to carry out the assessments necessary for making clinical judgements that ensure the suitability of the proposed course of treatment, that support the prescribed course of treatment, and that address any underlying oral health problems.”

It warned that registrants are required “to act within their Scope of Practice and to adhere to the GDC’s Standards for the Dental Team. Registered dental professionals who do not comply with these standards put their registration at risk”.

The GDC said it was continuing to gather evidence about the potential risk of harm to patients from direct-to-consumer orthodontics and other forms of



dental care offered remotely. It said it has contacted providers for clarification on the procedures they follow and how GDC registrants may be involved.

The British Dental Association (BDA) welcomed the GDC’s call for evidence on the risk presented by remote orthodontic providers and urged the regulator to engage with the growing weight of evidence emerging overseas.

Dentist leaders have raised concerns over the status of remote provision – that offer patients plastic aligners based on a 3D scan of their mouths or via an impression taken from at-home moulding kits – with health watchdogs last summer.

The issue has been highlighted in previous editions of *Scottish Dental* magazine and recent investigation into one provider, SmileDirectClub, by the leading American broadcaster NBC revealed a wide range of complaints on

treatment outcomes. Members of the US Congress have asked the country’s Food and Drug Administration and Federal Trade Commission to investigate whether the business is misleading customers or causing patient harm.

BDA Chair Mick Armstrong said: “The GDC’s willingness to acknowledge deeply felt concerns from across this profession is welcome progress but there are still many questions left unanswered. We want to see patients receive high quality care, after a sound diagnosis, based on informed consent. Direct-to-consumer orthodontics appears to fly in the face of these principles.

“We understand the GDC’s need to gather evidence, but it should be willing to reflect on the wealth of evidence building overseas. We shouldn’t have to wait until UK patients are left with irreparably damaged mouths and undiagnosed oral disease, resulting in lost teeth or worse.”



80 years of supporting dental nurses

The British Association of Dental Nurses (BADN), the professional association for dental nurses in the UK, is delighted to be exhibiting at the Scottish Dental Show.

Chat with Adam Skalski on our stand A07 to join, renew, ask questions, find out about our 80th celebrations, take a selfie in our BADN frame,

OR JUST SAY HELLO!

BDA Scotland welcomes maternity pay decision

Scottish Government has made the right choice to amend provision for GDPs, says trade union

GENERAL dental practitioners (GDPs) in Scotland who have a second child in quick succession may be able to claim more maternity pay than had previously been the case.

The dentists' trade union believes that around 30 such practitioners who lost out on pay as a consequence in the past three years could be eligible for retrospective maternity payments, up to a limit of £1,399 per week (though amounts will vary according to circumstances).

The change in maternity payments for GDPs took effect from 1 March and follows a

decision announced by the Scottish Government that previous maternity payments will count towards the test period (ie 12 months) earnings when calculating subsequent maternity payments. This means that GDPs will not lose out financially to the same extent as they may have done previously when having children close together.

In discussions with the BDA, the Scottish Government stated that maternity pay for GDPs is discretionary but it has agreed as a 'goodwill' gesture that any dentist who has been affected by the exclusion of previous maternity payments from the

test period earnings for the calculation of subsequent maternity payments in the last three years may receive retrospective maternity pay. To be considered for such payments, dentists need to contact NHS Scotland Practitioner Services Division.

The Scottish Government will amend the definition of "net payments" in Determination V (Maternity Payments, Paternity Payments and Adoptive Leave Payments) in the Statement of Dental Remuneration to allow previous maternity payments which fall within in the "test period to be included in the

assessment of earning for the calculation of subsequent maternity payments."

Josephine Weir, a member of the BDA's Scottish Dental Practice Committee, said: "The Scottish Government has made the right choice to amend the maternity pay provision for GDPs who have children in quick succession.

"The BDA set out to ensure members left with practically no earnings on a second maternity leave would no longer be at such a disadvantage. We hope any parent left in this position in recent years will make their claim."

The Orthodontic Company

WE'VE GOT EVERYTHING YOU NEED FOR ORTHO!



VISIT US AT STAND A18

- Dedicated Orthodontic Supply Company
- Established over 27 years
- Largest Orthodontic Range in the UK
- Knowledgeable Sales Team
- True Value for Money Products

PHILIPPA BALL
Business Development Executive for Scotland
M: 07525 984 383
E: pball@tocdental.com
W: www.tocdental.com

TOC
discover the difference

Review of governance launched

THE BDA is asking all dentists to help set out ideas to help the body better reflect the profession it serves.

The survey, launched earlier this year, forms part of an important review into BDA governance and policy making processes looking at practical ways to better reflect the diversity that exists within dentistry, whether in terms of gender, ethnicity, age or type of practice.

This could be through providing opportunities for leadership training and shadowing, as well as mentorship and encouraging younger dentists to get involved with the BDA at national and local levels.

The BDA is asking members for views on election processes and ideas such as protected seats for dentists in particular areas of practice or particular characteristics, such as gender or ethnicity, on our Principal Executive Committee which determines the strategic direction of the BDA, deciding on how best to work for our members.

Currently, for most BDA committees, elections are conducted on an openly competitive basis, with some seats already protected on a geographical basis to ensure a spread of representation across the country.

"We recognise the work that needs to be done to ensure the voices of an increasingly diverse profession are heard at the top table," said Martin Woodrow, BDA chief executive. "We're determined to take a lead."

The survey can be found here: www.smartsurvey.co.uk/s/representingyou



New move to support dentists' wellbeing

Organisations to develop effective prevention strategies alongside signposted and integrated services

A GROUND-BREAKING initiative has been launched to bring together the key stakeholders with an interest in dentists' wellbeing and mental health, to find practical solutions to tackling stress and burnout in the profession, and to focus on prevention strategies.

In collaboration with a number of other key partners, the British Dental Association (BDA) held a round-table event earlier this year to highlight the challenges dentists are facing. The day aimed to survey the current support available, and to identify any gaps, and suggest ways to improve provision for dentists across the UK, and across dentistry's wide variety of fields of practice.

Anxiety, stress and burnout remain prevalent within dentistry, with BDA research indicating almost half of dentists state that stress in their job exceeds their ability to cope and almost one fifth reporting suicidal thoughts; this is twice as often as the rest of the general population.

The interactive event encouraged input from participants throughout the day, and gave an opportunity to share expertise and learning and ways to work in collaboration, to improve our knowledge of mental health well-being in the workplace and occupation-related stress in dentistry and to focus on some achievable outcomes to improve the situation.

The BDA is now seeking to develop effective prevention strategies, alongside properly signposted, integrated services. Successful lobbying by the BDA means dentists now have access to the NHS

Practitioner Health Support Programme in England and Inspire in Northern Ireland. The BDA has lobbied Government in Northern Ireland and Scotland to help get colleagues access to better occupational health support and the BDA is continuing to lobby the Welsh Government to provide better resources for dentists working in Wales.

It has also provided an additional service for BDA members to access who needs support, in partnership with Health Assured, and that has a focus on supporting dentists to spot the signs at an early stage, and an emphasis on ensuring good mental health and prevention.

Roz McMullan, BDA President, said: "Improving wellbeing and mental health is an issue very close to my heart. I have personally seen far too many colleagues bending under the pressure of their roles and responsibilities, and lacking knowledge or support to help see them through the tougher times.

"Our focus is on prevention – we've helped secure support for dentists, but very little is joined up. Too many dentists don't seem to be aware of what help can they can access or have the knowledge to spot the tell-tale signs of stress in themselves, their colleagues and their patients.

"The future of NHS dentistry hinges on a motivated and stable workforce. The dental workforce is too valued and valuable to be lost, and we are concerned about the level of access for our patients.

"We want to ensure skilled and experienced clinicians have a sustainable

career path, and that we nurture the talent of the next generation of dentists and support them to stay in the service. This event is our next step in achieving that goal. We will continue to make the case to ensure our workforce is safeguarded."

Sandra White, National Lead for Dental Public Health, Health Improvement Directorate, Public Health England, added: "The dental profession has a responsibility for our own, our colleagues, and the public's health and wellbeing. I hope this day will break down some of the stigma and expectations of ourselves and raise awareness of the support that is available.

"My hope is that dentists will overcome their fear of admitting they are struggling, that they no longer see it as a sign of weakness. We are programmed as professionals to cope, expected to be resilient, but life is full of ups and downs and we are all thrown curve balls sometimes.

"It takes huge courage to admit vulnerability, sadness, anxiety or feelings of not being worthy. The first step is even admitting to ourselves that there may be something wrong. Daring to ask for help from our loved ones, our colleagues, or professionals is the first step to improving health and wellbeing and having a happier life."

For those feeling overwhelmed please contact: Samaritans (UK and Rol) Freephone 116 123 Lifeline (NI) 0808 808 8000 (free in NI)

DATES FOR YOUR DIARY

Note: Where possible this list includes rescheduled events, but all dates are subject to change.

28 AUGUST

Dental Cone Beam 2B Certification

Royal College of Physicians and Surgeons of Glasgow
www.rcpsg.ac.uk/events/conebeam2

4-9 SEPTEMBER

AMEE 2020

Association for Medical Education in Europe
SEC, Glasgow
www.amee.org/conferences/amee-2020

11-12 SEPTEMBER

The British Dental Conference &

Dentistry Show

NEC, Birmingham
www.thedentistryshow.co.uk

14-15 SEPTEMBER

Euroscicon Expo on Dentistry & Oral Hygiene

Edinburgh
dentistry.euroscicon.com

17 SEPTEMBER

Making Life Work Better 2020

Royal College of Physicians and Surgeons of Glasgow
www.rcpsg.ac.uk/events/MLWB

3 OCTOBER

The Dental Triennial Conference: 'Develop Your Dental Team'

RCSed, Edinburgh
www.rcsed.ac.uk/events-courses/conference-details-the-dental-triennial-conference-develop-your-dental-team

13 OCTOBER

The 1st UK Restorative Dentistry & Prosthodontic Conference

Better patient care through collaboration
Crowne Plaza Glasgow
www.fgdp.org.uk/event/1st-uk-

restorative-dentistry-prosthodontic-conference

28-30 OCTOBER

Medicine24 2020

Technology and Innovation Centre, Strathclyde University
www.rcpsg.ac.uk/events/Medicine24

12-14 NOVEMBER

BACD Annual Conference

EICC, Edinburgh
www.tinyurl.com/rvc6yzf

19-20 NOVEMBER

ICDPOD 2020

International Conference on Diagnosis and Prevention of Oral Disease
London
www.tinyurl.com/wddcyov

27-28 NOVEMBER

BSDHT Oral Health Conference

SEC, Glasgow
www.bsht.org.uk

4 DECEMBER

FGDP (UK) Scotland Study Day

Informative updates on treatments for perio and endodontics.

Speakers: Iain Chapple and John Whitworth.

Glasgow Science Centre
www.fgdp.org.uk/event/fgdpuk-scotland-study-day-informative-updates-perio-and-endodontics

10-11 DECEMBER

ICDEPD 2020

International Conference on Dental Ethics and Paediatric Dentistry
London
www.tinyurl.com/wgvdgvj

DATES TO BE CONFIRMED

AUTUMN/WINTER

Scottish Dental Show

Glasgow
sdshow.co.uk

AUTUMN/WINTER

24th Annual Conference for Dental Care Professionals

RCSed, Edinburgh
rcsed.ac.uk/events-courses/event-details-24th-annual-conference-for-dental-care-professionals



glasgow orthodontics

When it comes to orthodontics, the quickest isn't always the best but our city centre location means we are clearly the fastest route for your patients to straight teeth.

For more information Call 0141 243 2635, Email simon.miller@nhs.net
Glasgow Orthodontics, Sterling House, 20 Renfield Street, Glasgow G2 5AP
glasgoworthodontics.co.uk



Simon Miller
GDC No. 57917
BDS (Glasgow 1983),
FDS, MSc, MDO, RCPS



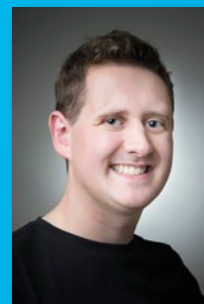
Justine Weir
GDC No. 79327
BDS (Glasgow 2001),
MFDS, MSc, M.Orth, RCS



Jonathan Miller
GDC No. 64147
BDS (Dundee 1989),
MFDS, MSc, M.Orth, RCS



Sheena Macfarlane
GDC No. 53199
BDS (Glasgow 1979), BSc



Paul Mooney
GDC No. 178517
BDS (Glasgow 2009),
MFDS, MSc, M.Orth, RCS



Early morning, an eerily quiet Union Street in Aberdeen.
©Donald Douglas

Profession's future hangs in the balance

As urgent care hubs were readied to provide emergency dentistry, practitioners were left wondering about their future

The School of Stomatology at Wuhan University, founded in 1960, was the first dental school to be established by the Chinese Government. It is the country's main centre for oral health research and is home to 1,098 staff and 828 students. Last year, its hospital provided dental care to around 890,000 patients.

Between recognition of an epidemic in China and the beginning of March, nine people at the school – three doctors, three nurses, two administrative staff, and one postgraduate student – had contracted COVID-19. “So far, there have been no further cases among colleagues or patients who had close contact with them,” said a paper* written by staff at the school and published by the *Journal of Dental Research*.

“According to analyses of epidemiologic investigation and medical history, all these cases are without obvious aggregation, except two nurses from the same department, and are unlikely to result from cross infection,” they wrote.

Since 24 January, despite the increasing number of confirmed cases in Wuhan, 169 staff had provided emergency dental care at the hospital – treating more than 700 patients. “The infection was possibly limited because medical masks and gloves worn during routine clinic work of dental practitioners prevented further transmission,” said the paper. After discussing infection control in dental settings and recommended measures during the COVID-19 outbreak, the authors ask: “What should we do to improve the current infection prevention and control strategies after the epidemic? How should we respond to similar contagious diseases in the future?”

They added: “These are open questions in need of further discussion and research.”

By the end of March, Wuhan, the city where the coronavirus pandemic began, had partially re-opened after

WORDS
WILL
PEAKIN





more than two months of isolation. Crowds of passengers were pictured arriving at Wuhan train station on 28 March. People were being allowed to enter but not leave, according to reports. Wuhan, the capital of Hubei province, saw more than 50,000 coronavirus cases. At least 3,000 people in Hubei died from the disease.

While numbers had fallen dramatically, according to China's figures, a report** in *The Lancet* warned that relaxing physical distancing and school closures in Wuhan too soon could fuel a second wave of COVID-19 infections later this year. The study suggested that lifting restrictions in March would lead to a surge in case numbers that would peak in August. It predicted that maintaining the restrictions until April would delay a second peak until October, which would relieve pressure on health services in the intervening months.

In Scotland, businesses and the public in Scotland were required by law to follow necessary social distancing measures to slow the spread of coronavirus. The Scottish Government used powers from the UK Coronavirus Bill to make it a criminal offence to flout the strict public health guidance. To enforce social distancing, people were asked to only go outside if they have a 'reasonable excuse'. These included shopping for necessary food and household and medical supplies, travelling to and from work where working from home was not an option, and daily exercise that adhered to social distancing guidance. Nicola Sturgeon, the First Minister, and Dr Catherine Calderwood, the chief medical officer, reinforced the message in daily briefings.

For the dental profession, restrictions on practice came swiftly. On 17 March, Tom Ferris, Scotland's chief dental officer, said that all aerosol generating procedures in NHS dental services should stop and steps should be taken to reduce contact between staff and patients. Five days later, the services were advised to halt all routine care.

By the end of the month, they were being warned that: "In the event of a significant and rapid escalation of

COVID-19 NHS Boards will move to a centralised urgent care only service for people who are asymptomatic for COVID-19. They will require assistance from dental team members in practices to contribute to the staff rota at the centre. NHS Boards must ensure that PDS/HDS dental teams at the designated urgent care centres have been trained in the use of and access to FFP3 respirators."

At the time, Ferris said: "These are incredibly challenging times and I value your continuing support and appreciate the tremendous dental team efforts taking place across GDS practices, PDS and HDS services and NHS Boards in Scotland. Together we will get through this."

In Glasgow, practices were being asked by the health authority to consider what PPE and other stock they had that could be "redeployed into the urgent care hubs for when the service inevitably condenses following practice closures".

