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Editor

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Behavioural change

ross-contamination, laddie!" I grew up in the seventies and eighties; an era of individual freedoms and the age of unbridled consumption. "Don't waste the world's resources, laddie!"

I was never sure why my dad added "laddie!" to each of those statements that he frequently dispensed as admonishments to me, his youngest son. He was Irish, not Scottish. He had Scottish friends, however, and was called Kelvin – after Lord Kelvin, the Belfast-born physicist who studied at Glasgow University. The title came from the river that flows through the city and was in recognition of his achievement, among other things, in determining the precise temperature of absolute zero.

My grandfather, who emigrated from Dublin to Surrey, must have had a strong sense of destiny because his son

also become a physicist. I was also given Kelvin as a first name, but it was one of three and I'm known by the first, William – so my dad must have been hedging his bets.

My dad was 'a character'; swearing at inconsiderate drivers with a string of expletives that could last for several minutes and whose components would vary in their application – between verbs, nouns and adjectives – within one apparently unending sentence. "Oh, Kelly," my mum would sigh, from the passenger seat of our Ford Zephyr, as I giggled quietly in the back. My dad could also drink a pint of beer, standing on his head. But he was a great mentor as well

as characterful father, answering my juvenile questions with long, scientifically precise answers. Why is the sky blue? Where do the bubbles in my fizzy drink come from? Thanks to him, I know precisely why and where. His protracted answers become an in-joke after I ended one of his explanations with another, genuine, question: "Dad, did I ask you a question?" From then on, he would smile and began any long, scientifically precise answer to a question I had

> asked with: "Ah, now, you've 'asked me a question'." I remember him now, sitting on his knee as a toddler, as he drew me a circuit diagram (after I had asked him what a circuit diagram was), a cigarette clamped precariously in the corner of his mouth, secondary smoke and ash swirling in the air (he did give up when I was a teenager), and wonder what he would have made of this exceptional moment in our lives. He was certainly ahead of his time in his thinking about the corrosive nature of thoughtless consumption. So too was he, on the dangers of viral and bacterial spread.

When he went to the pub, he opened the door with his elbow if he could – never his hand – or a sleeve-covered hand if he had to pull the handle, and he would hold it open for friends or family with his foot. He kept his change in a plastic money bag to reduce contact with his clothes. When he got home, he washed his hands like a surgeon, and washed the taps and door handles. He put any shoes worn both out and inside the house in the washing machine. I think bleach was sometimes introduced during this process and my mum (who was a teacher and as much of a mentor to me, in her own way, as my dad) would despair as, inevitably, his shoes and clothes would discolour and over time begin to disintegrate.

"Oh, Kelly," she would sigh. But, as he said once again to me on discovering my just-discernible infant thumbprint on a block of cheese in the fridge: "Cross contamination, laddie!" So, I have for decades now been very conscious of contact with random surfaces and the potential for the transfer of any kind of matter to the hands, nose, eyes and, ultimately,

your internal organs. Airborne matter, also; though that is – worryingly – less tangible than a physical surface. Despite this, it was an apparently trivial detail – amid the daily loss of life and the UK Government's erratic response – concerning social etiquette that, two weeks into the lockdown, brought home the enormity of the change we face.

On 7 April, Dr Anthony Fauci, Director of America's National Institute of Allergy and Infectious Disease, told *The Wall Street Journal's* podcast: "I don't think we should ever shake hands ever again, to be honest with you. Not only would it be good to prevent coronavirus disease; it probably would decrease instances of influenza dramatically." He was, in fact, merely reiterating World Health

Organisation advice that predates COVID-19 and is borne out by an Arizona University study published in 2005⁽¹⁾.

So many of our personal behaviours and interactions will have to change, permanently, even as environmental surveillance projects to map SARS-CoV-2 in the public domain continue⁽²⁾. Ways of working, also. The irony, for the dental profession, is that their working environment and procedures are designed specifically to minimise transmission. As Patricia Thomson notes in this edition (p32-33): "[We] have ...weathered many crises we all considered existential at the time. We adapted to HEP B and C, AIDS/HIV, vCJD...". Yet the profession has been in a state of suspended animation since 23 March, with all the associated financial and health consequences. Even now, with the plan to 'remobilise', a return to 'routine dentistry' seems unlikely; a belief reinforced by the National Clinical Director's comments to this magazine (p20-23).

⁽⁰⁾Occurrence of bacteria and biochemical markers on public surfaces. Kelly A Reynolds, Pamela M Watt, Stephanie A Boone & Charles P Gerba. International Journal of Environmental Health Research, Volume 15, 2005, Issue 3, Pages 225-234. ⁽²⁾www.wired.com/story/3-ways-scientists-think-we-could-de-germ-a-covid-19-world/





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Arthur Dent is a practising NHS dentist in Scotland Got a comment or question for Arthur? Email arthurdent@sdmag.co.uk

Feeling the pressure

There's huge worry about getting people back to work. There is fear.

ay 63 in the 'Lockdown House'. If I could enter the diary room, what would I be saying? I'd be missing my friends and patients. Anyone that isn't my family. Actually, I get stimulation from other intelligent people as we're working from practice in small teams and I'm doing

some work in a UDCC.

I see my wife struggling though. She is solo parenting for a lot of the week as I work. She is not getting her usual exercise or adult interaction and I am a vaguely engaged attendee in our home. I feel sorry for her and struggle to fix it. I appreciate the struggles others with less space in home and garden must have. Single parents or those alone could be in a really dark place if you're in anyway a people person.

Why am I not more help? I'm struggling myself. Not with interaction of an adult sort. I am doing clinical work (phone triage) and some NHS redeployment. Three days a week; fair enough. I am trying to keep a practice afloat. The current financial support package in combination with some furlough and the lack of some bills and debt mitigation are working pretty well for us but these are uncertain in their continuity. This takes up almost every waking moment and gives me sleepless nights.

I am trying to plan for the future. This involves a constant round of research. I say research; there isn't any. It's just reading opinion pieces based on assumptions of risk, PPE requirements and discussion on what is and isn't an AGP from various parts of the world. This goes around in circles and I'm not an expert; is anyone at the moment? We get some staging from the CDO which is gazumped by Scottish Government guidance the day later. So, which is accurate? I wasted a day of thinking time, for the staging to be skewed. OK, this time was not all lost but subtle changes so quickly give me headaches. I'm trying to decipher all this opinion, research, staging information and guidance, in order to produce an entirely new and untested workflow for our practice.

I have to communicate all these new processes to both my teams. Everything takes at least twice as long. A phone call, teleconference, Zoom-call or WhatsApp group chat to get anything done. Even then, I can't be there to check it's being done the way I want (yip; that's the 'micro-manager' in me). These are skills I didn't have and arguably still don't.

I'm trying to ensure we have something akin to a financial plan for the future, but we don't know what's going to happen with the existing funding. The Scottish Government package is up for review at the end of June. All indications are that this will continue in some form but not guaranteed. Furlough is extended to October, but there is an onus on employers to contribute more from August. The recent CDO letter indicates we should be working, in some capacity by the end of July. That will result in increased costs; increased staffing, staff out of furlough, additional PPE, materials, lab costs? But no increase in income. Fees generated will not increase our turnover; just reduce the Scottish Government cost of the COVID top-up. Why move from what we're doing at the moment to work for less money? Why move up the stages if there is no incentive to do so; in fact, just further increases in costs?

I have a huge worry about getting people back to work. There is fear. What's the risk to staff and dentists? What's the risk to patients? What's the risk from patients? What am I doing to mitigate those risks? Are there associated costs? Do people want to come back? (If someone's getting 80% of their wage to stay at home with no risk; is 100% worth the risk?) Can I make people come back? What if they're in a vulnerable group? Will the definition of the vulnerable group expand? (BAME, BMI, Blood type, SIMD category.) If someone can't work, do I have to make them redundant, with the associated cost? For dentists; why would they do more work for the same money or less? How do I sell a return to work to my people?

All of these things I'm doing alone. At least it feels like that. It feels amplified by the (apparently) satisfactory financial status of colleagues. They don't have the worry of what is going to happen; they just assume that I'll take care of it and the Scottish Government or I will provide. I'm feeling the pressure of trying to pull a rabbit out of the hat. Especially when there are so many variables I can't influence.

To be fair, I appreciate that the virus has not been around long enough to generate evidence. We are all uncertain about what to do and how to do it. I hope for clear, national guidance on what we can and can't do and the PPE we have to use for each phase. A relevant and flexible financial package that will reflect the differing levels of cost vs income generation in each phase. I hope for some evidence from other parts of the world that are already working to show dentistry is safe for all concerned (or not, as the case may be). Not much of a wish list!

In the meantime, I'm trying not to be collateral damage in all this. My mental state and stress levels are not helping me be at my physical and well rested peak to stave off the inevitable infection (if I haven't already had it). Roll on a decent antibody test to tell us who's had it and some evidence of continued immunity to be sure our risk levels are low. We should be comforted by the relatively low serious illness and death rates.

Ultimately, it's about managing risk and risk of infection. That's something we're trained to do. Daily. Very, very, very well.

UK safe practice return guidelines launched

Measures cover pre-appointment, patient attendance, treatment, post-treatment, and governance

AN 'expert task force' panel has been convened by the FGDP(UK) and the newly formed College of General Dentistry to review the evidence base for dental practice during the COVID-19 outbreak.

The UK-wide panel includes 30 senior members of a number of organisations, including the British Dental Association, the Faculty of Dental Surgery of the Royal College of Physicians and Surgeons of Glasgow, the Faculty of Dental Surgery of the Royal College of Surgeons of Edinburgh, the Association of Dental Groups, the Association of Dental Implantology and the newly formed British Association of Private Dentistry.

It has received support and input from groups across the profession including the British Society of Dental Hygiene & Therapy and the British Association of Dental Nurses. The aim is to support dental professionals in taking a risk and evidence-based approach to providing safe care in the current circumstances and allows the flexibility of setting minimum requirements whatever the national COVID-19 threat level.

"During the initial stages of the pandemic,

it was important that all but emergency dentistry procedures were paused," said Ian Mills, Dean of FGDP(UK). "However, we are now at a point where the risk to the oral health of the population will be impacted unless practices are able to reopen, albeit with the correct protection for patients and the dental team.

"This guidance has been developed as a framework to enable the confident and safe return to practice, now and also into the future as the situation with COVID-19 continues to evolve. It is the result of the collaborative effort of a team of dedicated individuals from across the profession who have spent the last few weeks committed to reviewing the evidence, assessing the risks and finding a way forward."

The guidance adopts the ABC (Aspirational, Basic, Conditional) approach to measures with 'basic' measures being a minimum standard. It is divided into five sections – four of which reflect the patient journey and the fifth concerns general management of the practice. The sections are assigned a risk status and ABC-based risk mitigation measures to ensure safe practice They comprise:

1. Pre-appointment – including the important role of digital communication to minimise contact time.

2. Patient attendance (pre-treatment)

including the communication of new
infection control and prevention procedures
to patients, and changes to waiting areas.

3. During treatment - including recommendations for approaches to aerosolgenerated exposures (AGEs), developed using a model based on risk continuum and recommendations for appropriate of PPE.

4. After treatment – including procedures to protect patients and staff and the use of an appropriate fallow period following high-risk AGEs.

5. Management/governance tasks – including risk assessments for all staff and awareness of the need to encourage staff to monitor and support if they feel unwell.

www.fgdp.org.uk/implications-covid-19safe-management-general-dental-practicepractical-guide

Santik[™] bibs are addressing patient's COVID fears?



With Dental clinics eagerly waiting to reopen, addressing patient's fears is a key consideration for most practises.

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By the beginning of June pressure was on the Government to set a date for practices reopening

THE first phase of Scotland's plan to 'remobilise' dental practices got under way at the end of May with an increase in the range of treatments available at urgent dental care centres (UDCCs).

Although by the first week in June practices sremained closed for face-to-face treatment, providing telephone triage only, they could refer in patients with 'green' level problems. These included:

• Splinting/dressing of deciduous and permanent teeth

• Re-cementing crowns/ inlays/bridges

· Denture repairs, additions and adjustments

• Orthodontic appliance repairs

However, practices were urged not to "suddenly refer in nine weeks' worth of lowlevel problems". They have been advised to only send new cases or, if necessary, carefully selected cases that can be resolved in a single intervention.

The next cohort of re-assigned GDPs were being inducted into the service to cope with demand and cover for when PDS and HDS dentists were released to restart their own clinical services in phase two. Practices were urged to implement a 'recovery toolkit' published by the Scottish Dental Clinical Effectiveness Programme (SDCEP) in anticipation of phase two of



the remobilisation plan; the reopening of practices for non-AGP urgent dental care.

The availability of PPE was a key issue in setting the pace of remobilisation. It is understood that PPE is to be provided centrally by health boards and in sufficient quantities to ensure that each practice will be able to have one dentist, one nurse and one receptionist seeing up to 10 patients a day for non-AGP urgent care.

By 4 June, health boards were taking delivery of more than three million pieces of PPE ready for distribution to practices. The Scottish Government was being urged to set 8 June as the date for reopening, but it is understood that Nicola Sturgeon, the First Minister, wanted a more cautious timetable that did not coincide with when practices in England were due to reopen. The first steps in the remobilisation of NHS dental services in Scotland were announced by Tom Ferris, Scotland's Chief Dental Officer, on 20 May. Ferris said that three key phases of remobilisation had been identified.

Phase one involved increasing the capacity of Urgent Dental Care Centres (UDCCs), while dental practices remained closed for face-to-face-consultation but began work with NHS Boards to prepare for receiving patients during phase two.

The UDCCs moved "as soon as possible" towards dealing with 'red, amber and green' care set out in the SDCEP guidance on urgent dental care to provide an expanded list of treatment. Phase two of the remobilisation would involve all dental practices opening, initially only for faceto-face consultation with patients in need of urgent care that could be provided using non-aerosol generating procedures.

Depending on the availability of PPE and the status of lockdown in Scotland, practices would then open to patients for routine care.

Phase three envisages a limited introduction of AGPs to dental practices, dependent on evidence of risk and possible mitigation. But the CDO said last month that the focus was on a "staged recovery".

New SDR heralds reform of dentists' funding

A NEW Statement of Dental Remuneration (SDR) was being prepared for publication as *Scottish Dental* magazine went to print.

The revised list of payments, allowances, and expenses replaces the emergency funding announced on 30 March, a week after practices were forced to close because of the COVID-19 pandemic, and which provided the equivalent of 80 per cent of the average income from item of service and patient contributions.

The new SDR is designed to cover the period when practices

are open for limited care only and recognises that the type of work and number of patients being seen will be greatly reduced.

However, work is already underway on a wholesale reform of the way dentistry in Scotland is funded. As reported in the last edition of *Scottish Dental*, a 'new model of care' for NHS adult patients is being developed and the pandemic has only served to reinforce the need for reform.

Professor Jason Leitch, the National Clinical Director, told *Scottish Dental:* "I think it is fair to say that the excellent work undertaken by the CDO and his team in relation to the new model of care will not be lost as the Government moves through with the remobilisation of the NHS dental services and into a longer-term steady state.

"For example, the move towards preventive care identified within the new model of care seeks to reduce the need overall for restorative dental interventions, which will reduce the need for AGPs in the longer term."

Wales is already accelerating its move to a model of oral health care that breaks the link between the treatments a dentist undertakes and the payments they receive. Colette Bridgman, the country's Chief Dental Officer, said the pandemic had presented "an opportunity to re-shape services"

The need to avoid AGPs and implement social distancing in practices "will substantially reduce the throughput of patients and the level of clinical treatment," she said, and a remuneration model that moves away from funding active treatment and towards one that rewards active prevention and care was "essential".

Scotland's private dentists to reopen

Regulator gives green light, though Government urges: 'follow the spirit' of route map

INDEPENDENT healthcare providers in Scotland, including dentists, have been reminded by the Scottish Government that they should follow the spirit of the country's route map out of the COVID-19 pandemic restrictions and support the key public health messages.

In a letter from Professor Jason Leitch, the National Clinical Director, and Tom Ferris, the Chief Dental Officer, sent on 1 June to independent dental and healthcare providers, they were told that "progress out of the crisis will not be as quick as any of us would like, but we must move forward at a pace that continues to protect public health.

"If we move too fast, we run the risk of increased infection with the need to return to lockdown, which will have an even greater impact, both socially and economically, than we have already seen."

The guidance followed a letter from the regulator, Healthcare Improvement Scotland, towards the end of May, indicating that private practices could reopen providing they delivered care safely, in accordance with regulations, and with the informed consent of patients.

"When you consider the treatment an individual requires, you will obviously need to ensure that you have adequate revised infection control procedures in place and PPE that matches the risk," said the guidance. "In addition, it is essential that you check you have adequate insurance cover."

Many dentists who carry out private work, whose income has fallen to zero,



and who were not covered by the main funding packages put in place by the Scottish and UK Governments, had begun to question how much authority the CDO's direction on 23 March, to suspended all routine dentistry, carried with independent healthcare providers.

It prompted Neil Taylor, of Taylor Defence Services, to seek an opinion from senior counsel who stated: "In my view the dictat of the CDO plainly does not, indeed cannot, prohibit the provision of private dentistry in Scotland. However, for obvious reasons – to do with health and safety as well as to do with regulatory requirements – extreme care would need to be taken in such provision."

The letter sent this month from the Clinical Director and CDO said: "You, of course, have a legal duty to comply with the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 as amended, and to not only protect your patients, clients and staff, but also public health more generally.

"You should be aware that there will still be certain restrictions on movement in the early stages of recovery and we ask that you do not try to persuade service users to travel for healthcare or procedures that are not essential or urgent until the advice changes."

