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Scottish Dental

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A question of confidence

It's been tough. It continues to be so, despite the phased return to practice. Never has there been a moment during lockdown when the profession could feel some sense of security about its future. The same could be said about many other groups of workers, certainly. But the degree of support and reassurance given to the dental profession has not matched that afforded to other health workers. There have been missteps throughout; from the early omission of cover for the loss of patient charge income (albeit remedied relatively quickly) to the more recent lack of engagement with the body recognised by the Scottish Government to represent the profession, the British Dental Association (which in turn empowered a patchwork of Facebook and Telegram-based campaign groups).

The way in which dentistry is provided to the population – essentially small businesses paid by the NHS to carry out certain approved treatments, who are then free to also offer varying degrees of private oral health care – has always diminished its importance in the eyes of the Government. As if good oral health is a financial choice. During the pandemic, this indifference manifested itself in the UK Government ignoring completely the impact of lockdown on private dentistry. Yes, purely private dentists who have had very profitable careers over the last decade without building a reserve to see them through some months rightly garner little sympathy. But the wider indifference ignores the symbiotic relationship in mixed practices between private income and the ability to provide NHS care.

> "EVEN NOW, THERE IS A SENSE OF SALT BEING ADDED TO THE WOUND OF THE PAST FIVE MONTHS"

In a letter to NHS dentists on 30 July – which heralded the return of aerosol generating procedures (AGPs) to those practices able to provide them safely, from 17 August, as part of phase three of the remobilisation of dentistry – Tom Ferris, Scotland's Chief Dental Officer outlined some of his thinking about the move to phase four. This included a restart of item of service payments, including the patient charge. Ferris added: "I am also very much aware that you may have concerns about the long-term viability of item of service within the phased route-map outlined for NHS dentistry and the current constraints this has placed on you.

"The Government needs to be able to respond to developments with COVID-19, sometimes very rapidly. However, a broad review is required outside of the route map to consider how NHS dental services will look in the longer term and developing funding and payment solutions that ensure sustainability of the NHS dental service. A vital aspect of this will be your views and there will be an opportunity for dentists to have their say as we move forward."

As we report on our news pages, the CDO's statement follows anger expressed by the British Dental Association over "inadequate" engagement with the profession. But if the CDO is true to his word about giving dentists an opportunity to "have their say" on the long-term funding model for dentistry, then there is still some way to him regaining their confidence. Even now, there is a sense of salt being added to the wound of the past five months. For example, as we also report in this edition, concerns remain over the issue of payment of open courses of treatment. COVID support payments were intended to cover the lockdown period during which practitioners were unable to provide care and receive an income in the normal way. No support was given for the period prior to lockdown, when dental practices could still operate and earn income. However, some treatments that were begun pre-lockdown are due to be paid for after lockdown. One dentist told this magazine: "The proposal that payment for treatments carried out prior to lockdown should be deducted from COVID support payments is ill-founded and unfair. It would leave practitioners unpaid for work that they carried out prior to lockdown."

Prior to the pandemic, work by the Scottish Government had already begun on a 'new model of care' for adult NHS patients. As Professor Jason Leitch, the National Clinical Director, said in the last edition of *Scottish Dental*: "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." The question is, however, what confidence can dentists have – given their experience this year – in the Government's ability to develop "funding and payment solutions that ensure sustainability of the NHS dental service"?

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Multiplying risk

We need to find a way to get back to caring for our patients, quickly.

I was talking to my son about Fortnite and he needs 2FA to be able to enter competitions which could have prize money.

If the last sentence makes no sense; bear with me. I didn't know what he was talking about when he mentioned 2FA, so, like all senseless parents, I Googled it. It means two-factor authentication. You all think I'm an idiot because you already know this because your banking app does it. However, I managed to try to explain this to my son, pointing out that by using multiple layers of protection it makes it much harder to get hacked.

You see where I'm going with this, right? Multiple processes don't just add protection; they multiply it. The chances of your password being 'password' and your second code being '12345' are very small. I am not a statistician or even very good at maths. However, I can see that by using layers of protection our chances of getting hacked are massively reduced.

In Scotland, at time of writing, there are around seven cases of COVID-19 per 100,000. This means a dentist with a list of 2,500 patients is likely to see 0.175 patients with COVID-19. Now, anyone who is mathematical is about to shout at me. It's not that simple. For a start, how do you see 0.175 of a patient? You might see some people more than once in a year. You won't see all 2,500 patients; only about 65 per cent of registered patients come every two years. If someone is sick; you hope they don't come, but many are asymptomatic. Your screening questions and temperature check might pick up a case or two. In time, we may even be testing patients prior to appointments.

So, the risk of seeing someone at the moment is low but that is only one factor. We are protected with PPE (at whatever level), we are reducing our flow, we are socially distancing patients and staff, we are using more stringent cleaning protocols with slightly different materials. If we were to do AGPs, we would do so with constant, high volume aspiration and mitigating methods, such as a rubber dam. The vast majority of these elements we do daily as a matter of course. These methods not only reduce our risk but multiply the layers of protection. I cannot calculate the level of risk with these layers, maybe someone can, but we should recognise they exist.

Currently, I only see debate about one measure or another. FFP3 or surgical mask. AGP or not. Screening or not. Surely the combination of our regular protective measures plus enhanced options makes the risk for patients and staff very low? Maybe I'm wrong? What I am sure of is that in our profession, there is always risk. Being a surgical professional carries risk to ourselves, our staff and our patients. COVID-19 is not going away and we have to accept a degree of risk. Our job cannot be risk free.

While we wait for SDCEP to tell us what the risk of an AGP is, patients are not being cared for. Many are taking great care. Many are doing the wrong thing. I guarantee, whatever disease there is, it is getting worse. What might have been a filling is ever closer to a root treatment. The root treatment is heading to an extraction and peoples' quality of life is diminishing. It may not be apparent right now, but I am certain things are getting worse.

Day-by-day, the level of care we have built over years is being eroded. We will have to pick up the pieces and the collateral damage of COVID-19 could be significantly greater than the disease itself. Are we letting our patients down? Is the profession heading for a crisis of confidence in our ability to care? So far, people have been very understanding about us not doing our jobs. How long can that goodwill last? How long can the profession sustain the inevitable losses?

I have another worry. This one is much more 'niche', but I want to talk about it. VDPs coming to the end of the year are lacking in experience. No shock there. PSD have decided that anyone being taken on for an existing list is unlikely to do what the previous associate did and not get paid the same. Anyone starting a new list won't get anything at all. Even if you do work, we're on a zero-rated SDR so working all the hours God sends won't increase your income. There is a significant risk that this year's VDPs might not get jobs. If this goes on for another few months, or six months, then they won't have been in work for months and won't have done much or any treatment for nearly a year. Who will employ a de-skilled, inexperienced dentist? There is a risk that about 150 VDPs might never make it into GDS.

In addition, I think there will be an increase in (early) retirement. I think anyone who was considering it will have experienced the reduction in work and will struggle to go back. Once the hamster wheel starts again, we may have significantly fewer hamsters. At least significantly fewer full-time hamsters.

If you combine these factors and add the increase in demand from the lack of care; we may have an even larger multiplication of risk. A population with unchecked oral problems and a reduced workforce to care for them in future. Regardless of the level of risk of COVID-19, the fallout, the collateral damage, could set back dental care by a decade or more. We need to get a handle on risk. We need to multiply our protection and divide our harm. We need to find a way to get back to caring for our patients, quickly.

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Government says engagement 'inadequate'

Admission comes after BDA representatives cite 'sustained vitriolic abuse'

A SCOTTISH Government minister has admitted that its engagement with the dental profession has been "inadequate", the British Dental Association said. The association met Joe FitzPatrick, Minister for Public Health, Sport and Wellbeing, and Tom Ferris, Scotland's Chief Dental Officer, last month to discuss the phased return to dentistry.

The meeting came after David McColl, chair of the BDA's Scottish Dental Practice Committee wrote to Mr Ferris saying that "repeatedly sending important documents which are either a 'done deal' or with very little time to consider and discuss does not represent meaningful engagement or negotiation".

McColl added: "Both myself and the SDPC vice-chair have received sustained vitriolic abuse on the Scottish Dental Practice Owners online platform as we have been personally accused of failing to negotiate effectively with the Scottish Government.

"We have tried to engage constructively and effectively with the Scottish Government, but our professional integrity – and that of SDPC and the BDA – has been openly and repeatedly questioned by others in the profession due to the lack of engagement. This situation is highly stressful and clearly untenable."

At the subsequent meeting with the minister and the CDO, the BDA "highlighted issues that matter to dentists in Scotland – private and public. We also encouraged the Scottish Government to communicate more frequently and effectively with the profession. We reiterated our dissatisfaction with recent engagement from the Scottish Government, and the minister acknowledged that this has been inadequate.

Joe FitzPatrick has admitted government shortcomings

"We urged the minister to ensure the financial viability of dental practices, and stressed the financial difficulties facing mixed and private practices. We raised concerns about the long-term funding model for Scottish dentistry with the minister, with the recognition that the profession will not be returning to pre-COVID arrangements.

"The minister indicated a wish to move towards more productive negotiations and his wish to discuss dentists' concerns primarily with the BDA, rather than other newly formed dental groups."

In a follow-up statement, the BDA said: "Our frustration with the lack of support from the Government for private dentists was a main focus of [a] meeting of the Scottish Dental Practice Committee Executive sub-committee.

"We agreed to write to the minister to once again seek financial support for private dentistry, to build on this morning's meeting with the Public Health Minister and CDO. We will include evidence from members of the financial difficulties facing mixed practices, especially those with a large percentage of private income.

"We will also express concerns to the minister about the £75 million shortfall facing practices due to the lack of patient charges under the current interim funding model."

International evidence on AGPs 'lacking'

A RAPID review of how dental aerosol generating procedures (AGPs) are defined in international guidelines – and a summary of what mitigation procedures are recommended in each country – has been published.

The review is the work of a group of researchers and clinicians from a range of UK institutions. The aim of the review was to support decision-makers and to inform a rapid review of AGPs, in general, being undertaken by the Scottish Dental Clinical Effectiveness Programme (SDCEP).

The group was led by Jan Clarkson, Professor of Clinical Effectiveness at Dundee University and Director of SDCEP, and Craig Ramsay, Professor and Director of the Health Services Research Unit at Aberdeen University.

Their review reports on national recommendations for AGPs and their mitigation in 58 countries. Among its findings are that there is a "highly variable level of details provided across international resources".

While 98 per cent of countries state that AGPs can be provided for non-COVID patients, the review concludes: "There is a lack of evidence provided to support the majority of recommendations in the documents."

Aerosol Generating Procedures and their Mitigation in International Dental Guidance Documents – A Rapid Review. Clarkson J, Ramsay C, Richards D, Robertson C, & Aceves-Martins M; on behalf of the CoDER Working Group (2020). https://tinyurl.com/y453asvv

Dental industry supports move to prevention

As services resume there will be demand for broader range of clinical activities, says BDIA

PROPOSALS by the UK's chief dental officers to move to a preventative model of care have been supported by the British Dental Industry Association (BDIA).

As revealed by *Scottish Dental* earlier this year, prior to the outbreak of COVID-19, work had begun in Scotland on a 'new model of care' for adult NHS patients. During the pandemic, the Chief Dental Officer of Wales, Colette Bridgeman, said it was an opportunity to change the way dentists a remunerated; ending the era of 'drill and fill'.

As the nations of the UK began to remobilise dentistry, England's Chief Dental Officer, Sarah Hurley, has also indicated the time is right to move to a new model.

"The limitations in AGPs [aerosol generating procedures] present an opportunity to re-think our approach to care pathways," she said.

"The patient-focused, team-delivered minimum intervention oral healthcare philosophy helps in taking on the current challenges in delivering dental care. The philosophy – with its four interlinking domains of identifying the problem, prevention and control, minimally invasive treatments and suitable recall strategies dependent upon longitudinal disease susceptibility – underpins all disciplines of dentistry.

"Whilst dental teams may use a variety of acceptable techniques to risk manage care, the guidelines for remote consultations, non-AGP periodontal treatment, restorative and paediatric dental care contained in this SOP provide an aide memoire to best practice, minimising AGPs and delivering quality health outcomes."

Writing in *Nature*, Edmund Proffitt, the chief executive of the BDIA, said: "As services resume and practice capacity to provide care hopefully accelerates and increases, there will be a demand for a broader range of clinical activities and thus support from the industry. Areas of support to the profession will include tools to assist in preventative and self-care measures...and in AGP mitigation.

"Areas of AGP mitigation, including the use of hand instrumentation/scaling and non-AGP periodontal treatment, simple dental extractions, caries excavation with hand instruments, caries removal with slow-speed and high-volume suction, the placement of restorative material, orthodontic treatments and paediatric oral health, including stainless steel crowns and diamine fluoride applications.

"By working through [the standard operating procedures], the dental industry can identify just how and where it can support the resumption of more widespread dental treatment in the community and, importantly, explore new opportunities and areas of support for practices and the profession going forwards, as dentistry takes this opportunity to re-think and re-evaluate its approach to care pathways.

"Resumption is a partnership between many groups: the patient, the dental team, the dental industry, the NHS, the BDA and other professional bodies and organisations, regulators and the Government. While there is a plethora of ideas and views across these groups, the most important thing is that they share common goals."

AGPs return to NHS practice

Enhanced PPE provided by Government

NHS dental practices can re-introduce a range of procedures – such as the use of drills – "on a limited basis", the Scottish Government announced.

Practices have been able to see NHS patients for certain types of non-aerosol routine care as part of phase three of the remobilisation of dentistry. Now dental practices, if they are ready, will be able to provide aerosol generating procedures (AGP) on patients with urgent dental problems from 17 August.

"This move will be supported by the provision of enhanced Personal Protective Equipment (PPE) to dental practices which will require to be individually fitted to dental team members to ensure they work effectively," the Government said in a statement on 30 July. "This limited introduction, with care prioritised for patients in need of urgent care, replicates the arrangements in place in urgent dental care centres."

Tom Ferris, the Chief Dental Officer, said: "NHS patients have been able to receive care and treatment including aerosol generating procedures through one of the 71 urgent dental care centres in Scotland.

"Now a limited range of AGP procedures will be available at NHS practices – this decision has been taken after carefully and thoroughly considering the balance between the overall risk of infection with the needs of patients to be seen by dentists.

"I am pleased that patients seeking such urgent procedures can now been seen at their NHS practice, and in turn, that practices can expand their services to patients."