An official added: "We are currently looking to identify what we are describing as 'hot' and 'cold' spots/locations where, moving forward, we can treat emergency patients, whether they are symptomatic or non-symptomatic, COVID-19 patients. We are establishing teams who can work from these locations on a rotational basis."

Concerns were also growing about the viability of practices in the long-term. Alongside the initial clinical guidance issued mid-month, the chief dental officer said that financial support measures had been put into place for independent contractors. However, the announcement resulted in a flood of emails to the CDO and the GDS mailbox, as well as concern on social media. Ferris responded the following day saying that it was his priority that "practices do not financially fail".

He said: "The financial support measures have been designed to ensure that practices have a degree of financial protection during this difficult period using the existing NHS GDS budget and payment system. We are protecting rent reimbursement, allowances, 'cap/con' payments and making a part payment – normally paid net by PSD – for reduced fee for item income.

"I hear your concerns around practices with a higher level of patient contributions providing income being adversely affected despite this financial support. The measures announced to date are initial measures and we are presently seeking additional funding to support the most affected NHS practices."

Practitioners who contacted *Scottish Dental* warned that by not including the patient contribution in its calculation the Government was risking practices across Scotland going out of business. The CDO emphasised that, in the interim, practices should seek support from the business initiatives announced by the Scottish and UK Governments and their agencies.

"I want to reassure you that the CDO team is working tirelessly to source additional NHS funding to address

(Above)
Nicola Sturgeon,
the First Minister,
Dr Catherine
Calderwood,
the chief medical
officer, reinforced
their message
in daily briefings
along with Jeane
Freeman, the
health minister



IT IS ESSENTIAL THERE IS A FULLY FUNCTIONAL DENTAL SERVICE AT THE END OF THIS CRISIS, OR WE RISK THE DENTAL HEALTH OF THE POPULATION BEING PUSHED BACK A GENERATION"

DR GILLIAN LENNOX

these concerns.” said Ferris.

A spokesperson for the Greater Glasgow and Clyde Local Dental Committee commented: “We would encourage practice owners to take a breath before making significant decisions about laying off or furloughing employees or making significant cuts to associates.

“The fine detail of how the Government furlough scheme might apply to NHS dentistry is far from clear, especially if the NHS are providing us with bespoke funding packages that may be contingent on having an availability of staff to be redeployed.”

In a letter to Jeane Freeman, the health minister, signed by 600 dentists across Scotland, Dr Gillian Lennox of Forth Valley’s local dental committee, wrote: “The economic impact of this crisis will continue for years. Overnight, practices have seen their incomes decimated. Every other health care sector, apart from dentistry, has received a fair funding package. Every other sector has financial stability for their staff and themselves.

“We do not. And if practitioners are left bankrupt, ultimately it will be patients who lose out. It is essential there is a fully functional dental service at the end of this crisis, or we risk the dental health of the population being pushed back a generation. We’re all in this together, but GDCs feel forgotten about in the healthcare system.”

On 30 March, Tom Ferris announced revised funding - described as a “considerable enhancement” replacing the funding unveiled on 17 March - which will cover 80 per cent of the average income from item of service and patient contributions.

Meanwhile, as part of its measures to protect the economy, the UK Government had announced support for the self-employed. But, in the wake of the Chancellor’s announcement on 26 March, James Goldman, director of advisory services at the BDA, said: “The BDA is devastated and angry that the help from announced by Rishi Sunak

will not be provided to self-employed people who earn more than £50,000.”

In a letter to the Chancellor, Martin Woodrow, the BDA’s chief executive, said: “When you told the self-employed that, as a group, they ‘have not been forgotten’, I am afraid that you were overlooking the majority of associate dentists who, while being self-employed and earning over £50,000 per year, are by no means in the realm of the super-rich. The average earnings of an associate dentist today are £69,000, significantly less than an MP for example.

“We know from earlier announcements that those working in NHS dentistry across the UK can expect some income protection – which we welcome – however the reality of dentistry in the UK today is that there is a mix of NHS and private provision. Indeed, the private sector is bigger than the NHS in terms of expenditure, and the money earned from private care subsidises NHS provision in many practices. The impact on the oral health of the nation would be catastrophic if private practice were to disappear. That has to be a real possibility if no support is offered through this health and financial crisis.”

Dave Cottam, chair of the BDA’s General Dental Practice Committee, warned: “Many self-employed dentists working in largely or exclusively private practice have seen their incomes fall to zero. Failure to offer them a safety net will not only hit highly skilled individuals but will have a devastating impact on the essential services they provide. When NHS dentistry is already stretched to breaking point, letting private practices go to the wall would be criminally irresponsible.”

* <https://journals.sagepub.com/doi/full/10.1177/0022034520914246>

** [www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30073-6/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30073-6/fulltext)

Blackhills

Specialist Dental Clinic



Central Scotland’s award winning all-specialist, multidisciplinary referral clinic

Referrals welcome for dental implant treatment, fixed & removable prosthodontics, periodontology, oral surgery, endodontics, dental radiology and cone beam CT scanning.



Paul Stone
GDC Reg No: 60534



Adela Laverick
GDC Reg No: 88211



Marilou Ciantar
GDC Reg No: 84070



Graeme Lillywhite
GDC Reg No: 68916



Brian Stevenson
GDC Reg No: 77605



Lorna Harley
GDC Reg No: 79246



Donald Thomson
GDC Reg No: 70079

Quick, secure online referrals or call us on **01764 664446**.

Your patient contacted same day of referral.

Less than 1 hour from Edinburgh & Glasgow; 30 mins from Dundee.

South of Perth, on the main A9. On site parking.

www.blackhillsclinic.com

“Share the care with a Specialist”





SDS 2020



The show must go on

Stay tuned to sdshow.co.uk for the latest on the Scottish Dental Show

WORDS
WILL PEAKIN

Midway through last month, in light of advice from the UK and Scottish Governments, we took the decision to postpone this year's Scottish Dental Show from its traditional spring date.

As previously detailed online, we had been monitoring developments in relation to the COVID-19 outbreak and we continue to express our sympathies to all those who have been affected. Ensuring the well-being of all our delegates, exhibitors, speakers and staff is our top priority.

Our contingency plan included the option of holding the show on 19 and 20 June. It was clear, however, that as the crisis worsened this would be too soon. Therefore, it is our plan to hold the show in the autumn – dates to be confirmed. We would like to take this opportunity to thank our exhibitors, delegates and speakers for their understanding and support. We would also like to extend our best wishes to all our partners at this difficult time and assure them that we will do all we can to reciprocate their support.

Traditionally, the two-day event brings people from far and wide to meet fellow professionals and find out about the sector's latest developments. Voted a huge success in 2019 by visitors and exhibitors, we are working hard to top last year's show.

With more than 130 exhibitors

demonstrating the latest technology and developments in dentistry, up to nine hours of CPD, and more than 60 lectures and workshops from professionals on a multitude of topics, delegates have plenty to see and do.

The show's Education Programme, validated by NHS Education for Scotland, will feature dedicated streams on eCPD, Clinical Skills, Business & Management, and Education & Training. Those eligible can also claim CPDA for any session where they attended two consecutive lectures. We will keep you updated regularly when we have more information at www.sdshow.co.uk and, if you have already registered, via email. With registrations, which we have paused while we confirm the new dates, already ahead of last year's record-breaking show, the programme of lectures and workshops promises to be a great learning experience.

The lectures will be delivered by expert speakers on subjects including:

- Oral cancer
- Medical emergencies
- Disinfection and decontamination
- Radiography and radiation
- Legal and ethical issues
- Complaints handling
- Consent
- Regulation
- Complaints handling
- Safeguarding children and young people
- Safeguarding vulnerable adults

From understanding the frequency of medical emergencies and how to

manage them, through to recognising the signs of oral cancer, and troubleshooting sub-optimal images during radiographic diagnosis, the Scottish Dental Show's Education Programme brings you the best in continual professional development.

Delivering the correct sequence of actions during a paediatric cardiac arrest will be covered. Delegates will also have the opportunity to hear the latest guidance on infection control and decontamination, and how to apply it in the practice setting.

Get an update on the patient complaint risks which could affect your GDC registration, find out where we are now on regulation of the dental team and about developments in GDC education policy, curricula and quality assurance. Our lectures are also scheduled to include an overview of the endless possibilities of modern-day composites in anterior situations.

There will be hands-on sessions on getting started in aesthetic medicine and an introduction to hypnosis and how it can be applied in dentistry, plus an introduction to the theory, patient assessment, treatment planning, and injection technique involved in non-surgical facial treatments.

Business lectures include the secret strategies that the most successful dental practices implement, buying and selling your practice, staying connected with practice valuations, the dental deals market, current tax issues impacting your practice, and 'tips, trips and traps' of buying and selling.

For Generation Childsmile

... the design of a new system of preventative care for adult NHS patients is under way

WORDS
WILL
PEAKIN

The design of a new model of oral health care in Scotland, which would transform the treatment of adult NHS patients and herald a fundamental change in the way that dentists are remunerated, has begun. It would see the introduction of a preventative system of care, replacing the ‘drill and fill’ approach that has dominated primary dental care for more than 60 years, and the phasing in of an oral health assessment (OHA) for adults receiving NHS treatment.

The assessment would include a full clinical examination – complemented by a discussion with the patient about their general health and lifestyle choices, including alcohol, smoking and diet, and how these factors impact their oral health.

The patient would subsequently receive a personalised care plan in relation to gum disease and tooth decay, and oral cancer, according to the degree of risk they presented. The assessment would be repeated after a set period of time, depending on what was appropriate for the patient, but would be reviewed between assessments.

Two ‘design groups’ have been established: the first to develop the OHA, as well as the prevention and periodontal care pathway; and the second to determine the ‘NHS dental treatment offer’ that dentists would select from. Meanwhile, some initial work has started within the Scottish Government to explore financial models.

“I am often told that the current system is outdated, not fit-for-purpose, and unpopular with both the profession and the public,” said Tom Ferris, Scotland’s Chief Dental Officer. “It is a system based in the foundation of the NHS in 1948 and which has evolved over time, with bits added on.

“The huge post-war rise in sugar consumption, and the advent of high-speed air-powered drills in the late 1950s, meant that treatment has essentially been founded on a ‘drill and fill’ approach. But, in the past decade, the science and modes of treatment have advanced significantly.

“Although there are still challenges to be met in some segments of the population, there is a generation of young people approaching adulthood – so-called Generation Childsmile – whose oral health is much improved compared with their predecessors. They do not need the same volume of restorative interventions, they need a preventative approach, and a system needs to be put in place that meets those patients’ needs.”

Membership of the OHA design group includes Professor Jan Clarkson, Co-Director of the Dental Health Services Research Unit at Dundee University, David Conway, Professor of Dental Public Health at Glasgow University, and David McColl, Chair of the British Dental Association’s Scottish Dental Practice Committee.

The second design group, which is looking at the ‘NHS treatment offer’, includes practitioners with a wide-ranging knowledge of the current Statement of Dental



Remuneration, in order to inform its redesign. Work on the new financial model is being carried out by a group in the Dentistry Division of the Scottish Government's Population Health Directorate.

The outcome of the design groups' work will have a fundamental impact on the future of dentistry, with a reformed primary care sector also likely to have an impact on secondary care and the Public Dental Service. "We are taking our time to ensure that this is designed properly, in collaboration with the profession," said Ferris. "It has a preventative focus and will be patient-centered.

"We're in the design phase now. Group one has done some good work on the oral health assessment and the care pathways. Group two has begun looking at what could be the menu of treatment options available on the NHS – and we are encouraging them to be bold in their thinking.

"We'll then bring the groups together to create a model that we can then take to the wider profession for consultation and also begin a consultation with the public. In terms of financing this new model of care, there is some internal work going on and we will aim to make sure it is easily understood and administered."

"But," Ferris added, "we don't want to muddy the waters at the moment with the issue of funding; we want to get the model right first – for the patient and the profession."

The proposal, contained in the Scottish Government's Oral Health Improvement Plan (OHIP), has caused concerns within the profession, however. "The focus of



A new model of NHS adult oral health care

1. The Oral Health Assessment

Based on an oral health assessment and periodontal evaluation by the dentist and information provided by the patient on their health, including lifestyle factors, such as diet and consumption of alcohol and tobacco.

2. The Care Pathway

From a discussion between the dentist and the patient, a care plan would be agreed that would include a prevention and periodontal pathway, agreement on appointment frequency, self-care steps to be taken by the patient, and options for the dentist to invoke based on an agreed 'NHS treatment offer'.



the OHIP is a shift towards disease prevention. This is to be underpinned by a patient-centred assessment, based on most current guidance. At this stage, we have no clear understanding of the administrative burden this may pose, and the time split between clinical care and IT,” said a spokesperson for the Greater Glasgow and Clyde Local Dental Committee.

“The OHIP sets out many ambitious changes to Scottish dentistry with no mention of how these are to be funded and resourced. With increasing pressures on dentists and a decreasing dental budget, there are concerns amongst GDPs about the implications this will have on the viability of NHS dentistry in the long run. At the moment a lot of NHS practices survive by offering supplementary private treatments and there are worries that an unfair OHIP may hinder practitioners offering such treatment. The proposals to carry out general patient health checks in a dental setting have been met with apprehension as most feel this is beyond the remit of a GDP. Again, additional funding and training would be necessary for this to be implemented successfully.

“There is also concern that not enough GDPs are involved in the working groups and this is essential when the Government is designing a new oral health risk assessment and treatment pathways. There should be a wider representation of clinical staff, including associates and young dentists, so that the design and implementation is reflective of the changing profession. It is imperative that dentists must be involved in discussions on this proposal to ensure that the sustainability of NHS dentistry is taken into account.

“There is some recognition of the benefits of an oral health assessment, but major concerns about whether sufficient additional funding would be available to reflect the time taken to carry out an assessment. As well as being consulted on the key components of what will make up the assessment, it should be subject to a meaningful pilot and evaluation of patient outcome before full implementation. An oral health assessment needs to be bureaucratically light, fully integrated with our IT, remunerated appropriately and centred on both the patient and the

whole dental team. Unfortunately, this is currently not evident in the vague propositions outlined in the OHIP.

“The profession is welcoming to simplifying the Statement of Dental Remuneration; a radical overhaul of the complex narrative is long overdue. However, the streamlining of item of services and moving to a more Units of Dental Activity (UDA)-based system is generally frowned upon. Reducing the frequency of dental examinations for low risk groups to 24-month recalls has raised concerns amongst GDPs as oral health can change very rapidly. Oral cancer screening is also a vital aspect of routine examinations and therefore shorter recall intervals would be preferred. Most dentists are also in favour of providing regular scale and polishes as it helps maintain favourable oral hygiene. A decrease in this provision could lead to an acceptance of a poorer standard of care by patients.

“At a time when practice overheads are constantly rising and the general morale is low, restructuring practice payments and allowances is worrying. The OHIP sets out many aspirational action points but is lacking the essential details required to alleviate the many concerns of the profession. The objectives of this plan may be positive, but without extra funding it is unlikely to come to fruition.”



I AM OFTEN TOLD THAT THE CURRENT SYSTEM IS OUTDATED, NOT FIT-FOR-PURPOSE, AND UNPOPULAR WITH BOTH THE PROFESSION AND THE PUBLIC”

TOM FERRIS, CDO

PHASE 1

1. Establishment and meetings of design groups: to develop the Oral Health Assessment (OHA) and care pathway; and an ‘NHS treatment offer’ that dentists would select from.

Initial work has also begun within the Scottish Government looking at financial models

2. Wider engagement with the profession

PHASE 2

3. Continued engagement with the profession, complemented by public consultation through the Scottish Health Council

4. Consensus and initial policy paper presented to Scottish Government

5. Design partnership with early adopter practices, plus IT design and governance, build and test

6. Consensus and definitive Scottish Government policy paper

7. Early adopter practices go live

8. Public awareness campaign

PHASE 3

9. Early adopter practice pilot continues for two OHA cycles, with ongoing evaluation

10. Decision on full roll-out

Philip Byrne

Graduating from Glasgow University in 2002, Philip established his own practice in 2010 and is building on his interest and expertise in implant dentistry

Why dentistry?