It added: "Those of you that provide independent clinics, will be aware of the range and diversity of the services provided, from dentistry and GPs, travel clinics and weight management to dermatology, aesthetic treatments and day case surgery

"This range and diversity means it is impossible to say that all clinics can re-open in a particular phase. However, we can say that during the early phases the focus should remain on the provision of essential or urgent care.

"We continue to call on your professionalism and clinical judgement about how and when you restart your service, or begin to increase the range of treatments, procedures and care you provide in ways that do not have an adverse impact on the national effort to keep COVID-19 under control."

Dentists return south of the border

ROUTINE dental care, including the use of aerosol generating procedures, was set to return to England from 8 June. In marked contrast to the more cautious approach adopted in Scotland, Sarah Hurley, England's Chief Dental Officer, told the profession at the end of May: "The goal for patients and professionals is to resume the safe and effective provision of the full range of care in all practices, as rapidly as practicable."

She said that working with

the British Dental Association (BDA), wider professional groups, and the dental industry, there was consensus on reopening south of the border. "We support the full resumption of routine dental care, in a way that is safe, operationally deliverable and allows dental practices flexibility to do what is best for patients and their teams. Central to this is the acknowledged clinical judgement of practitioners and their ability to risk manage the delivery of dental care, as service provision is re-commenced.

"Progression to resumption of the full range of routine dental care will be risk-managed by the individual practice and can include AGPs, subject to following the necessary IPC and PPE requirements. Dental practices should also take steps to risk assess their workforce and take commensurate actions. There also remains a need to be able to respond to any local or national reimposition of public health measures should they arise." While in Scotland there has been an expansion in the range of treatments to be carried out in the Urgent Dental Care Centres established while practices are shut, NHS England has begun assessing how long sites there will remain open.

Hurley added that she believed that the private dental sector should follow NHS advice. "We recommend a single approach to the safe and effective resumption of dental care," she said.







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Practices set to receive three million items of PPE

Deliveries of personal protective equipment arrive as dental practices prepare for reopening after COVID-19 lockdown

MORE than three million items of personal protective equipment (PPE) were being delivered to Scotland's 14 health boards in the first week of June, in anticipation of a reopening of dental practices.

During the second half of May, the amount of PPE available at the Urgent Dental Care Centres (UDCCs) was also doubled ahead of the planned expansion of treatments available at the centres, a step that formed part of phase one of the plan to 'remobilise' dentistry in Scotland.

Although practices remained closed for face-to-face treatment at the beginning of June, providing telephone triage only, they were from 28 May able to refer-in patients with 'green' level problems. These included: • Splinting/dressing of deciduous and permanent teeth stoning/smoothing teeth • Re-cementing crowns/ inlays/ bridges

• Denture repairs, additions and adjustments

• Orthodontic appliance repairs However, as Scottish Dental went to print, practices were urged not to "suddenly refer in nine weeks' worth of low-level problems". They were advised to only send new cases or, if necessary, carefully selected cases that could be resolved in a single intervention. The next cohort of re-assigned GDPs was being inducted into the service to cope with this demand and also maintain cover when PDS and HDS dentists were released to restart their own clinical services.

At the same time as an expansion of the range of treatments available at the UDCCs, practices were urged to implement the 'recovery toolkit' published by the Scottish Dental Clinical Effectiveness



Programme (SDCEP) in anticipation of phase two of the remobilisation; the reopening of practices for non-aerosolgenerating urgent dental care.

The availability of PPE was a key issue in setting the pace of remobilisation. There are around 1,100 locations where general dental services are delivered in Scotland and, although limiting the number of patients seen by a practice to 10 per day would reduce demand, the price and availability of PPE on the open market would have made it impossible for practices to reopen.

National Procurement, part of NHS National Services Scotland, was tasked with the supply of PPE to a range of health and social care providers including nursing homes, hospices and the Scottish Ambulance Service. This was extended to general medical practices, community pharmacists, and optometrists. The next step was to ensure dental practices had a reliable supply or PPE ahead of their planned reopening this month.

Urgent dental care varies nationwide

The provision of urgent dental care at 56 centres established by the NHS across Scotland has varied hugely during the pandemic, according to figures obtained under a Freedom of Information request.

The figures cover the period

from 23 March to 20 April and provide a picture of how effective the centres were in the first weeks of the lockdown. Attendance of non-COVID-19 patients varies widely across the country's 14 health boards, from zero in the Borders to 900 in Tayside.

A particularly striking contrast is found between Tayside and Lothian where, in the latter, only 53 people were seen. Some in the profession believe that the figures expose failures in the system of triaging patients. However, in the case of Lothian, it is understood the issue was the low priority given to the 'fit-testing' of personal protective equipment (PPE) for people working in the centres. Health board management took the view that getting PPE to staff caring for COVID-19 positive patients on wards took priority.

Fit-testing has proved a particular challenge given the limit on supplies of PPE and the number of variables in a wearer's face that have to be met for a mask to be effective. While NHS Scotland

understood the reasons for

Lothian board managers establishing an order of priority, it urged health boards across Scotland to adopt a more uniform system for ensuring that people with urgent dental needs were seen.

Figures for the period April to May have not been published, but one source said that a recently obtained data point – the number of aerosol generating procedures (AGPs) – carried out in the centres showed a level of activity that better matched population spread across Scotland.

'Lockdown 2020' raises webinar bar – and more than £37,000

Series featured whisky tasting, wine imbibing, curry making ... and some CPD

TOWARDS the end of March, Clive Schmulian was scheduled to present an NHS Education Scotland workshop on oral surgery. With less than a week to go, the nation went into lockdown.

"As luck would have it, I had previously proposed an online education series so had an 'ovenready' plan," recalled Clive. "I contacted colleagues who agreed to present webinars as part of a series. The non-clinical content was really about supporting colleagues' mental health – providing a distraction from the anxiety caused by lockdown."

In 'Slàinte Mhath - slanj va', Mike Gow, of the Berkely Clinic, shared his knowledge of whisky. 'If you can't stand the heat, get into the kitchen' saw Phil Friel, of the Scottish Dental Care Group, draw on his previous life as a chef to cook an asparagus velouté and chicken fricassee. Ian Macmillan, of Balmore Dental Care, guided attendees through Pinot Noir and Chardonnay wines. And Arshad Ali, of the Scottish Centre for Excellence in Dentistry, hosted a curry masterclass.

There was some serious stuff in between all the scoffing and imbibing, from Attiq Rahman, Stephen Jacobs, and Professor Mike Lewis among others. Mindfulness, running, and golf helped offset any excesses.

All in, 40 online events in seven weeks - quite an achievement. "I consider myself to be relatively IT literate, but I had never used webinar software before," said Clive. "There are quite a few platforms available.

"I spent an hour watching YouTube reviews, chose a package, spent a few hours practising and – before I knew it – I was hosting webinars." The series was rounded off by Clive's interview with Scotland's



National Clinical Director, former consultant oral surgeon Professor Jason Leitch and, memorably, the online karaoke that followed immediately after (cue hasty shirt change by Clive).

"At the start of lockdown, ours were ahead of the curve. I kept adding content to present a wide range of both clinical and non-clinical subjects. But as time went on, everyone had the same idea and I definitely think we reached 'peak webinar'."

His highlight? "Phil Friel's culinary master class. He cooked live and I ended by being cameraman, handling the lighting and sound, and 'directing' – all while socially distancing. Other great memories are James Livingstone's Star Trek costume, Rory Scott's running tips - whilst drinking beer – and the karaoke." The series has also raised

more than £37,000 (the target was £5,000) for the The Prince & Princess of Wales Hospice. "It truly is a special place," said Clive. "Last year, I raised several thousand pounds, again by asking colleagues to donate rather than charging for courses.

"It relies on sponsored events to raise money but during lockdown this has been curtailed. They've been overwhelmed by the response of people who donated during the series."

Will there be a repeat? "Hopefully, there won't be another lockdown, so this will have been the beginning and end of my webinar production experience. Never say never, but I want to get back to work."

NEWS IN BRIEF

Tributes paid to 'selfless champion'

Tributes were paid to Graham McKirdy BDS MFGDP RCS, Fellow of the British Dental Association, who died in May after a short illness. Graham initially worked at an existing dental practice in East Kilbride, but he soon set up a partnership in practices at Bridgeton Cross, Glasgow, and in the Burnbank district of Hamilton.

He was a skilled, empathetic and caring clinician, and proved very popular with his patients, which was reflected in the success of both practices where he remained until his retirement in 2015. Graham received many awards and honours recognising his work and achievements, including Fellowship of the British Dental Association.

Dentist thanks COVID medics

Tony Jacobs, the Manchesterbased dentist and founder of GDPUK.com, started a fundraising page (tinyurl.com/ ybono4rf) in April to thank medical staff who cared for him after he contracted COVID-19.

BOS conference postponed

This year's British Orthodontic Conference, 'Don't Look Back in Anger', due to be held at Manchester Central in September has been postponed. The BOS is looking at other ways of bringing the orthodontic community together in light of COVID-19.

UK's teeth joint second in Europe

The UK shared second place with Germany in a Decay-Missing-Filled Teeth (DMFT) Index. Italy topped the overall ranking; despite being seventh in the DMFT Index, Italy has the highest number of dental facilities and the lowest incidence of factors such as alcohol, sugar, and cigarette consumption.

www.qunomedical.com/en/ research/healthiest-teethindex/

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SHOP WHERE SERVICE AND VALUE COUNT

THE profession has reacted with astonishment and anger at the General Dental Council's refusal to modify the annual retention fee (ARF). No changes will be made by the GDC in response to the COVID-19 crisis, or a pay-by-instalment scheme introduced, the regulator announced last month.

In an email to dental professionals, Dr William Moyes, the Chair of the GDC, said: "The impact of the COVID-19 pandemic continues to have a significant effect on our lives. I am very aware that the effect of the suspension of routine dental care and services is severe and that it has prevented you providing the patient treatment and care you want to – and in some cases has caused financial difficulties.

"We have been asked whether the GDC could respond by making changes to the ARF paid by all dental professionals or by introducing an emergency payment by instalments scheme. The council has thought carefully about the options available to us, but we have decided not to make changes to the ARF levels or to introduce a payment scheme. These are not decisions we have taken lightly."

But one dentist responded: "So, hygienists who have been earning nothing during this crisis have to pay their ARF that [the GDC] could not reduce by even a pound – meanwhile the GDC has nearly 50 staff earning over £60,000 a year."

In his email, Moyes stated: "The work we have to do, which is laid down in law, has

Anger at GDC's stance on ARF

Regulator refuses to change annual retention fee in COVID-19 crisis

not fundamentally changed. We are required to remain financially stable and to meet our statutory obligations to ensure the public are protected and confidence in the professions is maintained. Nearly all our incomes comes from the ARF collection. By revising our regulatory approach and increasing our efficiency, we have been able to secure greater value for money and reduce the ARF – and we hope to continue along this path. But we don't want to make changes now that we can't sustain.

"We are looking hard at the way we deliver our services, both during the current emergency and beyond. One example of that is that we have rapidly developed ways of running hearings remotely. That could eventually lead to a permanent reduction in our costs, and if it does, that reduction will be reflected in the fees we charge in future.

"For the time being though, significant uncertainty remains about the months ahead and it is just too early to predict what is going to happen – to the sector as a whole or to the GDC. So, it would be imprudent to make changes which might not be sustainable.

"In looking at the options available to us, we were also aware that even changes with very significant negative impacts on the GDC would make only a small difference to the level of the ARF.

"Only the Government is in a position to provide financial support to the professions and they have chosen to do so both through NHS contract arrangements and by more general support to employers and businesses. I am very aware that the benefits of that have been felt unevenly, particularly by those outside the scope of NHS contract support, but the level of the ARF is not an effective way of addressing that issue."

Another dentist commented: "This pandemic has resulted in everyone suffering huge financial losses ... but not you! Your long-winded ramble is no more than a 'yes, we know it's bad for you all but, hey we have overheads'. Shame on you."

A musician who retrained as a dentist after playing alongside various superstars is now raising money for the Scots hospice where his sister died. In a glittering music career, guitarist David Devine performed all over the world, with the likes of Calvin Harris, the Chemical Brothers, Groove Armada and Faithless, before giving up the music world to study dentistry.

Now the 40-year-old, who treats patients at Clyde Munro's Baillieston practice in Glasgow, has gone back to his musical roots to support the hospice which cared for his cancerstricken sister. He has launched a 'Rock the Hospice' fundraiser to support St Andrew's Hospice in Airdrie and has also pledged to donate all proceeds from his new solo, single, *One Last Time*. Among the first donations to

the cause was a £500 contribution from Clyde Munro, Scotland's biggest dental group.



Dentist calls the tune for sister's hospice

David shared news of his fundraiser when he performed during an online concert for Clyde Munro's 500 staff across Scotland.David, who lives in Hamilton, saw first-hand the care and devotion of hospice staff when his sister, Karen Derbyshire, spent eight months there with breast cancer before her death in 2017, aged 50.

David added: I wanted to do something positive to give back to a hospice which I hold close to my heart."

www.facebook.com/watch/ rockthehospice www.justgiving.com/ fundraising/rock4thehospice

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*Aerosol Generating Procedures

Dental staff in COVID-19 vaccine trial

Aim is to test effectiveness and safety of immunisation in an at-risk group

DENTAL staff in Scotland have been encouraged to apply to take part in the University of Oxford's trial of a COVID-19 vaccine.

The University of Glasgow and NHS Greater Glasgow & Clyde (NHSGGC) are supporting Oxford's trials among health and care staff. The collaboration is part of Oxford's phase three of the trial, which involves assessing health and care staff, who will be invited to take part in the trial if they are between 18 and 55 years old, healthy and have not been infected with COVID-19.

Frontline health, dental, and care staff working in a COVID-19 clinical area such as Intensive Care Units, Emergency Departments, COVID-19 Wards, Community Assessment Centres, care homes and ambulance service are encouraged to apply.

Initially, 250 people will be recruited, with participants randomised to receive one or two doses of either the ChAdOx1 nCoV-19 vaccine or a licensed meningitis vaccine (MenACWY) that will be used as a 'control' for comparison. Screening and vaccination of participants will begin in the next week.

ChAdOx1 nCoV-19 is made from a virus (ChAdOx1), which is a weakened version of a common cold virus (adenovirus) that causes infections in chimpanzees, that has been genetically changed so that it is impossible for it to replicate in humans.

Participants will be involved in the trial for the next 12 months and will be supported by NHSGGC and Glasgow University researchers throughout. Oxford University's phase one trial of healthy adult volunteers began in April. More than 1,000 immunisations have been completed, and follow-up is currently ongoing.

Emma Thomson, Professor of Infectious Diseases at the MRC-University of Glasgow Centre for Virus Research and Consultant in Infectious Diseases at NHSGGC, said: "We will be working with colleagues at Oxford University to determine if the ChAdOx1 vaccine protects those who receive it from infection in a phase III clinical trial, following successful smaller phase I and II trials in Oxford.

"The vaccine will be tested initially in frontline healthcare staff in order to test the effectiveness and safety of immunisation in an at-risk group. Although we are at still at a very early stage, we remain hopeful that the information we gather will contribute to international efforts to secure a vaccine to protect those most vulnerable to infection."

Phases two and three of the study – involving NHS and institutions across the UK – aim to assess how well people across a broad range of ages could be protected from COVID-19 with this new vaccine called ChAdOx1 nCoV-19. It will also provide valuable information on safety aspects of the vaccine and its ability to generate good immune responses against the virus.

Move to 'disincentivise' treatment

WALES is accelerating its move to a model of oral health care that breaks the link between the treatments a dentist undertakes and the payments they receive. Dr Colette Bridgman, the country's Chief Dental Officer, said the pandemic had presented "an opportunity to re-shape services and respond to some of the shortfalls of the current NHS contract".

The need to avoid aerosol generating procedures and implement social distancing in practices "will substantially reduce the throughput of patients and the level of clinical treatment," she said and that a remuneration model that moves away from funding active treatment and towards one that rewards active prevention and care was "essential". Bridgman said that over the coming months the intention was to remove the Units of Dental Activity. "This process will cut the link between treatment activity and payment," she said. "As such, it will move service provision towards a model based on the care of the practice population of patients, rather than one that incentivises clinical 'treatment' intervention and repeated recall visits over a given year."

All NHS patients in Wales will

receive an 'assessment of clinical oral risk and need' by March next year and will receive "the appropriate level of evidence-based preventive intervention and care based on their need". Patients requiring urgent and non-urgent AGPs will continue to be referred to urgent dental care centres or designated dental practices for treatment.

"The opportunity to expand reform across Wales and facilitate dental teams to truly transform the way dentistry is offered and delivered, will not be lost. We intend to use this opportunity to support all practices with NHS contracts, whilst mitigating against the impact caused by the necessary restriction on AGPs and patient throughput, ," said Bridgman. "It will also encourage evidence-based prevention and clinical care that is based on need, using the skills of the whole dental team. It is clear that 'normal' routine dental activity, as we understand it, cannot resume in the short to even medium term.

"We can deliver radical change in how we provide primary dental care in Wales and in doing so, ensure the sustainability of the dental sector throughout this transitional period, both in clinical and economic terms."



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Electric toothbrush use surpasses manual

MORE UK adults are cleaning their teeth with an electric toothbrush than with a manual one for the first time, according to a new study.

Nearly 12 million people in the UK have switched to an electric toothbrush over the last five years. Around two-in-three (67 per cent) adults now use an electric toothbrush – an estimated 34 million people – an increase of 52 per cent.

The research has been conducted by the Oral Health Foundation and Oral-B as part of National Smile Month.