In urgent dental care centres dentists and the dental team are provided with enhanced PPE, including face-fitted masks. Dental practices that wish to provide AGP care to NHS patients will be provided with a similar level of PPE.

The Chief Dental Officer and his team are in regular contact with NHS Boards to ensure dental practices have clear guidance on appropriate procedures for seeing patients, said the statement. It added that the Government had been working closely with BDA (Scotland).

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NVDC ARCHITECTS

IoS payments to resume in phase four

But CDO promises consultation on long-term funding

ITEM of Service payments, including the patient charge, are set to return in phase four of the remobilisation of dentistry in Scotland.

Tom Ferris, the Chief Dental Officer, pictured, outlined his thinking about the move to phase four in a letter issued to NHS dentists on 30 July announcing the move to phase three, which will allow the use of aerosol-generating procedures in practices – for urgent care only – from 17 August.

"Assuming that we can increase the amount of AGP provision in practice, it is my intention, as part of staged measures within phase four to restart item of service payments, including the patient charge," said Ferris. "We will of course continue to support NHS dental practice and would intend to adjust the NHS financial support measures accordingly."

He added: "I am also very much aware that you may have concerns about the long-term viability of item of service within the phased route-map outlined for NHS dentistry and the current constraints this has placed on you.

"The government needs to be able to respond to developments with COVID-19, sometimes very rapidly. However, a broad review is required outside of the route map to consider how NHS dental services will look in the longer term and developing funding and payment solutions that ensure sustainability of the NHS dental service.

"A vital aspect of this will be your views and there will be an opportunity for dentists to have their say as we move forward."

The CDO's statement follows anger expressed by the British Dental Association over "inadequate" engagement with the profession (see page 9).

Meanwhile, concerns remain over the issue of payment of open courses of treatment. COVID support payments were intended to cover the lockdown period during which practitioners were unable to provide care and receive an income in the normal way.

No support was given for the period prior to lockdown, when dental practices could still operate and earn income.

However, some treatments that were begun pre-lockdown are due to be paid for after lockdown.

One dentist said: "The proposal that payment for treatments carried out prior to lockdown should be deducted from COVID support payments is ill-founded and unfair. It would leave practitioners unpaid for work that they carried out prior to lockdown."

The BDA has lobbied the CDO and Joe FitzPatrick, the Health Minister, on the issue.

Introducing Oral-B iO

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AT a virtual event held in June, Oral-B unveiled an "unprecedented era in brushing" with the introduction of its most advanced rechargeable electric toothbrush, the Oral-B iO.

The company said that Oral-B iO represents a step forward in creating the right balance between effectiveness and experience and reimagines how a brush performs, cleans and feels. From its revolutionary design to the harmony of its oscillation rotation and micro-vibrations technology, Oral-B iO "wholly transforms brushing from a perceived 'chore' to a pleasurable experience that patients will love," said the company.

"Oral-B is committed to continually advancing our technology to provide a superior clean [versus a manual toothbrush] while also perfecting the art of brushing for the most enjoyable experience," said Ian Barton the company's R&D Senior Director. "We re-engineered our iconic round brush

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The Oral-B iO also comes with artificial intelligence (AI), and is equipped with position sensors located in the handle. The Series 9 includes 3D teeth tracking technology with AI-enabled brushing recognition to track the lingual and buccal areas of the three bottom and upper jaw areas, plus occlusal surfaces.

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Dr Manish Pareek

GDC partners in new ethnicity project

Bid to improve understanding of links between COVID-19 and people from BAME backgrounds

SIX new projects to improve understanding of the links between COVID-19 and ethnicity have been funded by UK Research and Innovation (UKRI) and the National Institute for Health Research (NIHR).

The projects will seek to explain and mitigate the disproportionate death rate from COVID-19 people from black, Asian and minority ethnic (BAME) backgrounds, including BAME health and social care workers.

Emerging evidence from the Office for National Statistics shows that, after taking account of age and other sociodemographic factors, BAME people are nearly twice as likely to die of COVID-19 than white people. There is an urgent need for more detailed data on why COVID-19 disproportionately impacts people from BAME backgrounds, building the essential evidence base needed to make recommendations to decision makers and protect the health of these groups.

The projects, which total £4.3 million worth of funding, will explore the impact of the virus specifically on migrant and refugee groups and work with key voices within BAME communities to create targeted, digital health messages.

Introduce a new framework to ensure the representation of people from BAME backgrounds in clinical trials testing new treatments and vaccines for COVID-19, in turn creating one of the largest COVID-19 cohorts.

One of these projects will establish a unique partnership between national healthcare organisations to specifically address the prevalence of COVID-19 among BAME healthcare workers – who have been significantly overrepresented among the deaths from the virus. The General Dental Council is one of the partners of this project. The mixed-method project will bring together existing datasets to calculate the risk of COVID-19 to all BAME healthcare workers and follow a group of these healthcare workers over the next 12 months to assess their physical and mental health – as well as engage directly with a smaller group of workers to gather qualitative data.

Dr Manish Pareek, Principal Investigator of the UK-REACH study, University of Leicester and Honorary Consultant at University Hospitals of Leicester NHS Trust, said: "Globally, we have evidence that people from BAME backgrounds have a higher chance of going to intensive care and dying from COVID-19 – this may also be the case for healthcare staff.

"Our study is the first to be conducted on a large scale, investigating why BAME healthcare workers could be at greater risk. A recent PHE report highlighted how 63 per cent of healthcare workers that died from COVID-19 were from a BAME background.

"We want this research to improve the lives of healthcare staff – to this end, we have a stakeholder group of major national organisations to research and publicise our findings."

This group of projects forms part of a rolling call for research proposals on COVID-19, jointly funded by UKRI and NIHR in response to the pandemic, and includes research on treatments, vaccines and the spread of the virus, as well as specific calls on COVID-19 and ethnicity, and the wider impact of the virus on mental health.

Dentists removed from register

A GLASGOW dentist has been removed from the General Dental Council (GDC) Register for putting patients at risk by failing to properly treat them. Brian Cleary left patients in pain by failing to seal root canal treatments, not carrying out X-Rays as needed and prescribing antibiotics unnecessarily.

One patient was found to have been fitted with five crowns, without consent or knowledge, in just over a year, with the dentist removing healthy tooth material to fit them. The dentist, who qualified from the University of Glasgow in 1982, also kept poor patient records and did not keep enough emergency drugs stocked at his practice.

The allegations that Cleary faced arise out of two separate referrals made to the GDC concerning his clinical practice whilst working at Westend Dental Practice in Glasgow.

The first was made to the GDC by NHS Greater Glasgow and Clyde following an inspection of the practice in July 2018 and concerned his standard of care, treatment and record-keeping in respect of five patients.

The second referral was made by a patient concerning the standard of care and treatment that Cleary provided to him.

Cleary, who did not participate in the GDC hearing and was not represented in his absence, was also the subject of an order for his immediate suspension.

In a another hearing, Edinburgh dentist John Wittchen was removed from the Register and made the subject of an order for immediate suspension after a GDC hearing found that he had been guilty of inappropriate and sexually motivated behaviour and, in a separate incident, of shouting at an employee in front of a patient.

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Scots contact tracing app set for autumn launch

Software to support NHS Scotland's Test and Protect system is in development

THE Scottish Government is working towards having a proximity tracing app available in the autumn, from Apple and Google's app stores. It will focus on using Bluetooth technology to anonymously alert users if they have been in close contact with another user who has tested positive for coronavirus (COVID-19).

It will complement existing person to person contact tracing which will remain the main component of NHS Scotland's Test and Protect system. If a person tests positive for COVID-19 they will be sent a unique code to their mobile. If they give permission, the data will then be sent to a server so close contacts also using the app can be traced.

Use of the app will be voluntary and does not ask users for any personal information at any time. The app will use the same software as the Republic of Ireland app, which has been adapted for use in Northern Ireland. It will work with those apps to support movement across the common travel area. The Scottish Government remains in discussion with the UK Government on its proximity app.

"This new app will offer an additional level of protection, supporting NHS Scotland's Test and Protect system to continue to drive down the spread of COVID-19 across the country," said Jeane Freeman, the Health Secretary. "It builds on existing person to person contact tracing which remains the most robust method of contacting those who have been in close contact with someone who has tested positive.

The app has already been successfully adapted for use in Northern Ireland

"Users of the app who test positive will still get a call from a contact tracer to confirm their details and who they have been in close contact with. The app will, however, allow contacts unknown to the positive individual to be traced – for example fellow passengers on a train or bus. We also know that not everyone uses a mobile phone or will be able to access the app, which is why this software is very much there to complement existing contact tracing methods."

The Scottish contact tracing app will be developed by Irish software firm Nearform using the same software as the Republic of Ireland contact tracing app, which has already been adapted for use in Northern Ireland and Gibraltar and will work with those apps to support movement across the common travel area.

The app will focus solely on proximity tracing. If a user has a positive test for COVID an alert is sent to all other users. The app then runs a probability check to determine whether there is any risk to the user, and if relevant provides advice to self-isolate. It will not include additional functionality such as QR code software to allow for venue check in/outs. It also will not include symptom checking as this is available via the NHS 24 COVID-19 app.

The Scottish Government said it remains in discussion with the UK Government regarding its planned contact tracing app.

'Criminals' hack BDA website

THE British Dental Association's website was hacked by 'criminals', the organisation said. On 30 July, visitors to the site were greeted with a 'server error' notice. The following day, the BDA was able to post a message on the site.

It said: "After a day spent investigating and trying to restore the site, we know this is a serious problem. Anonymous criminals entered our systems and because of their sophistication, we don't know the extent of what they've taken. We are devastated."

The association said that it had contacted the Information Commissioner's Office and was contacting people it thought may have been affected. It added: "We are rebuilding our systems."


BDA

British Dental Association

Website down

You may know that our site was hacked on 30 July 2020. After a day spent investigating and trying to restore the site, we know this is a serious problem

Anonymous criminals entered our systems and because of their sophistication, we don't know the extent of what they've taken

We are devastated

It is understood that the hackers possibly secured access to users' names, contact details, transaction histories, bank details, logs of correspondence and notes of cases. The association said it does not store card details.

But it does hold members' account numbers and sort codes in order to collect direct debit payments. It advised members to act with caution, particularly with emails or phone calls from anyone claiming to be from a bank, utilities provider or even from the BDA itself.

During the pandemic, the BDA's website has been a source of detailed, up-to-the minute news and information, and featured regular insights from members and officials.

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College of General Dentistry is recruiting

Move follows launch of its Ambassadors scheme

THE College of General Dentistry is recruiting an Advisory Strategy Group, seeking contributions from across the dental team. The College said that this was an important opportunity for people across the Registrant community to make an active contribution, guiding the future direction of the organisation.

The Group will play a crucial role in advising the Board of Trustees as they make plans to launch the College. The Group's 15 members, who will have first-hand experience working across the dental team, will provide much-needed insight into the ideas, perspectives and priorities of people working in dentistry.

Chair of Trustees, Professor Nairn Wilson, said: "This is an exciting moment for the College, a step closer to its formal launch, and a mark of our commitment to embrace the interests and contributions of the whole dental team.

"We believe that a lack of diversity in leadership and influence in dentistry is a barrier to effectiveness – and we want our Advisory Strategy Group to draw upon strengths across the many communities that have such an important role to play for the future."

Applications close on 21 August, with interviews planned in early September. Details can be found at ***www.wp.me/P8ZZcL-tx***

The announcement follows the launch of its 'College Ambassadors' scheme and the appointment of its first Ambassadors – the Rt Hon Sir Mike Penning MP, right, Professor Dame Parveen Kumar and Dr Shelagh Farrell FFGDP(UK). College Ambassadors are to be drawn from different backgrounds and walks of life.

They will support engagement of the College in society, and promote its influence in the interests of patients, building trust and confidence in the dental profession.

Other Ambassadors will be appointed in the coming weeks, as the College works towards its historic, formal launch later in the year, COVID restrictions permitting. The Ambassadors will help the College ensure dentistry is properly recognised for its importance as an integral element of general healthcare. They will support the College's mission to develop public confidence in, and appreciation of the benefits of contemporary dentistry and the importance of oral health.

Professor Wilson said: "The Trustees greatly look forward to working with our Ambassadors in realising the goal of a College which gives general dentistry new leadership, fresh standards, much-needed career pathways and enhanced professional standing in the interests of patients and the public."

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Belmont

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Chair care update

Belmont has issued an update on the upkeep of its treatment centre. The upholstery is designed to ensure the rigorous demands of a healthcare environment. The meticulous Japanese manufacturing process achieves both strength and longevity, making their fabrics naturally antimicrobial as well as ink and stain resistant.

Belmont has recently launched a range of care products which ensures the safety as well as the aesthetics of their equipment - B100 & B300. Chairs need to be wiped down between patients and for such regular use you need a fast-acting upholstery cleaner that will not damage artificial leather; B300 does just that. It has reduced levels of alcohol so that over time it will prevent brittle, cracked surfaces. More importantly, it fulfills European virucidal standards and is effective against all enveloped viruses as well as the new type of coronavirus (SARS-CoV-2).

The perfect adjunct to this is B100, an intensive cleaner designed for occasional use, to remove stains of all kinds as well as discolouration. Despite its rigorous cleaning action, it will not damage your upholstery. In conjunction with B300, it will keep your chair looking beautiful as well as safe in the new environment in which practices now find themselves working.

New Belmont MD

TAKARA Belmont (UK) Director Stephen Price has been appointed managing director, succeeding Takashi Hoshina who is returning to Japan to take on an international role within the corporation responsible for expansion in Europe and the US.

"During my tenure here at TBUK, we have achieved many things," said Hoshina. "We have enhanced the Dental product range with tbCompass and Voyager 111, which are now two main products in the UK market.

"We have had to adjust our strategy for Brexit and today we are facing huge challenges with the Coronavirus, but we will come through this together and my new job in Takara Belmont is to integrate our international business in USA and Europe, which I am optimistic towards because of what I have learned from the UK in the past eight years.

"We are fortunate to have someone of Stephen's calibre and experience to lead Takara Belmont UK. Stephen has a solid understanding of our products and markets, a proven track record and is a strong communicator with deep leadership capabilities."

Price added: "We are at a critical moment and we need renewed leadership to successfully implement our strategy and take advantage of the market opportunities ahead."