I don't come from a medical family – my mum was a waitress and my dad, a hotel porter. Basically, I was 18, nearing leaving school, had a few months to decide, and I read that dentistry could be a career with good employment prospects. The five-year course attracted me too; I didn't necessarily want to rush into a job.

How was dental school?

It was great. I studied at Glasgow from 1997. The first year was quite tough; very science-based and quite a transition from the levels of knowledge and expertise that you were used to at school. But after the first year, when you move into the head and neck and specific dental areas of study, I took to it naturally. It was an enjoyable time as well; in my third year I moved into a flat in the West End with some friends.

What was your ambition?

I thought I would like to work in private practice, and to do my VT in a private practice. I was very lucky in that I started with Dr Alistair Martin, of Martin Dental Care in Shawlands, in 2002. He was a really good trainer; an excellent clinician who spent a lot of time helping me to become a better dentist.

And from there?

I had always had an interest in surgery. So I did a six-month rotation at Leeds General Infirmary and Leeds Dental Institute, treating patients with facial trauma and oral cancer. It was a big contrast to general practice; it gave you a perspective on what a bad day is really like! It also gave me more confidence in dealing with patients

who might have underlying conditions.

Then I worked as an associate with Dr Tariq Ali, at Bishopbriggs Dental Care. Tariq was fantastic; a great person to work and I was able to build on my interest in surgery in learning from him about implantology. I was with Tariq for seven years and during that time, in 2007, I undertook a year-long foundation course in dental implants.

Why establish your own practice?

It seemed the natural step to take. At the time, I wasn't married and didn't have children. It was an exhilarating experience. I opened Erskine Dental Care in 2010, and in October last year we opened Dargavel Dental Care. It's been an exciting journey.

What does the future hold?

As my career has developed, implantology is an area that I have been keen to develop. I first became involved with dental implants in 2007. In 2016, after deciding to advance my skills further, I did a Post-Graduate Diploma in Implant Dentistry at Newcastle University. I strongly believe that through implantology you can really make a significant difference to people's quality of life. I also like working with other dentists, through referrals, and now I'm also mentoring dentists. As we grow this side of the practice, I'm looking forward to working with more dentists. I feel there's a good combination in my surgical side of the process and supporting the referring dentist in restoring the implant. It's nice for the patient to have their new tooth fitted by their own dentist and adds another string to their bow! I'm always on hand if they need help but, with the right support, it's surprisingly easier than many people think.

And how do you switch off?

To be honest, at the moment, I don't really switch off! My head's always going; keeping up to date, and it's been so busy with opening the new practice. Luckily, work can be flexible and I do like going to the gym; that clears my head, so I try and get there a few times a week – though obviously, at the moment, that's not possible. Spending time with my wife Arlene and our wee girl Portia, who's three-and-a-half, is great. Arlene has been incredibly supportive.

“

I STRONGLY BELIEVE THAT THROUGH IMPLANTOLOGY YOU CAN REALLY MAKE A SIGNIFICANT DIFFERENCE TO PEOPLE'S QUALITY OF LIFE”



Revealed: the big gap between NHS and private practice

New 'state-of-the-nation' pay report discloses £20,000-plus difference in earnings, as well as plunging NHS profitability

WORDS
WILL
PEAKIN

This month sees the inaugural launch of the NASDAL Scotland (National Association of Specialist Dental Accountants and Lawyers) Benchmarking Statistics. The annual benchmarking survey statistics are gathered from the accountant members of NASDAL across Scotland who together act for more than a quarter of self-employed dentists.

The statistics provide average 'state-of-the-nation' figures, so NASDAL accountants can benchmark their clients' earnings and expenditure and help them run their practices more profitably. The basis of the survey figures is 2019 tax returns and accounts with year-ends up to 5 April 2019.

The report has been produced on a UK-wide basis for a number of years but NASDAL now believed that, due to the many differences across dentistry, tax, and law

between Scotland and England and Wales, it was time for a stand-alone report.

Roy Hogg, of specialist dental accountants Campbell Dallas, and chair of NASDAL Scotland, commented: "The benchmarking report looks to deliver useful information and tools to help dentists run more effective businesses.

"However, it would be remiss of us not to mention the Covid-19 virus. We know that this will have a life-changing impact on dentists and dental practices across the country. We wish everyone well and will, of course, share useful information as and when we have it."

Alan Suggett, specialist dental accountant at UNW, and NASDAL media officer, added: "The NASDAL annual profit and loss benchmarking report is a unique and valuable tool which enables NASDAL accountant members to compare their practice owning clients with industry norms. It means that we help our clients really understand what is happening in their dental business."

One of the most striking facts from the 2018-19 reports is the big gap in profitability between NHS and private practices; a typical private practice's profit in Scotland is more than £23,000 greater than that of a typical NHS practice. In the statistics, the average net profit per NHS principal was £118,409 versus £141,797 average net profit per private principal. Mixed practices sat at £130,697 average net profit per principal.

As this is the first Scotland report, NASDAL cannot compare with previous years. However, it can compare with previous years of UK-wide figures.

As well as the big gap noted between NHS and private, there appears to be a big reduction in NHS profitability in 2018-19, as this figure was down 15.2 per cent compared

**“
NHS PRACTICES HAVE SEEN A BIG INCREASE
IN COSTS, MOST NOTABLY IN STAFF AND
GENERAL ADMINISTRATION”**

ROY HOGG



with the previous UK average – average net profit per principal down from £139,698 to £118,409. Private and mixed profitability both saw a small rise of 1.7 per cent and 0.5 per cent respectively.

“Private practices are continuing to do well, and a big profitability gap is in place between private and NHS practices. NHS practices have seen a big increase in costs, most notably in staff and general administration,” said Roy Hogg.

Last year, the BDA has expressed concern that the most recent Scottish Government uplift of 2.5 per cent for both pay and expenses failed to take adequate account of the full cost of running a dental practice.

The BDA estimated that expenses, such as wages, laboratory and regulatory costs have risen by more than 3 per cent in the past year. The current award, though welcome it said, would still leave dentists out of pocket. The Scottish Government confirmed that the uplift 2019/2020, announced last August, would be backdated to April.

David McColl, Chair of the Scottish Dental Practice Committee, said at the time: “While we welcome the Scottish Government’s acceptance of the Review Body on Doctors’ and Dentists’ Remuneration (DDRB) recommendation of a 2.5 per cent pay uplift, it also has to recognise that expenses are a significant element of dentists’ costs.

“Dentists have seen a 30 per cent real-terms decrease in income in recent years and awarding at least 3 per cent for expenses would have helped to halt that long-term decline and ensure that NHS dentistry in Scotland remains sustainable.”

A note on this year’s release of figures

NASDAL said it appreciated that there were more important things happening in the world at present. However, the figures were prepared across 2018-19 and there was nonetheless a wish to share them with the profession.

The NASDAL Scot benchmarking statistics will be published annually in March and reflect the finances of dental practices and dentists for the most recent tax year. The figures provide a detailed picture of dental practice finances, sourced directly from dentists working privately and in the NHS. The organisation’s designation of practices as either private or NHS reflects that 80 per cent of business income comes from that source.

NASDAL, the National Association of Specialist Dental Accountants and Lawyers, was set

up in 1998. It is an association of accountants and lawyers who specialise in acting for and looking after the accounting, tax and legal affairs of dentists.

It is the pre-eminent centre of excellence for accounting, tax and legal matters concerning dentists. Its members are required to pass strict admission criteria, and it regulates the performance of its members to ensure high standards of technical knowledge and service.

Associates – fee income and profit down

The statistics from 2018-19 saw Associates with average fee income of £75,435 and average net profit of £62,419.

Compared with the UK wide figures from 2017-18, this sees a big drop in fee income from £81,714 and average net profit of £66,318.

A spirit of quiet effectiveness

The payment regulator's focus is on partnership and working with dentists to improve the system

For those of us who are sports fans, the notion of the best referees being those you notice least is a familiar one. Whether you follow football or rugby, cricket or tennis, the officials who do their job competently and with the minimum of fuss are generally considered the best in the game.

That same spirit of quiet effectiveness and a desire to remain far from the spotlight runs deep within the Practitioner Services Division of NHS National Services Scotland.

Yet this is an organisation with deep responsibility for, and influence within, the dental profession in Scotland.

In purely practical terms, that involves ensuring prompt payments totalling more than £300m each year for services provided by more than 3,000 dentists across the country.

But those bare figures tell only one small part of the story. PSD is also transforming the future of dental service delivery.

Its e-dental initiatives include electronic claims, payment schedule reports and most recently electronic prior approval with full support for digital photographs, radiographs and models.

These advances are ensuring that the profession, and the millions of patients it serves, benefit from the transformative power of technology. Its innovative approach seeks to reduce treatment plan times for patients and slash red tape for dental professionals.

But it is the role PSD plays as the regulator of payments, and as one

of the guardians of professional standards in Scotland, that has seen it thrust unwittingly into the spotlight in recent months.

There is a growing realisation within the organisation that its work, particularly its focus on partnership and working with dentists to shape and improve the system, is little understood, far less appreciated.

Martin Morrison, Associate Director, Practitioner Services Division, said: "We are here to promote and ensure good clinical practice.

"Our systems, processes and staff are motivated to identify good and bad practice and to either take corrective action where required or to communicate this to others who have that responsibility.

"Patients are our priority and our objective is to support the provision of safe, effective and person-centred care.

"Our view has always been that getting on with the job we are tasked by the Scottish Government to do – and doing it well – is good enough

"But when our organisation, and the reputations of our colleagues, is unfairly damaged, then we are simply not going to accept that."

A major frustration for Mr Morrison is the misunderstanding over the recovery of fees paid to dentists.

The misconception that he and his colleagues work to so-called 'recovery targets' is especially grating. Not least because, to continue the sporting analogy, the referee is only applying the rules that all teams have agreed to abide by.

What is more, every 'team' has played a major role in shaping those rules thanks to PSD's partnership

and engagement with dentists and their representative bodies, such as the British Dental Association.

"Claims of minimum overpayment recovery targets are a nonsense," Mr Morrison added. "Everyone involved in the system, which dentists and their professional bodies have played a major part in creating, accepts that overpayments can occur.

"The figure for overpayments recovered represents less than 0.02% of payments made. The fact the figure is so low is actually testament to the success of the system.

"It reflects how well the overall system of financial controls is operated and understood by our staff and dentists.

"The Regulations approved by the Scottish Parliament and the Payment Verification Protocol published by the Scottish Government accept that overpayments can occur

"They also make it clear that when they do, they should be recovered to the public purse. Our job is to recover that money on behalf of the taxpayers of Scotland and our elected government.

"No one would be happier than us if the actual recovery figure was zero, since that would mean all claims complied with the rules.

"That is not achievable so some figure needs to be assessed so that we can report actual recoveries and if they fall within expected levels."

If minimum recovery targets are a myth, then the importance placed upon sampling as a mean of investigation is accurate but misunderstood.

"The suggestion that sampling is an unfair or indeed unlawful way to identify and overpayment and then recover it to the public purse is

WORDS
PRACTITIONER
SERVICES
DIVISION





Alan Whittet



wrong,” he added.

“Indeed, Lord Arthurson’s report in February 2018 says that much where he advises: ‘In my view a methodology of sampling could well be characterisable as rational and in accordance with a proper construction and application of regulation 25.’”

Similar misconceptions surround PSD’s ability to recover overpayments made more than five years ago and to deduct those payments from ongoing payments to the dentist.

As Mr Morrison explained: “We only ever act on legal advice and we have opinions from two senior QCs that the five-year limit does not apply to payments made under the GDS Regulations.”

Alan Whittet, PSD’s Senior Dental Adviser, and a registered dentist with extensive practice in the GDS and as NHS Board dental practice adviser, commented: “When it comes to prior approval, decisions are always made on clinical grounds alone.

“Since the prior approval service is led by our own dentists, they are bound to make decisions in accordance with the GDC standards.

“We never turn down prior approval requests on the basis of cost. Only a dental adviser can decide not approve treatment and case is reviewed by another dental adviser before a final decision is made.



WHEN IT COMES TO PRIOR APPROVAL, DECISIONS ARE ALWAYS MADE ON CLINICAL GROUNDS ALONE”

ALAN WHITTET

“Each quarter representatives from SDPC and SOSG peer review 10 random anonymised requests from both general and orthodontic specialist practices.

Their decision is compared with ones made by dental advisers. In the last five years there has not been a single occasion in which this peer review has disagreed with the original decision we made.”

What is also clear is that, as with football referees who may choose to issue warnings or dish out yellow and red cards, PSD uses a range of options to safeguard the integrity of dentistry.

“Our approach is to show flexibility wherever appropriate,” continued Mr Morrison. Our first approach to recover overpayments is to seek agreement with the dentist.



Myth busting

- **MYTH:** PSD works to “targets”.
FACT: PSD never works to “targets” for recoveries.
- **MYTH:** PSD get bonuses if they hit those “targets”.
FACT: Staff don’t get bonuses for hitting “targets” that don’t exist. Neither would they want or accept them. To do so would be highly unethical.
- **MYTH:** PSD investigate dentists to catch them out.
FACT: PSD carries out the Payment Verification activities in line with nationally agreed protocols. It works in partnership with territorial NHS Boards to do so.
- **MYTH:** PSD keeps the cash it recovers from overpayments.
FACT: Every penny that is recovered by PSD is returned to the public purse, to be available for the benefit of the people of Scotland.
- **MYTH:** PSD recovers patient contributions for claims which are identified as overpayments.
FACT: Normally these are refunded to patients by the dental practitioner. PSD would only considering recovering these in order to subsequently refund the patient themselves.
- **MYTH:** I will be referred to the GDC if I don’t agree to a recovery of an overpayment.
FACT: We would consider referring the dentist to the GDC if they did not recognise their error and remediate their clinical and claiming practice. GDC referrals are always done in conjunction with the relevant NHS Board.
- **MYTH:** I’ll be sent to the GDC even if it was a honest mistake.
FACT: If the mistake solely related to incorrect claims and the payments were recovered, then that would be very unlikely. If patients were harmed, that would be a matter for the NHS Board to consider in the first instance and a GDC referral could result.



“However, our legal advice also confirms that the Regulations give us the ability to deduct overpayments from ongoing monthly GDS payments.

“When we do that we always set the value at a level which will not cause the practice or dentist hardship, but that ensures the money is returned to the GDS budget within a reasonable timescale.”

In common with every other organisation within the wider public health landscape, PSD has activated its resilience plan and targeted its resources where they will be most needed to support Scotland's dentists through the current COVID-19 crisis.

“It is particularly unfair,” continued Mr Morrison. “That my colleagues, who are working so hard to ensure services are protected in this difficult time, are those who have been most hurt by the recent, unjustified criticism.”

It is also clear that PSD considers its work critical in ensuring the system fairly protects and rewards the overwhelming majority of dentists who abide by the rules that they themselves have signed up to and helped create through their representative organisations.

Mr Morrison concluded: “The payments system operates on trust in an attempt to balance out the cost of administration and maximising the payments made to dentists.

“The vast majority of dentists comply with the rules and that is evidenced by the assurance that the



OUR OBJECTIVE IS TO SUPPORT THE PROVISION OF SAFE, EFFECTIVE AND PERSON-CENTRED CARE”

MARTIN MORRISON

PV programme gives – 99.98%.

“When that trust is broken by a minority, we need to take action else the system will become more bureaucratic for everyone.

“The cost of managing it will spiral. Funds will be diverted funds which would be best invested in front-line dental care away from the payments made to dentists. No one wants that to be the outcome from a small number of dentists not playing fairly.”

More information:

PSD website – www.nhs.uk/services/practitioner

PSD Dental – <https://nhs.uk/services/practitioner/dental/>
Primary Care Dentistry Annual Report
<https://www.isdscotland.org/Health-Topics/Dental-Care/Publications/2019-11-26/2019-11-26-SDPB-Report.pdf>

Martin Morrison

Practitioner Services Division – FAQs

What is PSD?

PSD is a division of NHS National Services Scotland, a NHS agency created by the 1978 NHS Scotland Act which created the infrastructure of the NHS as we know it today.

What does PSD do?

We provide a range of support and payment services to four primary care contractor groups: General Medical Practices, General Dental Practitioners, Community Pharmacies and Optometrists.