Data published earlier this year in the Journal of Clinical Periodontology found electric toothbrushes led to 22 per cent less gum recession and 18 per cent less tooth decay over an 11-year period.

Despite the benefits of using an electric toothbrush, one-in-three (33 per cent) adults in the UK still use a manual toothbrush. Findings from the Oral Health Foundation show that manual brushing is closely related to both age and household income.

The findings came as the Foundation also published a survey showing that there was increasing support amongst the public for an extension to the Soft Drinks Industry Levy, also known as the sugar tax.

Milkshakes, fruit juices, smoothies and alcoholic mixers, which are exempt under the current sugar tax, all received equal backing as possible routes for an extension. A previous report looking into some of the drinks exempt from the sugar tax found that half contain a child's entire recommended daily sugar intake, which is almost 19g or nearly five teaspoons.

Dr Nigel Carter OBE, the Foundation's Chief Executive, said: "The sugar tax has been a significant success, not only for oral health, but for general health and wellbeing too. The lack of progress by government to build on the current sugar tax proposals has been extremely disappointing. A blind eye has been turned to addressing pure fruit juices, smoothies and milkshakes."

The sugar tax was introduced two years ago and applies to drinks with more than 8g of added sugar per 100ml. The tax forced manufacturers to lower their sugar content or face a tax rate equivalent to 24p per litre. Since then, the sugar content of drinks sold has fallen by 21.6 per cent – equating to more than 30,000 tonnes of sugar a year.



50 dentists appointed to new FGDP(UK) Academy

THE Faculty of General Dental Practice has announced the appointment of 50 dentists to its new FGDP(UK) Academy.

The Academy has been established to recognise significant and ongoing contributions to the academic work of the Faculty at a national level in support of its core purposes.

Appointments are made as Member or Senior Member of the FGDP(UK) Academy in relation to the responsibility and commitment of specified roles, such as in the development of the Faculty's guidance and standards, and the delivery and assessment of its exams and educational programmes.

Membership is for a renewable three-year term and it is intended that the Academy will move across to the College of General Dentistry upon the transfer of the FGDP(UK).

Ian Mills, Dean of the Faculty, said: "I am delighted that the Board has seen fit to establish an Academy to recognise the outstanding work of so many of our colleagues in delivering postgraduate dental education and promoting the highest standards of care. "There are many Members, Fellows and others who serve the profession and its patients through the Faculty, and I look forward to recognising these contributions with further appointments in the coming months."

The FGDP(UK) Academy brings together the community of key contributors to the academic work of the Faculty; to its education and qualifications programmes, our books and standards. Appointment to the FGDP(UK) Academy is honorary, conferred by the Faculty Board, and of three years' duration, renewable.

Among the Scots members of the Academy are Andy Hadden, editor of one of the FGDP's guidance publications, *Clinical Examination and Record-Keeping*, who has been appointed as a Senior Member.

Mark Richardson, Chief Dental Officer of the RAF and a former Vice Dean of the Faculty, has been appointed as a Facilitator for its Fellowship award. Paul Friel has also been appointed due to his significant work as a tutor in the FDGP's West of Scotland membership division.

DATES FOR YOUR DIARY

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

28 AUGUST

Dental Cone Beam 2B Certification Royal College of Physicians and

Surgeons of Glasgow rcpsg.ac.uk/events/conebeam2

7-9 SEPTEMBER AMEE 2020

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

14-15 SEPTEMBER

Euroscicon Expo on Dentistry & Oral Hygiene Edinburgh dentistry.euroscicon.com

17 SEPTEMBER

Dental Webinars - Sedation Royal College of Physicians and Surgeons of Glasgow rcpsg.ac.uk/events/ DentalWebinar-2020-09-17-286

3 OCTOBER

The Dental Triennial Conference: 'Develop Your Dental Team' RCSED, Edinburgh rcsed.ac.uk/events-courses/ conference-details-the-dentaltriennial-conference-developyour-dental-team

13 OCTOBER

The 1st UK Restorative Dentistry & Prosthodontic Conference* Better patient care through collaboration

Crowne Plaza Glasgow *Postponed: see website for updates rdpduk2020.eventbritestudio.com/

28-30 OCTOBER

Medicine24 2020 Technology and Innovation Centre, Strathclyde University rcpsg.ac.uk/events/Medicine24

12-14 NOVEMBER

BACD Annual Conference EICC, Edinburgh tinyurl.com/rvc6yzf

19-20 NOVEMBER

ICDPOD 2020 International Conference on Diagnosis and Prevention of Oral Disease London https://tinyurl.com/wddcyov

27-28 NOVEMBER

BSDHT Oral Health Conference* SEC, Glasgow *Currently going ahead, but check for updates www.bsdht.org.uk/OHC2020

10-11 DECEMBER

ICDEPD 2020 International Conference on Dental Ethics and Paediatric Dentistry London https://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-annualconference-for-dental-careprofessionals

POSTPONED FROM 2020

2I-22 MAY 202I

The British Dental Conference & Dentistry Show NEC, Birmingham www.thedentistryshow.co.uk

3 DECEMBER 2021

FGDP(UK) Scotland Study Day Informative updates on treatments for perio and endodontics. Speakers: Iain Chapple and John Whitworth. Glasgow Science Centre fgdpscotland.org.uk/bookglasgow-study-day/



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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

Professor Leitch pictured at the First Minister's briefing on 29 May. Throughout the lockdown, the former Consultant Oral Surgeon has been the public face of Scotland's efforts to combat COVID-19

STAY AT HOME

An opportunity for renewal

Clinical Director describes working through the pandemic and what the future might hold

feel both hopeful and nervous," said Professor Jason Leitch, Scotland's National Clinical Director and, arguably, the public face of Scotland's efforts to combat COVID-19.

While First Minister Nicola Surgeon is preeminent – the one, along with her fellow ministers, making policy – Professor Leitch has been, from the early days of lockdown, the person that the Scottish public regard as the voice of authority. Their guiding voice in briefings, on televised public health announcements, and during live question and answer sessions with viewers.

He has gone from 12,000 followers on Twitter before the pandemic – "a relatively tight group of global [public health] safety and quality people who all knew each other" – to more than 62,000 today. His profile increased significantly after the resignation of Scotland's Chief





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Medical Officer, Dr Catherine Calderwood (for flouting government advice on staying home).

The dental profession had its own moment with this key figure, midway through last month, when Clive Schmulian interviewed him live for the last in the Lockdown 2020 webinar series (see News, p13). Discussion ranged over his responsibility for the quality and safety of the healthcare system, to when dentists might return to practice, funding for dentistry, and how he switches off (three meals a day, eight hours sleep and a run "very slowly" in a circle around his house).

Then, on 29 May – the day after Sturgeon had outlined the nation's 'route map' out of COVID-19 restrictions – came an opportunity for reflection. "Hopeful," he explained to *Scottish Dental* magazine, "because it's the first day of the lockdown release and it's a wonderful thing to be able to tell people that they can meet one other household outdoors. With physical distancing of course.

"But I'm also nervous, because there are still 800 people in hospital and 40 in intensive care with coronavirus and I worry about the future of this viral pandemic."

Like most weeks since lockdown began, it had been a busy, emotionally charged time. "[It] has been intense, purposeful, varied and full of uplifting stories of service and courage. I spoke to the leaders of Scotland's main sporting bodies and to the leaders of some of our island communities. I had a number of media appearances including taking questions live on television and radio. And I have also spent some time with senior politicians discussing the pandemic."

Leitch qualified as a dentist in 1991 and was a consultant oral surgeon in Glasgow before becoming a Quality Improvement Fellow at the Institute for Healthcare Improvement in Boston and, in 2007, joining the Scottish Government. "I had the unique experience of over a year in the US, where I was formally educated in public health and learned about system change and improvement at the Institute," he recalled.

"I then had an opportunity to join the Scottish Government part-time, to focus on one of the biggest challenges of our time; the safety of patients in the healthcare system. That seemed like too good an opportunity to miss; to have an influence on a national level on such an important problem." He was appointed Clinical Director in 2012.

From his days in Glasgow as an oral surgeon, he misses the connections, "the patient and families and the surgical teams". During the early days working in government, he also missed the ability to "fix a problem quickly." The pace with which results are achieved now has, necessarily, changed: "Pre-pandemic work felt very distant from instant results, whilst during the pandemic some of what we do has had faster results."

As National Clinical Director, he is partly responsible for quality in the health and social care system in Scotland, including patient safety and person-centred care, NHS planning, and implementing quality improvement methods across the Government and the broader public sector. Tom Ferris, the country's Chief Dental Officer, is the policy lead for oral health and the leader of the profession in Scotland.

"I try to support him in any way I can in advocating for oral health and the quality and safety of dentistry," said Leitch. Did his time in Boston prepare him for the current crisis? "[It] gave me a much deeper knowledge of epidemiology, statistics, and public health. Informally, it taught me a great deal about leadership, systems improvement and surrounding yourself with high

THERE IS NOTHING GOOD ABOUT A PANDEMIC, BUT THE <u>Past months have taught us that it is imperative</u> <u>That some priorities will have to change"</u>

performing team players." What about dealing with social media trolls and Piers Morgan? "I am, of course, very happy to be questioned and held accountable, but I expect this to be done in a spirit of kind enquiry," he said. "The direct name-calling that I receive genuinely doesn't trouble me. The comments that get under my skin are the ones that question my motives and my integrity."

With practices closed since 23 March, the burden of maintaining the oral health of the population has fallen to the Urgent Dental Care Centres (UDCCs) that were established in response. Initial figures suggest varying results (see News, p12).

"Those figures quoted were for the very early days of operation of the UDCCs and no longer reflect activity in [health board areas]," he said. "The CDO and his team are in regular contact with boards to discuss issues which can affect the UDCCs.

"As the Government moves forward with its plans to remobilise dentistry, increasing amounts of urgent dental care activity will return to the practice setting and the UDCCs will primarily be focused on delivering treatments that require aerosol generating procedures (AGPs). The UDCCs have generally been effective at meeting the needs of the population who were in need of urgent care.

"However, we recognise that there are patients who don't meet the criteria for urgent care but who have a genuine concern with their oral care that needs to be addressed and this is where we are moving towards within the remobilisation plan in phase two."

As practices reopen, an immediate concern is the supply of personal protective equipment (PPE).

"We are working closely with the NHS Scotland procurement teams to ensure a robust and sustainable supply of PPE is made available to NHS dental practices in the recovery phase. The CDO and his team are in regular contact with NHS NSS regarding the PPE supply chain and its sustainability and will take this into account in their planning."

Leitch has been working with colleagues to develop the overarching strategy towards remobilising health services "and dentistry is a key part of this plan," he said. "Tom Ferris ensures that NHS dentistry has a high profile within these plans as they are taken forward."

He added: "I hope the financial support measures put in place by the Scottish Government for NHS practices will mean that they are in a good place to prepare to return to delivering care for their patients. The impact of COVID-19 will mean that many health services will operate differently in the 'new normal' and dentistry is likely to be in a similar position."

Did he think that there will be the same number of dental practices operating in Scotland next year as there was last year? "The Government has taken the action that it has taken towards financially supporting NHS dental practices and dental practitioners with the intention of maintaining NHS dental service capacity in the long term," he said.

In his interview with Clive Schmulian, Leitch was asked about the long-term funding model for dentistry. "I think this present position, however long it lasts for us, is an opportunity – once we can lift our heads – to think about how we want the health and social care system to be designed," he said.

"And I think that goes all the way from who owns the social care homes and how we pay for staff in those homes ... all the way through to how we manage primary care teams and to dentistry, optometry and other parts of traditional high street healthcare. I think that is an opportunity for renewal, if that's not too hyperbolic, about what that might look like.

"I think for a while coronavirus is going to slow us down in dentistry – no question – because you're just literally not going to be able to go as fast as you have previously. So, something is going to have to give in that process. Is that about payments? Is that about design? Is it about teams? It's about all of these things."

In the last edition of *Scottish Dental*, we explored the work that was under way on a 'new model of care' for adult NHS patients. Did Leitch think that the pandemic had strengthened the need for reform? "I think it is fair to say that the excellent work undertaken by the CDO and his team in relation to the new model of care will not

be lost as the Government moves through with the remobilisation of the NHS dental services and into a longer-term steady state.

"For example, the move towards preventive care identified within the new model of care seeks to reduce the need overall for restorative dental interventions, which will reduce the need for AGPs in the longer term.

"The funding arrangements for NHS dental services going forward will be clearly linked towards the delivery of the new model of care and planning for this will be taken forward with care and engagement with stakeholders, including the public. It is also vital to continue the progress we have made in the improvement of the oral health of the younger population and maintain these improvements into the adult population. Dental practices will be key to this improvement."

As the profession looks, apprehensively, to the future does he also think about what he might be doing? "In an ideal world, I would like to be involved in the redesign of health and social care across Scotland," he said. "There is nothing good about a pandemic, but the past months have taught us that it is imperative that some priorities will have to change. It would be great to be involved in how that shift in priorities looks for the people of Scotland. And perhaps have some input globally, addressing a renewed focus on the quality and person-centred nature of health and social care delivery."

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A dental family; stronger together

The BDA's President reflects on the outbreak and how the organisation is working harder than ever to support dentists



very dentist has had a different experience of the COVID-19 outbreak. Some have seen their incomes evaporate almost overnight. Others have lost loved ones or have taken on new roles to support the nationwide response.

What's universal, is that we've all been affected. There's never been a more

challenging time to be a dentist in the UK. But I believe, we'll emerge from this stronger, if we stick together.

Flattening the curve

Like many other dentists across the UK, I volunteered to work on the response at the beginning of this crisis. Starting in March, I worked in the doctors' hub in Altnagelvin Area Hospital in Northern Ireland. My role was linking with the medical teams and working to support staff welfare.

Preparing for the surge was stressful for everyone. Patients were streaming in and it was clear the situation would get worse before it got better. Many doctors were working out of their normal scope of practice. Some were choosing to live close to the hospital and to isolate themselves from their families. I tried to support in whatever way I could and I was inspired by the dedication shown by not just the doctors and nurses, but by all the staff. Everyone went above and beyond.

In Scotland, the Public Dental Service moved quickly to set up Urgent Dental Centres⁽¹⁾ in their local areas once all routine dental treatment ceased. All UDCs began operating by the end of March, and an increasing number of redeployed GDPs are working in the centres. The profession has really pulled together to treat the most urgent cases, and practices are now preparing for a phased reopening over the coming weeks and months.

When social distancing measures lowered infection rates, the number of new cases began to drop. Everyone had come together to flatten the curve. This was a huge relief. Of course the death toll continues to increase, each one a loved and cherished person, but this tragedy could have been so much worse. The nightmare scenario of our health service buckling under a huge spike in infections has been avoided.



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<u>WE WILL COME THROUGH THIS</u> <u>Stronger, if we reach out for</u> <u>Support when we need it and</u> <u>Continue to work together"</u>

Supporting dentists when they need it most

They say that in a crisis you find out who your true friends are, and I've truly been bowled over by the efforts of my BDA colleagues.

Our policy teams gathered evidence from hundreds of members across Scotland to make the case for the issues that matter to you directly to ministers and the media. Tireless work by the BDA's Scottish Dental Practice Committee ensured that NHS and mixed practices in Scotland will continue to receive funding and we continue to seek clarification on the support package. Associates who deliver NHS treatments will also receive financial support during this time, and we've provided a new pay dispute resolution service should issues arise.

The BDA has been relentlessly outspoken on the lack of support given to private practices. Some of our colleagues are approaching a financial cliff edge. Our campaign urging the government for a fair and equitable solution has received cross-party support from over 100 MPs, and BDA Scotland has written to the Cabinet Secretary for Finance urging financial support for private dentists. Ministers in Holyrood and Westminster must throw a lifeline to private practice.

Colleagues in our advice teams have also been supporting five times the usual number of members. Staff have been working long into the nights to help members make sense of the practical and legal complexities we are facing; from furloughing and the retaining of staff to clarifying financial packages, redeployment and urgent care.

Looking ahead

The BDA will continue to campaign on behalf of all dentists and dentistry. I've never been prouder to be a member and I've agreed to extend my term as President to support in whatever way I can. We're working hard to make sure your voices are heard, and our driving focus remains: you and your patients' health and the financial viability of your practice.

In the meantime, I urge you to reach out if you are feeling overwhelmed. BDA members can access 24/7 counselling⁽²⁾ through our Health Assured service. All health boards in Scotland have dedicated professional well-being support services during this COVID-19 crisis. Alternatively you can call ConfiDental⁽³⁾ for support.

There has never been a more stressful time to be a dentist in the UK. But we will come through this stronger if we reach out for support when we need it and continue to work together. We are a dental family. We are stronger together.

(1) https://www.bda.org/news-centre/blog/Pages/Coronavirus-PDS-leading-on-urgent-care-in-Scotland.aspx

(2) https://www.bda.org/advice/Pages/Health-Assured.aspx (3) https://www.confidental-helpline.org/

The industry looks ahead

The previous weeks and the coming months provide an enforced opportunity to review how organisations structure and conduct their business

ith conventional high street dentistry closed down for more than two months, the UK's dental industry has seen a massive and unprecedented drop in activity, matching and

reflecting that of our customers and colleagues in the dental profession. The 'industry' embraces hundreds of different and diverse businesses from manufacturers, dealers and distributors, to IT services, publishing and market support. But on the whole, with the cessation of all general dental activity, dental sales and support have drastically reduced. This means that the majority of dental companies have had to participate in a number of the Government's business support schemes. Like many other sectors, most dental companies currently have a significant proportion of staff on furlough.