DATES FOR YOUR DIARY

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

24-25 AUGUST
Euroscicon Expo on Dentistry & Oral Hygiene
Online
dentistry.euroscicon.com

7-9 SEPTEMBER
AMEE 2020
Association for Medical Education in Europe
Formerly SEC, Glasgow; now online
amee.org/conferences/amee-2020

17 SEPTEMBER
Dental Webinars - Sedation
Online
rcpsg.ac.uk/events/DentalWebinar-2020-09-17-286

3 OCTOBER
The Dental Triennial Conference: 'Develop Your Dental Team'
Venue tbc
rcsed.ac.uk/events-courses/conference-details-the-dental-triennial-conference-develop-your-dental-team

26 OCTOBER – 6 NOVEMBER
Medicine24 2020
Formerly TIC, Strathclyde University; now online
rcpsg.ac.uk/events/Medicine24

30 OCTOBER
TC White Conference – Oral Healthcare of the Ageing Population
Online
rcpsg.ac.uk/events/TCWhiteSymposium-2020-10-30-343

12-14 NOVEMBER
BACD Annual Conference*
Currently EICC, Edinburgh; check site for updates
https://bacd.com/annual-conference/

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

DATE TO BE CONFIRMED

AUTUMN/WINTER
24th Annual Conference for Dental Care Professionals
RCSED, Edinburgh
rcsed.ac.uk/events-courses/event-details-24th-annual-conference-for-dental-care-professionals

POSTPONED FROM 2020 TO 2021

24-26 MARCH
The 1st UK Restorative Dentistry & Prosthodontic Conference
Better patient care through collaboration
Crowne Plaza Glasgow
rdpduk2020.eventbritestudio.com

23-24 APRIL
Scottish Dental Show
Glasgow
sdshow.co.uk

21-22 MAY
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.
Glasgow Science Centre
fgdpscotland.org.uk/book-glasgow-study-day

Twenty years ago, the co-founder of Clyde Munro transitioned from a legacy business into new technologies; he remains as fleet of foot today

Picture this, an optimist

Jim Hall has, in a manner of speaking, always been in the business of smiles. Thirty years ago, the Strathclyde University graduate joined Polaroid; working for the 'instant camera' corporation across Europe and the Americas, and as managing director of its manufacturing site at Vale of Leven - which, at its height, employed more than 5000 people. In 2001, he founded a division – Polaroid's 'European Design Centre' – employing specialists in electronics, mechanical engineering, physics, and software. It went on to be a standalone business unit, securing work from outside contractors, and was eventually 'spun-out' of Polaroid in a deal led by Hall in 2006.

It was a prescient move, given the growth of digital photography and the fate of Polaroid. Known as Wideblue, Hall's spin-off worked with – and continues to do so today – start-ups and small-to-medium enterprises developing new technologies. At Wideblue, Hall worked with the

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investment partners of the fledgling businesses, which led to him co-founding the investment syndicate, Kelvin Capital, to support Scottish-based tech businesses. One of those was Bedi Oral Care, that launched the Bedi Shield, a device used to help people with complex care needs maintain their oral health, developed by Professor Raman Bedi, former chief dental officer of England.

Professor Bedi said to Hall that he thought there was an opportunity to develop a dental group "better than the others"; he would bring his clinical expertise and Hall could bring his business acumen. "That was in 2014," said Hall, in an interview with *Scottish Dental* earlier this summer. "The following year, we bought seven practices. Today, we have 40."

Clyde Munro employs more than 200 dentists and 350 staff, and has more than 300,000 patients across Scotland. As the company's press releases underline: "The group's ambition is to become Scotland's 'local dentist', operating an expanding network of family dentists across Scotland, with each devoted to providing the best dental care, while reflecting the needs and character of its community."

Did Hall have a number of practices in mind that the group would, ideally, own? "Everybody asks me that, and the answer is no," he said. "I don't want to turn it into a corporate. I say to my team; we need to be careful that, as we grow, we stifle innovation, we stifle decision-making, and prescribe one-size-fits-all. That's typically corporate – we'll never do that." He said there were "probably 700 to 800" practices that would be a fit for Clyde Munro; that's just a few hundred short of all the practices in Scotland. Hall is 62; I doubt he wants – would be able to – spend the next decade buying 75 practices a year in order to come close. I suspect his stance is more: 'Our door is always open,' to owners who might be thinking of selling. "We've got 40 now and 11 in heads of terms, so plenty of room to grow," he said.

On the phone from his home in St Andrews, Hall sounded as though he and the company had managed lockdown reasonably well but, initially, "it was intense, working 14-hour days, on several Zoom calls a day. The priority was to make sure we protected the business and looked after the team, as well as providing whatever service we were able to our patients," he said. "Guidelines came at short notice and were not always as clear they could be; nobody is to blame for that because everyone, including the Government, was dealing with an event that in terms of recent history was unprecedented."

It became clear that telephone triaging was the most that the practices could offer. The next question was, how could the business survive financially. How would furlough work? What did the split between NHS and private practice mean to the business? What support was available? "How do we preserve this business and provide the best possible service as we come out of this – that was a huge challenge. But," said Hall, "it was where the strength of being a group came in; to be able to access support, look after our people, and work with our business partners."

Throughout, the company has ensured that staff have received full pay regardless of whether they were covered by NHS or Government initiatives. Dentists and hygienists who previously relied on a private income have also been supported by the company. "This lockdown," said Hall, "has brought us together as a team, from Orkney down to Gala, like nothing else has. It has demonstrated its values, in terms of being here for each other, supporting each other, no matter what. Whether you are a private dentist, a hygienist, a nurse, or an accountant, this company was here for you – not just financially, but also for people's wellbeing."

> "THE KEY THING IS, NOT TO DRIFT BACK TO THE WAY THINGS WERE"

Pressed on how the Scottish and UK Governments, and regulators, handled the crisis, Hall does not fault their response, given the ultimate potential for the virus's impact. He also has little time for the complainers, instead focusing on working with his team and their business partners to get through these extraordinary times. "Is it fair that NHS dentists have been receiving support and private dentists not? There's a lot of unfairness that much less well-off groups of people have been experiencing. The Clyde Munro team and a number of our dentists have run successful businesses and when the going gets tough you have to use all your experience and reserves – both emotionally and financially – to get through." He gives an example of his top earning private dentists who got zero income and who dug deep into their own reserves while continuing to provide their patients whatever service they could which helped the company to focus on providing financial support to those who needed it the most.

Looking ahead, Hall has faith that a longer-term system of remuneration will be established for NHS dentistry so that good practices will remain viable. "We first and foremost have to get through the next few months," he said, "and then look at any permanent changes to the way we are going to be remunerated by the NHS going forward. If that moves towards a system that is based on prevention, then that's a good thing, as long as the model works and allows a dental business to be viable."

Hall has written to Tom Ferris, the Chief Dental Officer, offering his network of experienced clinical teams as a sounding board for the proposed 'new model of care', focussed on prevention, that was being developed before the pandemic, and on any other fundamental change that is needed. As a group, Clyde Munro concentrates on Scotland – Hall said he had no interest in acquisitions south of the border – and the nation as a whole, not just the central belt, with recent additions to the group being made in Orkney, Fort William, Glencoe and Galashiels. Digital is a big focus, he said. A patient portal, developed by Software of Excellence, that was being tested and might in normal circumstances have been rolled out over a year, was installed in every practice within weeks.

"The key thing is, not to drift back to the way things were," he said, "things that have worked well; treasure those and make them part of the way we work going forward."

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Gurgan S, Kutuk ZB, Ozturk C, Soleimani R.
J Dent Res 2020 Vol. 99 Spec Iss A: #1389.

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WORDS
MIKEY BATEMAN

Lessons from lockdown – this isn't normal

At times, the path out feels more like trying to escape from a maze

As businesses continue to reopen, how many of us had those overdue hairdresser and barber visits, taken tentative steps back to restaurants and bars to catch up with friends (socially distanced of course??) We keep being reminded that this is the 'new normal'. Well, I personally can't stand the phrase. Life hasn't returned to normality, not by a long shot. There are still many businesses who do not have permission to open and of course, dentistry remains immensely challenging whether you are an NHS, mixed or private practice.

The path out of lockdown hasn't been clear and at times it feels more like trying to escape from a maze. Everyone has their own opinion on whether it's being done too quickly or too slowly; why some businesses have been allowed to open and others not and dentistry has been no different. Practices are navigating out of lockdown in stages, based on the Scottish Government road map, without any real clear guidance on who regulates who.

The resumption of dental care has brought about new ways of working, enhanced PPE, a different patient journey. Not only have we had to train our teams on these changes, but we've also had to communicate these changes to patients. The latter has perhaps been one of the biggest challenges when it was announced on national media that practices will be reopening before practices were told. Patients don't understand that we still have restrictions on how we work; perhaps the biggest being fallow time at the end of an AGE (aerosol generating exposure).

How we manage AGE appointments is perhaps the biggest challenge facing teams and requires an input from clinical and non-clinical teams to ensure days run smoothly. We all know by now the requirement for enhanced PPE currently for these types of appointments and many of our clinical colleagues are finding it challenging and uncomfortable to wear especially as it's been getting warmer. With fallow time currently sitting at 60 minutes, this is challenging unless you have multiple surgeries that clinicians can move between, but needs careful scheduling.

For this reason, I think it's important that the non-clinical team are involved in training and are given support about what constitutes an AGE appointment and what doesn't and of course this should form part of the practice's documented Standard Operating Procedure (SOP). We also need to consider training of the team in all these new processes and procedures and of course the fit testing required for the FFP masks or respirators while maintaining social distancing in the practice. This may be the form of online training on Teams or Zoom or bringing people back in to practice in small groups.

The choice of PPE is very important, we've now all seen the many videos that practices have put online to show our patients what the clinical environment and our teams will look like – which is fantastic. However, for practices who have chosen to wear reusable respirator style masks, there needs to be consideration of how this will look for anxious patients or indeed our younger patients. Are we building a new cohort of anxious adults in the future and discouraging anxious patients from accessing dental care? While from a cost and sustainability point of view there is logic, I'm not a fan and I think that it suggests dental practices are a very dangerous place for our patients to be.

What have I learned from lockdown? I've learned how much I missed human interaction and how important the physical senses are to my wellbeing. I'm the first to admit that pre-COVID 19, I used to send a message or email more often than actually speaking to someone because life was busy, and we always seemed to be on the go. However, take away social life, or going to the gym, and suddenly I'd lost a lot of the physical sense of human interaction. So, I made a conscious effort to actually speak to people on the phone or video call – imagine how much harder the lockdown would have been 20 years ago with super slow dial-up internet and playing snake on a Nokia 3310.

While technology has certainly been instrumental in how we've all been able to stay connected with each other especially with social media, I have seen another side of social media that has made me rethink my relationship with it. Social media groups have sprung up during the COVID lockdown that in my opinion can be hugely negative and at times borderline trolling. Where I find myself disagreeing with what people are posting in groups or comments, I find the best thing to do is leave that group. I've also turned off the notifications for many of the groups I'm in which means my timeline is only things I want to see. The good and the bad of social media is a topic for another article.

I've always thought I'd love to work from home, but it turns out I didn't enjoy it that much – again that human interaction thing. However, I do miss sitting next to the fridge and snack cupboard now I'm not working at my dining table enjoying the view outside.

Mikey Bateman is business manager at www.fergusandglover.co.uk

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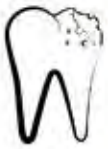
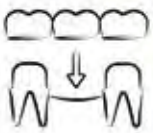


Case 1

A ten-year-old girl presented with an extensive fracture of the left central incisor #9.

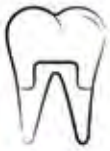
- Richard S. Bernstein, DDS



Case 2

A healthy male patient presented with teeth #9 and #11 broken off due to failure of an old three-unit fixed porcelain-fused-to-metal bridge.

- Jack Ringer, DDS, FAACD, FIADFE



Case 3

A patient presented with tooth #12 requiring a new full coverage crown due to the existing crown fracturing off. The patient, however, stated that she would be leaving the country the next day for several months.

- Jack Ringer, DDS, FAACD, FIADFE

For more information or to schedule a virtual appointment, please contact your DMG representative.

DMG

Face-to-face training will RETURN

But increasing and improving access to online CPD is the way forward

WORDS
TONY ANDERSON

Prior to lockdown, NES Dental CPD had developed and published its CPD programme through until the end of the calendar year. CPD Advisers and Assistant Deans had proposed a wide variety of CPD events, which had been approved and speaker contracts were being issued. Once these were all returned, the intention had been to publish the programme, giving much greater advance notice of what was going to run, to allow dentists and DCPs to better plan their CPD for the rest of 2020.

This was agreed due to feedback and internal discussion that publishing, as we would normally have done, only what was going to run over the next three to four months wasn't sufficient, especially in light of recent changes in GDC requirements for enhanced continuing professional development, with its increased focus on reflection and future planning of CPD needs.

It was therefore very frustrating to have to cancel and postpone all planned face-to-face activity from April to the end of July, and more recently, to the end of September and potentially beyond this. The focus of the CPD team switched to what we could provide online and a rapid move to webinars ensued. Fortunately, we had some experience of webinars, with recent events earlier this year on Trauma and Orthodontics and have run several online events each year over the last two to three years. In addition, we have been developing educational content, to use in a blended way, with online delivery in advance of face to face, hands-on events.

Supporting the Clinical Effectiveness workstream with the delivery of an initial two Infection Control webinars, it soon became obvious that there was a significant interest and demand for this type of online CPD. Advertising the first two webinars, with twenty places on each, we had nearly 2,000 applications to attend!

Further events were organised, gradually increasing places, initially to 150, then later to 500. We thought 500 places might suffice but with more than 1,000 responding to adverts for some future events, we moved to an alternative webinar format, that gave us an increased capacity of 2,000 attendees.

The CPD and Infection Control Advisers and our presenters quickly gained in confidence and became accustomed to speaking to their webcams, rather than a physical audience, and with ever increasing numbers at the far end. The IT support staff we have on every webinar have helped the small number of attendees with audio or connection problems, most of which can be addressed within a minute or two.

In addition to the live webinars, we ran a series of recorded webinars on medical emergencies and basic life support, each of which ran five or six times, and which have had excellent feedback. Our thanks to the presenter of these, who recorded them in his own home, and with support from his family, including his son, who acted as a mannikin for some demonstrations!

We have also published some recordings of the Infection Control webinars, which are available on TURAS Learn and we hope to develop a bank of recordings which previous attendees may wish to watch again, or may be of interest to those who were unable to attend at the time when they were first run. Looking back over the last four months, we have successfully delivered more than 70 webinars, with more than 23,000 attendees and certified 30,000-plus hours of CPD.