How many staff do you have?

We employ around 400 staff working from four locations across Scotland. We manage £2.4bn of Scottish taxpayers' money, around 22 per cent of the NHS Scotland budget.

What do you do for dentists?

In addition to our payment role, PSD:

- › Authorises complex or expensive dental treatment in advance of treatment;
- › Approves discretionary fees for treatment outwith the scope of the Statement of Dental Remuneration
- › Manages the Scottish Dental Reference Service which provides a quality report on the treatment planned or provided by the patient's dentist;
- › Provides support and advice to dentists helping them deliver care whilst remaining compliant with the rules and Regulations;
- › Delivers training to dentists already operating within or just joining the GDS in Scotland.

What specific dental expertise is within PSD?

The dental team comprises of managers, administrative staff and registered dentists. We have 14 dental advisers/ dental reference offices and around 30 other staff working in administration, prior approval, payment and payment verification, customer services and SDRS.



The first part of a complex jigsaw

But scrapping NHS dental costs won't make much difference to the UK's oral health crisis

WORDS
CHARLOTTE
CURRIE,
CHRISTOPHER
VERNAZZA,
JUSTIN DURHAM,
SIMON STONE

In the run-up to the UK general election last year, the Labour Party announced as part of its manifesto that it would introduce free dental check-ups in a bid to encourage people to seek dental care and reduce pressures placed on GPs and A&E departments.

The proposal to remove all band one charges for NHS dental care would mean that the public would be entitled to a free dental check-

up, X-rays, scale and polish. At the moment most (or nearly all) patients do not get these services without incurring a cost – though children and pregnant women already qualify for free dental treatment under the NHS.

The introduction of free dental check-ups is undoubtedly a step in the right direction towards reducing barriers to accessing dental care. But unfortunately, the decisions people make regarding whether to see a dentist or not are not this simple. It's certainly not all about the cost of

treatment – and this is something the new government will need to address if they are to tackle the UK's oral health crisis.

Research dating as far back as the 1980s has shown the barriers and decision making behind seeking dental care is a complex area and has a huge impact on how people access services. Dental anxiety, the availability of dentists, bad experiences in the past, a confusing NHS dental care system, work and other life priorities are just some of the reasons why people avoid seeking dental care.

And above all that, research shows that a lack of perceived need for dental care plays a prominent role in determining whether to see a dentist for a check-up. You wouldn't go and see a GP if we weren't feeling unwell, so why would seeing a dentist be any different? For some people, dental pain has to be present – often for a

“

RESEARCH SHOWS THAT A LACK OF PERCEIVED NEED FOR DENTAL CARE PLAYS A PROMINENT ROLE IN DETERMINING WHETHER TO SEE A DENTIST FOR A CHECK-UP”

long period of time – before they will even begin to consider getting help.

All this together means that offering someone who is dentally anxious, and not experiencing any current dental pain a free check-up is highly unlikely to result in them seeking care. Equally, a free dental check-up to someone working long hours, balancing family life alongside work, with no local NHS dentists available simply won't be enough.

The Labour Party said that “around 135,000 patients per year are estimated to attend A&E with dental problems”. This is a figure based upon research we conducted at Newcastle University and shows the scale of the problem with dental care.

Other research has also found that “around 380,000 patients with toothache chose to head to their GPs who cannot provide dental treatment”. The reasons why people try to get dental care from non-dental professionals, such as GPs, is more complicated than just avoiding a dental charge. Indeed, it relates to knowledge about dental symptoms and healthcare services, and the availability of dentists compared to GPs.

Oral health crisis

The Conservative Party's response to Labour's proposal, that “dental check-ups are already free for those who don't have the means to pay”, also doesn't solve the problem and showed a lack of understanding. Indeed, many who are eligible for free dental care do not realise that they are. Or don't claim free treatment at the fear of being fined.

If any of the parties wished to fully address the ongoing oral health crisis then simplistic changes, such as a free check-up, won't suffice. The British Dental Association produced its own manifesto on what the Government needs to change regarding dental care, including improvements with dental workforce, current NHS contracts, dental regulation, national campaigns and investment in high quality national research.

Although arguably even more needs to be done to overcome the range of complicated barriers the public face when seeking dental care. A free dental check-up may be the first part of this complex jigsaw, but it's certainly not enough.

Author affiliations:

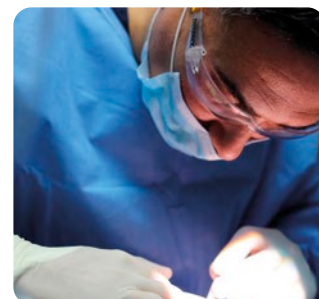
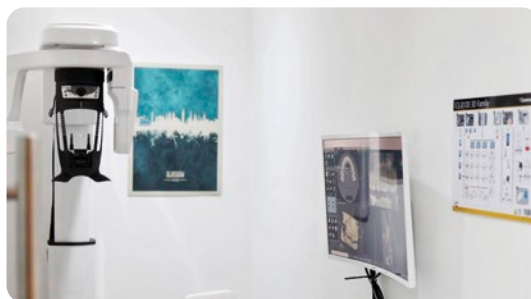
Charlotte Currien, Clinical Fellow, Newcastle University; Christopher Vernazza, Senior Lecturer in the School of Dental Sciences, Newcastle University; Justin Durham, Head of school, Professor of Orofacial Pain, Hon Consultant Oral Surgeon, Newcastle University; Simon Stone, Senior Clinical Lecturer/Honorary Consultant in Restorative Dentistry (Endodontics), Newcastle University.

Charlotte Currie receives funding from the National Institute of Health Research (NIHR) Doctoral Research Fellowship (DRF-2017-10-022). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

Chris Vernazza is funded by a National Institute for Health Research (NIHR), Clinician Scientist Award. This article presents independent research funded by the National Institute for Health Research (NIHR). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

Justin Durham and Simon Stone do not work for, consult, own shares in or receive funding from any company or organisation that would benefit from this article, and have disclosed no relevant affiliations beyond their academic appointment.

This article was first published by
theconversation.com



Erskine Dental Care -

Dr Philip Byrne BDS Dip Imp Dent GDC No. 80751

- Implant Referral Practice (Free restoration training/mentoring for referral practices, restoration kit also provided)
- Affordable implant options for your patient, only 20mins from Glasgow.
- Iv Sedation available.
- Open 8-8 Mon-thurs, Friday 9-5.
- Saturday implant appointments available by appointment only.
- CT scan referral service
- Easy online referral portal
- Straumann implant system

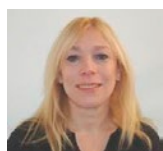


Unit 7, Bridgewater Shopping Centre, Bridgewater Pl, Erskine PA8 7AA
Tel - 0141 812 8420
Email - info@erskinedentalcare.com
www.erskinedentalcare.com

erskinedentalcare
DENTAL IMPLANT CENTRE

Inspired to teach

Sarah Pollington will bring both experience and new ways of thinking to dental education



DIRECTOR OF
DENTAL EDUCATION
**DR SARAH
POLLINGTON**

The Royal College of Physicians and Surgeons of Glasgow has appointed Dr Sarah Pollington as its new Director of Dental Education. Dr Pollington graduated from the University of Sheffield in 1992. After working in general dental practice, she began part-time teaching at the university in 1995 – initially in oral surgery and then restorative dentistry. She became a full-time clinical lecturer in restorative dentistry in 2001.

In 2008, Dr Pollington completed her PhD in novel dental ceramics and completed specialist training in 2013. She is on the GDC specialist list in restorative dentistry, prosthodontics, periodontics and endodontics.

Currently, Dr Pollington is a senior clinical teacher and honorary consultant in restorative dentistry at Sheffield University. She is the undergraduate lead for learning and teaching in periodontology, lead for a number of prosthodontic clinical skills courses and director of student affairs. Her research areas involve pedagogical and clinical trial work.

Dr Pollington has been actively engaged with the college since 2007, initially as an examiner for MFDS Part 1 and 2, and more recently as a member of the Dental Education and Training and Professional Development Board. *Scottish Dental* magazine asked her about the professional journey she had undertaken so far and her ambitions for the role.

What took you into the profession?

From a young age, I have always wanted to work in healthcare and during secondary school, I undertook work experience in a dental practice in my hometown of Grimsby. The principal dentist, Peter Carrotte, and his associates were very inspiring and supportive, and I realised this was to be my vocation. In fact, Peter went into teaching himself – initially at the University of Sheffield and later at the University of Glasgow.

Why move into teaching?

Initially, I started as a full-time associate in Grimsby – for three years – but I soon realised I wanted to learn more, develop my skills further, and pass on my knowledge and experience through education. In 1995, an opportunity arose for me at the Charles Clifford Dental Hospital through teaching a session on oral surgery with undergraduate students learning extractions and surgical procedures, which started my teaching career.

However, my heart has always been in restorative dentistry and, in 1997, I began supervising students on the undergraduate restorative clinics initially on a part-time basis until I became a full-time clinical lecturer in restorative dentistry in 2001.

I was inspired by a number of tutors during my undergraduate and postgraduate training and want to give that experience back to junior colleagues. I am very passionate about teaching and endeavour to provide excellent teaching experiences through imparting my

own knowledge and encouraging lifelong learning.

What was the thinking behind the choice of subject for your PhD?

I wanted to undertake a novel, innovative project and, as one of my clinical interests is indirect restorations, I decided to pursue the development of a novel glass-ceramic that was strong, could be machined by CAD/CAM technology as well as retain excellent aesthetics associated with glass-ceramics.

It also provided me with the opportunity to work in different departments, such as mechanical engineering, and learn new skills and expertise in terms of dental material testing. For some of this laboratory testing, I worked collaboratively with the University of Siena.

How would you say teaching has changed over the years?

Learning and teaching has changed in many respects over the years. We are moving away from the more traditional lectures and demonstrations and are embracing the new technologies and resources available to us, such as eLearning, webinars and long distance/remote courses. There has also been changes in teaching methodology, such as flipped learning, problem-based learning, and active learning approaches.

By the same token, how has learning changed?

Through these technologies, the students are able to actively engage

and take on responsibility for their own learning. For example, with flipped learning, where the students are provided with the learning resources before the teaching session, this allows them to view the material on multiple occasions until they are comfortable with the new learning objectives. It also allows for further preparation and planning by the students prior to the session in terms of additional reading and highlight any area that needs further explanation.

And the make-up and ambitions of student cohorts?

Traditionally, most dental students have gone into general dental practice, but I feel there is a move more towards specialising in a specific subject area for either private practice or the hospital environment. Dentistry does open up many different opportunities for the young graduate, including general practice, hospital, university, community, volunteer work and the armed forces.

Describe the experience of your involvement with Glasgow

I am highly committed to the Royal College of Surgeons of Glasgow and have been actively engaged with the college since 2007, initially as an examiner for MFDS Part 1 and 2, then MFDS Part 1 Multiple Short Answer Lead examiner from 2011 to 2013, deputy convenor MFDS Part 2 (North West England) from 2015 to 2019 and a member of the Dental Education and Training and Professional Development Board since 2017.

I am very privileged to have worked alongside so many supportive colleagues who all want to deliver the best learning and teaching. Many wonderful opportunities have arisen for me through my engagement with college including examinations at both national and international level over the years.

Why apply for the post?

Becoming Director of the Education and Training Board will allow to further pursue my dedication to the college and impart my knowledge and experience in further development and promotion of

Dental Education. As a senior clinical teacher and honorary consultant in restorative dentistry at the University of Sheffield, I have more than 20 years of experience in learning and teaching, at both undergraduate and postgraduate level, and I am on the GDC specialist list in restorative dentistry, prosthodontics, periodontics and endodontics.

What do you hope to bring to the role?

I want to bring my skills and experience in learning, teaching and leadership to the college and I welcome the opportunity to extend my commitment to the college through this prestigious role in leading and developing new innovative training and education and also to further promote the college. My approach to learning and teaching is innovative and I have introduced a variety of new ideas and concepts throughout my career, demonstrating my commitment to the development and delivery of education.

Another area we are hoping to develop is a new international revision course for MFDS Part 2 and educational activities for international membership. This will also open up further opportunities for the college to provide education nationally and internationally in various formats such as an annual conference, distance learning, webinars, streaming of events, awards and advance the college profile. In addition, there will be the opportunity for the college to develop new dental examinations.

What would you say have been some of the advances and achievements of the College in dental training?

A variety of different courses and symposia have been developed over the years by the college which have now become established as popular ongoing events and also the use of

new technologies to deliver such events including Dental Webinars, eLearning courses, provision of various symposia, cadaveric workshops mandatory and CPD courses have enabled the college to reach a wider audience. The college is also developing further its social network platforms to promote dental events.

What challenges remain?

Everybody is leading very busy lives and our workload is ever increasing. Funding and study leave to attend courses remains challenging. By the use of new modern technology, most courses can be live streamed, and webinars can be watched at a suitable time in relation to work schedule. Time to plan and develop new learning resources also needs to be considered.

Any initiatives or enhancements planned?

The college plans to further extend its provision of dental education, both nationally and internationally. Development of cadaveric workshops within the College and CASC is planned. Further courses, in particular hands-on courses, for all members of the dental team is being explored as well as future conferences and educational events. Inclusion of different audiences such as undergraduate students and DCPs is another area that will be expanded.

What are the key wider issues around the workforce, education, post-grad education, skills and professionalism?

We are facing an uncertain future with wider issues around sustainability, funding, workforce shortages and the longer term regarding the NHS, the impact Brexit, and the implications of the Coronavirus crisis. Professionalism is another growing area, and education centred on human factors is needed.

INTERVIEW
**WILL
PEAKIN**



**WE ARE MOVING AWAY FROM TRADITIONAL LECTURES
AND EMBRACING NEW TECHNOLOGIES AND RESOURCES"**

DR SARAH POLLINGTON



HOW TO INTRODUCE ZONING TO YOUR DIARY

Louise Bone looks at how you can introduce appointment zoning to create a more positive experience for patients and the team

Zoning your appointments is a way to bring greater efficiency, that will not only ease the running of your practice but also provide a better experience for patients.

Structuring your diary into zones will help clinicians' time be well managed, enable the team to prepare for upcoming appointments more easily and create a calmer atmosphere, as the team has more of an idea about what to expect from their day. But how do you begin to introduce such a system?

You'll need to consider what zones and how many you need to make it work. For example, new patients, emergencies, NHS, children, long

appointments, check-ups, time with the hygienist and therapist, etc.

As always, the numbers are important for your sustainability and profitability so one thing to think about when deciding how to split up your zones is the financial aspect. For example, setting a rate of how much each performer and surgery needs to earn per hour, whether you have different times for fee-earning or 'non-earning' appointments, if you have patients on a plan, etc.

The idea is to make managing the practice simple, so make sure the system you use isn't onerous. One way to do this is to use different colours for different zones, so you can see at a glance which type of appointment it is. This will

also make it obvious if there is an anomaly.

And anomalies may well happen. Obviously for the system to work as well as possible, you should try to stick to it as much as you can. However, there should be some element of flexibility for those instances where you simply can't schedule an appointment in the allocated zone, although this should be kept to a minimum.

Deciding at what time/day the zones should be is important in making the system successful. This could be something to discuss with the whole team, as it is worthwhile accommodating, as much as you can, people's preferred working patterns, i.e. people often feel they work better at different times of the day and so it might

be more appropriate to schedule longer, more complicated appointments then.

It might also just make more practical sense to have certain appointments at a particular time. For example, a children's zone for just after school finishes. This also has the added benefit that other patients attending the practice outside of that zone won't be bothered by children and the noise they can make, which will create a better experience for all.

By involving the entire team in zoning the diary, they will feel their needs have been taken into account and be more likely to buy into the system, understand why it's important and help to make it a success.

It's also worth spending time training the team in the system so that everyone can become confident in how to use it. This is key to ensuring smooth implementation because if they are unsure when a patient is trying to make an appointment, the patient may become frustrated and will not feel as if they have had a satisfactory experience.

Depending on the type of practice you have there will obviously be different considerations to take into account, such as

the needs of your dentists and the types of services you offer. However, spending the time to decide what is most important to your business and how you can adapt your zoning to support that will help to ensure you get started on the right foot and reap the benefits it brings for you and your patients.