After the initial shock of the magnitude of the challenge facing dentistry, the BDIA – the voice of the UK's dental industry – is now wholeheartedly involved in the work going on to facilitate the resumption of more widespread dentistry, mirroring what is described as "restoration and recovery" in the NHS hospital sector.

As a trade organisation, the Association is conscious of the responsibility it has to its membership to provide information and leadership. Therefore, in addition to how the organisation deals with the critical everyday challenges that COVID-19 throws up for its members, a key driver of activity is: 'What will your organisation be remembered for?' The BDIA is aiming to be remembered for providing help and support, direction, and leadership. To that end we have been concentrating on four key activities so far during the crisis.

Firstly, we continue to work with various government departments and organisations to assist where we can with PPE supply issues and member companies continue to scour the globe to secure supplies going forwards.

Secondly, we have been guiding our members through, and assisting them with, the various government support measures which are available to help and support businesses through these challenging times.

Thirdly, we are providing daily – and often more frequent – updates on areas that impact members and the provision of dentistry and the dental profession, so that members are familiar with the guidance and mechanisms that are impacting on and challenging their customers as well as themselves.

Fourthly, we are firmly focusing on safely getting dentistry going again, and have launched an initiative to look at mitigating the impacts of Aerosol Generating Procedures (AGPs) as part of the industry's wider contribution towards the widescale resumption of treatment in the quickest and safest way.

From an industry perspective, moving forwards many BDIA members will have a critical and fundamental role to play in getting dentistry back in action, with an opportunity to help and shape the way that the profession once again begins to provide more dental care going forwards.

We see the key processes in getting dental activity back on track as being:



• Reducing infection risks, which will require the adoption of; • Appropriate risk-based SOPs, approaches, products and

treatments, allowing the;

• Resumption of dental provision;

• Inevitable changes to the structure of NHS and private dentistry and its funding.

There are many articles and opinions on how and when dentistry will open up and get back on its feet again: the issue of AGPs, the pace of resumption and what contractual and funding changes will be required to support dentistry in the recovery stages and beyond. The BDIA is heavily involved and committed to the re-opening of practices and the resumption of widespread treatment. However, by way of a change in topic, I would just like to depart from the conventional challenges of re-starting more general dental provision for now and look at a few wider changes in the business picture affecting us all.

The last several weeks, and indeed the coming months, provide all organisations with an enforced opportunity to review how they structure and conduct their business going forwards. The COVID-19 pandemic will have many legacies, some tragic and some transformative.

There can be no doubt that it will undoubtedly have a profound impact on how business will be done in future. Here, we look at a few business scenarios and practices familiar across the dental sector to both clinician and the industry.

Firstly, it will come as no surprise that PPE prices will have increased dramatically by the time practices reopen. Everyone will be aware of the intense global competition in the race for PPE, the shortages suffered by the NHS and the massive associated cost inflation. The industry will endeavour to source and supply PPE for the sector, but practices should be aware of the impact of unprecedented global demand on the prices for this invaluable treasure so vital to our everyday work. We would also like to make the profession aware of the enormous volumes of counterfeit and non-complaint face masks and PPE currently offered for sale by unscrupulous vendors, particularly online. We would recommend all practices to only purchase from reputable suppliers.

For many, in the dental industry and beyond, the traditional office environment will change for ever, and certainly there will be changes to the surgery too. In addition to the obvious introduction of distancing and safe procedure until there is a vaccine and/or effective therapies, widespread working from home and a reduction in travel will impact significantly on the way organisations look at cost effectively using and staffing offices and facilities in future. Going forwards, much smaller premises may be appropriate for a number of organisations, with many members of industry teams continuing to work more from home.

Business travel will re-emerge differently. Widespread

home working and communications technologies will provide useful data for organisations and individuals on the real benefits and cost effectiveness of those national and global sales meetings, professional gatherings, congresses, and exhibitions. It is likely that full international travel will take some while to get back on its feet, and costs are likely to remain relatively higher for some time to come, so virtual face to face communications look like they may well remain a very big part of all our working lives. Passports will remain in the top drawer a lot more and expenses perhaps more modest.

As we have seen, face-to-face meetings – so long the backbone of so much dental business – could well remain largely virtual in future, at least once any post-virus ecstatic rush to all meet up again in person has lost its novelty. That traditional relationship between dentist and dental sales representatives will surely change. Again,

learnings over this period will allow companies to review the best strategies and structures to enable recovery and future growth, as consideration will be given to safely accessing dental premises and to assessing the relative values and benefits of face-to-face versus virtual contacts.

Another long-established staple of the dental

world is the Dental Exhibition and Conference. Going forwards careful consideration will need to be given to any mass gatherings and any government rules adhered to. Organisers have a moral and legal responsibility to do what is safe for exhibitors, visitors and delegates. With the two largest UK venues used for dental exhibitions currently accommodating Nightingale Hospitals, it is difficult to see these being used for other purposes for some time yet. The NHS Louisa Jordan at Glasgow's SEC could still be used to help deal with the backlog of cancelled procedures.

However, dentistry is a hands-on occupation and traditionally exhibitions have presented a tremendous opportunity to place product in the hands of a potential user. In spite of the already discussed probable permanent move towards online communications, I suspect many of us hope that time will soon come when exhibitions are again safely back on the calendar as an occasional face-toface alternative to virtual video contact. Organisers can only plan for that future based on best advice from the authorities and venues, and put on a show to tempt us all back out of our online cocoons.

Edmund Proffitt is Chief Executive of the British Dental industry Association (BDIA)

E E <u>The pandemic will have</u> <u>Many legacies, some tragic</u> And some transformative"

Already solated

support for the homeless is on hold

Declan Cairns, co-founder of the Glasgow Dental Initiative, reflects on his experience and highlights the vital community work affected by the pandemic

What's been your experience of the COVID-19 crisis and lockdown?

Professionally, it has been a challenge to manage the crisis, both for staff and for patients. Our job boils down to caring for patients, so to be forced to stop providing this service, especially when someone is in pain, has taken time to adjust to. The vast majority of patients have been very understanding of the situation. There will always be a couple insisting on coming down to the practice, but this had to stop. Personally speaking, I really enjoyed taking the opportunity to press pause and reflect on what has been an extremely busy time after graduating.

What do you see as being the short and long-term futures of practice?

Short term, it is very difficult to imagine general dentistry returning to the way it was previously, especially in terms of volumes of patients. From a business point of view, materials will cost more, disinfection time in between patients significantly increases, limits to AGPs will impact the complexity of work undertaken and fewer people will be coming through the door.

But it is the impact on the general population's ability to access NHS dentistry after the lockdown is lifted that I find particularly concerning. GDS practices are businesses which provide an essential frontline NHS service. They will be expected to absorb these costs when treatment resumes, and it worries me that private paying patients will be prioritised in order to try balance out three-to-four months of lost income. Many NHS contracted dentists feel they have to carry out multiple treatments per appointment to justify the time spent for the fee per filling and, in the future, this is simply not going to be possible with the current SDR.

I would like to see this changed, with a payment system that rewards practices to promote prevention in their local community, and to reduce the strain on NHS services after lockdown is lifted. However, I believe restorative dentistry will struggle to return to anything like normality in the absence of a vaccine.

Do you think the way dentists are educated and trained will be different?

I think the move to online learning will have suited a lot of people, but there is a limit to how much you can learn without actually going and doing it. As a student, I never particularly engaged with the lecture theatre learning style, and much preferred making summaries of slides afterwards in the library, so having an audio version of the lecture that I could revise in my own time would suit me down to the ground.

However, you would be losing out significantly on the skills developed by being on clinic, talking to patients, taking histories and practicing procedures in Op-Tech. Outside of academia, it is essential any DCP masters the practical element of their job, and thorough practice is needed before anyone can feel confident carrying out a procedure on a person. Unless the dental hospitals win the lottery and have students practicing on mobile units in their own home, I think people will still need to complete some practical element of their training before they are allowed to progress.

Tell us about the Glasgow Dental Initiative (GDI)

GDI was formed in 2015 by myself and my colleague, Abdulwahab Aslam-Pervez, focused on improving the oral health of the homeless community in Glasgow. As a charity group we have been advocating our work to dental practices within the area, and this resulted in donations of toothbrushes, toothpaste and other oral health supplies.

The group meet once a week at a soup kitchen on Cadogan Street. Users are given a tote bag with our logo and which contains a toothbrush, toothpaste, OH leaflets and other items such as bottled water, personal care items, and seasonal items, such as gloves and hats etc.

Our focus is to promote trust in the dental team by delivering dental health messages in a positive manner and providing advice on seeking emergency and routine dental care. Our aim is to:

Ensure everyone – irrespective of housing status – has access to essential dental supplies (toothbrush, toothpaste, and denture care products when available/appropriate);
Build a network of GDI-affiliated practices which donate oral health supplies regularly; and

FFG <u>IT IS THE IMPACT ON THE</u> <u>POPULATION'S ABILITY TO</u> <u>ACCESS NHS DENTISTRY AFTER</u> <u>LOCKDOWN IS LIFTED THAT I FIND</u> <u>PARTICULARLY CONCERNING"</u>



• Encourage an empathetic approach to delivering care through educating the profession on the challenges that the homeless encounter in engaging and accessing oral health care.

COVID-19 has meant we have been unable to interact directly with this group until further guidance is released by the Scottish Government. Our challenge is when and how we are going to manage this service in the future to align with Government policy. The removal of this service to an isolated group will bring challenges in future; to rebuild the trust and communication between the volunteers and service users, who have a diverse range of communication skills and needs.

Our peer advocacy service users have built a relationship of trust and communication with our volunteers. This approach promotes the sharing of positive experiences receiving dental care, which is invaluable in supporting those with dental phobia or have a negative attitude to maintaining their oral health. The Groundswell study provides evidence that peer support from people with similar experiences can help break down the barriers many people associate with healthcare workers. Implementing this scheme will enable us to capture those who have been falling through the gap in primary health/dental care provision in the past.

www.facebook.com/glasgowdentalinitiative https://groundswell.org.uk GDI was formed in 2015 to help improve the oral health of homeless people

C O V I D - I 9

o I like working from home? I can't say I do, beyond the lack of commuting. Despite putting

in my hours on the computer and phone, I am left feeling inefficient and ineffective. Let 'normal', and the resumption of clinics, return please. Yet I know that is still far off and the 'return' will be very different.

My current daily routine? Morning exercise, then log-on to my computer, emails, and some prearranged video calls with patients targeting three messages; oral health, avoid breakages, and refer to the British Orthodontic Society (BOS) website for home-help videos. Plus, reassurance that we are still here to answer concerns and deal with any unresolved problems.

Clinical work includes phone triaging of patients with problems, being on-call as a consultant for the Urgent Dental Care Centre and managing patients in treatment via phone calls and video calls. This works well for discussion and getting an idea of the problems patients are experiencing, but is less useful for seeing details of the teeth as the image can be very pixelated. It's often challenging for patients and/ or parents, despite watching BOS guidance on virtual consultations.

I am normally based in a large district general hospital, with two other consultant orthodontists, four maxillofacial surgeons and a restorative consultant. We work across two main sites on a weekly basis and monthly at a third site. In anticipation of the pending lockdown, we agreed with our oral and maxillofacial surgery colleagues to reduce footfall of our clinics by cancelling non-priority patients and prioritising post-surgery and 'de-bond' patients.

Establishing remote access became the next priority but, as luck would have it, early adoption of electronic patient records, which went live at beginning of January, made this significantly easier. I was impressed by how quickly systems were able to adapt to change, with our IT and information governance teams providing vital support. In turn, the public has been very understanding and people have taken to remote consultations.

With the excellent coordination of our region's Director of Dentistry and his team, integration with Public Dental Service, GDPs and specialist

I felt guilt, at home, conducting virtual clinics'

A return to work in-person with colleagues and patients will inevitably be different, but welcome

practice colleagues in dealing with emergencies in UDCs has been very rapid and smooth. A great achievement and it demonstrates the model team working attitude of the profession that this crisis has thrown up.

But I also felt an element of guilt; that support staff who were not shielding, taken sick, or were on leave, were deployed to areas of the hospital with which they were unfamiliar. While they were often the lowest paid, their shifts increased. As consultants, we were at home, working on policies, protocols, and conducting virtual clinics. Offers to be redeployed simply never came to us, and that seems to have been the case for other regions.

In between virtual consultations and keeping abreast of almost daily reports on policy, opinion, and science, I am teaching remotely, keeping in touch with trainees, and writing questions for the Member of the Faculty of Dental Surgery exam. Messages from friends and colleagues are a welcome distraction; communication, supporting one another, and maintaining a sense of humour is vital for mental wellbeing at this time.

We are also discussing a plan for returning to work at the hospital. With so much uncertainty, initial drafts can feel like a waste of effort. But we are drawing on the evidence from other countries where dentistry has reopened or is starting to reopen. Priority will be de-bonds and patients in treatment, particularly those who have had problems during lockdown. Treatment starts will be delayed, where appropriate, and new patient consultations will be limited.

A clear challenge is the availability of clinical space in order to maintain social distancing, and the need to reduce footfall in waiting areas. This





Anxious, scared and upset

People attending Scotland's COVID assessment centres benefit from support, care and advice

IT HAS been a very difficult and challenging time. I'm a dental nurse working cross-site between the Paediatric Department at The Edinburgh Dental Institute and The Royal Hospital for Sick Children in Edinburgh. I work with extremely anxious children undergoing all types of dentistry.

From the middle of March, outpatient clinics were cancelled and the Institute was also closed to patients. I was very keen to be redeployed and stressed to my line managers I would go anywhere within NHS Lothian and undertake any role to play my part. I was at home for two weeks before being redeployed to the COVID Assessment Centre at St John's Hospital in Livingston. I was nervous to begin with; little was known about the virus, how busy we would be, and if enough PPE would be available. But the centre is extremely well managed.

Members of the public who have had symptoms for more than seven days phone 111, are triaged by a GP, and are given an appointment to attend the centre. On arrival, they are given a mask and hand gel, and they undergo observational checks carried out which include blood pressure, temperature, pulse, oxygen saturation and respiration (breaths per minute). The GP makes an assessment and decides if the patient needs to be admitted to the ward or if they can go home and self-isolate.

Working at the centre has been a great experience, for two reasons. Firstly, the patients who attend are very anxious, scared and upset; it has been so rewarding to help these patients by giving them support, care and advice. Secondly, over the last number of years within NHS Lothian, the Hospital Dental Service and the Public Dental Service (PDS) have been undergoing a merger to create The Oral Health Service. Working at the centre has been excellent for building relationships between

> will mean dispersing our service to satellite sites. Inevitably, fewer patients will be seen; waiting times and lists will increase. We will aim to see all patients currently in treatment as soon as possible and finish that treatment. Patients in retention will be seen remotely and discharged where appropriate.

Another is the 'fit-testing' of masks and general lack of PPE. We need to understand and have clear, evidence-based, guidance on proper PPE for orthodontic procedures and not just what stock is available when we return to face-to-face clinics. This is not only for the protection of patients and us, but also to provide



WE WILL GET THROUGH IT TOGETHER AS <u>A team — and the best team you can</u> <u>BE Part of as an employee is the nhs"</u>

the dental nursing teams from both of the services. Looking ahead, I don't think dentistry will be fully functional until the end of this year, or potentially next year. The first step for us will be putting in place a plan for consultation appointments so that we can see patients again. Working in the centre is very rewarding but I miss my role as a dental nurse and my colleagues within the paediatric department. I imagine that in our 'new normal' life people will have to adapt to social distancing, they will be more aware of the need to wash hands, waiting rooms will purposefully not be as busy, and we may see fewer patients in person.

It has been a strange time for us all, but we will get through it together as a team – and the best team you can be part of as an employee is the NHS.

WORDS LESLEY ALLAN RDN

much needed confidence generally. Currently, nursing and auxiliary staff on the front line do not have confidence that what they have been told to wear is protecting them.

Looking ahead, I envisage greater use of virtual clinics, with initial consultations – history taking, discussion of treatments, and consent – being done remotely where possible. There will be an increase in clinical administration and professional support being delivered from home and an even greater use of remote teaching and learning. Examinations also could be delivered remotely. Crucially, we will have better contingency planning. Externally, there is a need to recognise dentistry's unusual funding structure; that NHS-funded practices will require increased support and that, conversely, if some patients can choose to manage their oral health outside the NHS then that option is no less valid. Currently, the promotion of oral health is funded by industry; it should be a core part of public health policy.

Put the mouth back into the body!

Lucy Chung is a Consultant Orthodontist for NHS Ayrshire and Arran and Honorary Clinical Senior Lecturer at Glasgow University.

Practice faces Classic Change

Returning to dentistry, owners need to be provided with financial support and high-quality PPE

> y diary from February to June of 2020 was busy. It encompassed formal duties in my role as an FGDP national board member, travelling to Switzerland mid-March to visit my son Andrew, who lives in the ski resort of

Verbier, visiting Canada in May for my nephew's wedding, and attending two weddings in Scotland in June. All the above was in addition to working as a part-time associate.

I was aware of the spreading coronavirus in Wuhan but, like many, I thought it was a problem that would be contained. The outbreak in Northern Italy made me more anxious.

I attended an FGDP Board meeting in London on 28 February with a growing unease. I travelled by air, used the underground and socialised. The next Wednesday, 4 March, I attended a NES Committee meeting in Edinburgh in my FGDP capacity. I was scheduled to return to London again the following week for the Faculty's Diplomates' Day and Annual Dinner, where I was to have the honour of delivering the citation for Prof Jeremy Bagg on his Honorary Fellowship of the Faculty. Travel to Switzerland was planned immediately on my return from London. All was going as intended until I was phoned by Public Health Scotland and informed that I had contacted a COVID-positive person at work. The practice was immediately closed, and all of us who worked there had to undergo isolation for two weeks. I realised that the world was about to change; this effectively vetoed my trips to London and Switzerland and had much graver implications.