LOOKING AHEAD

As we look forward to the rest of the 2020/21 financial year, it seems unlikely that we will be able to provide much, if any face-to-face training. We are therefore working on the programme for September onwards, on a similar basis to what we've done from April until July. However, we are also looking to run some smaller, more interactive online training, such as the series we ran in June, with around 50 attendees, who were able to put their questions directly to the speaker.

We are also investigating remote hands-on training, where materials will be sent out in advance, allowing participants to do practical training at a distance. The use of webcams and cameras on phones and tablets, will allow the presenter to see what the attendees have done from afar. We successfully used this recently to invigilate remotely the Test of Knowledge assessment for our

"ONLINE TRAINING IS HERE TO STAY, AT LEAST AS PART OF WHAT NES OFFERS"

Induction to the NHS training programme that ran in June, totally online with 24 attendees.

Having come so far in such a short time and at such a rapid pace, it seems that online training is here to stay, at least as part of what NES offers going forward. The larger, more lecture-based events, can certainly be delivered using the online platforms we have been using. There is clearly a need for hands-on training within dentistry and it will be interesting to see and evaluate how successful this can be delivered remotely.

The intention is definitely not to move away completely from face-to-face training and there are clearly benefits to small group teaching and of meeting peers and the discussions that take place before, during and after these events, including at the coffee breaks and lunchtimes. But the ability to increase and improve ease of access to our live CPD events, reduce unnecessary travel time, and enable offline access at a more convenient time for some, in the evenings or at the weekend are clearly beneficial and can certainly assist with work/life balance going forward.

Tony Anderson is Associate Postgraduate Dental Dean (CPD)
https://learn.nes.nhs.scot/

Time for a radical *rethink*

Michael Dhesi, principal dentist at Greygables Dental, on his experience of lockdown and the future of dentistry

What have the past few months been like?

Lockdown was a challenging period both professionally and personally. From the outset, it was always my goal to support patients and the wider NHS as much as possible.

I found that, while myself and other colleagues in urgent care hubs offered an essential service to those in need, there was no adequate provision for the complex clinical issues faced by my own patients in a predominantly private, referral-based practice. These issues included – but were not limited to – complications with dental implants, bone grafting and minor oral surgery.

The advice provided to the profession was not clear or, in my view, from an evidence-based position. This caused significant confusion in the profession. It was also not clear until TDS (Taylor Defence Services) sought the opinion of senior counsel that the Chief Dental Officer (CDO) did not have legal authority to restrict the provision of private dental care in Scotland. It is my understanding that this is a position now also accepted by Scottish Government. Senior Counsel's opinion came as a relief to me that I was indeed able to care for my patients, as was my desire, so long as I complied with the relevant legislation.

How did you prepare for a return to practice?

As lockdown progressed, I kept abreast of a quickly developing professional landscape with various bodies introducing their respective guidance. It was clear to me that the position in relation to the provision of private dentistry was incorrect and I was involved as part of the TDS team who sought the opinion of Senior Counsel regarding the authority of the CDO to restrict the provision of private dentistry in Scotland.

It was obvious to me that primary dental care would not be returning in its 'pre-COVID' form. Dentistry would be much slower paced and enhanced PPE would be essential. It is in my nature to analyse these challenges and seek to overcome them.

I developed standard operating procedures, a patient risk assessment and a patient information leaflet for use within my practice that I was confident allowed us to treat our patients in a safe environment. I also shared this information with more than 120 other practice owners in an effort to help others in their return to practice.

Greygables Dental looks and operates very differently with social distancing, one-way systems and Perspex screens – to name but a few changes in place – to protect our staff and patients.

Could the crisis have been handled differently by the Government and regulatory bodies?

Undoubtedly, all of those in positions of power sought in good faith to provide the best information available to them at any particular time in a rapidly developing situation.

However, it is my view that without reflection on the relative successes and failures of any situation in healthcare we are unable to make improvements for future patient care. There must be an acknowledgement that patients have suffered as a result of the limitations placed on care and that otherwise restorable teeth have been extracted.

It is my personal view that the provision of emergency dental care should never have been restricted and there was no reliable evidence base for doing so. In other countries across the world dentists continued to provide care to their patients during COVID-19.

If there were to be a second wave, I would hope that this is a position Scottish Government could review and seek to allow patients to be cared for by their own dentist in urgent circumstances.

How radically, and in what ways, do you think the provision of dentistry will change?

It is likely that as dentistry will be provided at much slower rate and where that is the case the current funding system will not allow practices to remain financially viable. These are issues the CDO will have to consider in implementing a system that works for the population and practices. If there was ever time for a radical rethink it is now.

There is already a move among colleagues towards dental plans and I think this will be something that will increase.

I suspect that there will be an increase of non-exempt patients utilising dental plans and insurance schemes to fund their dental healthcare.

Bridging the gap

Despite the COVID-19 pandemic causing cancellation of 2020 Dental Training Programmes, the UK NGO Bridge2Aid sees a positive future

WORDS
ANDREW PATERSON

For the last 16 years, Bridge2Aid (B2A) has worked in Tanzania in partnership with the Ministry of Health, the Tanzania Dental Association, other local partners and local rural communities. B2A operates within the existing local healthcare frameworks to train Rural Health Workers so that they can provide safe and sustainable emergency dentistry (largely tooth extractions) and oral health education to their own communities. This ethical training approach is known as "task shifting" and is endorsed by the WHO[1]. B2A trains using the framework of the Basic Package of Oral Care[2] which has been modified and enhanced by B2A over the years into a bespoke robust, culturally appropriate and modern training programme based on current teaching, learning and assessment principles. This is much needed as Tanzania has only 111 dentists for a population of 58 million people with most dentists working in urban areas, leaving virtually no dental care for 80% of the population who live rurally.

B2A's staff and volunteers with the phenomenal assistance of much of the UK and Tanzanian dental communities have trained 580 rural health workers giving access to basic dental care to around 5.8 million people. That is equivalent to more than the population of Scotland. In addition 53,000 people have been treated for free during the dental training programmes.

More recently B2A has collaborated with the Scottish Government funded Maldent Project, Smileawi, the Dental Association of Malawi and the Ministry of Health of Malawi to introduce the training programme to Malawi where it is much needed. The first pilot programme was planned for June 2020 which sadly has been postponed to 2021 due to COVID-19.

B2A has additionally developed an Oral Health Training Programme for Dental Therapists working rurally after a request from the Chief Dental Surgeon of Tanzania and the Ministry of Health. Following successful delivery work is on-going on how best to cascade this programme to increase access for more dental therapists. B2A was part of the National Oral Health Survey for Tanzania in partnership with Tanzania's Dental School (Muhimbili University, Dar-Es-Salaam) and the Ministry of Health and has been invited to help develop a National Oral Health Strategy for the nation.

Countries begin lockdown

B2A ran a very successful training programme in North West Tanzania in early February 2020 but unfortunately as COVID-19 spread across the world it became apparent relatively quickly that it was unsafe and inadvisable to send volunteers to rural Tanzania and Malawi.

As the situation developed at first it was an unknown as to how long training programmes would have to be postponed for and it was hoped that training could resume in the latter half of 2020. Unfortunately, as more countries went into lockdown and cases started to appear in sub-Saharan Africa, the inevitable decision was made that recovery was going to require much longer due to both the major issues faced by UK based volunteers and the potential timescale of COVID-19 hitting a peak in Africa later, so all 2020 training programmes were cancelled. It was bitterly disappointing to have to cancel all B2A's 2020 programmes as the impact on those local communities meant at least another year without a dentally trained health worker and continued lack of access to basic care.

As UK dentistry shut down leaving only urgent care at specific centres there was a realisation that even this very limited dental provision is far more than many rural citizens in Tanzania and Malawi have, and unlike the UK, their situation is permanent.

Looking to the future

With cancellation of B2A's 2020 programmes B2A has focused on what can be done rather than what cannot be done. Whilst planning continues for recommencement of training programmes in mid-2021 these can only take place when it is safe to do so.

B2A is currently planning a virtual conference in partnership with ProDental CPD titled Innovative and Sustainable Remote and Rural Healthcare: How can we do it better? With input from a variety of invited speakers from sub-Saharan Africa and beyond. Additionally B2A is developing online training resources to further support trained rural health workers on accessible platforms whilst taking the opportunity to enhance online resources and pre-programme materials to improve teaching and learning within the B2A Dental Training Programme.

In Malawi, where students at the Malawi College of Medicine, including the first cohort of dental students, have stopped face-to-face studies, B2A in partnership with the Turing Trust, the Maldent Project and the College of Medicine are striving to ensure that every dental and medical student at the college has a laptop to

As part of their training, rural health workers are taught to give appropriate oral health messages to their communities

Health centre clinical officer Eustachius received some basic dental instruments to serve the needs of his local community

enable them to access online educational material whilst face-to-face teaching is suspended.

In Tanzania, B2A is working with the Chief Dental Surgeon to produce modular content to support rural and remote dental therapists and work continues in assisting development of the National Oral Health Strategy.

Finally, B2A tries to ensure that volunteers are adequately prepared for their global health experiences so online resources are in development to improve training on aspects such as ethical volunteering and cultural sensitivity to continually improve both the programme impact and the volunteer experience.

B2A has been and remain very worried and concerned about its local partners in Africa, rural communities and the trained health workers, many of whom have been at the front line of the COVID-19 response. Given that low and middle-income countries like Tanzania and Malawi have a significant shortage of health workers and facilities, particularly rurally, the potential effect of high numbers of COVID-19 patients on health services is a frightening prospect.

In Tanzania, there was no formal lockdown but an emphasis on prevention. At this stage, infection rates appear to be quite low with universities, colleges and older school students returning to studies from 1 June 2020. However, with less robust health systems in the Global South there are many unknowns as to how the pandemic will play out in vulnerable rural communities over the forthcoming months.

In Mara Region (home of the Serengeti National Park) the Regional Dental Officer (the only dentist for 2.2 million people) was heavily involved in coordination of the Regional response to COVID-19 and despite a raft of other duties B2A trained health workers continued to provide emergency dental care in rural dispensaries and health centres. Indeed, one trained health worker, Eustachius, who only trained in November 2019, extracted 54 teeth in his community of Utegi in rural Mara during the first few months of the pandemic.

In reality, the only thing during a pandemic that anyone can be certain of is uncertainty itself. B2A has much goodwill and support from UK dentistry in its widest sense and its partners and collaborators in Tanzania and Malawi. When this is combined with a multi-talented, innovative, resilient and well-trained staff and volunteer team, B2A hopes to emerge from these unprecedented times having improved its training programme so that its goal of a world free of dental pain can be better realised.

It is not the 2020 that was planned but B2A remains positive that the ongoing continued efforts in the absence of actual training programmes will make for an even more efficient, effective and sustainable training programme which will provide significant benefits for the underserved rural communities whilst raising the profile of the importance of oral health in the countries concerned.

Andrew Paterson, PgCert (Med Ed), BDS, LLM, FDSRCPS FDSRCS(Ed) DRD MRDRCS], is Senior Clinical Lecturer/ Honorary Consultant in Restorative Dentistry, Dundee Dental Hospital & School, and a trustee and volunteer at Bridge2Aid.

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COPING WITH CHANGE

Take one day at a time and you'll get there

[WORDS: SUSIE ANDERSON SHARKEY]

I'VE OBSERVED OVER MANY YEARS that there are people who absolutely love change (I put myself in this category). They love the feeling of something new and aren't at all daunted by a change in circumstances. If things stay the same for any length of time, they get bored and begin to look for something new. These are the 'make things happen people'. They are not life observers, they are life participants and are up there with the new ideas (crazy or otherwise), not content to stop the evolution process when man walked upright. No, these people make things happen, get things done, upset the status quo and for better or for worse do cause change to happen around them.

But I am well aware there is another personality type, and these folks do not like change one little bit. They want everything to stay the same forever. They don't want any upsets in life, and they don't want any surprises. They want to keep the status quo, and change is something that makes them feel very stressed and upset.

Two different types of people, neither of which is right nor wrong. Being in the first category, I find I am embracing the changes of these past few months and actually find myself looking forward to seeing what life will be like in the long term, as I can't see us ever fully returning to life as we knew it before Covid-19. I'm interested to see the long-term changes that Covid-19 will bring upon our society as a whole, as well as in individual circumstances. Hopefully a lot of the change will be positive, and we can move forward into a new world, taking the lessons we've learned over these last few months to come out at the other end stronger than when we went in.

But I do have a huge amount of sympathy for those in the second category who over the past few months have had an absolutely seismic change thrust upon them and they have had no say in the matter whatever. Covid-19 is no respecter of persons and no matter who you are, where you are, how you feel about it, you will have experienced a huge upheaval over recent months. Phrases such as 'strange times', 'I've never known a time like this' and 'stay safe' have become the norm in our vocabulary and we know fine well that life events are going to be pinpointed as 'pre-Covid' and 'post-Covid'.

We're not in the post-Covid era yet, and we don't expect to be for many months. In reality, until a suitable vaccine is found and has been administered to the world population (7.67 billion give or take a few hundred million) we will be in a situation which will be labelled merely as the 'new normal'. We are already seeing this in daily life, and also in working life, in particular in our own practices. As practice owners, you will be so familiar with all you had to do to get your practice back open... and that was even before a patient was allowed to walk through the door. And once they did walk through the door, well that's another topic for another time.

Coping with change can be incredibly difficult for some individuals and not everyone embraces change the way I do. I've met those who have found these recent changes so terribly difficult and it has in fact left their mental state in tatters I'm sad to say. Indeed, one of the biggest challenges we've had to face during lockdown is the challenge to our mental health. For many people, routine is particularly important in keeping a healthy mind, and they have found themselves floundering as the daily routine was taken away from them overnight.

> "COPING WITH CHANGE CAN BE INCREDIBLY DIFFICULT FOR SOME INDIVIDUALS AND NOT EVERYONE EMBRACES CHANGE THE WAY I DO"

In such a case, it's important to establish a new routine. Get up at the same time every day, go to bed at the same time each night, make regular exercise part of your new routine, keep in contact with friends and family and it's also been a great time to start a new hobby.

When coping with change around you, take one day at a time, one situation at a time. Don't try to eat the whole elephant at once... one bite at a time is the way you'll get through this. Look upon this time as an opportunity rather than a threat. Write down the good things that are happening around you. No matter how negative you may feel, there are always positives to be found.