Louise Bone has been a Regional Support Manager for Practice Plan Group, a leading provider of practice-branded dental plans, for over six years and has 17-plus years' experience in dentistry, including five in practice. Our team of experienced professionals has supported over 1,500 dental practices to transform the profitability of their business through the combination of a well-populated plan and personalised support. If you're looking for more independence or freedom from the NHS and a more fulfilling and rewarding future, call 01691 684165 or visit www.practiceplan.co.uk



YOUR PANTS

Are you restless for change - desperate for better support from your dental plan provider? At Practice Plan we're always looking for creative ways in which we can help our clients to grow strong and sustainable membership plans in their practices. So, if you're wriggling in your seat and you're frustrated by your current provider's lack of oomph, give us a call - we'd love to work with you and help you take your practice to the next level.

Practiceplan
The business of dentistry

www.practiceplan.co.uk
01691 684165

Part of the **WESLEYAN** Group

THE FEEDBACK PROCESS

It works both ways; both parties can learn from the experience and a bond can form between the practice and the patients

[WORDS: SUSIE ANDERSON SHARKEY]

ONE WONDERS WHAT METHODS YOU

use to keep up your CPD and to keep abreast of what is happening in the dental industry? One of the ways I keep up to date is by reading articles as they are published and one such article caught my attention recently.

The article in question was regarding the findings of the latest Patient and Public survey conducted on behalf of the General Dental Council which includes insights for dental professionals to consider (notice I have said dental professionals, not just dentists) regarding patients' expectations, complaint handling and other issues.

Some interesting statistics emerged from the results, which caused me to have a few moments of reflection in regard to my own workplace – are we doing everything we can to make the patient experience a positive one?

I am going to concentrate on just one area that was tackled in the survey and see how we think our own practices would fair.

Regarding positive or negative feedback, most people in the survey said they would be happy to provide feedback, however three in 10 of those interviewed in the poll said they would not be likely to provide either positive or negative feedback. The reasons they gave are as follows:

1. They didn't think anything would be done with the feedback (30%);
2. They didn't know how to feedback (24%);
3. They would feel embarrassed to provide feedback (17%).

So, let me try to tackle each of these three points.

1. THEY DIDN'T THINK ANYTHING WOULD BE DONE

30% of those who wouldn't provide feedback stated this as the reason. I wonder why they thought this was the case? I wonder what they perceived to be the culture in the dental practice? Have they had previous experience of providing feedback at the practice only on their next visit (and the next and the next) to find that it made no difference whatsoever? If so, we need to make it clear that we are asking for feedback because we are keen to improve the patient experience and each suggestion will be discussed and considered at a subsequent staff meeting.

2. THEY DIDN'T KNOW HOW TO FEEDBACK

Do you email patients after treatment and ask

for feedback? Do you give an opportunity in your practice brochure to not only invite but encourage feedback? Do any of the reception staff actually ask for feedback? Do you provide feedback forms in the waiting area that can be filled in anonymously and placed in a box? Here are some ways that you can collect feedback from your patients:

• **Ask.** The old adage is true: "If you don't ask, you don't get."

• **Email.** After the patient has completed a course of treatment, send them a short email asking three of four questions regarding their experience in the practice.

• **Survey.** There are lots of companies that offer online surveys. Send a link to the patient (naturally you have checked with them if this is suitable) and ask them to take a moment to complete the online survey

• **Google reviews.** Check your Google reviews regularly to see what your patients are saying about you!

• **Listen.** When the patient is chatting to you, listen to what they are saying. Unhappy patients are our greatest source of learning and if, during the course of conversation, it becomes apparent there is something they are unhappy about, use this feedback to make changes.

3. THEY WOULD FEEL EMBARRASSED TO PROVIDE FEEDBACK

So, we know that 17% of the non-responders would be embarrassed to provide feedback. Why would this be so? Is it because they expect to have to put their name to the feedback? Is it because they think they will have to speak to a member of staff and would

rather not do this face to face? Is it because they feel they will be treated differently if they gave negative feedback? Whatever the reason for the embarrassment, it is important that the patient is reassured that feedback can be:

- anonymous
- totally private
- to help understand patient needs and how we can improve the service
- positive as well as negative.

Feedback is a two-way education process. Both parties can learn from the experience and, if handled correctly, a great bond can form between the practice and the patients.

And let us also remember what I stated above.

Feedback doesn't have to be negative.

Everyone loves to hear when they have done a good job, and dental professionals are no different. We need to provide an environment where the three areas we have looked at are addressed i.e. when patients give feedback, they know that the feedback will be valued and taken seriously; patients must know that they are able to give feedback and how to

easily do this; patients must not be placed in an embarrassing situation but they must be aware that any and all feedback is treated in the utmost confidence and if so desired, they can remain anonymous.

So, having taken a few moments to browse this article, take a few moments now to reflect on your own practice. The survey indicated that seven out of 10 patients would give feedback but that still leaves three who wouldn't. If you treat 60 patients in a day, that's 18 patients who would not be providing you with feedback. That's 18 patients who walk away at the end of their treatment and you don't know if you've done a great, good or lousy job! Don't you think it would be great if you could find a way to reach those patients, build up a relationship with them, make them feel that they not only can, but definitely want to, provide the practice with feedback? Not only would you gain their loyalty, but you would also gain insight into how your patients view you and your practice and, how you can take steps to improve your customer care.

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



**WE NEED TO PROVIDE
AN ENVIRONMENT WHERE
PATIENTS KNOW THAT
FEEDBACK WILL BE VALUED"**

GIVE YOUR DENTAL EQUIPMENT THE TLC IT DESERVES

Once you've invested in the best equipment, how do you continue to keep it in the best condition? NSK Service Manager Gary Stephenson explains

When you purchase your dental equipment – whether that's a handpiece, autoclave or precision surgical equipment – you put your trust in the quality of the components and workmanship. So why would you compromise when it comes to service?

These are devices that dentists rely on day in, day out and as a consequence they must be able to deliver the required performance whilst also being easy and ergonomic to use. Poorly performing equipment not only adversely affects the patient, but also the ability of the dentist to do their job to the best of their ability – not to mention the impact of downtime caused by premature failure.

Dental handpieces are precision instruments often made up of hundreds of individual components, all manufactured within extremely tight tolerances to deliver the highest standard of performance no matter what the application.

These instruments spend most of their life inside a patient's mouth, so the manufacturing process must meet the highest quality standards to make them safe to use. And as a medical device, they are regulated by the MHRA.

When it comes to equipment so essential to your ability to treat patients, it's vital to follow the manufacturer's care and maintenance guidelines and have the equipment regularly serviced by factory-trained engineers using original parts. It can't be emphasised enough how failure to do so may not only put patients and operators at risk of harm, but also result in the equipment no longer being compliant in the eyes of regulatory bodies should an adverse incident occur.

NO COMPROMISE

At NSK, we strive to support all our customers in taking care of their valuable equipment. This starts with clear and straightforward instructions accompanying every piece of equipment, not only on how it works but also how to look after it and when



to service it to ensure ongoing excellent performance. To complement this, our customers also have access to the NSKare website with a wealth of material on care and maintenance as well as online CPD training opportunities for the whole dental team.

NSK handpieces are precision manufactured in Japan with most parts manufactured in-house. It's with this quality in mind that NSK products come with guarantees of the highest standards. This includes an additional six-month warranty on NSK instruments for all iCare, iCare+ and iClave plus users.

FAST TURNAROUND

No dental professional can afford to be without key pieces of equipment for any length of time, so it's important to make sending equipment in for service as quick and easy as possible. NSK customers can book their handpieces in for service on the NSKare website by simply filling in an online form and then using the downloadable FREEPOST labels; we take care of the rest.

The calibre of the servicing and repair team is also important. All our NSK service engineers have been through a thorough training process, where they learn exactly how each model is put together and

designed to function. They follow quality assured procedures and manufacturer approved tools to match exact factory specifications, and they only use genuine NSK parts.

PEACE OF MIND

Regular servicing and maintenance of surgical equipment and handpieces is vital to keep them functioning correctly and reliably at all times. In order to help with this, NSK offer a choice of NSKare Service Plans through which, for an affordable monthly fee, you can be assured that your valuable equipment is covered by ongoing servicing as well as benefitting from fast turnarounds or loans of replacement equipment whilst yours is being fixed.

At NSK we want our customers to get maximum use and longevity out of their equipment and that's why we have such a strong focus on care and maintenance best practice. When a customer needs us for a routine service or repair, we want to give them expert service and fast turnaround times, so they never have to spend extended periods without their essential equipment. This can bring great peace of mind to busy dental teams who rely on their equipment to do their daily work.



Discover more about NSKare and how your valuable equipment can be kept in tip top condition at
[nskare.co.uk](https://www.nskare.co.uk)
 @NSK_UK
 @NSK_UK

'CAVEAT COMES' OR, ROUGHLY TRANSLATED, 'ASSOCIATE BEWARE'

Associates cannot be blamed for the failure of a parent company, but many will wonder if they could have seen it coming

[WORDS: ALUN K REES]

THE NEWS THAT FINEST DENTAL, with branches in Canon St, Liverpool St, Brentwood, Wokingham, Winchester, Milton Keynes, Leicester and Birmingham, has gone into liquidation fills me with sympathy for its patients and teams who have been left high and dry.

If I were a patient and casual observer, I would ask: "Surely there are systems in place to ensure that patients cannot be left in the middle of treatment? I have heard of this thing called the Care Quality Commission that safeguards patients." Yes, it exists in England, and there are similar bodies in Scotland, Ireland and Wales making much the same claims; that they ensure practices are providing "safe, effective and high-quality care, and to encourage them to improve" or words to that effect.

Unfortunately, none of these inspectorates look at the true viability of businesses, bother to lift the financial mattress, or really inspect every element of the way that treatment is provided. Indeed, even if they did, six of the nine sites had not been inspected. Of the three that had been, only one had a clean bill of health.

One of the drawbacks with compliance-based programmes and inspections is that anyone can buy an off the peg compliance system and say they have all the documents, all the procedures listed and obeyed, and all their boxes ticked. The staff are briefed as to what to say to the inspector and on that day the practice passes muster, breathes a sigh of relief and (possibly) goes back to doing what they have always done. They can be passed with window dressing.

The alternative is an integrity-based programme where the business has developed its own set of core principles and all behaviour is governed according to those principles. Success is directly linked to maintaining their ideals and starts at the

very top with owners demonstrating the principles consistently.

A quick look at the dentistry that Finest Dental has been advertising – and on which it was presumably basing its business plan – reveals some of the worst habits of oral care provision in the 21st century. There is a desire to provide high cost items at prices better than the others in the market. Known informally as a race to the bottom, it will always lead to losers. In this case, judging from the comments left on the double-edged sword that is Trustpilot, many of them are patients who have paid up front, often several thousand pounds, for advanced treatment.

As anyone who has heard me speak about money will know, "most dental businesses that fail do so due to poor cashflow". Budgets and realistic predictions mean a whole lot more than shiny, expensive, marketing plans. Demanding cash before treatment then delaying that treatment, as has happened, shows a business seeking to sell itself out of trouble, a tried and tested way of getting yourself into a deeper mess. Allied to offering cut-price treatments, this can lead to a vicious spiral where every payment received is being used to settle past debts. You try swimming faster, but the sharks are faster still.

Putting patients aside (although their problems reflect poorly on every dental graduate everywhere) I want to look at those mentioned in the title of this piece, "Caveat Comes", which my online translator tells me is Latin for "Associate Beware".

Although the associates cannot be blamed for the failure of the parent company, I am sure many will wonder if they could have seen it coming. Did they choose, as humans often do, to keep going and hope for the best? They will be burned by their experience and, with commitments to house

and feed themselves and their families, will need to get back into the job market quickly. I sincerely hope they have sympathetic bank managers, lest they end up as collateral damage.

I have heard in the past associates sharing stories of corporate branches and others running out of materials, being "encouraged" to do certain, more profitable, treatments or diverting laboratory work to cheaper labs. The last two happened to me many years ago in one of my last posts before striking out on my own. There's little new under the sun.

In most instances a patient would describe the associate as "their" dentist as they would in the case of clinical negligence. Is there an obligation on a self-employed contractor to assure themselves that they are providing treatment in a financially stable environment? I would hope not, but I wonder – where does the duty of care end?

This is a very sad set of circumstances where nobody gains, the patients certainly lose, and the reputation of dentistry will remain tarnished in the eyes of those patients for a very long time. If you are an associate, beware.

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.

www.thedentalbusinesscoach.com



PRACTICE GROWTH JUST REQUIRES SOME SIMPLE MATHS

Beware that coasting feeling, as shrinking profitability will not only impact on you now but also when you finally come to sell

[WORDS: RICHARD PEARCE]

THERE ARE MANY PRACTICES OUT there just ticking along, and for their current owner that's fine. In some cases, they are shrinking but it's happening very slowly and no one (not least, the owner), really notices.

However, given that the inflation rate is 1-2% and many practice costs are increasing annually at a higher rate, it only takes a short time for practice profitability to start to be an issue. Concerns are initially surfaced when the 'free' cash is just not there at the end of the month. Then the annual draft accounts arrive from the accountant (helpfully with the previous year's results presented next to the most recent year) and the situation is clear.

Firstly, perhaps we should be clear about what sort of growth we are talking about. Ultimately, we need revenue growth that leads to a net profit that at least increases at, or more than, the rate of inflation. We could achieve this by:

1. Net increase in patients, i.e. more new patients than leavers
2. Increase in average spend per patient
3. Opening more hours
4. Introducing new services, e.g. implants, facial aesthetics, advanced cosmetic
5. Creating a new surgery within the practice (note that this will probably only deliver growth if the other surgeries are close to full utilisation and/or a new, high value treatment is offered)
6. Putting your prices up.

We will review what each 'growth' strategy might entail.

1. Could be called the 'attrition rate' or 'replacement rate' and is very rarely considered, let alone calculated, within practices. Given that we know people will die, move away and dare we say it, go to another dentist, we have to replace these leaving patients before we can show a net gain in active patients.

So how do we calculate attrition rate? There is no 'accepted' method, but here is one way:

- Find the number of patients who have attended the practice at least once in the period between four years ago and two years ago. Let's say it's 4,250.
- Then find out how many of them have attended in the last two years. Let's say it's 3,800.
- Divide the difference with the first figure and times by 100, so; $450/4,250 \times 100 = 11\%$

Therefore, with 3,000 active patients and an 11% attrition rate, we need 300 a year or 25 new patients a month. This is just to replace the leavers. Obviously, we know that some patients leave it at least two years between visits and this is not an exact science. However, the point is, there is a replacement rate requirement which is often not considered.

2. If one in three patients elected to have composite fillings, if everything else stayed the same, we would get an increase in average spend. A well-designed poster in the waiting room and in each surgery might just encourage this change. Before and after pictures of metal fillings changed to white fillings that can be shown on a patient screen, might be helpful too.

3. If normal practice is for three surgeries to be open 9-5, five days a week (and take an hour for lunch), we could extend some opening hours. Therefore, if two surgeries open until 8, two nights per week, and 9-3 on Saturday (no lunch break), we would get another 18 hours of surgery time, an increase of 17%.

4. It's not too difficult to calculate the value of implants, endo, orthodontics that you refer out. Facial aesthetics would be harder as obviously patients self-refer, though you could record patients who are clearly receiving facial aesthetic treatment. Introducing a new service successfully

requires the coordination of good recruitment and effective marketing.

5. If you are maximising hourly and daily gross, when the surgeries are open, and have extended opening hours, then clearly the only route to go is to create more productive space. If contemplating this, then consider moving the whole practice into a purpose-built facility that will allow for sustained growth and a much-enhanced patient experience. The days of the re-purposed semi-detached house are numbered.

6. Put your prices up every year. Notice how the plan providers always do. If you leave your prices the same for even two years, you will find the increase required just to get back where you were is unpalatable.

So beware that coasting feeling.

Do the maths and the numbers won't lie. Shrinking profitability will not only impact on your standard of living now, but will also potentially reduce the value of the practice when you finally come to sell.