The health board where I live, which is different from the practice health board, subsequently reclassified me a non-contact. It was too late for the London trip, but I still wanted to visit my son.

Later that week, Andrew phoned us to say he wasn't feeling well. He was short of breath, had a terrible headache and no energy. All his friends reckoned they had had the virus, all strangely losing their sense of taste and smell. The Swiss policy was to test only symptomatic over 65s but, being asthmatic, he was tested. It transpired that Verbier was a virus hot spot, and the hotel where he worked was an epicentre. The ski slopes were closed on the Friday, and Andrew got his positive result early on the Saturday morning. Thankfully his health had started to improve markedly by then. Although the flight took off that day, we didn't go.

WORDS PATRICIA THOMSON

After the two-week period of isolation was over and the practice was preparing to reopen, we all realised that routine dentistry was about to cease. I didn't make it back to work before all face-to-face patient contact stopped.

I have not worked in practice since 5 March. The only dentistry I have undertaken is one session at the out-ofhours service. I extracted three teeth and offered advice to patients by phone. I have not been involved in triage of patients as my principals have assumed this duty themselves. I have volunteered online for redeployment and the UDC hubs.

I have grave fears for practice owners, especially those who provide an entirely private service and for those with mixed practices whose private income enables financial viability, but also for those embarking on a career in General Practice Dentistry. At the West of Scotland FGDP, we will run virtual tutoring for the MJDF exam, and intend to open this resource to new graduates and VDPs who are finishing their training year unsure of future employment. We want to keep them involved in the community of Dental Practice. Anyone else who wishes to keep their knowledge fresh is welcome to join us.

<mark>C C</mark> <u>NHS FUNDING WILL NEED TO</u> <u>Change; the model is now</u> <u>Completely obsolete"</u>

I first assumed practice ownership in 1985 and have since weathered many crises which we all considered existential at the time. We adapted to HEP B and C, AIDS/HIV, vCJD, the introduction of LDUs, and the fees cut of the early nineties after the introduction of the new contract. All of these were a threat to our financial viability, but our service is essential, and we are a very resilient professional group. We have very dedicated and effective leaders in the BDA, LDCs and FGDP. Please, take note if you do not see the relevance of such organisations; we need them, need to support them and owe them a huge debt of gratitude.

I look forward to the day that I can return to practice, but practice owners will need to be supported by the Government. They need to be provided with financial support and high-quality PPE and not left to fight others in the marketplace. NHS funding will need to completely change; the funding model of the mid-20th century has been long outdated and is now completely obsolete.

We are facing a drastic change in operating procedures, but dentistry will survive.

Patricia Thomson is a General Dental Practitioner in Glasgow and represents the West of Scotland and North of Scotland regions on the National Faculty Board of the FGDP(UK).





Why we will have to

Few businesses have escaped the impact of COVID-19; in the wake of this pandemic, dentistry has an uncertain future

WORDS CLARE MURPHY

he profession watched with concern as healthcare workers battled coronavirus across the globe. In early March we were preparing for the Scottish Conference of LDCs. By 17 March, the situation had changed dramatically, and we entered the delay phase of COVID-19.

For dentistry, this meant an overhaul of normal activity, with conditions imposed on all aspects of care. We were instructed to cease aerosol-generating procedures (AGPs) and nonessential treatment. We cancelled routine appointments for vulnerable groups, care home visits, Childsmile visits, routine examinations. Practices were at a virtual standstill. Only extractions and non-AGPs were permitted. We prioritised those in pain.

By 23 March, we were advised that all routine dentistry should cease. Practices divided into teams to allow social distancing. We aimed to manage patient symptoms in the short term, with one dentist and one nurse triaging calls. Should one team fall ill, another would step in. Urgent (acute) care hubs were established across health board regions, staffed initially by the public dental service. Protocols were produced for referring patients to hubs after robust triage and appropriate AAA (advice, analgesia and antimicrobials).

On 24 March, all face-to-face care ceased. In Greater

Glasgow and Clyde, direct-dial numbers for the emergency hub, with clear triage protocols, were issued to primary care [GDS]. Since then, in line with feedback from emergency hubs, referral pathways have been regularly updated to streamline care. Most practices could divert calls and use remote access to practice management software to support patients from home and keep their teams safe.

Alongside these dramatic changes, we faced a threat to our financial sustainability, to practices we have devoted careers and lives to building. We awaited proposals for financial support from the CDO, with slow progress initially. We were directed to other sources of Government help, but eligibility, particularly for practice owners, was not clear. These were very challenging weeks. Principals were under a great deal of stress, unsure if they would be able to retain staff and pay them. We appealed to our CDO for guidance.

The initial financial package did not consider practices with a high proportion of fee-paying patients. A revision was issued on 2 April, with a more uniform approach. Many were relieved at the prospect of being able to manage fixed overheads throughout the crisis.

In Greater Glasgow and Clyde, our chief of dentistry (CoD) updated us regularly, and the local dental committee shared this information with GDPs. Many GDPs were redeployed to hubs. The Chief Dental Officer (CDO) and CoD appealed to us to register on the national portal.



<u>A REDESIGN OF HEALTH</u> <u>AND Social Care Will be Needed"</u>

Throughout, communication and motivation were vital to safeguarding mental health. Social media groups proved invaluable for sharing information, especially on issues such as furloughing staff, where information was lacking. CPD platforms and webinars were set up to allow us to engage with each other and fulfill GDC requirements while at home, though unfortunately there is no financial remuneration for this during COVID-19.

At the time of writing, our activities remain restricted to giving support to patients with advice, and referral to hubs where necessary. We try to check up on our practices, maintain our equipment, and support each other.

Morale has been challenged, but we believe sustained. We reflect on how lucky we were before. When a team member says they are missing 'a normal day in surgery,' it reassures us we must have been doing something right.

Our return to practice is now uncertain. Although, a plan to 'remobilise' dentistry was developed last month, in

the words of Jason Leitch, our National Clinical Director, in a webinar organised by GDPs on 8 May: "We do not know what a return looks like in six months, because we don't know what the virus will do. Local communication is crucial, and we have to tell the truth. No practice is ready for coronavirus because we don't know enough about the virus. We have to be cautious."

He reassured us that PPE will be crucial. Guidance on its provision, cost and supply will have to be revised. A redesign of health and social care will be needed, with consideration given to funding models. Mr Leitch also intimated a potential move away from 'shopfront' dentistry, perhaps to a model that maintains some independent status, underpinned with Government support, but said that the block of funding allocated for dentistry is unlikely to change. He and CDO Tom Ferris have advisory roles, with Health Secretary Jeane Freeman and Minister for Public Health Joe Fitzpatrick confirming the Scottish Government position.

We hope to find a way through the pandemic with more reliable and widespread testing, and development of a vaccine. One thing is certain: a return to pre-COVID dentistry is not likely, and dentistry will have to adapt.

Dr Clare Murphy BDS is a member of the Greater Glasgow & Clyde Local Dental Committee and of the Scottish Dental Practice Committee.



Can simulation really be the

Plans to deliver the FDT's annual meeting – exploring the role of robotics, haptics, and blended learning – online are under way
he middle of March found me travelling to Kuala Lumpur as part of a Member of the Faculty of Dental Surgery (MFDS) examining team from the Royal College of Surgeons of Edinburgh. It was touch and go whether to travel or not, but with more than 65 candidates prepared and

committed to taking the exam and with no government advice against travelling at that time, we did not want to let them down. Discovering whilst out there that borders and airspace were closing all around us was pretty stressful, but we just managed to complete the exam and get flights home before Malaysia closed its borders. The following week the UK lockdown started.

As with many other organisations, there has had to be a lot of quick decision-making and complex planning. Everyone at the College is working from home and some staff have been furloughed. However, a lot of work took place to get as up-to-speed as possible before this happened. The Faculty of Dental Trainers (FDT) was able to process all the applications for Membership and Fellowship that had been received and email traffic remains busy. The FDT is continuing to hold meetings via video conference to conduct its business, and everyone is getting to grips with the new technology.

The focus of the College and the FDT to be there to support its members and all those working in the dental and surgical professions has been strengthened by COVID-19. The need for collegiality, to offer help, disseminate information and keep communicating is a priority. Very early into the crisis, the College offered free accommodation and food for NHS staff working in Edinburgh hospitals at its hotel, Ten Hill Place. By mid-April, the hotel had provided more than 1,000 free nights to medical and clinical staff battling the pandemic.

The College has also been hosting a hugely popular weekly series of free webinars for both dentists and surgeons.⁽¹⁾ The number of registrations has confirmed a hunger for engagement and the need for up-to-date information about the virus. You can also access links to other webinars; find the latest information on dental examinations; obtain clinical guidelines for dentistry and read how the dental team is adapting to the COVID-19 pandemic.

This is undoubtedly a very difficult time for all educators, teachers, clinicians and institutions in dentistry. Universities and schools are facing black holes in their finances with concerns that overseas students will not be taking up their places in the UK. Teaching is likely to be delivered remotely for at least the next academic session. This is challenging enough for non-clinical disciplines, but even more so for dentistry where there is close contact between the student, the patient and the teacher, not to mention the issue of aerosol production.

The FDT has already recognised that simulation and the use of haptics in dental training is an important development. Before the COVID-19 lockdown took hold, the FDT had already designed an exciting programme for its next annual meeting, which will debate 'Educating' the dental team – can simulation really be the future?' The programme includes a line-up of leading speakers: Professor Alan McNeill on robotics; Professor Damien Walmsley on the use and selection of online teaching resources; John Lyne on teaching medical emergencies using haptics; Julia Armstrong on blended learning; Surg Cdr Graeme Bryce on whether webinars are linked to better clinical outcomes; and Dr Shahad Al Ramadhani on

THE PANDEMIC HAS CAUSED PEOPLE To reflect on the vulnerability of long-held assumptions that we can rely on the things that we have taken for granted"

teaching using 3D-printed teeth.

Sadly, along with many other events planned for the autumn, the Faculty reluctantly took the decision to postpone this meeting that was to take place on 12 November. New plans for delivering the meeting will be advertised on the website at fdt.rcsed.ac.uk as soon as they become available.

There will be many changes to how we work going forwards and some of these changes may be permanent. The worries of the dental profession about how practices can operate in the future; whether they can survive the pandemic financially; the availability and cost of correct PPE; which clinical procedures are safe; what levels of infection control are required; when non-urgent dental care can restart; and when urgent dental care centres will close, are just some of the questions that are being widely debated in the press and on webinars. No one would dispute the need to uphold the safety of the public, but there needs to be clear guidance as to the way ahead.

Planning to reinstate examinations, conferences, events and other activities and to return to as normal a working routine as possible, whilst supporting all the staff, is ongoing. The quality assurance role of the College via its examination programme is important, allowing trainees to be able to complete their programmes, progress on to new posts and keep the workforce moving.

For the FDT and the College, the foreseeable future will mean more business, committee meetings and educational activities conducted online. However, this can come at the cost of losing some agility with communicating and the ability to settle issues quickly face-to-face. A lot of useful working happens before and after meetings and this is not so easy to achieve with online agendas.

I think that the pandemic has caused people to reflect on the vulnerability of long-held assumptions that we can rely on the things that we have taken for granted - like security, financial stability, socialising, shopping, sport, travelling, employment etc. and that it is not just health that can change on the turn of the dice. Now the news affects us all and there is no comfort that can be taken from this being something that is affecting others but not ourselves. It is closer than close to home. On a personal note, I have been unable to visit my mother in her care home since getting back from Kuala Lumpur. She was 102 on 7 May and it has been a sobering thought that I might not be able physically to see her again. Very fortunately, she is staying safe so far. My thoughts go out to all those who have been personally affected in all ways by COVID-19 and I wish everyone the very best for the future.

Sarah Manton is the Director of the Faculty of Dental Trainers

The FDT has already recognised that simulation and the use of haptics in dental training is an important development



⁽¹⁾https://www.rcsed.ac.uk/professional-support-development-resources/covid-19-resources

We can see you now, irtually

From a passion ignited in a Canadian fishing village to an idea formed on Wall Street, a virtual consultation platform designed in Aberdeen is now being adopted around the world

WORDS WILL PEAKIN



o say that Gregor McPherson's journey to become a dentist – aged 30 - was unusual, is an understatement. "I didn't really enjoy school," he recalls. "I was dyslexic at a time when it was regarded as an 'excuse' rather than a reason." Gregor studied photography at Aberdeen College,

worked behind the bar at a local music venue and became duty manager before holding various other positions in the hospitality industry.

He then decided to do a degree in Environmental Management at Newcastle University and went on to join a consultancy in the city. "I was mainly involved in environmental and quality management systems as well as writing corporate social responsibility reports," he said. "It was as boring as it sounds."

Gregor was restless: "After a year, I really felt like I needed a change in my life, so I moved to Canada. I spent



the winter in Banff, Alberta and the summer working as a chef in a small fishing village called Port Renfrew on Vancouver Island. It was while living in a motel there that I just woke up one day and decided I wanted to be a dentist." Why? "I know that sounds a little strange but that's what happened. It sounded interesting and I wanted a job where I could help people," he said, matter-of-factly.

"After the summer I moved back to the UK, took a job as a delivery driver for Fedex and started the application process. It took me two years to get into dental school and during that time I spent the summers driving for Fedex, living at home with my mum and saving up money to go to school.

"I love the snow and the first winter during my application process I moved to Chamonix in France. The second winter I spent in a place called Fernie, back in the Canadian Rockies. I remember finding out I had been accepted into Glasgow Dental School while standing in a snow-covered car park in Canada on a pay phone to my mum. I didn't have a computer with me and had to get her to log into my email from the UK as the local internet café was closed for the day."

After a shaky start on graduating – "I had the misfortune of working for a self-proclaimed narcissist" – he got a job at a busy NHS practice. "The team was great, and we had an excellent practice manager." But then it was bought over and within a year only one of the original staff remained; it left Gregor with a low opinion of corporates' status within the profession.

Now he works at Thistle Dental in Aberdeen. "The team is brilliant; very supportive and knowledgeable, and it has reignited my passion for dentistry" he said. The Principal is Vikram Kavi, an acknowledged technophile whose practice was one of the first in the UK to use a CEREC Primescan. More recently, at the outset of the COVID-19 pandemic, Vikram and his fellow clinicians created a 3D-printed mask for key workers across the region who were struggling to access PPE.

So, where did the idea for Talk To A Dentist come

from? "Early last year, my wife Erica and I went on a short holiday to New York. She was expecting our first child in July. During that time, I was trying to figure out a way I could spend more time at home with baby Connor and still have an income.

"Two things happened on that holiday that lead to the idea. I remember sitting on the subway going through Wall Street. I love people-watching and was mesmerised by the countless businesspeople on their phones. I started thinking about whether it was easy to get a dentist in New York, how expensive it would be, and how they would find the time to go?

"I don't know if this happens to every dentist but certainly when I go out and meet new people, as soon as they find out I'm a dentist, they inevitably ask me a dentalrelated question. This was the case with the concierge at our hotel. That same day I got chatting with him and as soon as he found out I was a dentist he started asking me lots of questions about his teeth. He was very thankful of the information I gave him.

"Eureka! The idea for Talk To A dentist was formed." Gregor began work last year and after six months had a proof of concept. He established it on social media and immediately people from around the world began to get in touch. "Initially, the idea was for me to carry out video consultations," he said. "But, when the pandemic happened, we adapted the system so that other dentists could use it as well. We now have a very sophisticated online consultation system that incorporates an appointment book, sends out reminders to you and the patient and can be monetised.

"The online consultation rooms use high-definition video that can be recorded and stored for clinical records. There is also a whiteboard system so both you and the patient can share information and annotate it in real time. It is peer-to-peer, so no downloads or updates are needed. The system is accessed by a simple link, which is automatically emailed to the patient and one click later they are taken to your virtual waiting room. You are then notified they are there. There is even a chat feature, so if you are running late you can message the patient to let them know how long you will be. It can also be branded with your practice logo."

Before the pandemic, what was the reaction within the profession? "Very much mixed," said Gregor. "Some people understood the concept whereas others just couldn't get past the idea that you don't always need to stick your hands in a person's mouth to conduct a successful consultation!"

IT'S NICER FOR THE PATIENT IF THEY CAN Talk face-to-face before meeting in Surgery, especially if we are going to be wearing something that Resembles a biohazard suit!"

But, clearly, the pandemic has changed everything. "I personally feel that every practice needs to embrace teledentistry. It is a very powerful tool that, if used correctly, will improve safety, the patient's journey, and will save you time and money," said Gregor.

"As a profession, it looks like we are going to need to use some form of advanced PPE and spend more time cleaning surgeries in between patients. If this is the case, then it's a bit of a no-brainer that being able to reduce chair time by talking to the patient remotely first would be a useful asset. It's also much nicer for the patient if they can talk to you face-to-face before meeting them in surgery, especially if we are going to have to meet them wearing something that resembles a biohazard suit!"

With the platform established, Gregor and his colleagues are now looking at ways to increase the conversion rate of people visiting healthcare websites and booking appointments including an artificially intelligent 'chat bot' that can interact with a visitor to a practice's site, providing relevant information and offer options to book a call, a video consultation, or treatment. The platform can also manage a practice's social media, reviews and website design.

It is not without competitors and the corporates are also beginning to integrate teledentistry into their existing software. The NHS has also opened its Attend Anywhere platform to registered practices. "We believe we are ahead of our rivals," said Gregor. "But we're also not limiting ourselves to teledentistry. We're evolving as a company, looking at ways to use new media solutions to improve the healthcare industry. We have a private investor at the moment and potential partnerships are in the pipeline."