So, for all of you who have found the last few months extremely challenging as you struggle to deal with change, let me put the above in bullet points and encourage you as we move into our 'new normal'.

- Establish a routine
- Take time to exercise every day whether this be inside or outside
- Keep in contact with friends and family
- Start a new hobby
- Take one day at a time
- Write down how you are feeling
- Look at your situation as an opportunity rather than a threat
- Look for the positives.

Let me encourage you and reassure you that you are by no means alone. This has come upon all of us at the same time, but our reactions are different. That is normal. That is life... this is what it is to be human. Take one day at a time and you'll get there.

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

IS IT TIME TO TRY SOMETHING NEW?

The cycle of improvement depends on learning to leap and repeat the 'S-curve' process

[WORDS: ALUN REES]

A CLIENT CONTACTED ME OUT OF the blue a month or so ago and, after a long chat and a catch-up, we decided now was a good time to start working together again. Why now? He told me that after the period of lockdown he felt that it was the right time to make the changes in his practice and professional life that he had been putting off for several years.

He is someone who already has a successful practice with a good team and happy patients but knows that he has more to give and doesn't want to miss the opportunity to disrupt what he is currently doing and create the next part of his life.

We have passed into and continue to undergo the largest period of disruption most of us have seen in our lifetimes. Usually when we make changes in our lives they are incremental and depend upon our own instinctive attitude to risk. This time we have had little choice about the circumstances but we can seize the opportunity this disruption has given us to initiate and embrace our evolution.

When I start the journey with a client it takes time to establish enough trust to discover what they truly want to achieve. The fact that they have engaged me means they know something isn't right; more often than not, that "something" is a symptom of a deeper concern and it takes work to bring it to the surface. My role in life is to ensure that the work we do together brings the right results for them.

Whitney Johnson has described "The S-curve of Learning". At the lower end of the curve you are inexperienced, your growth is slow and little seems to happen. As time passes you become increasingly engaged, the curve is steeper and you hit the "sweet spot" where much happens in a short space of time. Finally, at the high end of the curve, as it flattens again you reach mastery – but you also stop making great improvements. This is the point at which you should jump on to your next S-curve and start the process over again.

The cycle of improvement depends on learning to leap and repeat the S-curve process. If you do not repeat, the curve falls away and growth ceases.

The theories are all very well, but we know that life gets in the way and while we may make progress it is usually gradual and slow, often frustratingly so.

At the moment the consequences of the Covid pandemic present great opportunities for change. Normal practices and habits are disrupted already with patients and teams learning new ways of working. Now is the ideal time to take a long, hard look at what you are doing and to introduce any changes that have been merely unfulfilled aspirations in the past.

For too long, probably due to its pre-anaesthetic history, dentistry and dentists have been reactive. The original model was one where the patient attended with a problem to be sorted out satisfactorily until the next time something went wrong.

Over the past couple of generations progress has been made from where the focus was purely on disease to one where health is gradually coming to the forefront. Regular attendance is now taken as best practice, prevention is a reality for some, if not all, and dentistry and its benefits have a greater profile.

This is an ideal time to change the ways that you practice dentistry. The opportunities to engage, to talk with and listen to your patients have actually increased.

We all have dreams of being better, of delivering patient care that is satisfying and done in a way that brings satisfaction and rewards. A way that chimes with your core values and aspirations. The present disruption creates an opportunity to rid yourself of the limitations, constraints and frustration of the past by creating a future that plays to your strengths. Are you going to make the changes now or will you just swap the pre-Covid treadmill for a post-Covid one that is equally frustrating? What's stopping you?

GROWTH WILL BE BACK – AND YOU CAN GIVE IT PURPOSE

Never have practice owners, clinicians, regulators and public bodies needed to look more radically at the nature of service provision

[WORDS: RICHARD PEARCE]

THE CURRENT EXTREME uncertainty is obviously unsettling for most parts of the population. But, as always it helps to have a view on how macro events will unfold and a basic plan about how to navigate your own way through.

The initial shock of lockdown and the impact of the pandemic has diminished and we are moving into the recovery phase. This recession will be the deepest on record (in April '21 we will know we've been in a depression i.e. four quarters of negative growth) but it was coming – our economy is cyclical and always has been. The decisions taken now will ensure that you are ready to benefit from the boom, following the bust, that will inevitably come. Growth will come back again in late 2021 (look at the Spanish Flu pandemic of 1918-20 and the subsequent growth through the 20s).

Recessions create innovation and new businesses are born (Microsoft, Airbnb, Fedex, Disney to name but a few, were all started in a recession). Never have practice owners, clinicians, regulators and public bodies needed to look more radically at the nature of service provision, than now.

Our patients now think very differently in the 21st century to how they did in the 20th century. The 20th century finished having seen the growth of sales led branding and positioning. At the start of the 21st century and the beginning of the digital revolution we've seen 'influencers' come to the fore and brands looking to make emotional connections. Digital has brought personalisation and personal connections. This has been fed by a technology boom which is only going to accelerate as the 4th Industrial Revolution takes hold (5G, AI, VR, machine learning etc).

Against the relentless growth in technology pervasiveness, consumers want to connect with enterprises that have **purpose**. The pandemic is causing swathes of the population to reconsider their lives and how they want it to develop, for them and their families and indeed, society. Practices now have a fantastic opportunity to innovate and grow, with PURPOSE.

But before we consider how a Practice can grow with PURPOSE, let's consider what practice owners have had a chance to think about during the enforced break – what do we want out of Practice ownership? What somebody considers is necessary to make them 'wealthy' may get a number of answers. For simplicity, I would suggest the following equation:

Wealth = **Holidays** (weeks per year)

> "AGAINST THE RELENTLESS GROWTH IN TECHNOLOGY PERVASIVENESS, CONSUMERS WANT TO CONNECT WITH ENTERPRISES THAT HAVE PURPOSE"

+ **income** (monthly cash) + **equity** (sale consideration).

For holidays you could also read 'high quality time with family'. Hopefully lockdown has reinforced that ultimately, the very wealthy are actually those that have the cash to enjoy significant quality time with their loved ones.

Dentistry now has a unique opportunity to aim to integrate into the evolving societal wellbeing model. The pandemic has put health and wellbeing at the centre of daily discourse. Just yesterday, the news could only talk of government initiatives to attempt to tackle the obesity crisis in the UK (due to its demonstrated links to increased rates of mortality of covid patients).

How much easier to galvanise staff and clinicians and so patients behind a **purpose** to improve the nation's physical health and also mental health by achieving a great smile. One such route, available to Practices now, is to provide patient health screening from Enhanced Life Dental Solutions. With approximately half the population attending a practice at least once per year (unique patient access compared to all other health providers), there is a unique opportunity to provide a simple health screening to complement a check-up and hygiene visit. But a health screening can take place without any dentistry or hygienist services being provided (currently the case with many practices). GP visits tend to be less preventative than reactive in nature and so a simple health screening in practice could help to flag up issues and signpost to further investigation.

Without innovation many practices will struggle to rebuild and be ready for the next period of significant economic growth. Without **purpose** they will struggle to effectively connect with their patients and an effective 'pull' message that will resonate now, more than ever. For more information on providing simple patient health screening in your Practice(s) go to www.enhancelifedentalsolutions.com and sign up for an initial chat.

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

www.smartpractices.co.uk

BOUNCE BACK HIGHER

The specialist dental accounting and tax advisory team at Dental Accountants Scotland can help you with free COVID-19 advice

Four months can feel like a lifetime in these novel times. As we approach the fifth month of the COVID-19 crisis, you can be excused from wondering what the future of dentistry in Scotland looks like after the dust settles.

Our team has worked around the clock to help the profession navigate through the last few months, and will continue to do so in an effort to help you to bounce back higher.

A number of thorny issues remain outstanding which will require ongoing planning and some potentially difficult decisions and conversations to resolve. These include: how should Associates be remunerated/structured?; how does the hygiene function fit in to the model post COVID-19?; can the full dental team be retained or is this the opportunity to cut out the non team-players who are holding the practice back?; should you remain committed to the NHS or is now the time to convert to full private provision?; how can you stabilise the practice and return to profitability in the new normal?; do you even want to continue in the dentistry profession?; have you been supported well by your bank and professional advisors during the crisis? etc.

These are the questions we are supporting our clients and the wider Scottish dental sector with every day of the week (including the weekend!) and they are potentially life changing decisions we are brainstorming together.

The key advice, as always, is not to knee-jerk any critical decisions, particularly in such a rapidly changing landscape, as the decision can be regretted as quickly as it was made.

This is the time to ensure you are following your own moral and ethical compass and taking a considered approach to the future of your practice. It is also the time to make sure you are surrounded with advisors and team members who understand you and have your best interests at heart.

Our free-of-charge COVID-19 advice line remains open and available to you at this difficult time – give us a call or drop us a note and we will be delighted to support you – it's good to talk!

Wishing you every success, health and happiness for the future.

Victoria Forbes is an experienced Business Advisor and has worked in public practice since 2008 before specialising in Scottish dental.
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MDDUS CASE STUDY:

HIGH SMILE

Why a patient should have been advised on adequate oral hygiene and/or the removal of veneers adjacent to inflamed gingival tissue

[WORDS: AUBREY CRAIG]

BACKGROUND

Mr B has long been dissatisfied with his "gummy smile" and attends the dental surgery to discuss possible cosmetic improvement. Dr P examines the patient and notes a high smile line with the upper lip 4mm above the gingival margins of the upper anterior teeth. A treatment plan is devised involving surgical crown lengthening around the patient's upper ten teeth and then the provision of porcelain veneers.

The crown lengthening surgery is undertaken and the veneers are fitted a few months later.

Mr B is pleased with the outcome but two weeks later he re-attends the practice complaining of bleeding gums and sensitivity in the upper right quadrant, with pain on biting.

Dr P treats the cervical areas with a desensitising paste and reassures the patient that the pain will settle.

A few weeks later, Mr B is back at the dental surgery with persistent pain and difficulty eating. Dr P discusses possible treatment options and it is decided to replace the veneers at UR45. However, over the next year, Mr B continues to suffer pain, bleeding and food packing.

Conservative treatment proving ineffective, Dr P carries out a gingivectomy on the patient in order to alleviate gingival inflammation. Mr B registers with a different dental practice and is later referred to a periodontal specialist.

Six months later a letter from solicitors is received by Dr P claiming negligence in his treatment of Mr B.

The letter alleges that not only was the crown lengthening treatment inappropriate but the dentist also failed to inform Mr B of the benefit-versus-risk involved in the procedure.

The same allegation is made in regard to the subsequent gingivectomy.

It is also alleged that the Dr P failed to refer Mr B for an opinion from a specialist periodontist.

ANALYSIS/OUTCOME

MDDUS commissions an expert report from a GDP and he observes that the reason for providing the crown lengthening surgery was to improve the length-to-width ratio of the teeth being treated by the placement of veneers, thereby improving the appearance of Mr B's smile – thus it was an appropriate treatment to have offered for the outcome desired.

The expert also points out that there are very few risks associated with crown lengthening surgery, apart from a poor aesthetic result immediately post-procedure, transient tooth mobility if considerable periodontal bone is removed, and a risk of tooth sensitivity if the cementum is left exposed on root surfaces. The records show that Dr P removed very little periodontal tissue and that the purpose of the procedure was again to achieve an optimal aesthetic result. None of the other risks were applicable in this case and Dr P was therefore not negligent in failing to discuss them prior to treatment.

> "A FEW WEEKS LATER, MR B IS BACK AT THE DENTAL SURGERY WITH PERSISTENT PAIN

However, in regard to the gingivectomy, the expert points out that the records show that Dr P's stated intention was to reduce the interdental papillae width and periodontal pocket depths.

Nothing in the records show that Mr B had increased pocket depths or needed papillae width reduction, and it is probable that the gingival bleeding was associated with irritation at the veneer margins.

The expert opines that Dr P should have advised the patient on adequate oral hygiene and/or the removal of the veneers adjacent to inflamed gingival tissue.

He concludes that in these circumstances there was a breach of duty in providing a gingivectomy and that Dr P should have considered referral to a periodontal specialist. This led to unnecessary bleeding and discomfort to Mr B subsequent to the procedure.

A decision is made by MDDUS to settle the case in agreement with the member.

KEY POINTS

- Ensure patients understand the risk-vs-benefit of procedures.
- Discuss relevant risks.
- Ensure treatment decisions can be adequately justified.
- Refer onwards when a case goes beyond your level of expertise.

Aubrey Craig is head of dental division at MDDUS

Symptoms of MDDUS are easily recognised

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THE SEARCH IS OVER

Richard Scarborough explores how people are proactively searching for specific dental treatments and how this can go hand-in-hand with patient finance to attract new patients...

Over the past few years many have noted the rising demand for teeth straightening and whitening among millennials, or a demographic that some refer to as the 'Love Island' generation.

This increased interest can only be a good thing for practices looking to increase treatment uptake. But not only are fans of reality shows or followers of social media influencers becoming more aware of services such as straightening and whitening, there is also heightened awareness of the big brands behind those services.

PROACTIVE PATIENTS

For example, Google Trends shows that online searches for 'Invisalign®' in the UK has steadily increased from 20 in June 2015 to 91 in January 2020 (the figure represents search interest relative to its highest point, not the actual number of searches).

As you may expect, that number dropped at the start of March 2020, no doubt due to the impact of COVID-19, however it is climbing back up and had reached 49 by May 2020.

This is worthwhile knowing when it comes to marketing your practice. As more people search specifically for these brands and treatments, it follows that they are likely to also be searching for a dentist near them that offers these brand-associated treatments.

And with more people looking for these kinds of treatment, many – especially if they are at the lower end of the millennial generation spectrum and more likely to be on the bottom rungs of the career ladder – will also be looking for ways to finance it.

The proactive approach that many people are taking to researching these kinds of treatments, and the potential need to spread the cost of it, is worth bearing in mind when it comes to attracting new patients to your practice. Perhaps even more so, as you look to rebuild your practice in the wake of COVID-19.

SENDING OUT THE RIGHT MESSAGE

The impact of the pandemic on your patients will have been wide-ranging, but undoubtedly significant. It may have changed the financial situation of some, or altered the way they consider their disposable income.

But as we can see from the Google Trends data, many people are still actively searching for dental treatments such as teeth straightening. So, that desire for treatment is still there.