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.

www.smartpractices.co.uk



MDDUS CASE STUDY:

ERRONEOUS EXTRACTION, BUT CLAIM THAT ORTHODONTIC TREATMENT WILL BE AFFECTED IS SUCCESSFULLY CHALLENGED

Dentist should have known that in a 15-year-old there should be two molar teeth in each quadrant and reading the notes would have revealed a previous extraction

[WORDS: AUBREY CRAIG]

BACKGROUND

A 15-year-old boy – Jake – is referred by an orthodontist to his regular dentist – Dr G – with a treatment plan involving lower and upper fixed appliances (braces). The treatment also requires a number of extractions including UL6, UR6, LL6 and LR5.

Dr G carries out the extractions in two separate appointments without incident. Two months later, Dr G is informed by the orthodontist that he has removed LL7 in error. Checking the notes again the dentist subsequently discovers that Jake had attended another dentist in the practice – Dr K – six months previously complaining of pain in LL6. In consultation with the orthodontist, Dr K had extracted LL6.

It now was clear that Dr G had removed LL7 in error, mistaking the tooth for LL6. He arranges a meeting with Jake and his parents and apologises for the error.

Five months later, the practice receives a letter of claim alleging clinical negligence against Dr G in the removal of LL7. The letter states that in addition to the unnecessary pain and suffering, the error has meant that Jake's orthodontic treatment – instead of taking 16 months – will now extend to 30 months. The claim also details the eventual need for an implant

replacement for LL7, with periodic renewal of a crown in future.

ANALYSIS/OUTCOME

Two expert reports are commissioned by solicitors representing the claimants – one from an oral surgeon and the other from a consultant orthodontist.

In his opinion on the case, the oral surgeon states that Dr G should have realised that at age 15 there should be two



molar teeth in each quadrant unless there had been previous extractions. He concludes that it is apparent the patient records had not been adequately checked, as this would have revealed the previous extraction – and this clearly amounts to negligence.

The orthodontist in his report challenges the claim that the extraction of LL7 will affect the boy's orthodontic treatment stating it should not necessitate prolonged wearing of the brace.

MDDUS negotiates a settlement on behalf of Dr G significantly below the valuation claimed by the claimants' solicitors, reflecting the fair costs of remedial treatment.

KEY POINTS

- Ensure you carefully check notes before any extractions.
- Use only one form of notation when referring to teeth.
- Ensure you have correct clinical documentation to hand before carrying out treatment.

Aubrey Craig is head of dental division at MDDUS

“
**ENSURE YOU HAVE
CORRECT CLINICAL
DOCUMENTATION TO
HAND BEFORE CARRYING
OUT TREATMENT**”

SUPPORTING YOU THROUGH CHALLENGING TIMES

Braemar Finance have a long and proud history of assisting businesses in the dental profession when things get tough, and we are here to help you cope with the impact that COVID-19 will be having on finances and cashflow in particular

Braemar Finance have been supporting the dental profession for more than 25 years, during which time we have witnessed several unforeseen events that have impacted our clients.

Our strong commitment to small businesses and responsible lending ensures we can provide finance through all economic cycles.

"We know that businesses can feel the strain at times," said Gail Cormack, Area

Manager for Scotland and Northern Ireland. "Often through no fault of their own, business owners can find themselves in need of a supportive lender who can work with them through these tough times. It's our policy to do everything we can to support our customers through both good and bad times, working as a trusted partner."

Economically, we know that COVID-19 is already having a disruptive effect and impacting cashflow for many businesses

– our own research has found that even before the outbreak, maintaining cashflow was the cause of sleepless nights for many business owners.

That is why we work closely with our customers to understand their individual challenges, supporting practices of all sizes at every stage of their journey, from start-up to maturity.

If your practice has taken a recent change in direction or are adapting plans, we're here to help.



For more information visit www.braemarfinance.co.uk/dental or call 01563 897 361

Supporting you through challenging times

We have been working with the dental profession for more than 25 years, through the ups and downs and twists and turns of life.

We work hard to develop long lasting relationships with our clients and to understand their individual challenges.

During the current uncertainty, you can be certain of one thing, our commitment to supporting you through all economic cycles.

Speak to us today, we're here to help.

📞 01563 897 361

✉️ info@braemarfinance.co.uk

🌐 www.braemarfinance.co.uk/dental

Braemar Finance is a trading style of Close Brothers Limited. Close Brothers Limited is registered in England and Wales (Company Number 00195626) and its registered office is 10 Crown Place, London, EC2A 4FT



BREAKING DOWN BARRIERS TO TREATMENT UPTAKE

Richard Scarborough looks at the common reasons that patients don't take up treatment and how you can mitigate them

There can be nothing more frustrating than recommending a treatment plan and thinking the patient is ready to proceed, only for them to then decline. Not only does this mean that your patient is not getting the treatment that they want or need but your practice's bottom line isn't reaching its full potential.

To avoid this kind of frustration in the future, it is important to understand the reasons why patients might be declining treatment so that you can find ways to break down those barriers. Below are five common obstacles to patients saying 'yes' and steps you can take to combat them.

LACK OF RAPPORT

While patients obviously value your clinical skills, it is at least equally important for them to feel that you have their best interests at heart. The way to show them that you genuinely care about their wellbeing is by building rapport. This obviously takes time, but it is time well spent. By using that time to ask about their friends and family, find out about their oral health goals and address any concerns, you can build trust which means they will be more likely to accept your suggestions.

MISCOMMUNICATION BASED ON ASSUMPTIONS

This can be linked to the above point and a lack of time spent in rapport. It can also be due to the clinician misreading the patients' body language or facial expressions. When it comes to discussing treatment plans, this often happens when the patient may, for a moment, look doubtful, and the clinician assumes they are going to decline and so alters the course of the conversation entirely.

This is probably a familiar scenario, and the outcome could be a lot different if you take a moment to clarify with the patient what they were thinking at that moment. This will give them opportunity to bring up whatever crossed their mind, which could simply be that their car parking ticket

is about to expire or they remembered something they needed to do. Having a moment to bring it out into the open will mean the conversation can continue and a positive outcome may be achieved.

NO TREATMENT COORDINATOR

A treatment coordinator (TCO) can give the patient the adequate time that the dentist, as much as they might want to, can't. This time can be spent thoroughly discussing the treatment plan details, from how long it may take to post-op care and even payment options. They can address any questions or concerns the patient may have and some patients will find it easier to talk to someone other than the dentist.

These conversations should be held in a private and comfortable environment and should never be rushed. Again, this will make the patient feel that they have been paid attention to and give them chance to fully understand their options.

NOT BEING PROMPTED TO MAKE AN APPOINTMENT

Once the plan has been explained, some patients may prefer to go home and think about it or talk it over with a spouse/family member. Often, unless they are motivated by aesthetic or pain reasons, they are unlikely to then proactively call the practice to make the appointment.

The onus is on you and your team to follow up. Ideally a call would be arranged between your TCO and the patient before they leave the practice. If that's not possible, make sure the appropriate team member schedules a call for two days after the appointment.

FEELING THAT IT IS UNAFFORDABLE

Even when a patient understands the value of the treatment you are suggesting, in the majority of cases, affordability will come into play, especially when an unexpected treatment need arises. There's a difference



If you're interested in learning how Medenta can help you to improve your patient experience, give us a call on: 01691 684175, or visit: www.medenta.com

between affordability and price – saying that the price is £2,400 is one thing but enabling them to spread this cost over time may make it more affordable for them.

Offering patient finance enables your patient to spread the cost of the treatment over a range of terms (typically from six to 60 months) and your practice gets paid in full, up-front at the start of treatment, without the risk of the patient defaulting on their payments or the hassle of you managing an in-house scheme.

Taking time to reflect on the number of patients who don't go ahead with treatments, and the reasons why, can help you to decide what simple changes you could make to improve both your patient experience and your bottom line.

Richard Scarborough is the Head of Medenta, a long-established provider of patient finance. Medenta has been supporting dental practices for more than 15 years with finance solutions that help patients to say 'yes' to the treatment they want. Offering some of the lowest subsidy rates in the market, Medenta is one of the few providers that offers its practices a comprehensive support wrap-around service, which includes an online patient application portal and an e-learning suite containing a range of learning modules, many of which come with vCPD and have been tailored specifically to the dental industry.

Medenta Finance Limited is a credit broker and is authorised and regulated by the Financial Conduct Authority. Medenta Finance Limited (Registered in Scotland No SC276679) Registered address: 50 Lothian Road, Festival Square, Edinburgh, EH3 9WJ. Tel: 01691 684175.

INVESTMENT MARKETS IN TURMOIL

Following weeks of turbulence on global stock markets, you may be concerned about how this affects your investments and wondering if you need to take any action

WHAT HAS HAPPENED?

The value of stock markets fell swiftly when it became apparent that COVID-19 is likely to have a severely negative impact on global productivity. Since mid-March this quickly escalated to fears of a full-blown global recession and as countries across the planet lock down their citizens, this has become a near certainty.

Prior to recent events the underlying global economic situation could be described as 'healthy'. Banks were/are well capitalised directly as a result of the 2008 financial crisis. Western governments were shrugging off a decade of austerity and our major companies had strong balance sheets. Trade tensions between the US and China had softened and Brexit trade deals were being conducted with a positive trajectory.

All of this is now at stake. Global stock markets have indiscriminately priced in the future risk of recession to the world's major economies. In times of economic crisis markets fall and ask questions later.

WHAT CAN WE DO ABOUT IT?

Central banks, specifically the Bank of England and the US Federal Reserve, were quick to provide reassurance of support in the inevitable economic down. Interest rates are now close to 0 per cent in the US and UK. However, it quickly became apparent that restriction of movement would have a devastating effect on corporations and their employees.

Astonishingly, in a desperate attempt to avoid mass unemployment, corporate failure and the chaos that might have ensued, governments began to underwrite or heavily subsidise the salaries of workers. Notably and more recently, the US and UK have pledged massive packages of support for their economies and corporations. This may yet make the 2008 bailout look like a small overdraft in comparison.

Apart from the lifeline that these measures offer individuals and companies there has been a positive impact on global markets. On March 24th the Dow Jones (the main US stock market) recorded its best day since 1933. Gains such as this are not a recovery but are perhaps the tentative green shoots of stability. We may look back on this as 'the end of the beginning' of the 2020's market woes, although it is too early for predictions.



IS THIS THE SAME AS THE LAST FINANCIAL CRISIS?

Whilst the sharp falls in stock market values might appear similar to those of 2008, the underlying reasons for this are very different. First, the current economic woes are akin to a natural disaster rather than underlying economic problems. It remains to be seen how long a shadow this will cast. Will the recession be short-lived once the virus recedes? Are we facing a new age of austerity?

HOW DOES THIS AFFECT MY PORTFOLIO?

The value is very likely to have reduced as a result of stock market falls. However, your portfolio probably has exposure to other assets such as government and corporate bonds and commercial property. This means that your investments won't have fallen as much as the headline indices (e.g. the FTSE 100).

DO I NEED TO DO ANYTHING?

In such times of market volatility, especially during sudden and unexpected market



Jon Drysdale is an independent financial adviser with PFM Dental Wealth Management. Go to www.pfmdental.co.uk

downturns, the best advice is not to make any immediate changes. For example, suddenly reducing your exposure to share-based funds at this time could mean you miss out on the inevitable upturn. If you move funds into cash any recent losses could be unnecessarily 'crystallised'.

As such we do not recommend any change to your strategy. If you are making phased withdrawals from your portfolio then these can probably continue. Needless to say that fund managers will be taking steps to minimise volatility within their investment funds where possible.

Our experience of past market volatility shows that keeping a long-term perspective is the best approach. To put a number on this you should expect to invest for a period of at least five years. Bear in mind that no stock market downturn has lasted longer than two years. Some may view the recent market falls as an opportunity, although we might reasonably predict that there will be much more volatility and economic pain to come.

POWERS OF ATTORNEY - ESSENTIAL SAFEGUARDS AGAINST WHAT THE FUTURE MAY HOLD

We all plan ahead, in many cases looking forward to what will ideally be a comfortable retirement, spending time with our friends and family, and doing the things that we enjoy. Sadly, life doesn't always go as we planned it. As everyone will be painfully aware from the ongoing coronavirus situation, the future can throw up unexpected obstacles, some of which can have a substantial impact on our lives.

For most, being able to manage their own affairs without difficulty is of utmost importance. However, health and capacity issues can get in the way of that, and in such cases it is incredibly helpful to have in place a Power of Attorney.

WHAT IS A POWER OF ATTORNEY?

A Power of Attorney is a legal document that everyone, irrespective of age or health, should have in place. It allows an adult to appoint someone to act on their behalf and to make important decisions if they are unable to do things themselves due to mental or physical impairment.

By making a Power of Attorney you are not giving up your own authority to deal with matters; you are simply providing a solution if you need others to help in the future. It means you can be sure that your affairs will be looked after by a person you trust, who could be a family member, friend or professional person.

WHAT FORMS DO POWERS OF ATTORNEY TAKE?

There are two forms:

Financial Power of Attorney

Under a Financial Power of Attorney (often also called a Continuing Power of Attorney) your appointed person will help deal with matters relating to your finances and property if you are unable to do so for any reason. This will include paying bills, opening and closing bank accounts, making sure your income (such as pension) is paid to you and making decisions about your investments.

You can ask your Financial Attorney to

assist you with your affairs while you still have capacity. For example, someone who is physically frail or in hospital for an extended period may wish their Financial Attorney to act even though they still retain capacity.

Welfare Power of Attorney

With a Welfare Power of Attorney, your appointed person deals with matters relating to your health and personal welfare, such as decisions about your accommodation or medical treatment.

Because these important decisions are of a more personal nature, an Attorney is only ever entitled to exercise their powers if you become incapable of making decisions for yourself. You can decide how that incapacity is assessed and we recommend that it requires the opinion of two doctors.

CAN ANYONE BE APPOINTED AS AN ATTORNEY?

The role of an Attorney is an important one and carries with it a great deal of responsibility. Your Attorney should



Michael Royden,
Partner,
Thorntons Law LLP,
✉ mroyden@thorntons-law.co.uk
☎ 01382 346222
🌐 www.thorntons-law.co.uk

therefore be someone in whom you have complete trust and who is competent and reliable.

WHAT IS THE PROCESS FOR PUTTING A POWER OF ATTORNEY IN PLACE?

Most people use a solicitor to set up a Power of Attorney to ensure that it is prepared correctly. Once a Power of Attorney has been prepared, you need to sign it and a certificate is signed by a professional (normally a doctor) confirming that you are mentally capable to grant it. This stage is vital as without the Certificate the Power of Attorney is not valid.

Once the Power of Attorney is all signed, it has to be registered before it can be used, and your solicitor would deal with that for you.

In essence, arranging a Power of Attorney is a fairly straightforward process which gives you the peace of mind that, in the event of becoming unable to manage your own affairs, you will have appropriate arrangements in place.



APPETITE FROM BUYERS

The dental market across Scotland is one of the most diverse in the UK, not only in terms of demographics, but also in geographical spread, including urban, suburban and rural localities

CONSIDERING SELLING YOUR PRACTICE?

In the last 12 months Christie & Co's specialist team valued or sold more than 400 dental businesses with an aggregate value of more than £500m. A relative proportion of these sales were in Scotland.

If you're thinking of selling, valuing or need general advice regarding your practice, it is vital that you surround yourself with good advisors who understand the intricacies of dental practice sales. As well as a reputable solicitor and accountant, retaining a specialist dental agent is key to ensuring a successful outcome.

WHAT OUR CLIENTS SAY

"The only way to guarantee that you receive the best price for your practice is by inviting parties to offer on a competitive basis and not by dealing directly with the known regional operators/buyers.

"Don't try and go it alone just to save

on a fee. We knew that Christie & Co were the most active agents in Scotland and the activity and volume of interest they created for our sale was incredible. Following careful planning and preparation, we launched the sale confidentially to the market and after just 11 days we received an offer that we were happy to accept. I must add though, receiving an offer is one thing, getting the deal over the line is another. There was absolutely no way I could have had the same commitment and knowledge that Christie & Co had to keep the sale on track. They were on hand throughout the whole process, ensuring the deal completed successfully."

Mr Adam and Mr Iqbal, ex-owners of Pearl Dental Clinic in Edinburgh

TAKING THE NEXT STEPS TO SELLING YOUR DENTAL PRACTICE?