For more information, see: https://talktoadentist.co.uk/ video-client-consultation-service-for-dentists/



The why, where, when and how

Periodontal regeneration was the focus for European experts at one of the last dental conferences before lockdown

WORDS DECLAN CORCORAN round 650 periodontists from all over the world descended upon the Royal Dublin Society to attend Perio Master Clinic 2020, the fourth edition of the global perio conference organised by the European Federation of Periodontology (EFP) specifically for clinicians. The conference took place one week before the Irish Government introduced a ban on

mass gatherings with the outbreak of COVID-19. With the topic Hard and Soft-Tissue Aesthetic

Reconstructions around Teeth and Dental Implants: Current and Future Challenges, the conference brought together 37 world-renowned specialists from 14 countries to share their knowledge and experiences in this specialist field of dentistry. Periodontal regeneration around teeth and dental implants is the most challenging area faced by practitioners working in this field today, and one of the most exciting too. The attainment of regeneration is the holy grail of dentistry. Perio Master Clinic 2020 proved to be the dental conference of 2020 worldwide.

The ultimate goal of periodontics is to regenerate the tissues around teeth that have lost periodontal support, yet hard and soft-tissue reconstruction represents a major obstacle for the clinician. Scientific and clinical evidence has proven that reconstructive techniques effectively improve long-term prognosis, aesthetics, and quality of life for patients. The increasingly advanced understanding of biology and biomaterials has helped create novel treatment concepts leading to predictable outcomes.

Yet regeneration remains the ultimate challenge faced by the clinician – it tests the clinical skills of the operator to the limit. Every day, every hour, of our working lives, we are faced with clinical situations that could benefit from regenerative techniques. But the question is: do we have the clinical skills or the confidence to carry these

GG <u>Periodontal regeneration around teeth</u> <u>And dental implants is the most</u> <u>Challenging area faced by practitioners,</u> <u>And one of the most exciting"</u>



out for our patients? We need to build up clinical skills so that we can offer these procedures to our patients with the prospect of long-term success and with an acceptable degree of safety. It is only by developing our skills that we will begin to be able to offer these advanced surgical techniques to our patients.

Perio Master Clinic 2020 set out to help the delegates gain precisely these skills and the confidence to deploy them. The aim was to set the stage for predictable reconstructive procedures, asking the questions of why deploy them, when to use them, which techniques to adopt, and how to perform them.

These topics had not been addressed comprehensively in previous editions of Perio Master Clinic. But this time they received complete, undivided attention from speakers and delegates – an amazing exchange which turned out to be fruitful for all participants. All those attending our conference this year were keen to pitch their levels of knowledge and expertise against those of the world's experts, and in so doing they may have confirmed in their own mind if the techniques that they were deploying in their own practice were satisfactory – or, alternatively, if they needed to be modified. It certainly acted as a vehicle for upskilling for many of the delegates.

The number of participants was limited to 650 to ensure an optimal learning environment, so that dentists and periodontists could be informed of the current scientific research and trained in the latest therapeutic techniques. And, as planned, the single-track-lecture format ensured that each delegate got to see everything.

In the weeks before the conference it quickly became apparent to the organisers that changes needed to be made to the staging of the event to comply with guidelines being outlined by the Irish Government. A significant number of speakers were unable to travel to the conference because



of personal circumstances or because of travel restrictions imposed in their own countries. A plan was hatched to arrange for live streaming of their presentations from their own homes. Very early on however it became evident that the quality of the remote talks was going to be put in jeopardy because of the internet connection and therefore we elected to have the lectures pre-recorded and then played live to the audience in the RDS. This solution proved very successful as it allowed for top quality presentations to be delivered. The speakers were on hand remotely to take part in the discussion section following their presentations.

Although there was a significant drop in the number of speakers who were actually physically present, the number of delegates only dropped by 10 per cent. As a profession that has been incorporating a high standard of cross infection control measures intp our daily practice since 1982, the restrictions of physical distancing, hand hygiene, cough etiquette, and so on were not too onerous for the delegates to observe.

As the limited attendance event sold out very early on, a waiting list was set up. Those delegates who were unable to attend for one reason or another were offered a live streaming of the event at a reduced registration rate and the lectures were also available for viewing for a limited period after the conference. We, as an organisation, gained invaluable experience in incorporating live streaming and webinar type presentations into the conference, all of which will stand to us in good stead for the future.

Over the two days, attendees received a complete overview of the field of regeneration and uniquely witnessed high-quality videos that highlighted the practicalities of the procedures over nine different sessions:

- Reconstructive concepts in intrabony defects;
- Reconstructive concepts in furcation defects;
- Soft-tissue defects around natural teeth;
- Novel concepts: outlook for the future;

• Interactive case presentation (reconstructive surgery versus extraction and implant placement);

- · Socket grafting;
- Ridge augmentation, both lateral and vertical;
- · Soft-tissue grafting to maintain peri-implant health; and

· Complication management after reconstructive surgery

at natural teeth and dental implants.

The scientific chair of Perio Master Clinic 2020 was Anton Sculean from Berne, Switzerland, a world-renowned expert in periodontal regeneration. He assembled a topclass team from Europe and the United States to provide delegates with a rich, global insight into the most advanced developments in this area. There were no weak links in the line-up of speakers, all of whom had been chosen based on past performance at international meetings. While each speaker and each session was a gem, there were a few speakers that are worthy of special mention.

The then president of the EFP, Filippo Graziani (University of Pisa) got proceedings off to a start on the Friday morning by moderating a session on reconstructive concepts in intrabony defects. A critical issue in obtaining success in regeneration is the correct planning of flap design and this was covered by Leonardo Trombelli (Ferrara, Italy). This topic was further developed by Pier Paolo Cortellini (Florence) for the treatment of furcation defects.

One of the most sought-after speakers at the moment is Giovanni Zuchelli (Bologna, Italy), and he covered the topic of coverage of single and multiple recessions in the maxilla, while scientific chair Anton Sculean (Berne) took charge of this topic in the mandible. Digital techniques in optimising procurement of bone graft material offer great potential for the future and this aspect was covered by Lior Shapira (Tel Aviv). A session that proved very entertaining was the interactive session on the theme of reconstructive surgery versus extraction and implant surgery, where David Nisand (Paris) presented a clinical case and the difficult questions about the treatment plan were posed by the panel of France Lambert (Liège, Belgium), Andreas Stavropoulos (Malmö, Sweden), and Phoebus Madianos (Athens).

We all witnessed the very impressive techniques of Istvan Urban (Budapest) in the field of vertical ridge augmentation. In the same session, Ronan Allen (Dublin) addressed the topic of tissue augmentation and aesthetic implant placement. Mariano Sanz (Madrid) moderated a session on soft tissue grafting to maintain peri-implant health, an area that presents great challenges for the clinician. Recognising the fact that despite good treatment, complications can arise, we devoted the final session to complication management after reconstructive surgery at natural teeth and dental implants - a soul-searching session that was moderated by Ioannis Polyzois (Dublin) and Tiernan O'Brien (Galway), who posed the questions to the speakers; none other than Kevin Murphy (Baltimore, US), France Lambert (Liège, Belgium), Daniel Buser (Berne) and Markus Hürzeler (Munich).

We in the Irish Society of Periodontology were delighted to welcome our international colleagues to Dublin. And when all the hard work was done, we still had a few exciting networking sessions lined up for our visitors, which I'm sure will stay in the memory bank a long way into the future. Let's hope that the positive vibes generated by this congress will be taken on board by all of the attendees for the betterment of public health and society as a whole.

Dr Declan Corcoran was chair of Perio Master Clinic 2020. A Diplomate of the American Academy of Periodontology, he is one of a handful of board-certified periodontists in Ireland. He has been president of the European Federation of Periodontology (EFP), Ireland's representative of the EFP, editor of the Journal of the Irish Dental Association, and board member of the Faculty of Dentistry of the Royal College of Surgeons.

Watch the world's best periodontists at Perio Master Clinic 2020: www.efp.org/periomasterclinic/2020/webcast.html



MUSINGS ON FURLOUGH

As a phased returned to practice is outlined by the Scottish Government, don't forget the positives you reflected on during lockdown [WORDS: SUSIE ANDERSON SHARKEY]

AS I AM SITTING WRITING THIS

article, it's a bit overcast and I'm looking out of my window over some rather choppy waters. It kind of sums up the past few weeks doesn't it, and perhaps the next few weeks and even months? Without a vaccine, life is not going to return to normal; that is, the way we knew it before lockdown. Many months will have to pass, and probably the turn of a year before we see a semblance of normality when an effective vaccine is produced and administered.

While the Chancellor announced that the job retention scheme will be extended until October and although we are thankful for the announcement, I'm sure every single owner of a dental practice will be praying that we will be back at work long before then. Yes, we probably will be back at work, but what shape or form that work involves remains to be seen at this exact moment in time. It may well be a mere echo of the way practices have been run up until now.

I for one have been very grateful for the furlough scheme. Obviously, being out of work with no income would have been a very trying time for literally millions of hard-working UK citizens. As it is, with 80% of our wages being paid by the Government, most people will be able to find that this will tide them over as some other outgoings obviously drop. I haven't put petrol in my car for almo<mark>st two months</mark> and I no longer go out for a coffee on a day off, so as you too have realised, all these add up to what can amount to pretty substantial savings (depending on how much you used your car and how many coffee shops you visited pre lockdown!). So, the furlough scheme has given us all a real peace of mind.

The scheme has also given me time, and for this I am so truly thankful. I have spent the last 40 years (yes 40 years!) either studying, working or raising a family, and for years it was all three at the same time. Believe me, maternity leave is no furlough (I nearly hit someone recently when they said I'd have had down time when I had maternity leave). Needless to say, they're single. But, seriously, for the first time in 40 years I have time to sit, time to think, time to catch up with all the jobs I've been promising to do for years. I've had time to look back at my life (I found my 1978 diary!), time to reflect, time to wonder what I would/could have done differently in life. And yes, I can definitely say, if I had the time to live over again, I would do quite a few things differently, or not at all. And there are other things, hitherto undone that I would do if I had the time to live over again. But we don't, we just have the 'right here and now' and we do what we can in the light of the knowledge we have at any given point.

Yes, I have watched a few of the lockdown webinars (did you see Clive's karaoke evening??) and want to thank all those who put so much time and effort - and continue to do so - into giving us relevant and relatable CPD, as well as not relatable but highly informative (beam me up Scotty), and there can be no excuses for anyone not meeting their CPD requirement. It is an opportunity for each of us to develop our knowledge base and this will no doubt be put to good use when we all eventually hit the ground, albeit walking.

This furlough has also given me time to pursue one of my long-held passions, namely interior design. It's a field I have



been interested in for many years and at this precise moment in time I am undertaking a couple of courses in interior design and I am loving learning new techniques and terminology (there's not a treatment plan or molar endo in sight!). However, there are concept boards, client briefs, mood boards, presentations galore, new web apps to discover and I can explore my love of colour and concept to my heart's content...

well, until the end of furlough at any rate.

None of us know exactly what lies ahead. By the time this article goes to print and drops on your (virtual) doorstep, we may all be back at work. I don't know, you don't know, none of us know. We can have best guesses, we can have a wish list, we can have theories and suppositions but at this

precise moment in time we simply don't know. Tom Ferris, the Chief Dental Officer, has published a plan for a phased return to work. However, we haven't as yet been given all the tools and all the information we need to be able to open up our practices safely and move forward to deliver the outstanding service and commitment that is evident in so many clinicians and their teams. So, let's take a moment to pause, time to reflect, time to decide the future we want to see happen because let's be in no doubt about it; this is an opportunity that has been given to us right now that has certainly never been made available to me in my lifetime and may never come to us again. Let's use the time wisely, so that when we look back on lockdown in the years to come, we won't be full of regrets of what might have been during this very unusual period in our lives but will be thankful that we used the time that was given us to our advantage and to the advantage of those around us.

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

IF YOU WANT TO MAKE GOD LAUGH, TELL HIM YOUR PLANS^{*}

But now is the time to make the changes in your professional life that you may have been postponing [WORDS:ALUN K REES]

PREPARING FOR THIS PIECE, I KNEW the direction that I wanted to take and the points I intended to make. They concerned the future in the post-COVID-19 dental world and the opportunities that would be there for dentists. Unfortunately, we have no idea when that world will emerge.

Scotland's Chief Dental Officer (CDO) wrote on 20 May to set out the "first steps for the remobilisation of NHS Dental Services in Scotland", but it remains very open ended. Ramping up of the emergency centres, albeit short term, does not bode well for a return to normality, even in the medium term.

The CDO proposes a possible date of 31 July to start the Phase 2(a); face-to-face consultations. This does little to reassure many practices or their teams about their future. The support promised for NHS dental practices does nothing to assist those serving that sector of the population that chooses its care outside the NHS system. Rumours abound that some purely private practices are intending to re-open in the very near future; they consider their precautions good enough to keep their patients and team members safe.

That dentists in the Irish Republic, Holland and Germany have returned to work to serve their patients shows inconsistency, even with the most serious of health matters. Presumably there are elements that are open to interpretation. Could it be that it's easier to keep practices shut, to support the NHS practices and freeze the purely private practices into line? There is a history of different attitudes to the sectors in recent times; take the financial disclosures demanded of private practices but not NHS ones.

At some point things will turn around, practices will open, and patients will return. Dentists will do what they have always done; reassure and help their patients who in their turn will continue to have confidence in their dental team. Obviously, some reassurance and visible signs of cross infection control will be required but trust will remain. Of course, some things will have changed.

The world needs the skills that dentists and their teams bring. Dentists will have kept themselves informed of the guidelines of who, what and how to treat and will have acquired the appropriate PPE. The good practices will have used social media and the internet to communicate with their patients and kept them up to date.

Dentistry has had distractions during the HIV/AIDS epidemic and more recently from the economic crash in 2008. Each time it has survived and gone from strength to strength. The smart ones in the profession will be seeing this as an opportunity to reflect and take stock of what they are offering and how it can be improved. This is a chance to examine your philosophy of practice, to rethink how you can serve your patients to the very best of your ability and to make yourself truly patent-centred.

Many dentists for whom retirement was perhaps seen in the middle distance will learn a lesson and decide to get out sooner than later. This will make space for younger colleagues to fill those spaces.

All practice owners, from single handed to corporate, are enduring significant financial shock. It might be that there will be a demand and need of a change in the ownerassociate relationship and a move to a form of expense sharing status. This means more associate risk but also benefits from greater skin in the game and independence. This can be a true win-win for both parties, owners and associates alike, and is worth considering.

Opportunity beckons for start-ups, a model that has dipped in popularity but should rebound. It's a hard, but worthwhile, choice and gives the chance to build something new with your own brand and philosophy. Rural areas see less provision of dentistry, but costs are lower and the lifestyle can be better than in urban areas.

Will we see a change in patients' needs and wants? Some will be more cautious about commitment to long courses of treatment, and those with the "if it ain't broke, don't fix it" attitude will persist. There will be others who have stared in the mirror during the weeks of lockdown and may want to make changes and embrace self-improvement in its many forms. To discover the wants and needs will take careful and sensitive questioning and listening. Communication is key.

For many, dentistry has a history of being over reactive; the patient presents with a problem, has the problem 'fixed' and then disappears. Even short-term orthodontics uses this model to a certain extent. After such a shock, now is a good time for dentistry to stop hiding its light and for dentists to take the time and become true health professionals by explaining and showing the great advantages and benefits of 21st century holistic dental care.

This time provides an opportunity for change, to make the changes to your professional life that you may have been postponing for years. We have looked into the abyss; it's time to gain something from that experience.

* Woody Allen

Alun K Rees BDS is The Dental Business Coach. An experienced dental practice owner who changed career, he now works as a coach, consultant, troubleshooter, 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



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Louise, along with fellow colleague Anna Coff, act for numerous dental practices of all shapes and sizes, from the North of Scotland down to the Borders.

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For more information on the services and support the team can offer, visit their dedicated healthcare page www.eqaccountants.co.uk/healthcare



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Suzanne Casey

Beginning as a trainee dental nurse Suzanne spent 13 years in practice before joining Kulzer Dental

Suzanne Casey has worked in the dental industry her whole | brands, such as Venus Pearl and Venus Diamond, are working life, since leaving school in 1995 and joining Tom Lamont's practice in East Kilbride as a trainee dental nurse.

After 13 years in practice working between NHS, private, implant and orthodontic practice, she was ready for a new challenge and joined Kulzer Dental in June 2008.

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MANAGING YOURSELVES, YOUR TEAM AND YOUR PATIENTS IN UNPRECEDENTED TIMES

Exploring some of the main queries the dental advisory team at MDDUS has received during the COVID-19 outbreak

[WORDS: AUBREY CRAIG]

I FEEL I CAN SPEAK FOR OUR ENTIRE

dental profession when I say the challenges of COVID-19 have been wide-reaching and have had an extensive impact on our ability to practice as normal, requiring us all to make significant changes to adapt to this new operating environment.

It's been a difficult and challenging period for which we have had little time to prepare, and we may now find ourselves working in clinical scenarios far removed from our dayto-day professional practice.

Although we appear to be reaching the point where lockdown will begin to be eased, there is certainly little likelihood of a rapid return to normal. Indeed, it's questionable whether what we once knew as normal will ever apply again.

Therefore, in this article I've explored some of the main queries our dental advisory team at MDDUS has received during the COVID-19 outbreak, with the aim of assisting you in managing yourselves, your team and your patients in these unprecedented times.