When it comes to your marketing and growing your practice, if you offer services like Invisalign®, make sure your patients, both potential and existing, know about it. And the same goes if you offer patient finance, especially in these times, make sure people know that you offer it. Sending out the message through your website, social media, online and print adverts, external signage, etc that you offer these kinds of treatments, and that you have the facility to enable patients to spread the cost of them over several months, can help patients to choose your practice over another that may not offer these things ...or simply may not be advertising it.

Of course, your marketing should be sensitive to what has been going on in the world and the changing concerns patients may have.

But you can still attract new patients and support them to have the treatment they want and/or need in an empathic manner that acknowledges the different circumstances patients may be facing since the outbreak of COVID-19.

KNOWLEDGE IS POWER

Knowing that your patients are proactively searching for certain treatments and have certain aspirations when it comes to their teeth, can help support and focus your efforts building your practice.

For patients, knowing that it is your practice that can provide them with the treatment that they want as well as a finance option that gives them the ability to go ahead with treatment that they otherwise may not have been able to have, will be beneficial to your brand and practice performance.

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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DENTAL PRACTICE SALES – A MARKET UPDATE

The disruptive nature of lockdown has clearly had an impact on the short and possibly longer-term operational aspects of dentistry. So how wide-ranging is the effect on a previously buoyant practice sales market? Martyn Bradshaw discusses the current market conditions

COVID-19 understandably put a temporary stop to many practice sale transactions as the epidemic unfolded in the UK throughout early spring. Those who were naturally going to sell their practice in-line with a planned retirement have been forced to delay these plans.

Most buyers immediately delayed purchase completions while awaiting some certainty on a return to dentistry and on future NHS (payment) terms. With these issues partially resolved, there are many dentists starting to reassess their long-term future in the profession.

Buyers are returning to the market with a renewed enthusiasm for taking control over their careers and financial security. Vendors wary of years of potential additional admin and red tape are asking to push forward with their practice sale. But is there a market? Do people need to wait?

HOW CAN PRACTICES BE VALUED WITH THE CURRENT UNCERTAINTY?

We tend to find that the biggest cause for concern for vendors is a perception that their practice value will be lower post Covid-19.

However, where there is a short-term reduction in income with a 'V' or U-shaped recovery profile this time period can largely be ignored for valuation purposes. It is worth noting that this is not a new phenomenon. For example, we often value dental practices where long or short-term sickness has an impact on practice income. In this situation there is a requirement to take a common-sense approach to determine a fair time period on which to base financial performance.

Therefore, at present all valuations that we undertake are representative of income details for the twelve months to February 2020. It is worth noting however that achieving a sale price on this assumption is dependent on the buyer having the confidence that the income levels will return to pre Covid-19 levels. The type of practice will determine how realistic this is and the recovery timeframe.

TYPES OF PRACTICES

The type of practice will determine the likely timescales of the sale. For those with a majority of NHS and 'plan' income, there is likely to be little difference in the monthly income levels over the previous six months. As such, buyer confidence is boosted in the knowledge that business income is close to pre Covid-19 levels.

For a private fee per item (PFPI), practice buyer sentiment will be less positive. It is likely that it will take months to demonstrate a return to near normal income levels. Accordingly, the recovery timescales are also likely to be aligned to the timing of a relaxation of suggested 'fallow' times. At this point is it worth reminding ourselves just how long a practice sale transaction takes. For example, let's assume that a PFPI practice has a turnover of £600,000 to February 2020 with average monthly income of £50,000. It is not unreasonable to expect a gradual increase in income towards this £50,000 target over a three to six-month timescale offering the buyer increasing confidence towards completion. A buyer (and their bank) will therefore not expect to see or wait for a full 12 months of 'normal income'.

A secondary factor to consider is where income levels have not returned to normal. For example, should income return to 80% of normal levels (i.e. £40,000 rather than £50,000) at the point of the sale completion the vendor and buyer can either: agree to delay the completion or more likely agree to a 20% sale price 'retention' on condition that income returns to normal within a reasonable timescale. Although traditionally used for a slightly different purpose, retentions are not a new mechanism for experienced sales agents to negotiate and are already built into most corporate deals.

Martyn Bradshaw is a director of PFM Dental and head of sales and valuations. Martyn undertakes dental practice valuations, sales and consultancy work. Go to: www.pfmdental.co.uk

BUYERS

Maybe surprisingly there has been an increase in the number of associates looking to buy a dental practice evidenced by those registering for details of the practice we sell. In our analysis undertaken for the year 2019, we established that more than 60% of practices we sold were to individuals looking to work in the practice. This type of buyer is therefore ever more vital to meeting market demand. Many associates realise that their positions can be vulnerable, especially those who were undertaking private treatments, with income stopping during lockdown.

While some corporates continued to look and offer on practices during the lockdown, several paused transactions for a certain time. The majority are now back buying as normal. This is good news for the market as the corporate activity assists with the larger practice sales and also increases the competition on mid-size practices.

BANKS AND LENDING

Whilst the corporates are often funded by private equity (PE), individual buyers still require banks to support their purchase. Thankfully banks with specialist healthcare lending departments still see dentistry as a 'safe' sector to lend to and as such, most are happy to support the financing of dental practice purchases.

SUMMARY

Although there are some hurdles to overcome, the dental practice sales market is once again building traction. Encouragingly, there is significant new interest from people looking to purchase. For those that are looking to sell NHS and plan practices they should be able to start marketing straight away. For practices with a significant amount of private fee per item (PFPI) they may wish to start getting the practice ready with the valuation, and guidance can then be given for the timing of their sale, as each practice will be different depending on the speed of recovery.

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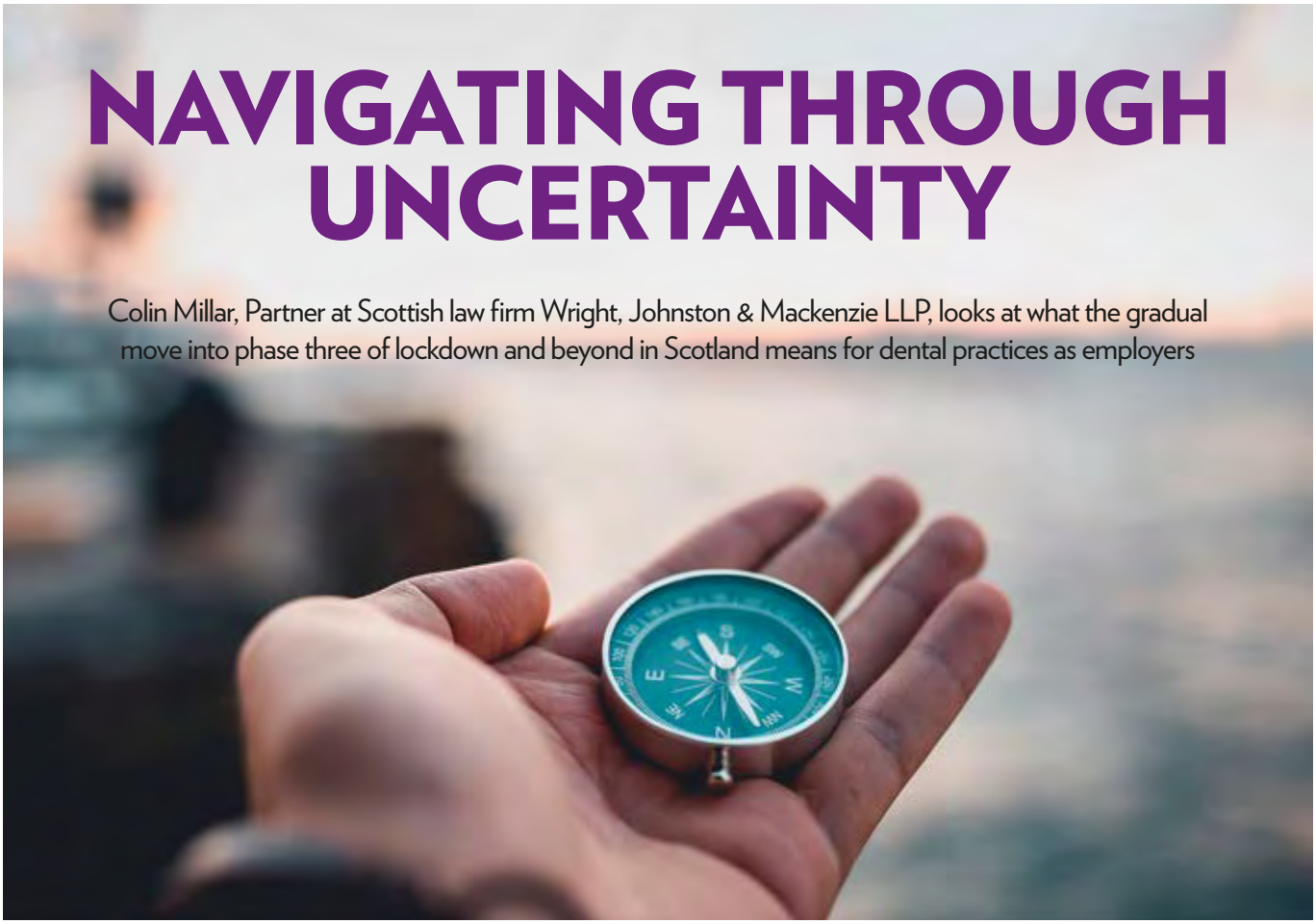
NAVIGATING THROUGH UNCERTAINTY

Colin Millar, Partner at Scottish law firm Wright, Johnston & Mackenzie LLP, looks at what the gradual move into phase three of lockdown and beyond in Scotland means for dental practices as employers



The easing of lockdown restrictions and the gradual move into phase three and beyond has created a number of uncertainties which dental practice owners must now navigate their way through.

There are complex interactions between a practice owner's responsibilities as an employer and as a provider of dental services. Likewise, there are similar complex interactions between legislation and guidance specific to COVID, and existing legislation in areas such as health and safety. Government guidance doesn't always provide clear answers.

In Scotland, current regulations which came into force as a result of the pandemic stipulate that those carrying on a business or providing a service must take all reasonable measures to ensure that physical distance between people on and waiting to enter their premises can be maintained, and that they only admit a sufficiently small number of people in order to make this possible.

The Scottish Government's Memorandum on the Remobilisation of NHS Dental Services – phase three – also emphasises a requirement to maintain physical distancing for patients and staff, as well as ensuring sufficient quantities of PPE are available to support particular requirements.

Without precise detail on what 'all reasonable measures' entails, interpretations of this regulation could vary from person to person. In addition, the requirement to maintain physical distancing doesn't technically permit the substitution of other measures (e.g. PPE) for distance, leaving something of a grey area which could create issues in the dental sector where close working is inevitably required.

Health and safety at work legislation continues to apply, and employers must be confident they comply and can continue to comply with their obligations before asking employees to return to work. How this ties in with physical distancing requirements is unclear, making risk assessment absolutely crucial in order to identify and minimise any potential issues.

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Dental practice owners should also bear in mind that if an employee contracts COVID-19 and that is attributed to an 'occupational exposure', this is reportable under the RIDDOR Regulations.

Practice owners may also have to consider making reasonable adjustments for high risk employees and those with disabilities, such as working from home.

Clearly, this is not always feasible when it comes to working in a dental practice, but it could be dangerous to impose a blanket instruction on all employees to return to work, which could indirectly be discriminatory against certain members of staff.

Appropriate risk assessments and following official guidance will mitigate risk as much as possible, though because of the complex legal intricacies at play, the return to work could still be a potential minefield for practice owners. A good solicitor will be able to advise on all key aspects to ensure you stay on the right side of the law.

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LACK OF CASH FLOW?

There are options available, including self-employed income support, tax deferments, and tax planning

In March, dental practices had to immediately stop seeing patients, except for emergency treatment, which led to unprecedented revenue loss across the sector. Here, we discuss some of the options available that can improve your dental practices' cashflow.

GOVERNMENT SUPPORT

The Self-Employment Income Support Scheme (SEISS) presented potential issues for dentists who applied for the grant on top of their usual level of NHS income, as the amount of grant received may exceed the reduction of private income. HMRC has now confirmed that if part of a dental practitioner's income (private income) reduces, but another part remains the same (NHS income), it is legitimate for a claim to be made in full and retained.

Those eligible, and still affected by COVID will be able to claim a second SEISS grant from 17 August.

31 JULY PERSONAL TAX LIABILITIES

Second payments on account for tax year 2019/20, are usually due at the end of July, but to help with cashflow, these can be deferred until 31 January 2021.

Although it is an option for dentists to make the payment as normal, if they choose not to, they do not need to take action to inform HMRC. Their self-assessment statements already show that the 31 July payment has been deferred automatically. There will be no penalties or interest charged for deferring, but the amount must be paid no later than 31 January 2021.

TAX PLANNING

There may also be scope to reduce your 2020/21 payments on account if your profits have been reduced further than projected. We encourage you to speak to our specialist team to help provide calculations that could justify a claim to reduce your 2020/21 payments on account.

If you have any questions or to discuss your own circumstances, please contact Louise Grant (louise.grant@eqaccountants.co.uk) on 01382 312100.

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CREATING A TEAM TRAINING PROGRAMME

Louise Bone looks at how to develop a training programme that will support your team and business to succeed post-COVID-19

If COVID-19 has taught us anything, it's that we have the ability to adapt, change and come through the other side, which we're now heading towards – a second wave notwithstanding.

I have always said that dentists are some of the most resourceful people I know, and the reaction and resilience of the profession to these extraordinary times has only served to further cement that reputation.

RE-EVALUATING THE FUTURE

COVID-19 has forced every practice to re-evaluate the way that they work and the way they want their practices to move forwards in the future. I have a mixed portfolio of practices within Scotland and I can say confidently that those with a dental plan base felt more secure about their futures and those without plans are now considering introducing one.

One of the biggest ways all of us have had to adapt to life since COVID-19 is that online platforms such as GoToMeeting, Zoom, WhatsApp, FaceTime and Facebook Messenger have become a big part of the way we have been working recently.

Many practices have found virtual consultations and WhatsApp groups with patients a great way to stay in touch with patients during the lockdown, and intend to keep doing them even as they can move back to seeing more patients face-to-face.

As you begin recovering from COVID-19, keeping up with your team's training needs will be crucial. And I'm not just talking about the practical aspects of running the practice, such as the new patient journey and PPE, but also in terms of supporting and motivating the team during a time when they may be feeling a little more fragile and vulnerable than usual.

WHAT NOW?

Having a team that feels well trained will not only make them feel supported, but also confident in facing the challenges that have been thrown up, and will continue to be, by this new way of working.