Paul Graham, Director and Head of Dental at Christie & Co, comments: "The current



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

demand from buyers is a major catalyst for activity within the market. There are three main buyer profiles, including corporates, multiple operators and independent/first time buyers, and each purchaser type has its strengths and weaknesses, as well as different needs and demands, when looking to acquire a practice. Far too often we see sellers deal directly with a buyer, receiving unfavourable and unrealistic conditions, attached to a mediocre offer.

"I understand that a seller may be concerned about staff and other peers finding out that their practice is being sold and therefore might be tempted to reach out to a few of the local buyer groups themselves. However, the likelihood is that you are selling yourself short! Working with a specialist dental agent, such as Christie & Co, who acts on behalf of the seller, eliminates any conflict of interest when speaking to a wide audience of buyers, ensuring a healthy and fair bidding process."

Are you thinking of
SELLING
your dental practice?

We have the dental market covered with 15 offices across the UK

Contact our award-winning Dental team to learn about our range of services

0131 524 3416 | christie.com



PRACTICE SALES

VALUATION

CONSULTANCY

INVESTMENT

FINANCE

INSURANCE



THE BUDGET 2020 ANNOUNCES ANNUAL ALLOWANCE INCREASE

Welcome changes will be made to the pensions tax system, as announced in Chancellor Rishi Sunak's first Budget, in a bid to help high earners including senior NHS dentists who have been hit with high tax bills.

The thresholds for the controversial tapered annual allowance will rise by £90,000 to ensure dental professionals are not financially penalised.

From April 2020, anyone who earns under £200,000 will avoid the taper completely.

People can earn tax relief on their pension,

which means that some of the money that an individual would have paid in tax on their income is instead put towards their pension.

However, under current rules the taper system penalises high earners whose adjusted annual income exceeds £150,000 and whose threshold income exceeds £110,000.

It cuts the annual allowance for pension contributions by £1 for every £2 of adjusted income above £150,000. The allowance – the maximum amount of tax relief pension savings that can be saved in a year – stands at £40,000.



For more information on Budget announcements, or to discuss your circumstances, please contact Louise Grant (louise.grant@eqaccountants.co.uk) or call 01382 312100.

On 11 March, Mr Sunak announced that the thresholds would be increased to £200,000 for the threshold income and £240,000 for the adjusted income.

The tapered annual allowance will only kick in for individuals whose threshold income is more than £200,000 and whose adjusted income exceeds £240,000.

Mr Sunak also announced that the minimum rate the annual allowance can reduce to will be cut from £10,000 to £4,000, affecting those who earn more than £300,000.

We are aware that the dental sector is facing sector specific issues during ongoing COVID-19 Pandemic and are continuously monitoring the situation. If you are impacted by COVID-19, and would like some support, please get in touch with our EQ Healthcare specialists via our website

www.eqaccountants.co.uk/healthcare

Your Practice. Energised.



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

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

For further information please contact:

Louise Grant 01382 312100 louise.grant@eqaccountants.co.uk

Anna Coff 01307 474274 anna.coff@eqaccountants.co.uk



CUPAR | DUNDEE | FORFAR | GLENROTHES

www.eqaccountants.co.uk



READY TO BUY OR SELL YOUR DENTAL PRACTICE?

When you're considering buying or selling your dental practice, Strictly Confidential's Patricia Munro and Gillian Wylie are trusted partners

It's often said that Scotland is a village – and that includes the dentistry sector! When you're considering buying your first practice, expanding, or wanting the best outcome for retirement, it helps to have a trusted local partner.

Strictly Confidential has more than 18 years' experience in the Scottish dental industry, offering support for dental practice sales, valuations, purchases and recruitment. We've worked with more than 500 dentists and dental practices across Scotland – from Orkney to Dumfries, from Aberdeen to the Kyle of Lochalsh, and from the Borders to Shetland.

Above all, our clients know we provide a valuable and discreet service because we understand the importance of confidentiality.

As Gareth McMorro, principal dentist at Lansdowne Dental in Glasgow, explains: "My business partner Paul McAllister and I have utilised Trisha's services to buy both of our practices. Buying your first practice can be a daunting experience, Trisha's guidance and expertise made the process for us manageable and smooth.

"When buying your second practice, you have the experience, but not necessarily the time, and again, Trisha stepped in and took the strain.

"She not only knows the dental market inside out, but her experience and advice is invaluable. From the very first meeting, Trisha listened to the vision we had for our future and what style of dentistry we wanted to practice. Her experience, knowledge and trust made the whole process much smoother and enjoyable. I couldn't even imagine buying a practice without Trisha on my team."

SO WHY CHOOSE US?

1. Market knowledge: we only operate in Scotland, and have an extensive knowledge of practices across the country. We keep up-to-date with the market place to understand which practices match your requirements, which may be coming on to the market or who is looking to buy
2. Dentistry specialists: having an in-depth knowledge of dentistry is massively important, to understand how your practice operates, how best to value it, the



Scottish Dental Show, Braehead Arena, Glasgow, Autumn 2020 (date TBC)
Trisha Munro
Tel: 07906-135033
Email: patricia@strictlyconfidential.co.uk
Gillian Wylie
Tel: 07914-688322
Email: gillian@strictlyconfidential.co.uk
www.strictlyconfidential.co.uk

technology and processes that you use
3. Experience: we can help anticipate the bumps in the road, reassure you that things are progressing and ensure you get the best deal

4. Valuation skills: we have the knowledge to accurately value your dental equipment, fixtures and fittings, goodwill and stock, ensuring you have a comprehensive assessment

5. Confidentiality: we recognise that you may want to keep the value of the business confidential, ensuring staff and patients don't leave, both of which can affect your valuation

6. A wider support network: we can offer assistance from financial advisers, accountants, solicitors, HR support...even

help with recruitment or recommendations for new dental equipment and practice refurbishment in the future

All of our valuations and meetings are held out of hours and on weekends, to ensure a confidential service is provided. Meetings can be held at the practice or at another suitable location.

If you're heading to the Scottish Dental Show later this year, please come and say hello. Perhaps there's a conversation to be had about your next career move in dentistry, perhaps there's not! Either way, we'd love to have the chance of a chat and, if nothing else, you can pop your spare change in our bucket – we're fundraising for Breast Cancer Now, and you can even bag one of our lovely bags!



DON'T WORRY – BE HAPPY!

The world of dentistry is a stressful place. You have a high-pressure clinical environment. As a practice principal, you also have the financial and staff challenges to contend with, alongside the ever-increasing compliance burden of NHS and GDC demands.

I write this as the impact and uncertainty of the Covid-19 threat looms large. Little wonder that a recent survey found more than 25% of dentists sampled were experiencing stress levels in excess of their deemed coping threshold. Even more worrying was that nearly 18% of the sample had seriously considered suicide. With the recent 'be kind' campaign in the cultural conscious, it is definitely time to look after everyone in the profession.

We service the Scottish dental sector exclusively and regularly meet GDPs who are feeling the pressure, experiencing health issues and burn-out. By choosing only to work in the dental sector and deliberately working with fewer clients, we are able to spend the extra time to understand your challenges and to support you with the financial challenges without the 'meter running' (all of our services being fixed fee or free!). Our team genuinely cares about others, and is happy to support our clients. We regularly receive feedback that our meetings provide knowledge, reassurance, stress relief and are deemed to be therapeutic. A problem shared is a problem halved.

I worked clinically as a practice principal in



James Wilson
BDS MAAT
james@dental
accountantsscotland.
co.uk

private practice, so I understood the pressures of the profession. Having left the profession and trained as an accountant, I am able to offer a unique perspective and add significant value.

As your commitment to wellbeing, please make sure to speak with someone. As our commitment, we are offering readers a free-of-charge meeting or chat – at any time, day or night, to review your challenges and to offer our insight, support and targeted advice to help. No cost, no obligation, no hard sell. It's good to talk!

We are also happy to share our help sheet on dealing with Covid-19 (or any crisis). Just drop me a note and I will send you a copy.

Stay well and I look forward to speaking to you.

PROUD OF THE DIFFERENCE WE CAN MAKE TOGETHER



Our specialist Dental team focus entirely on the Scottish Dental Market from our Edinburgh base. Voted Scottish Accountant of the Year in 2012 & 2013, you are assured of a high value specialist input in to your financial affairs. Get in touch now to see what difference we can make together.

- Specialist dental tax & accounting advice
- Buying & selling a practice
- Tax mitigation
- Raising finance
- Fixed fees
- Benchmarking your performance
- Guaranteed proactivity
- Practice improvement advice
- Practice structure advice
- Award winning approach



For more information or a free practice financial health check please contact us on info@dentalaccountantsscotland.co.uk

**Edinburgh Dental Office: 9-10 St Andrew Square,
Edinburgh EH2 2AF**

T: 0131 248 2570 W: www.dentalaccountantsscotland.co.uk

Also at: Chlodan House,

Priory Park, Selkirk TD7 5EH

T: 01750 700 468 W: www.dentalaccountantsscotland.co.uk



BANKING ON FUTURE SUCCESS

Park Dental Company has re-located to an iconic refurbished building

Uddingston-based dental firm, Park Dental Company, has purchased a former Royal Bank of Scotland branch building as the business sets its sights on expansion. Thanks to a six-figure funding package from its bank, owners Jeremy and Cate Wiewiorka, are able to purchase and convert the old bank into a dental surgery following increased demand for its services.

The move to the new premises on Thorniewood Road is expected to create two new jobs and will enable the practice to grow its offering to include dental implants and cosmetic dentistry treatments.

Having first opened their first practice in 2005, the husband and wife team also operate another site in Bridgeton. Combined, they currently employ eight members of staff who provide treatment to more than 8,000 NHS dental patients.

"Over the years, patient numbers have increased significantly, and we have established ourselves as a trusted and reliable dental practitioner within the communities we operate in. The move to larger premises has

Gillian Higgins, Kimberley Felvus, Cate Wiewiorka, Trisha Brownlee, Ahmed Khalid, Jeremy Wiewiorka, and Laura Macaleer-Harvey

enabled us to expand our service offering and welcome new patients," said Jeremy, the practice manager.

Jeremy explained the background to the move: "We opened our original Uddingston practice in a shop unit in January 2005, located next to and owned by Scotmid. Initially, we equipped two surgeries but within six months we had equipped the third surgery and had three dentists and a part-time hygienist working with us. We

opened our second three-surgery practice in Bridgeton in 2012.

"However, our landlord in Uddingston was unwilling to give us any longer than a three-year lease and, with a refurbishment needed, we felt it was the perfect opportunity to purchase, relocate and expand into the old branch of Royal Bank of Scotland that had announced closure in 2018."

The renovation was a substantial undertaking; the unit was stripped back to its four walls and a 12sqm reinforced concrete vault had to be removed. The roof also required replacing, but it gave Jeremy and Cate the opportunity to make the building two stories, thus providing room for expansion.

"The bank closed in June 2018 and we got the keys to the building in October," said Jeremy. "Planning and the building warrant took eight months, with builders starting in July last year. Our practice inspection was in January this year. Most of the equipment was new but we did take some x-ray machines, LDU equipment and a compressor we had recently purchased. We also transferred most

“THE MOVE TO LARGER PREMISES HAS ENABLED US TO EXPAND OUR SERVICE OFFERING AND WELCOME NEW PATIENTS”

JEREMY WIEWIORKA

of the IT equipment.

"We closed on a Friday night and staff volunteered to move everything over the weekend. Juggling running both practices and overseeing the build and move of the new practice was a challenge, but now owning our building provides security and the opportunity for continued growth over the coming years."

The new location is a three-surgery practice at the moment, with the latest chairs, rotary endodontics, digital X-ray, air flow and teeth whitening. "We are hoping to purchase a 3D scanner and milling machine in the near future," said Jeremy. "We are also planning a fourth surgery."

Cate qualified in Dundee in 1996 and has a special interest in dental implants, which she has been placing for fifteen years. She has been a VT trainer, is a qualified enhanced domiciliary dentist and has a keen interest in dermal fillers and wrinkle treatments.

Jeremy has an information technology and

(Right) Park Dental in Uddingston is a three-surgery practice

Jeremy and Cate Wiewiorka



engineering degree which comes in handy when it comes to the smooth running of the IT system and dealing with equipment issues.

Staff at the practice include Laura MacAleer-Harvey, who has worked at Park Dental for more than ten years. She has just secured a placement on the Enhanced Domiciliary Dental care programme and has a keen interest in facial aesthetics.

Laura is also aiming to be a VT trainer.

Also working at the new location is Ahmed Khalid, who has been with Park Dental for three years. Ahmed completed his implant training last year and has a

special interest in smile design.

Due to the practice's location, it has a wide demographic of patients and provides a full range of NHS and private treatments. Cate and Ahmed place and restore implants and Ahmed also does teeth straightening. Park Dental's nurses are all trained to assist in placing dental implants.

"Our ethos is to provide a wide range of NHS and private dental treatment to the highest standards and at an affordable cost," said Jeremy. "Having both worked with our patients for more than fifteen years we have a close and strong relationship with them."



PARK DENTAL COMPANY

We are a friendly NHS and private dental practice in Tannochside, Uddingston, which is based just outside Glasgow. We offer a full range of NHS dental treatment including dental hygiene. Private treatment includes dental implants, teeth whitening, smile makeovers, wrinkle fillers and skin relaxing treatments. We also offer custom made sports mouth guards. All our consultations are with a dentist and are free with no obligation and competitive prices. Call us today to book your free NHS check-up or consultation. In dental pain? We also offer emergency dental appointments subject to availability.

- Refer your patients for a free implant consultation.
- We offer cost-effective dental implant solutions.
- Straumann implant placed and restored from only £1800.

**16 Thorniewood Rd, Tannochside, Uddingston, Glasgow
G71 5QQ (Ample parking)**

Tel - 01698 801777

info@parkdentalcompany.com

Website - www.parkdentalcompany.com

DENPLAN, PART OF SIMPLYHEALTH



To learn more visit
www.denplan.co.uk
or contact me today.
☎ 07823 520363
✉ alan.tumilson@simplyhealth.co.uk

DENPLAN is the UK's leading dental payment plan specialist with more than 6,500 member dentists nationwide, caring for approximately 1.7 million patients registered to a Denplan product. Set up by two dentists in 1986, Denplan payment plans were created to assist both patients and practice team members with private dental care. We offer a range of dental payment plans to suit every oral health need and budget.

Denplan provide a wide range of professional services for its member dentists and their practice teams, including the Denplan Quality Programme and Denplan Excel Certification Programme. As part of the package, Denplan provides business consultancy services including regulatory advice, support with compliance, marketing services and networking opportunities.

Alan Tumilson – Business Development Manager for Scotland and Northern Ireland. I have extensive experience helping dental businesses grow in Scotland and Northern Ireland. I joined Denplan to help grow, support and guide practices to achieve their business ambitions. Through my understanding of dentistry and the dental industry, I am able to give dentists confidence and bespoke business development advice.



WORLD-LEADING INNOVATION

Offering treatment solutions beyond standard



COLIN HART
✉ colin.hart@southernimplants.co.uk
☎ 07771435110
🌐 www.southernimplants.co.uk

SOUTHERN IMPLANTS is a privately-owned osseointegration company founded in South Africa in 1987.

The business is focused on the top-end, specialist sector of the market, offering treatment solutions beyond those offered by standard dental implants.

Working with leading clinicians around the world led to significant product improvements and innovative products and protocols.

Southern uses a special high strength pure titanium (920 MPa) manufactured in the USA, allowing for greater preload at connections, reduced micromovement and stronger, narrow diameter implants.

The proven Southern moderately rough surface was engineered for consistent reproducibility and has remained unchanged for 17 years.



PLANMECA REPRESENTATIVE FOR SCOTLAND



If you're looking to integrate digital solutions into your practice, call James Smith on 07930 191642 or email james.smith@planmeca.com

IF YOU are looking to embark on a journey into the world of digital dentistry then James Smith, our Territory Manager for Scotland and the north of England, can offer all the advice you need.