GUIDANCE

It is vitally important in these challenging times that all dental practitioners are fully cognisant of all guidance from the Chief Dental Officer in their relative jurisdiction or home nation and implement this appropriately, reflective of their type of practice. It is also advisable to consult the most up-to-date advice from the Faculty of General Dental Practice in terms of emergency patients, the British Dental Association for risk assessment and any other advice from your Local Dental Committee. Of course, the Scottish Dental Clinical Effectiveness Programme remains, very much, the authoritative advice in terms of managing emergency patients and, in particular, antibiotic prescribing in our current circumstances.

NDEMNITY

In terms of indemnity provision, MDDUS members are on the equivalent of one session unless it has been requested that we amend this for them. We recognise the challenging circumstances under which our members are operating, and we have written to them to advise that we will retrospectively be able to look back and amend cover, in terms of how our dental members' workplaces may have changed regarding indemnity, even if it has not been possible for them to get in contact with us to advise us of this over the course of the pandemic.

Please check your own indemnity cover with your Medical Defence Organisation.

TRIAGING

With regard to triaging patients, it is critical that dental professionals work within their scope of competence at all times.

Orthodontic therapists should not be triaging patients as it is not within their scope of practice to diagnose disease, but this does not mean that they cannot speak to the patient or a parent regarding an orthodontic emergency. An orthodontic therapist could obtain the information from the patient or parent, but they must get an orthodontist or dentist to review that information and provide the diagnosis and the prescription for what should be done regarding the emergency.

Dental hygienists and therapists will be able to triage patients and diagnose, but it is critical that there is a dentist available with whom you can discuss any concerns. The prescribing of antibiotics will have to be carried out by a dentist.

REMOTE CONSULTING AND PRESCRIBING

In recent times and in response to the challenging circumstances dental practitioners are operating in, MDDUS has seen excellent examples of telephone triaging, and triaging carried out using video facilities such as FaceTime. If you do have the means to record these conferences it would be helpful for the patient's record for it to be uploaded as supporting information. In addition, you will need to create an accurate, complete and contemporaneous record of the consultation. It would also be worthwhile to make a note of the challenging times we are working under in the patient's record.

Remote prescribing can present a challenge when patient records are unavailable remotely and you have no patient background. If carrying out remote prescribing, your questions to the patient must be very clear and follow the template you would use in surgery. Especially important are medical history questions and those looking at any current prescribed medication the patient is taking.

CONSENT

Consent refers to the voluntary continued permission from a patient to receive a particular treatment based on a comprehensive knowledge of the purpose, nature and likely risks of the treatment, including the probability of success and any alternative treatment, without being subject to any unwanted or unjust pressure. It is critical that patients understand the limitations of the care that can be provided in these unprecedented times, including any options for treatment, to help inform their decision as to how they want

to move forward with the treatment that is on offer to them. This is especially important at present where patients may come in and the only option is extraction, or if the correct PPE is not available, a course of antibiotics.

WELLNESS

It is very important that we stay fit and well in these challenging circumstances. As an employer, you have a duty of care to your staff to ensure they are keeping well, and so it is advisable that you stay in regular contact with them. Some of the things we can do to promote our own wellbeing include taking regular exercise, staying in contact with colleagues and eating well. We can also use resources available from the Dentist Health Support Trust, the British Dental Association and Confidental to support us in these unprecedented times.

Aubrey Craig is head of dental division at MDDUS

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BEING A STRONG LEADER DURING A CRISIS

Richard Scarborough shares his thoughts on how to lead effectively during a crisis...

eing a leader always comes with challenges, even when everything is running smoothly. You are the person the rest of your team will turn to for direction, advice and support, as well as having overall responsibility for running the business.

When things aren't running so smoothly, like they aren't during COVID-19, strong leadership is needed more than ever to protect your team and your business, help you weather this storm and come out the other side as prepared as possible.

EMPATHIC SKILLS ARE VITAL

A key part of being a strong leader is having empathy and emotional intelligence. Fortunately, as people working in a healthcare setting who spend every day caring for others and healing pain, you should be well placed for this.

These skills really come to the fore during a crisis as people – your team, and also your patients – will increasingly look to you for reassurance, kindness and a calm head. That doesn't mean you have to have all the answers. Often being a listening ear and understanding the other person's concerns will go a long way during difficult times.

KEEP COMMUNICATING

You can help to provide this type of support by keeping the lines of communication open and trying to have positive conversations with your team about the future and what you are doing to support them and the business.

Keep communicating with your patients as well; let your patients know what is happening and what your solution as a practice is to the challenges you and they are facing.

At times of a crisis your team will want to be kept in the loop about what is happening and still feel included as part of the team. Your patients will also appreciate any communication with them, it will serve to further strengthen your relationships and make sure their dental health stays in their mind.



DO WHAT'S BEST FOR YOUR PEOPLE

Keep asking yourself, 'what is best for my team and my patients?' Many people have spoken during this crisis about how the way businesses treat people now will be remembered and will have an impact post-COVID-19. Putting your people at the heart of your decisions is the right thing to do, and they won't forget that's what you did.

Difficult times do pass, and when they are over you will need your team and your patients around you. The more open and empathic you are with them, and the more you try and find solutions that are people-focused (as well as practical solutions) the better outcome there will be once the crisis is over.

FOCUS ON YOUR PURPOSE

In the day-to-day running of your practice, you might simply define your purpose as 'to help people' or 'to provide the best care possible'. These are still applicable during difficult times, although the way in which you fulfil them may well differ.

Having a clear purpose can help you to see the way forward and make decisions and reminding your team about your shared purpose will help them to understand the path you are taking.



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 Right now, is a challenging time for any business, and it is the leader who is expected to find the best way forward. Taking each day as it comes, keeping your purpose at the forefront and putting people at the heart of your decisions can help to ease the weight of responsibility and give you a strong foundation for returning to normality when this is all over.

Richard Scarborough is the Head of Medenta, a long-established provider of patient finance. Medenta has been supporting dental practices for over 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.

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GOODWILL VALUES -WHERE DO WE STAND?

Practice owners have undoubtedly been left reeling by recent events. After a period of panic and dismay some practice owners are considering their long-term future in dentistry. Does your exit strategy need to be delayed? Will buyers be able to finance a purchase? Will your business be worth less post COVID-19? Martyn Bradshaw, head of sales and valuations for PFM Dental, discusses

o avoid rumour and speculation, let's look at what has happened to the practice sale market. At the start of the outbreak we had around 40 practice sale transactions under way. Of these, we have only had one buyer decide not to proceed due to COVID-19 and three buyers put their legal work on hold, with a view to resurrecting this as soon as possible, once lockdown measures relax.

What is hugely positive to see is the remainder of buyers continuing with the legal work with a view to getting the practice ready for exchange/conclusion of contracts. In an already lengthy legal process this seems to be a sensible approach and understandably all of our selling clients were happy with this. Further to this, we have had several completions during March, April, and May.

So, there has certainly been some resilience in the market. In fact, there is a strong but unfulfilled appetite for viewings during this time. We are confident that the same encouraging response will be applied to new practices coming to market. With sale transactions under normal circumstances taking on average six months and some much longer, perhaps now is the time to consider preparing the ground for your sale?

I'M THINKING OF SELLING -HOW WILL A COVID-19 LOSS OF INCOME IMPACT ON MY PRACTICE VALUE?

This will very much depend on the type of treatments that the practice is performing:

NHS – With the albeit slow NHS announcements, there is no doubt that NHS practices are being supported through the crisis with the continuation of NHS income, subject to certain criteria being met, such as the continued payments made to associates. Importantly the NHS income (and goodwill value) is unlikely to be significantly impacted. In fact, many buyers are likely to assess NHS practices as more secure than ever.

Plan Income - Most clients that we have spoken to have lost very few patients, although we have heard on the grapevine that some have not been so lucky. The extent of this loss will determine the impact on goodwill values.

Private Fee Per Item Income (PFPI)

 The 'pay as you go' nature of this income has meant that practices of this type are suffering greater and possibly irretrievable loss of turnover. It is likely to take longer for buyers to be reassured that practice income has returned to normal levels.

So, what post-COVID-19 valuation factors are there that will be palatable for the seller and at the same time have a realistic chance of being accepted by buyers? On the basis that this crisis is a one-off 'worst case scenario', we believe that income for the purposes of our valuation should include: the normal income to February 2020.

WHEN CAN I SELL?

There is likely to be less concern over NHS and plan income whilst income continue to be received, as is currently the case. So these practices may look at going to market without delay. Potential buyers are likely to be confident that financials of their target practice will only improve, between the starting point (now) and the completion of the usual six to nine months of legal work.

However, for private fee per item (PFPI) practices the position is a little less certain. Whilst we can demonstrate the income pre-lockdown, and the historic trend from the previous years, a buyer is likely to want to see the income either back to previous levels or, at least going in this direction. So, these types of practice may need to wait three to six months post-lockdown before they should be marketed, to give buyers confidence (and the evidence) that the practice is viable, and once again then allowing the practice to progress over the months of legal work.

Should a practice be ready to complete but not have returned to normal income levels then a retention may be the solution. This is where a proportion of the price is held back until the income has recovered to an agreed level.

For those looking to sell in the short term, it will be necessary to ask for monthly income detail, which will be updated in the sales prospectus. This offers a picture of month-on-month growth and allows us to



Martyn Bradshaw is a director of PFM Dental and head of sales and valuations. Martyn undertakes dental practice valuations, sales and consultancy work advising internal buy-ins and buy-outs and structures. Go to: www.pfmdental.co.uk demonstrate the (hopeful) upward trend, again giving buyers more confidence.

WHAT ABOUT THE BUYERS?

It may be considered that purchasing a business in these times is a huge risk. On reflection the opposite is probably true. We have seen an increase in the number of dentists registering on our buyer database and an increase in the number of people wishing to view. Many associates are realising the fragility of their position and lack of control in their destiny. Those at private practices have seen their income disappear (generally, they are not eligible for government financial support) and realise that they are vulnerable to changes.

As such we anticipate the market benefiting from more not less buyers. We see that Corporates continue to view practice details, albeit without practice visits, getting ready to make their move as soon as they can.

ARE BANKS STILL LENDING?

The majority of the banks that we have spoken to are still lending and are happy for clients to exchange and complete on deals. Some banks have delayed finance approval for new practices during the lockdown. We are told that this is to urgently prioritise the Coronavirus Business Interruption Loan Scheme (CBILS) and Bounce Back Loan Scheme (BBLS) rather than a policy change. For others it is business as usual.

SUMMARY AND CONCLUSIONS

Despite the catastrophic short-term impact of COVID-19 on many practices, the long-term prospects for selling remain positive. Not least the combined effect of the resilient goodwill values and a new influx of buyers seeking job security.

Buyers will need to be reassured that the practice is not only viable in the long term but in the short term also. NHS and plan practices should be able to give this reassurance with immediate effect and as such can be marketed at any point.

For those with a private fee per item practice wishing to maximise the price, then they may be best placed to wait until they can offer evidence of the practice returning to normal.

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^{CC} Having spent years building the practice, it was important to us we found someone to take good care of our team and patients. PFM Dental took the time to understand who we were looking for and helped us market accordingly.⁹⁹

- Mark Woodger, former practice owner



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SUCCESSION PLANNING FOR DENTISTS

The Thorntons Dental Team supports the drafting of wills, vital to set out your wishes for your estate and assets, as well as how your interest in your practice should be dealt with on your death

t has always been a sensible step to consider the future, and in particular what would happen to your estate and assets if something were to happen to you. It is often seen as a very morbid subject, which people sometimes shy away from. However, not addressing the subject has the potential to store up significant difficulties for your family, and might well mean that your assets would not be dealt with as you might expect or wish. A simple way to counter that concern is to put in place a will which clearly sets out your wishes.

Drafting wills is an area of work which the Thorntons Dental Team have always carried out. We have however seen an increase in the number of wills enquiries from our dental clients in recent months, perhaps not surprisingly given the difficult times which we are in at the moment.

WHY HAVE A WRITTEN WILL IN PLACE?

Many people think that if they were to die, their estate would transfer to their closest relatives (such as their spouse or children) and so there is no real concern if they don't have a written will. Unfortunately, however, that isn't the case. In the event of someone dying without having prepared a will (known as dying intestate), their estate will be distributed in terms of Scottish succession law.

Depending upon the structure of your family, that may mean some (but not necessarily all) assets going to a spouse, some going to children, and in other cases to more remote family members. Put simply, the absence of a will means that there is no control over who inherits the estate, the law will be applied and the estate will go to whichever family members are entitled to it, whether or not that would have been the wish of the deceased. Having a will removes that risk.

In turn, the law will determine who will be your executor (the person who administers your estate) if you don't have a will. You can however, if you have a will, state in it who you would like to be your executor. It is also simpler to appoint an executor where there is a will, without one the court process is more involved which also increases the cost of dealing with the estate.



When someone dies, and depending upon the value of their estate, Inheritance Tax (IHT) may be payable. Subject to various exemptions, the rate of IHT is 40%, which could mean that a substantial part of your estate would be realised and paid to HMRC rather than going to your family. Some have no concern about that. However, others wish to look at ways at which IHT can be minimised. As part of estate planning, the team can advise on how that can be achieved, including the use of trust, gifting during lifetime, and so on. Once again, having a will allows some of these tax mitigating measures to be put in place.

PRACTICE OWNERS

If you own a practice, this will be likely to form a substantial part of your estate. If you were to die before retirement, steps would need to be taken to realise that value. In the case of a sole principal, that will inevitably involve the sale of the practice, unless you have a family member who is also a dentist and who will take on the practice.

In the case of a principal who works in partnership with others, or who operates as a part owner through a limited company, the position will be slightly different, and once



Michael Royden, Partner, Thorntons Law LLP, ☑ mroyden@ thorntons-law.co.uk □ 01382 346222 ☑ www.thorntonslaw.co.uk again some forward planning is required. Having a will in place is only part of the picture; you will also need to consider how your interest in the practice will be dealt with on your death. This would be dealt with through a Partnership Agreement or a Shareholders Agreement.

The issues to consider and agree on would include:

• Who takes on your interest in the practice – does it go to your co-principals or would a third party buyer be brought in?

 How would the practice be valued and what price would therefore be paid

to your estate? • When would the estate receive the cash – would it be in one lump sum or

 in instalments?
 Importantly, how would the buy out be financed – the continuing principals may not have immediate access to cash?

It is our experience that not addressing this subject makes things much more stressful for all concerned in the event of a principal dying, whereas agreeing these areas and recording them in a written agreement will be of great assistance.

Putting in place a will doesn't need to be a difficult exercise, and it should give you comfort that your family will be benefit from your estate in the way which you would wish.



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Thorntons is trusted by dental professionals across Scotland

Thorntons have provided a thoroughly professional and comprehensive service. They were recommended by a friend selling their dental practice, and I have no hesitation recommending them to others who are looking for advice or selling their practice.

- Peter McCallum





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ACCOUNTING + ED SERVICES

"THE MOST ADAPTABLE WILL SUCCEED IN THIS NEW ERA, AND TECHNOLOGY IS THE KEY"

his is a challenging time for dental practices, and it looks like it will last for quite a while. The key elements of the fight against the coronavirus will be in place until a vaccine or successful treatment is found. Occasional isolation and constant social distancing will be part of normal life for months, maybe years.

Clearly dental practices will have to change in order to keep operating effectively and provide a good service to their patients. But how? We spoke to Anthony Quinn, founder and Chief Executive of Silver Cloud, an independent IT and telecoms specialist, based in Glasgow. The company has over 1,000 clients, about a quarter of them in the healthcare sector, including over 100 Scottish dental practices.

Anthony told us: "People talk about 'survival of the fittest', but with organisations that's not quite right. It's actually the most adaptable ones that get through crises like this one, and who will succeed in the new era that will follow. Technology is the key to that. It can help with two main things: fighting infection and working together effectively.

"To fight infection, we have thermal cameras that detect when someone has a high temperature, anti-bacterial phones that are much easier to clean, hands-free headsets, and much more.

"Working together better is a huge area. To give just one example, many practices may want to have reception staff working from home, either because they have been told to isolate temporarily, or as a permanent measure to increase distancing in the premises. There's a wide range of simple tools that they can use to work as normal, and offer the same service to patients as they did before."

Most practices knew that they would have to update their technology and their working methods some day – just not so soon and so urgently. The future's here early, and the only option is to embrace it.

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PROVIDING CLARITY OVER FINANCIAL SUPPORT

Help is at hand for dentists who are struggling to cope with the loss of income that has come as a direct result of the coronavirus lockdown



e are in unprecedented times at the moment, with lots of industries facing financial struggle

As well as the general financial support offered by the Government for employees and the self-employed, such as the Job Retention Scheme, CBILS, Bounce Back loan scheme and Time to Pay Service, specific financial support measures have been put in place to help dentists throughout the current situation, including:

-Protection of the NHS

commitment status

- Protection of the GDPA, rent reimbursement and commitment payments

- Continuing care and capitation payments to continue as normal - Contractors providing GDS will be paid 80% of their NHS gross item of service income.

There was confusion over how the last point above would be calculated, given there are so many different circumstances. Some more clarity has now been provided.

This will equate to a contractor's average monthly NHS item of service income in the 19/20 financial year and will crucially include the NHS patient charge element normally paid directly to the practice. The 80% NHS gross item of service top-up payment will be determined as follows:

- If the contractor's income has been



Anna Coff 01307 474274 anna.coff@ eqaccountants.co.uk stable over 2019/20 financial year, subject to seasonal variation, the 12-month period will be used to calculate the average top up payment.

- If contractors don't have 12 months earnings in 2019/20, then it will be an average of the payments that are available.