Below are some tips for how you can begin putting training plans in place:

• Be open and honest with your team. Share your goals and ask them for ideas on how you will travel on this journey together.
• Consider if you feel confident to facilitate that type of session or do you need some help from an external partner?
• What's the best way to train your team? Is it in person, e-learning, one-to-one or in a group, externally, as a one-off or a longer-term mentorship? Everyone learns in a different way so you need to be mindful of this and try not to adopt a one-size-fits-all approach.
• Think about when works best for your team, your practice and you – lunchtime, evening or time out of the surgery during the working day?
• During these changing times the priorities for what you need to focus on may shift. You may need to be flexible in your approach as you think about what are the most important topics to cover first. Is it plan promotion? Updates to legislation/policies? Improving communication skills? Improving your patient journey?
• There will be a lot happening as you move through the recovery stage of your business. However, you still need to record your training logs and keep them up to date. You may want to consider how you will manage this, e.g. including them in your KPIs, development folders, etc.
Remember to update your policies and procedures on the back of your sessions.

Louise Bone has been a Regional Support Manager for Practice Plan Group, a leading provider of practice-branded dental plans, for over six years and has 17 plus years' experience in dentistry including five in practice. Our team of experienced professionals has supported over 1,500 dental practices to transform the profitability of their business through the combination of a well-populated plan and personalised support.
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TEAM TRAINING GOLDEN NUGGETS

Training teams is one of my passions, and I truly believe it will be a core part of all businesses recovering successfully from COVID-19. Below are some of my 'golden nuggets' when it comes to delivering training that will have an impact on both your team and your business:

• Invest the time in your team – take time out of your working day to spend training them. If you can, avoid always doing it at lunchtimes, as everyone needs some down time.
• Encourage members of your team to step up and train other members of staff. Identify and prioritise training needs before you begin developing your plan.
• Don't just make it about the dentistry – mix it up, do some personal skills building and team building exercises to get everyone working together in a different way.
• Enlist the help of your product reps, plan providers and those partners who can help support you going forwards.
• It's not always about the CPD or the lunch – both are lovely, but what does your business and your team get out of it?

SELLING A PRACTICE POST-PANDEMIC

The market for dental practices will continue apace for the foreseeable future

The coronavirus pandemic has dominated the news over the course of this year. As we start to come out of lockdown, there are fears of a second wave over winter. Whilst that might happen whatever measures we take, hopefully we can be better prepared and are able to minimise the impact on all of us.

So, what has the pandemic meant for the profession as a whole, apart from the complete lockdown of practices, with the economic and personal consequences which flowed from that? As we speak, practices have been able to open, but of course not under normal circumstances.

The maximum number of patients who can be seen on a daily basis is very low, additional hygiene measures are required, and AGPs are still prevented in NHS practices. In turn, the profession is still being paid on a basis which is different from the norm, with mixed views on how appropriate the current payment structure is.

Since the lockdown relaxations began, we have had quite a number of clients who are principals tell us that they are looking to sell their practice. In many cases they are accelerating their sale plans by some years.

It does appear that some have decided that they wish to sell due to doubts over the future, and the added stress which the pandemic has caused to business owners generally.

At the same time, we have seen a continued appetite from potential buyers, including the corporates who are still on the acquisition path despite the difficulties of the last few months. It therefore appears that the market for practices could be busy over the remainder of this year and into 2021.

There were some concerns around whether practice goodwill values would be prejudiced by the uncertainty which the pandemic has caused, but so far there aren't many signs of that happening. Whether that will change, time will tell.

Those coming to the market now are in some cases debating whether to sell directly to a corporate, most having had direct approaches, or whether they should use the services of a dental practice agent. This decision is ultimately a personal one, although I tend to think that undertaking marketing through an agent will ensure that the price

achieved is maximised. Selling straight to a corporate or other buyer may bring a speedier conclusion of course, but it may not be the best result for the seller.

One area to take extra care on now is any element of deferred consideration, where only part of the price is paid at completion of the sale, and the balance at a later date.

There are two issues here. The buyer may well have been depending upon the income of the practice to generate cash to pay the balance of the price. With the income of the profession being structured differently now (and who knows what it will look like in the future), there may be added uncertainty as to whether the buyer will have the necessary cash to pay the balance when the time comes.

In turn, in some cases the payment of the deferred part of the price is linked to the turnover of the practice over a particular period meeting specified targets. This is common in a sale to the corporates, for example. With the potential for future lockdowns should the virus escalate again, or future changes in NHS payment structure, there is now an extra element of risk to a seller which needs to be considered.

Finally, for those selling in the very near future, there are issues to address around list numbers and how the income of the practice will be maintained.

This stems from the manner in which NHS practices are being paid and is an issue which wasn't present in the past. PSD are working on a solution for that, but once again being aware of that aspect is important in preparing for a sale (or indeed if you are a purchaser).

If nothing else, the pandemic has taught us that the future is unpredictable, and with that in mind, it isn't surprising that there are signs that the market for dental practices will continue apace for the foreseeable future.

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- Stuart Lutton

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Leca Dental - a driving force behind a growing UK-wide dental laboratory group

When Tommy Leca founded his eponymous dental laboratory in 2002, with his son Martin, they had high hopes for the fledgling company. Over the next decade, they grew the firm from just a handful of employees to more than 50.

Today, Leca Dental is a full-service laboratory producing implants, prosthetic dentures, crown and bridge, chrome cobalt and orthodontic products. Leca has developed an excellent reputation and has more than 600 active clients, some of whom have been with the business from the beginning. It holds a strong place in the sector; twice winning Dental Laboratory of the Year. In 2014, Tommy's other son Nick – whose background was in manufacturing operations – joined, and the family kept growing the business to the point where it employed more than 60 people. "When Leca was founded, the vision was always to grow the business through quality and service," said Nick. By 2018, Leca had established itself as the number one player in the Scottish dental market; innovative leaders in technology and with a business built around the company's core values of customer service and quality. The same year, the directors discussed how Leca could capitalise on its market position and transition to become one of the UK's market leading dental labs. The directors met the team at Ansor, a London-based firm focussed on investing in and growing quality, entrepreneurial SMEs, and subsequently the growth of ALS (Amalgamated Laboratory Solutions), began to emerge. ALS had similar beliefs to Leca on the direction of the dental market and they shared the same vision for the dental lab sector; the Leca team was

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excited by this plan, sharing the same vision and objectives. Last November, Leca's directors were delighted to complete a deal to join forces with ALS. Nick and Martin Leca will continue to lead the business through its next phase of growth as part of ALS, with the addition to the group of the UK's leading specialised Orthodontic Laboratory cementing this strategy. The synergies between Leca, Ashford Orthodontics and Ansor is certain to elevate ALS to the leader in the dental lab sector in the UK, Europe and further afield. The company's vision to become the market leading dental lab solution provider is underpinned by the following key strategies:

1. Identify "best in class" laboratories to join ALS and build a cohesive national network that can support both independent surgeries and larger dental groups with a comprehensive range of products and services.

2. Have a clear and identifiable product roadmap that is aligned with current and future market requirements.

3. Build a next generation technology platform that connects our laboratories and customers, ensuring our clients have immediate access to their specific requirements.

4. Have a clear investment plan that supports the latest technical advancements and process improvements to ensure we are at the cutting edge of efficiency and technology.

5. Work closely with all staff, ensuring that people development and organisation development is centre stage and underpins the company's future business success.

6. Establish clear organisational goals and objectives which are communicated across the entire business ensuring its vision is agreed and understood by all.

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> "WE ARE ACTIVELY WORKING ON FUTURE ACQUISITIONS IN SCOTLAND AND ACROSS THE UK"

Over the last few months Leca and ALS have worked closely together. ALS has invested significantly in Leca's laboratory and it now boasts one of the most advanced and efficient digital dental suites within the UK The company has ambitious plans to develop the laboratory further and ALS is supporting Leca's ongoing capital investment requirements. Leca is also diversifying; launching a range of new products and it has continued to strengthen its team. "We believe the future is very positive," said Nick. ""With ALS we are building the foundations to become the primary dental laboratory player within the UK and beyond and Leca are proud to be part of this. We are actively strengthening our partnerships, working on future additions in Scotland and across the UK and are always on the lookout for forward thinking laboratories to join ALS."

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Thank you for allowing us to be part of your patients' journey

Being forced to close our laboratory on the 23 March and place all our staff on furlough was daunting. At the time we all thought it was going to last a matter of weeks. How wrong and naïve we were.

Having said that, remaining static and waiting to return was not considered an option. We quickly realised that adjustments and modifications were going to have to be made. Over the past four months we have listened to the problems and challenges our dental practices are facing. There are so many ongoing debates on what will be left of our industry when this is all over.

Accepting we would not be returning to the lab as we left it was the first challenge for us and one which took us a long time to come to terms with. It became transparent that the NHS we are familiar with is likely to change and I believe a lot of practices are evolving

their business plans to adapt to this. I think this is wise and will pay dividends. Shifting patients' awareness will probably be the first major obstacle. We hope in the long-term patients will realise the value in thoroughly considering treatment options and we would always actively encourage a digital workflow to be considered within these plans.

So opening our doors and firing up the furnaces was a mixed bag of emotions involving relief and trepidation. We are confident the adjustments and plans we have put in place will carry us through future hurdles. We are so pleased with the support we have received from many of our clients and the volume and standard of work coming in through the door is encouraging. We hope that the industry considers even more so how beneficial it is to include a local and credible laboratory as part of your team. Not only does this allow Scottish Dentistry to thrive and skills to be retained but it ensures confidence in infection control, standard of materials and patient awareness. We again thank all our friends and colleagues in the dental industry for their support during this time and promise to stand alongside you as we adapt to the new future of dentistry.

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AN AESTHETIC RESULT

Jonathan Fitzpatrick is a dentist at Millersneuk Dental Practice in Glasgow, with a keen interest in minimally invasive cosmetic dentistry. Here, he describes a case where restorative treatment was the culmination of an ethical and efficient plan to improve a patient's smile

The patient was a regular attender in his early thirties, with some abrasion, attrition and erosion on his upper anterior teeth (see Figures 1, 2). Examinations and radiographs had revealed that all was fine and in order, and that he was in good dental and oral health.

One of the main reasons for the wear was the position of his teeth, so orthodontic treatment was provided to improve the crowding on the upper centrals, which had to be de-rotated. This had been provided using Invisalign clear aligners for around four months. Aligning the teeth also allowed me to deliver composite restorations in a minimally invasive way. Prior to commencing the restorative portion of the treatment plan, the patient also had tooth whitening using at-home trays from Boutique Whitening.

TREATMENT PATHWAY AND TECHNIQUE

After the orthodontic and whitening treatments were complete, a full set of photographs was taken and a digital scan using the TRIOS scanner. These were sent to Matrix Dental Laboratory, my preferred lab with whom I have a great relationship. The technician printed me a pre-op model (see Figures 3, 4), then a digital wax-up of what the final result would look like (see Figures 5, 6). This is fantastic from a predictability point of view and also key as a sales tool to get patient approval before going ahead.

The lab also made a clear stent which would be the template for the bonding procedure (see Figures 7,8). With the trial smile approved and the patient happy, I could then start the bonding itself using a minimally invasive and time-efficient technique.

First, I covered every second tooth that was getting bonded with PTFE tape. Etch and bond were then applied to the alternate, uncovered teeth. The custom-made stent was filled with heated composite – I use BRILLIANT EverGlow™ universal composite from COLTENE – then cured.

When the stent was taken out, this left half the teeth treated with composite, with a bit of gross excess, which would need to be tidied up (see Figure 9). The PTFE tape was removed, put over those that already had composite on to ensure that they didn't stick together, then the process was repeated.

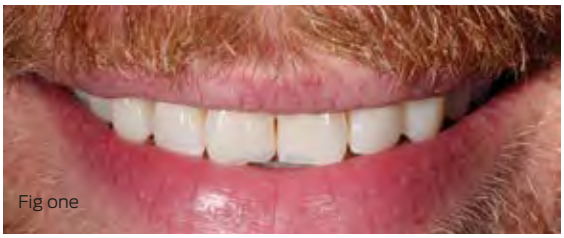
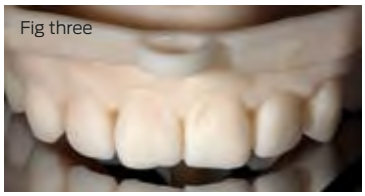


Fig one


Fig two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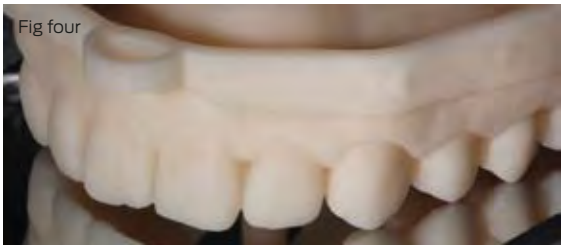
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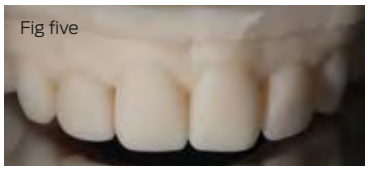
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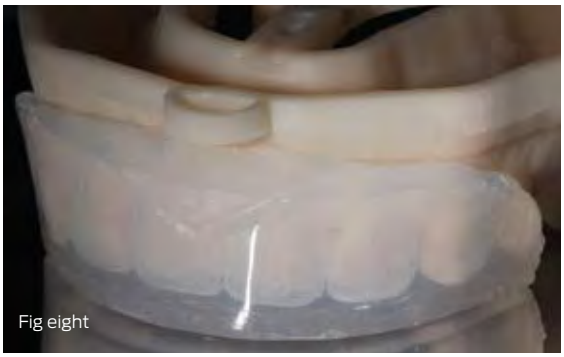
Fig eight

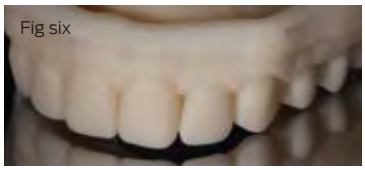
Fig six


Fig seven

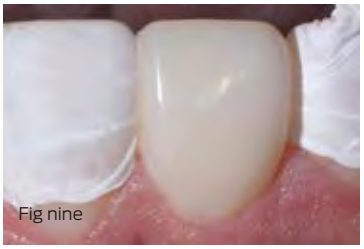
Fig nine


Fig ten

The tidy-up was completed using burs and discs. As part of my polishing protocol, I always use the blue disc from the DIATECH ShapeGuard kit (from COLTENE) last, as this gives me the highest shine.