James can guide you through the entire Planmeca Product Portfolio, including smart dental units encompassing industry leading integrated options and infection control features, ProMax 3D CBCT X-ray machines with pioneering Ultra Low Dose protocol and CALM™ (Correction Algorithm for Latent Movement), advanced intraoral X-ray ProX, along with the crown jewel of intraoral scanning, the Planmeca Emerald.

Furthermore, Planmeca recently announced the appointment of IWT Dental as their Digital Dentistry solutions provider in Scotland. Planmeca and IWT Dental are the perfect partnership to be able to offer you all the planning, support and training to help you every step of the way on your digital dentistry journey.

You can experience the complete digital workflow for yourself in our mobile dental showroom, PlanDemo. Available to book at a time that suits, we can provide an introduction to digital dentistry at your own practice.

PLANMECA

YOUR PRACTICE-BRANDED DENTAL PLAN



To find out more about how Louise and Practice Plan can support you, call 01691 684165 or visit practiceplan.co.uk.

LOUISE BONE has been a Regional Support Manager for Practice Plan Group, a leading provider of practice-branded dental plans, for over seven years and has 17 plus years' 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.

In 2019, Louise won the Sales Consultant of the Year at the Scottish Dental Awards.

Practiceplan
The business of dentistry

Part of the **WESLEYAN** Group

HELPING TURN ASPIRATIONS INTO REALITY



Louise Grant
Partner
☎ 01382 312 100
✉ louise.grant@eqaccountants.co.uk

LOUISE GRANT is a Partner in our Dundee office, having been with EQ for more than 14 years. She heads up EQ Healthcare, our dedicated team for healthcare professionals.

With a wealth of knowledge within the dentistry sector, Louise and her team can offer specific accountancy, taxation and business advisory services to dentistry professionals.

She can also advise of operational issues and assist accordingly to ensure the optimum outcome is achieved.

Specialising in corporate finance, Louise has helped many dentistry professionals raise funding to achieve their dream of buying a practice, or assisted dentistry professionals in selling their practice by guiding them through steps such as business valuation, wealth management and tax planning.

For Louise, offering the correct support and advice is crucial to achieving long-lasting relationships with her clients.

Therefore, she spends the time getting to know your business inside and out in order to suggest the best plan moving forward.

She currently acts on behalf of many dentistry professionals who see her as instrumental to their businesses, helping turn their dreams and aspirations into reality.



PART OF THE TEAM, MAKING A DIFFERENCE



Anna Coff
☎ 01307 474274
(Forfar)
✉ anna.coff@eqaccountants.co.uk

ANNA COFF is a member of EQ Healthcare, based in our Forfar office. She assists Louise by providing dedicated accountancy, taxation and business advisory support to dental professionals.

Anna attends various dental trade shows. She enjoys working with clients who view us as part of their team, assisting their practices to grow and develop, to realise their ambitions and to make a real difference.

Contact Louise or Anna to discuss your business ambitions and see how EQ Healthcare can assist you in turning those dreams into reality.



OPTIM™ 1: THE OPTIMUM WAY TO CLEAN AND DISINFECT THE DENTAL PRACTICE

OPTIM™ 1 is the market-leading wipe in North America and has now launched in Europe. A one-step cleaner and disinfectant, the wipes are ideal for controlling infection in the dental practice.

FAST, EFFECTIVE INFECTION CONTROL FOR DENTAL TEAMS

OPTIM™ 1 wipes have an astonishing one-minute contact time.

What does this mean? To achieve disinfection, surfaces must remain wet for the entire contact time. A fast contact time therefore provides peace of mind that disinfection has been achieved, protecting the dental team and your patients.

Use OPTIM™ 1 wipes to clean and disinfect with confidence. They are compatible with a wide range of hard, non-porous materials, from the reception desk to clinical contact surfaces that present the highest risk of infection, for example, where contaminated instruments and gloves get placed.

For added protection, the wipes have been tested and passed for all major dental chair upholstery.

Key to OPTIM™ 1 wipes is that their speed does not compromise their efficacy. They are fast, effective and versatile. And, due to their alcohol-free formula, they offer powerful infection control that is also safe and gentle.

ENVIRONMENTAL BENEFITS OF AN ALCOHOL-FREE FORMULA

The active ingredient of OPTIM™ 1 wipes is 0.5% hydrogen peroxide. This is a compound that simply breaks down into water and oxygen, leaving no residue, reducing its environmental impact. They are also supplied in type 2 recyclable containers and one wipe can cover a larger surface area than most of the competitor brands to reduce the number that you will need per cleaning session. OPTIM™ 1 wipes are an excellent value, environmentally friendly product with less waste.

The wipes are non-toxic and non-irritating

to skin, eyes and respiratory systems. They are also free from artificial scents. You will be protecting your team, your patients and the environment while remaining fully compliant to the latest infection-control protocols.

A BROAD SPECTRUM OF PROTECTION

Due to the extensive coverage, many of your patients will have concerns about COVID-19, or novel coronavirus. The rapid spread of this pathogen worldwide has reinforced the need for every healthcare setting to monitor its infection control processes and to ensure that they are fully understood and adhered to by all those who work there. The new and emerging COVID-19 strain might not have been seen before in humans, but it actually belongs to a class of viruses that are easier to kill than others of concern.

Your dental practice will already be compliant with standard protocols that, when applied correctly, will prevent the spread of a host of pathogens. Good, solid basics – the use of personal protective equipment (PPE), hand hygiene and regular surface cleansing and disinfection – are the foundation of infection control. The COVID-19 outbreak simply highlights the importance of these basics being completed and regularly monitored, to protect the team and all patients.

OPTIM™ 1 wipes have the ability to protect against a range of pathogens and bacterium, including poliovirus and norovirus. When used correctly, the wipes have demonstrated their effectiveness against these extremely resistant viruses. OPTIM™ 1 can be used against COVID-19.

More information is available here:
www.scican.com/blog/2020/02/is-optim-effective-against-novel-coronavirus

For information about OPTIM™ 1 visit:
www.scican.com
eu/products/cleaners-disinfectants/optim-1/
www.coltene.com,
email info.uk@coltene.com or
call 01444 235486.

INTEGRATE OPTIM™ 1 INTO YOUR PROTOCOLS

Use OPTIM™ 1 wipes in between patient visits for a clean and safe practice. OPTIM™ 1 is also available as a ready-to-use liquid and larger wipes are available on request.

OPTIM™ 1 wipes are available from SciCan, recently acquired by COLTENE, the Swiss-based company that already develops, manufactures and supplies some of most innovative tools and materials on the market.



> COLTENE



COLTENE
Upgrade Dentistry

OPTIM™ 1 – A CLEANER AND DISINFECTANT WITH A 1-MINUTE CONTACT TIME

OPTIM™ 1 is the market-leading wipe in North America, now available in Europe.

OPTIM™ 1 wipes:

- Clean and disinfect, with a 1-minute contact time.
- Are gentle and non-toxic and will not irritate the eyes, skin, or respiratory system.
- Are compatible with a range of hard, non-porous materials and surfaces.
- Have hydrogen peroxide as the active ingredient, which breaks down into water and oxygen, making them kind to the environment.
- Have been tested and passed for all major dental chair upholstery for added protection.

OPTIM™ 1 wipes are effective against difficult-to-kill pathogens, including COVID-19 (coronavirus).

Available from SciCan, recently acquired by COLTENE.

For information about OPTIM™ 1 visit:
www.scican.com/eu/products/cleaners-disinfectants/optim-1
www.coltene.com, email
info.uk@coltene.com or
call 01444 235486

> DURR DENTAL

BIOFILM MANAGEMENT

Lunos®, from Durr Dental, is a premium air polishing brand incorporating one powder jet handpiece and two interchangeable nozzles and a range of prophylaxis powders to assist in the minimally invasive management of biofilm.

The powder jet handpiece, called MyLunos, comes with both a supragingival and a subgingival nozzle. Both nozzles can be rotated 360 degrees, to facilitate access to all areas of the oral cavity. The subgingival nozzle features a clip-on, calibrated, sterile, single use tip for precision subgingival application.

MyLunos also incorporates the unique exchangeable powder chamber principle, which means the powder container can be replaced easily mid treatment, moving from the supra grade powder to sub grade powder with minimal inconvenience and avoiding the need to refill chambers in the middle of treatment. Furthermore, surgeries can prepare enough powder containers for the whole day.

MyLunos works with various prophylaxis powders. The Gentle Clean variant of Lunos® contains innovative new abrasive agents based on the non-carcinogenic disaccharide trehalose, for gentle cleaning in the supragingival area and is available in three different flavours. Alternatively, there's Lunos® prophylaxis powder Perio Combi, which can be used for both supragingival and subgingival treatments. The excellent water solubility of this powder enables safe, virtually residue-free dissolution in the periodontal pocket and suction system.



> BSDHT



GET INVOLVED WITH FIRST SMILES 2020!

The British Society of Dental Hygiene and Therapy (BSDHT) is once again encouraging dental hygienists and dental therapists to join in with its First Smiles initiative this year!

Taking place around the 12th June, First Smiles is the perfect chance to give back to your local community. Those who want to take part in First Smiles simply have to find a location such as a school or children's club where they can give an educational session to people of this age group.

These sessions can include anything you like, including quizzes, games, demonstrations and interactive elements. Furthermore, as First Smiles is sponsored by Oral-B, each participant will receive goody bags they can use which contain toothbrushes, reward charts, stickers and other elements that children can take home.

Want to get involved?
Contact the BSDHT today.

For more information about the BSDHT, please visit
www.bsdht.org.uk
call 01788 575050
or email enquiries@bsdht.org.uk

> CARESTREAM

COMPLETE CARE FROM CARESTREAM DENTAL

Continuing its mission to streamline dentistry for patient and practitioner alike, Carestream Dental is proud to announce its latest innovation – the Care Management Platform.

So much more than a practice management system, this new software is the industry's first comprehensive cloud-based dental care management solution in Europe. Modern dentistry is more than just automating the analogue workflows that existed before the dawn of digital, and the Care Management Platform allows users to explore a more holistic approach to overall care.

Combining state-of-the-art imaging, workflow focus, intuitive design and anytime, anywhere access to patient data, it truly is the key to modern patient care.

Find out more today.



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

> ESCHMANN



FIGHT BACK AGAINST HARD WATER

Did you know that hard water can considerably impact the lifetime of important equipment such as your autoclave? Calcium deposits quickly build up inside pipework and around heating elements causing blockages and damage to key components or, worse still, complete system failure.

Combat this by installing the Reverse Osmosis (RO) Water System from Eschmann.

This device supplies medical grade reverse osmosis water for your surgery and decontamination equipment, removing excess calcium and other impurities so that you can benefit from clean, pure water.

Compact and easy to fit, this system is also a faster, more efficient way to produce pure water than a traditional water distiller.

Extend the life of your autoclave by contacting Eschmann today.

For more information on the highly effective and affordable range of decontamination equipment and products from Eschmann, please visit www.eschmann.co.uk or call 01903 875787

> UCER EDUCATION

LIFE-CHANGING TRAINING

"The teaching and guidance I received from Professor Ucer changed the course of my career," says Dr Mohit Dabb about the training he received some years ago.

"He challenged me to look at a sphere of dentistry that general dentists weren't confident about at the time, putting me directly in my zone of discomfort but encouraging me to develop. If it wasn't for him, I wouldn't have many of the things I have now.

"The line-up of speakers on the course at the time was a real 'who's who', including some vastly experienced professionals who had been placing implants in the late 80s and early 90s.

"What was particularly ground-breaking at that time was the availability of mentorship – not that it was called that back then. Even in 2004 when there wasn't a structured mentoring programme."

Professor Ucer currently offers various training programmes alongside a team of experts in the field through Ucer Education, including a PG Cert in Implant Dentistry. Find out more today.



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

> W&H



SUPPORTING DOMICILIARY CARE

It can be difficult for some patients to visit the dental practice for essential prophylaxis treatment. W&H offers the Proxeo Twist Cordless as the ideal solution for supporting high quality domiciliary care.

This innovative handpiece is lighter than most smartphones and controlled via a wireless foot pedal that can be used to adjust the handpiece speed. Being free from cables, the Proxeo Twist Cordless can also be rotated 360 degrees in hand to facilitate greater freedom of movement during operation.

It is available with premium disposable prophylaxis heads featuring both soft and firm cups that enable practitioners to select the appropriate solution for individual treatments.

To find out more about the full range of products from W&H, visit www.wh.com/en_uk, call 01727 874990 or email office.uk@wh.com

> W&H

THE COMPLETE PROPHY SOLUTION

To facilitate the No Implantology Without Periodontology (NIWOP) workflow, W&H delivers a complete prophylaxis solution with its extended range of Proxeo products. These include the Proxeo Twist Cordless handpiece, which enables you to polish without worrying about cables getting in your way.

In addition, the Proxeo Aura air polishing system facilitates the effective removal of soft deposits and stains, whether for prophylaxis or periodontal treatment. W&H also offers the innovative Proxeo Ultra piezo scalars – the first systems of their kind to be proven suitable for use on patients with pacemakers.

Discover the new Proxeo product range by visiting the W&H website or contacting the friendly team.



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

> BELMONT

PRESERVE & PROTECT

The cleaning and disinfection of your treatment centre will preserve its life as well as protecting both patients and staff against infection. That is why Belmont has developed a range of care products to ensure their new equipment retains its aesthetics.

The products can be divided into two categories – chair maintenance (B100 & B300) and dental unit waterline protection (B700 & B900).

Chairs need to be wiped down between patients and for such regular use you need a fast-acting upholstery cleaner that will not damage artificial leather; B300 does just that. It has reduced levels of alcohol so that over time it will prevent brittle, cracked surfaces. However, it is bactericidal (even killing TB), yeasticidal and has limited virucidal impact, being effective against non-enveloped viruses, including norovirus.

The perfect adjunct to this is B100, an intensive cleaner designed for occasional use, to remove stains of all kinds as well as discolouration. Despite its rigorous cleaning action, it will not damage your upholstery.



The daily care of your waterlines is another routine hygiene task that must be carried out. B700 is a tried and tested maintenance solution for waterlines. It maintains the water flowing through your unit and will minimise the potential for biofilm formation. B700 is supplied in a single-dose sachet. B700 is also non-effervescent, which means it can be used instantly.

Before you start using B700 it is essential that you test and 'shock' your system using the B900 kit. This will remove any existing biofilm. Thereafter, you're advised to perform this quarterly

to prevent the build-up of future biofilm.

The B900 kit contains a box of five shock bottles, tester strips and 10 dipstick slides for 'before' and 'after' evaluation. For your convenience Belmont have also put together a starter kit, called B500, so that you can test and treat your water lines with minimal investment.

Whether you have a new or older Belmont unit, you can contact your dealer to order products from the range and ensure your unit remains looking and functioning optimally.

> BELMONT

WHAT HUE ARE YOU?

With the power to influence your mood and characterise your image, it is important to carefully consider colour in your practice. Personal preference is naturally a key factor in colour selection, and an important decision to make when investing in a surgery chair that will see you through years of practice. There are also psychological connotations to consider: the traditional calming tones of blue, in contrast to the warm, fun vibes of a fuchsia pink.

Belmont offer three types of upholstery – Standard, Ultrasoft and UltraSoft Pro. There is a diverse colour range within each category to ensure you get just the right shade to complement your practice's decor.

The Standard upholstery range comprises 10 colours; each is smooth to touch easy to maintain as the fabric is seamless. You can choose from neutral tones, such as the popular 'Light Gray' to more

vibrant colours, such as 'Scarlet Red'.

Belmont chairs are also available in an Ultrasoft finish. As the name suggests, the look and feel of this fabric exudes luxury and comfort. Arguably, a comfortable chair is a prerequisite for a relaxed working environment, especially when patients are undergoing lengthy treatments. Within this range are 37 colours, enabling you to tailor your colour choices.

For those who want to experience the ultimate in luxury there's Ultrasoft Pro, which has the added reassurance of ink and denim resistance as well as antimicrobial protection. This range is available in 33 different shades and contains classic, cool and earthy tones, as well as warm and vibrant options for those who are big on colour!

Aesthetics obviously need to be matched with functionality, and likewise in this respect, Belmont will not disappoint.



Standard Upholstery

New seamless standard upholstery colours now available to choose with your Belmont dental chair.

Belmont

belmontdental.co.uk