- If contractors have moved practice, it will be an average of earnings in their current practice.

If you require any advice regarding whether you are eligible for any of the financial support available, or want help calculating what you may be entitled to, please email anna.coff@eqaccountants.co.uk or call 01307 474274.

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For further information please contact: Louise Grant 01382 312100 louise.grant@eqaccountants.co.uk Anna Coff 01307 474274 anna.coff@eqaccountants.co.uk

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FINANCIAL SOLUTIONS FOR WHEN THE CASH TAP IS TURNED OFF

Refinancing, consolidation, drawing on assets, and 'patient finance' are among the options available

uring normal times numerous business owners grapple with the question about what happens if the cash tap is turned

off; the COVID-19 crisis has thrown this into sharp relief and made this possibility a reality for many.

When this happens, the options available to business owners – including dentists – can appear to be limited; however, there are finance solutions available that can help, including:

• Refinance loans - provides quick access

to the value held in existing assets, allowing you to release this back into your business.

- Consolidation loans combine other debts into one manageable payment over a term that suits.
- Asset finance provides access to the equipment, vehicles and technology needed to operate without compromising cashflow.
- Patient Finance enables dental practices to offer affordable payment options to their patients.



Gail Cormack Braemar Finance Area Manager for Scotland and Northern Ireland www.braemar finance.co.uk/dental

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- Angela Harkins

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

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

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PREPARING TO REOPEN

he impact of Covid-19 had barely registered as I wrote my last article entitled: "Don't worry, be happy"! It was intended to acknowledge the stress levels experienced in the normal business of dentistry and asked you to meet or chat with us so we could start to reduce the stress as part of our commitment to your wellbeing.

Little did we know just how much the stress levels would rise in these next few weeks, and how many of you would accept our offer! It has been such a rewarding experience for all the team at Dental Accountants Scotland to be able to connect further with our clients and provide the free-of-charge support that they needed from us. As well as our own clients, we wanted to freely share our advice, and I know our frequent email newsletters have been greatly received and passed around the whole dental community.

But it's not all about us. I must say that so many areas of the profession have being going above and beyond to help throughout this crisis – whether it be the financial support through PSD, the amazing amount of freely available webinars/CPD, to just simply dentists reconnecting and engaging with each other on social media to discuss the latest updates and sharing their thoughts and



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

ideas – as l said in my last article, a problem shared is a problem halved, or maybe even solved.

Although at the time of writing there is still much uncertainty and further challenges ahead, now is the time to prepare for the reopening of dentistry and the backlog of treatment that awaits. From the costs of PPE, cross infection control, practice restructuring, uncertainty around the SDR, to cash flow forecasting and analysis of your KPI's, we are here, ready and willing to help you through the next stage of the Covid pandemic.

I look forward to hearing from you, and please, stay safe and well.

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

HANDPIECE AEROSOL AND DECON SOLUTIONS – REDUCING THE RISK

n relation to the current climate, I would like to give you an update on instruments and equipment and suggest possible solutions that can offer peace of mind going forward. Starting with high speed turbines, I will highlight the measures within product designs to minimise crosscontamination, then look at options that reduce aerosols, before addressing decontamination of the inside of handpieces (lumens).

MINIMISING AEROSOLS

NSK pioneered the first non-suckback air turbines with non-retraction valves, and the proven effectiveness of this system is more important today than ever. All NSK high-speed turbines benefit from a 'Clean Head System' (Fig. 1) which prevents suckback into the head of the handpiece. Also within the coupling, there's a non-retraction valve to stop contaminated fluids entering the handpiece water lines (Fig. 2).

However, there is still aerosol generation and the only option to reduce it is to use a rear venting turbine, such as the Ti-Max X450L used for minor oral surgery, which uses a water jet coolant rather than spray.

There is a more flexible alternative which allows you to also control the speed. This involves using a speed-increasing handpiece in combination with an electric micromotor to achieve low aerosols. Micromotors are electrically driven rather than air powered, the torque and power comes from the motor and it allows you to set the speed (Fig. 4). Current slow-speed handpieces also fit on the NSK micromotor as they have an e-type fitting (Fig. 3) and again, the speed can be controlled electronically.

On all new chairs, you are encouraged to go for the micromotor option, but in most cases it's a straightforward job for an engineer to install one on to your existing cart. Failing this, there are portable micromotors available.

A small amount of air is still used to atomise the spray within a speed-increasing handpiece. However, there's a unique solution available to overcome this. The Ti-Max Z45L has a switch facility which allows you to operate with a water jet coolant (water only) rather than spray (water and air mix) (Fig. 5). The water jet coolant significantly reduces aerosols and the built-in micro filter within the Z45L handpiece prevents particles from entering the water system. Using the water jet in surgical procedures also prevents subcutaneous emphysema. Speedincreasing options offer far more than safety, but also how any handpiece is maintained is vital.

INTERNAL DISINFECTION OF HANDPIECES

One issue within the decontamination process is the internal (lumens) disinfection of handpieces. Guidance for external processing is simple enough, but for the internal workings (lumens), a solution needs to ensure the durability of the handpiece in terms of disinfection and lubrication.

NSK has successfully manufactured automated handpiece lubrication machines for many years with



great results for practices in terms of reduced repair bills. The next step is to maintain this durability, meet European standards and literally offer a solution that internally disinfects handpieces. The iCare+ was subsequently developed, each cycle composed of three stages – cleaning, disinfection (inside and out) and handpiece lubrication, all prior to autoclave sterilisation. Essentially it replaces the function of a washer-disinfector with the added benefit of lubrication in one validated, time-saving process.

On a practical level, the iCare+ is easy to use and processes up to four handpieces at a time (Fig.6). Its footprint is just H355 x W400 x D405mm and requires a fitted 6mm air line. In the current climate, iCare+ offers peace of mind and has been tested to show it is effective against COVID-19.

INTERNAL STERILISATION OF HANDPIECES

The current climate has forced a re-evaluation of the decontamination process. In many cases this has highlighted that the UK lags behind the rest of Europe in terms of sterilisation, where only Class B autoclaves using a full vacuum cycle are allowed to be used on a day-to-day basis. This guarantees items like handpieces are sterilised inside and out. To achieve this peace of mind, it requires investment, but is balanced by the extended life this gives to dental instruments.

As part of the NSK decontamination range, the iClave Class B autoclave (Fig. 7) features a powerful vacuum combined with a differentiated heating system to sterilise all materials and instruments, including the internal surfaces (lumens) of handpieces. The enhanced thermal efficiency of the chamber allows for lower running costs and the chamber design/shape offers 20 per cent more space than conventional 18 litre units, which means it is ideal for implant kits.

The efficient drying cycle eliminates many handpiece care and maintenance issues, including corrosion and discolouration. Pouching also eliminates contamination (soil/chemicals/oil) from other instruments and extends storage time, which limits over-reprocessing of less used instruments.

Our confidence in our autoclave has meant we are able to offer an additional six-month warranty on any NSK instrument, even for repairs.

As we all play the waiting game, I hope I've been able to offer you an insight, and give you some peace of mind that there are solutions available to combat current concerns over aerosols and decontamination.

For more information about NSK products and services
contact:
Angela Glasgow
Territory Manager
NSK Scotland & Ireland
07525 911006
aglasgow@nsk-uk.com
www.nsk-ie.com
Twitter: @NSK_UK
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Peace of Mind



The iCare+ handpiece decontamination unit performs three functions prior to autoclave sterilisation:

- cleaning/rinsing
- disinfection (inside & outside)
- Iubrication

Effective against Covid-19

Also disinfects the inside of handpieces

Darren Hill APD (Authorised Person Decontamination) Northern Health Social Care Trust

"We are a busy HSDU processing all dental handpieces for the Trust. We needed a validated solution to ensure handpiece lumens were cleaned, disinfected and met best practice guidelines whilst minimising handpiece repair costs.

NSK's iCare+ washer disinfectors provided the solution and along with the local support from NSK has met our requirements. During this period of uncertainty it has given us the confidence of being effective against Covid-19."



Call Angela Glasgow on 07525 911006 or visit www.nsk-uk.com







STRONGER TOGETHER

Before the pandemic, The Orthodontic Clinic in Aberdeen had earned a multi-award winning reputation. Now the team is preparing for a return to practice

he Orthodontic Clinic has been through significant change in recent years with being bought over by the current owners. Dr Lisa Currie and Ivin Tan in 2014 and then a move to new premises in 2018. In 2020, like the rest of the world, and all the dental profession, the clinic faces the significant challenge that Covid-19 has brought. This period has inevitably given us all time to stop and look at our lives, particularly our working lives, and realise how much we can take for granted - it's not only till our "normal" changes, that we realise what we miss. We now have to quickly adapt to a new world, and we join together with all our dental colleagues in supporting the profession navigating through these tough times.

WHAT HAS YOUR EXPERIENCE BEEN OF THE PAST FEW MONTHS?

Dentistry essentially changed overnight. It was a unique situation where nobody really knew what was going on at first and we were all scrambling for advice on what to do. Guidelines were being released along the way but seemed also to change every few days. Since then, we have been constantly reading and listening from whatever means possible, trying our best to keep up to date with the guidance being provided. As time passes, this is becoming somewhat more defined, particularly with regards to AGPs and PPE.

HOW HAVE YOU PRIORITISED THE WORK YOU HAVE BEEN DOING?

Staying in touch with our patients and team has been vital. We are specialist orthodontists, so our "emergencies" do not fall in into the same category as routine dental emergencies and the "AAA" approach doesn't really apply. We are personally responding on the same day to all patient queries and dealing with emergencies by offering patients advice on home help, mostly with orthodontic wax, which we send directly to patients together with other items that patients could use to help progress with some of their treatments, such as elastics and powerchains.

IN WHAT WAYS HAVE YOU

STAYED IN TOUCH WITH YOUR PATIENTS?

We have made sure any clinic updates are on our website and our social media pages, keeping these as active as possible and have shared with patients our Easter eggs, our stories and even recipes during lockdown to make sure they know that we are still here and staying connected with them, and take them through these uncertain times, keeping up positivity and giving them hope. We're proud to have a very close team. It's something we are hearing a lot of just now but could never be truer; we are stronger together. During lockdown, our clinic has also donated to local charities, Cash for Kids, ARCHIE, Friends of Anchor, and a local care home as well



not just on a professional level, but a human one too. Communication with our patients via phone, email, through online platforms has become the norm now. The use of photos and videos sent securely by patients have been invaluable during this period, and we are currently developing this new, virtual form of consultation for our clinic, which we are sure will become significantly more relevant and expected in the future.

WHAT HAS BEEN YOUR OWN APPROACH TO COPING DURING THIS TIME?

As leaders of our team, we have had to remain strong, resilient and importantly, kind. Everyone has their own challenges and we all react differently to trauma and stress. It's our job to steer our team, to keep them informed as given face masks to the local VSA. Anything that we can give, no matter how much or little, as long as it can in some way help those in need, is so important right now.

HOW DOES THE FUTURE LOOK TO YOU AS A PRACTICE?

We are currently receiving deliveries of PPE, masks, visors, gowns and aprons and setting up new protocols in line with the latest guidance. We are putting up clear protective screens at our reception desk and managing the space in our waiting area. We are looking closely at our patient appointment book and triaging cases now so that when we can re-open, we are ready to schedule in patients in the most appropriate way, starting with the most urgent cases first.



Ultimately, we will do as much as we can to reasonably reduce risk to carry out safe practices for our patients and our team, with the recommendations that we have at the moment. At the time of this interview, the most recent letter from the Chief Dental Officer (20 May) details a phased return to work, restarting dental practices to deliver urgent care, anticipated as a minimum by 31 July. We certainly hope this is the case, if not sooner, and we eagerly await being able to open our clinic doors to our patients. We miss our patients, friends and our team and want to get back doing what we love doing!

HOW ELSE CAN THE PROFESSION BE SUPPORTED?

I feel that the British Dental Association has been a huge help in keeping dentists informed and producing regular and sensible guidelines as soon as they have it. I think they have been persistent in fighting our corner, standing up for the profession in a time of great uncertainty. Following on from that, the British Orthodontic Society has been excellent at producing guidance and advice specifically for our speciality. There is obviously still a great deal of financial uncertainty facing many dentists and we are not sure what's ahead of us. What funding may still be available in months to come is not guaranteed by any means. We need continued support from all these organisations and governing bodies as this is "just the beginning". The added costs (not just monetary, but time and spatial) of PPE, additional decontamination measures and the effect that social distancing will have on how we run our practices will see large increases in running costs but of course, the reduced number of patients will result in sharp falls in income that will undoubtedly affect all dental practices.

What happens over the next 6-12 months will be the real test of not just survivability but sustainability. LET US TAKE CARE OF YOUR PATIENTS Thank you for your continued support



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SWIFT DENTAL GROUP'S COVID-19 JOURNEY

After some inspiring achievements during an unprecedented time, the team shares its plans to support practices during the recovery period

n 24 March 2020, Swift Dental Group made a decision to close its doors due to the COVID crisis. It was a moment of mixed emotions; relief for the safety of all our employees and customers, apprehension about what would happen next, and a sense of shock at the realisation of this global pandemic which is still affecting everyone's lives.

However, out of the most unprecedented event to affect us all, our team at Swift has accomplished some of its most inspiring achievements to date and we are delighted to announce how we plan to help and support practices in the recovery period.

So far we have manufactured and donated over 3,500 free face visors with the help of our 3D printer and our phenomenal staff who have volunteered their time. We have raised over £8.500 and supported thousands of NHS frontline staff and other key workers. We have had a few celebrities supporting this invaluable campaign along the way. Mark Halsey, David Potts and Johnny Vegas paid a visit to Swift HQ and commended us on the great work that we were doing.

Our phone line has remained open

throughout and it has been a pleasure supporting our customers both existing and new. Also, we have thoroughly enjoyed running numerous awareness and engagement campaigns, and we have definitely gained a great insight into what the industry views are on the 'new normal'

Swift Dental Group embarked on a journey towards operational excellence in February 2020. This customer-centric journey is a strategic decision, using lean manufacturing principles and methodologies to create flow in our manufacturing processes, minimise waste - reworks, remakes, and rejects - within our production system, improve service level, delivery, and

Telephone Consulatation

20%

Other (please specify)

30%

Online survey of dentists and practice managers

40%



customer experience to our valued customers

The foundation to accomplishing the above goals is accountability, a sense of urgency and leadership.

Swift Dental Group will now use standard work to ensure consistency of our product within stable processes and problem-solving tools to ensure built-in guality. Swift would be delighted to show you around our redesigned facility and talk you through our lean journey.

At the beginning of May, we launched our online survey to all dentists and practice managers, with a view of understanding how and when they intend to return and what services they will be offering to their patients. These results have been

very interesting and informative. The data we have collated will assist the business in adopting the best processes to support practices when they reopen.

The responses thus far have been fantastic, and we hope to share these results with our clinicians soon. One of the questions asked was: How could we better support practices on their return?

As a result, we have produced a Practice Support Package which is available for all practices. Included in the pack are the following tools:

- Details of our upcoming webinar and how to book
- Patient information leaflets - Providing confidence in laboratory-related devices Support available
- Mouthquard and whitening tray promotions
- Collection and delivery protocol
- Swift's laboratory procedures • Workflow chart.

You can access these documents via our website at www.swiftdental. co.uk or request a pack by ringing our customer experience line on 01204 323 232.

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> PATIENT PLAN DIRECT

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Now is the time for practices to examine all their overheads and reduce costs where possible.

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• Am I paying for services I don't want or ever use?

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• Am I getting the right level of service to meet my needs?

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The Brite group had this to say amidst the Covid-19 outbreak: "The contact has been fabulous from Patient Plan Direct, calling and emailing me on a regular basis to lend advice and support. They've been very innovative with ideas on how we can communicate and support patients at this uncertain time. With all the worry, it's nice to feel supported."

If you want to save up to £150,000 over five years, while maintaining the control over your business and income, now is the time to speak to Patient Plan Direct. A switch to us is easy and simple – particularly if you ask your current provider for a transfer using the PAY.UK and Bacs-approved Bulk Change Scheme specifically.

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> ESCHMANN

GROUND-BREAKING AIR DISINFECTION SYSTEM OFFERS DENTAL PRACTICES PROTECTION AGAINST COVID-19

Eschmann Technologies has launched a revolutionary air disinfection system developed by Novaerus to help protect dentists against the spread of airborne viruses such as COVID-19. The portable air disinfection units, which could help thousands of UK dentists go back to work following the Government's social distancing measures, use patented plasma technology to eradicate pathogens.

Novaerus reduces the amount of bioburden in the air, in turn reducing surface bacteria, infections and odours, making dental working environments much safer for clinicians and patients. Air is drawn into the units by the internal fan, where contaminants are rapidly and safely destroyed at DNA level by an ultra-low energy plasma field generated by an internal coil. Healthy air, free of all contaminants, is then returned to the room.

The technology has been independently tested to reduce MS2 Bacteriophage, a surrogate for SARS-CoV-2 (COVID-19), by 99.99%. It is also proven to reduce other pathogens and airborne bacteria, including measles, influenza, C-diff, mould spores, dust mites, and pollen. Although hand hygiene and surface disinfection are seen as the international gold standard for infection control in healthcare environments, the quality of the air that circulates within these places has long been overlooked.

This is especially relevant in dental practices, which were ranked the most damaging work environment to a person's health by the *Business Insider*. Using data from the US Department of Labour's database of

occupational health risks, six of the top seven spots were occupied by dental professions, including dentist, dental hygienist and dental lab technician. Developed and manufactured in Ireland by Irish-based Novaerus, the air disinfection units are compliant with EU regulations.





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