APPRAISAL

My patient was delighted with the result (see Figure 10). I'd used a lab-driven minimally invasive technique to deliver the composite in just one appointment – no local anaesthetic, no tooth preparation and no pain. He returned for a final polish two weeks later as I find that this gives a true high-gloss finish.

My patients are always pleased with the long-term aesthetics of their restorations with BRILLIANT EverGlow™.

The material has the ability to blend in and mirror the optical properties of a natural tooth extremely well, it handles fantastically, is efficiently manipulated, and also holds its shape.

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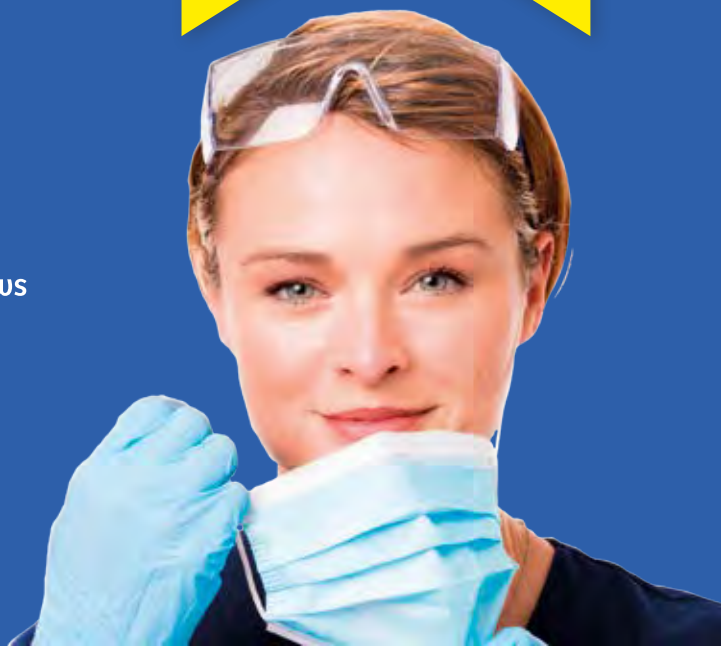

80TH ANNIVERSARY VIRTUAL AFTERNOON TEA

22 AUGUST 2020 – VIA ZOOM

Includes presentation of BADN Outstanding Contribution Award and of BADN long service brooches and badges. Also quiz – prize £80 afternoontea.co.uk voucher (courtesy of Parliament Hill).

Participants will receive BADN afternoon tea pack, containing teabag (courtesy of Blue Orchid Hotels), BADN brownie and commemorative booklet (courtesy of Purple Media).

For more information contact: **adam@badn.org.uk**

BADN will be at the Scottish Dental Show 2021

Braehead on 23-24 April 2021 – visit our stand and chat with Adam!

Contact us on **01253 338360** or visit **www.badn.org.uk**

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MULTI-AWARD WINNING CLINIC

EARN £1,000 AN HOUR RESTORING IMPLANTS

Why not earn more for less as a referral partner with the Centre for Implant Dentistry

We have become one of those generations that are living through interesting and challenging times. Certainly, dentistry has changed for the foreseeable future.

How will we manage with the PPE challenge in our everyday working life? Do you really want to don all that PPE and have the increased burden of infection control some 30 times per day?

Not only that, what will social distancing and 60 minutes fallow time mean for our busy books?

There is inevitably going to be a limit to the number of patients you can see and the costs involved in treating those patients with enhanced PPE and infection control procedures.

Worryingly, if you work in general practice either as a Principal or an Associate then this will have a negative effect on your income!

As an implant dentist I have been working under stringent infection control and aseptic surgical gowning for many years. It does take longer to put on and clean the surgery. We are here to help our colleagues during this challenging time. One of the key things we look at in implant dentistry with extended appointment times and PPE is our hourly rate.

So, having said all this there is an opportunity for Principals and Associates to pause and think differently. In simple terms implant treatment on your own patients, in your practice may be a solution. Here's why –

It takes around one hour to restore an implant with a crown. The fee is determined by you but it's normally, in the Greater Glasgow area, around £1,000 per crown. Which is essentially £1,000 per hour. Now I am sure that works out well compared to other treatments in your practice.

Now let's be clear there are hurdles to offering implant treatment.

• Regulation – rightly so you have to work within your own capabilities. That's why we offer implant training. We even now have an online solution – the Ultimate Online implant Restorative Course. So, you can work at your own pace at home with verifiable CPD.

• Mentoring in practice – as part of the course we will mentor you in our practice for your first few cases. Be rest assured that we will only sign you off once you are competent. And that keeps you right with regards to training and the GDC. We will be responsible for your first few cases until you are up and running.

• Costs – there are always costs to offering new treatments. Yes, there are training costs but the equipment costs are at a minimum as we provide you with the implant restorative kit (worth £600). That way most materials and tools you need are the normal tools you will already have in your surgery.

• Maintenance – a part of the problem is how do you look after an implant patient? Firstly the patient will always be your patient, but we will help you with follow up and maintenance of the implant with both training and access to our therapist.

We have tried to keep it simple so here's how it works:

Dr Tariq Ali BDS (Glas) MFDS RCPS (Glas) MJDF (Eng) DipImpDent RCS (Eng) is Clinical Director of the Centre for Implant Dentistry.
0141 248 1444
www.centrefor implantdentistry.com

1. Enquire about our training course and mentoring service- email info@ centreforimplantdentistry.com or call

2. Refer a patient. You will have many patients needing our services, wishing a solution quickly. especially after the lockdown. It takes around 3 months before the implant is ready to be restored. So, by that time you will have some training and be ready for our help in restoring the patient. You can even refer as you first action.

3. Once restored we will guide you on maintenance of the implant, so you continue to have happy patients.

4. Long term support. We are here to help and support our colleagues.

I hope this provides you with a good idea of an alternative way of working that benefits not only your patient but you and your team. It's a really stressful time for the profession but we are here to offer solutions in a supportive way.

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- **Earn more**
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The referral process is easy!

- Its easy to refer, just phone 0141 248 1444 - visit the members area of our website at: www centreforimplantdentistry.com or drop us an email to: info@centreforimplantdentistry.com
- Refer a patient. You will have many patients needing our services, wishing a solution quickly especially after the lockdown. It takes around 3 months before the implant is ready to be restored. So by that time you will have some training and be ready for our help in restoring the patient. You can even refer as you first action.
- Once restored we will guide you on maintenance of the implant so you continue to have happy patients.
- Long term support - We are here to help and support our colleagues.

The New Online Ultimate Restorative Course

Become a Referral Partner and gain access to Our New Online Ultimate Implant Restorative Course for only £99 (instead of £995) if you sign up before 31st August 2020.

The course lets your learn at your own pace, offers a great mentoring service and and even provides you with valuable Certified CPD hours.

Restore your own patients at your own practice and earn up to £1000 per hour on completion of training. The perfect partnership !

PURSUING OPPORTUNITY IN ADVERSITY

What we learned about delivering education in coronavirus lockdown, by Alan Goldie

As I write I am sitting in my home office, feeling tired but happy after a remarkable couple of days.

Against the odds, our team at VSSAcademy has succeeded in taking 31 MSc students in Clinical Implantology through their exams remotely. Something which has generated some of the most positive feedback for the Academy in its history.

It was a mammoth goal for the VSS team to achieve. When our last face-to-face course day ended on 14 March, we couldn't possibly have known what was to come. Like every other course provider, we relied on live lectures and hands-on training. With the country in lockdown, the ability to deliver our courses as we always had, was suddenly thwarted.

We had to decide what to do, and quickly.

DELIVERING ON OUR PROMISES

Our students trust us to deliver on our promises, so it was never a question of postponing courses. Instead, the VSS team and faculty members rallied to convert existing course modules for online delivery, while retaining the high quality teaching our students enjoy.

It was a daunting, yet exhilarating feeling. We decided to totally remodel our courses' delivery, but this created the opportunity to improve the outcomes for our students. By providing recorded lectures for students to digest in advance, it would give them a chance to consider their questions more carefully and be prepared to be tested on their learning at a deeper level during subsequent live tutor-led webinars.

We worked very quickly to harness the appropriate technology. We ensured as a team, with the support of the academic team at UCLan that we were proficient in using it before disseminating the knowledge to our faculty members. It was an intensive process for all to 'relearn' how lectures were to be delivered.

Then it was time to share our plans with our students. We ran several small webinars to keep in contact and help them understand our plans for continuing their courses. As a result of this collaborative effort, we were ready to recommence our courses mid-April.

PROVIDING SUPPORT AND HELP

We began with holding webinar meetings to discuss plans, assignments and case presentations. It was great to be able to connect individually with our students too. We could provide support and check on their welfare and share information about the financial help available to continue their studies while incomes had diminished.

Our students responded really well to the new way of communication and learning. Many told us how they enjoyed the increased flexibility it provided, how they were benefiting from more personalised attention and encouragement.

I couldn't have imagined changing the way we work prior to COVID-19, but VSSAcademy will certainly be retaining the blended learning approach as the benefits for our students are immense.

EXAM WEEK

There was a huge push to get ready to hold the exams the week of 15 June. The logistics of holding these remotely were daunting, which may explain why ours was one of the very few MSc courses running end of year exams at the University of Central Lancashire!

We had a total of 31 first and second year Masters Course students ready to sit their invigilated written and oral exams.

Using an online meeting system enabled us to have 'holding rooms' where students could assemble, ready to begin. They were then transferred to 'preparation rooms', where they could prepare for their unseen case presentations, before proceeding to the 'exam rooms' where our faculty members were ready to test them.

There was a lot to be managed but a combination of careful planning, support from the UCLan team and a passion to make it work, made it work.

It now remains for our students to complete their practical sessions as soon as it is safe for us to hold them. These will be delivered within strict safety guidelines.

On reflection, we certainly took the harder path. It would have been easier to simply postpone operations until 2021 but the rewards of pulling together to find a way through despite the challenges have been enormous.

Making things work was a collective effort between the team, faculty, academic staff and our students, and there is a real sense of having forged stronger links as a VSS family.

Most importantly, we have established new and improved ways of learning for our students which allow them to engage with implantology on a deeper level, in a way that fits around their personal lives.

The outcome of this can only be positive for our new implant surgeons and the patients they will serve.

For the last few years, and throughout these challenges we have continued our efforts to support the African Maasai Academy through the RedTribe Charity. They have been especially hard-hit by their own lockdown following on from terrible locust infestations, floods and subsequent famine.

To find out more about them and to donate, please see our charity page: https://vssacademy.co.uk/redtribe-charity-work

Many congratulations from us all to the VSS Academy Class of 2020, for what we are confident will be your strong results.

Now we look forward to the graduations, second year students commencing and beginning again with two new intakes.

The next two intakes of this popular MSc course, starting in September 2020 are now full.

To join the waiting list for the 2021 intake, or to learn more, please contact us direct on courses@vssacademy.co.uk.

Alan Goldie is Managing Director of VSSAcademy.
courses@vssacademy.co.uk

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Course Summary

Date: 27th - 29th November 2020

Start Time: 09:00

Finish Time: 17:00

CPD Hours: 19.5

Location: West Midlands Surgical Training Centre, at the University Hospitals Coventry and Warwickshire NHS Trust, Clifford Rd, Coventry, CV2 2DX

Fee: £3,250 plus vat

Course Speakers:

Dr Fadi Barrak Course Director
BDS MBBS FDSRCS (Eng), DipImpDent RCS (Ed), FHEA Maida Vale, London

Dr Maher Almasri
Director of the Faculty of Dentistry, School of Health, BPP University DDS, PhD (Lond), FIADEF

Course Breakdown

Day 1 Lectures

- Surgical anatomy with emphasis on advanced augmentation procedures
- Sinus floor elevation and augmentation procedures
- Sinus pathology, recognition and management
- GBR procedures
- Block grafting
- Soft tissue grafting procedures
- Evidence based treatment planning
- Prevention and management of complications

Day 2 and 3 Hands-on Workshops on Cadavers

- Anatomy review
- Avoiding complications
- Sinus floor elevation procedures:
  - Crestal approach - conventional and newer atraumatic techniques
  - Lateral wall approach sinus floor elevation and augmentation
  - Sinus anatomy including the medial wall in relation to ENT procedures
- Block grafting techniques:
  - Harvesting from the chin and ramus
  - Recipient site preparation and graft fixation
  - Flap design and management
- Soft tissue grafting procedures:
  - Free and pedicle flaps
  - Alternatives to autogenus flaps
  - Management of complications

REDUCING AEROSOL IN THE PRACTICE

From electric handpieces to automatic lubrication, MC Dental Equipment advises on options to reduce aerosol in dental practices

Reducing aerosol in the dental practice is now a significant talking point across the industry. Many doubt this will all be forgotten about in a few months and so we believe there is no time like the present to address this big challenge. This is not a new problem for the dental practice and there are already some great proven products that can help alleviate this problem.

Carl Wise from MC Dental Equipment recommends a few options for reducing aerosol in the practice.

ELECTRIC HANDPIECE

The main piece of equipment on this list is a replacement for the trusty old air turbine handpiece. Running at speeds of over 330,000 RPM and with coolant spray and air, the aerosol generated here is substantial.

The obvious choice is to upgrade your delivery unit to allow the use of electric motor and electric handpieces.

This can seem a very costly investment, however, if you work closely with your equipment provider, you will find there are a lot of different options which can suit all budgets and some where no engineer is required. This technology has been around now for some time and there are many solutions from all the top brands across the world.

Not only does using a speed increasing handpiece on an electric motor reduce aerosol, it also offers a superior working tool. Running at speeds of 200,000 RPM, it can offer the dentist more than 60 W of power and approximately 3 Ncm of torque. The electrically powered handpiece will not stall as you would expect from a turbine handpiece and this enables continuous cutting through material. The added improvement to stability means greater precision, faster work, and less heating of the tooth substance during preparation.

PROPHYLAXIS 4:1 HANDPIECE

We see customers all the time using a 1:1 contra angle for cleaning and polishing. Professional tooth cleaning should be performed using a 4:1 handpiece. This immediately reduces the splattering of paste, gives a far gentler polish of surfaces and reducing the speed allows for greater cleaning efficiency.

Again, these products are manufactured by all the top manufacturers around the world and at low prices you would be surprised to see.

Do not forget when purchasing new equipment

- **Branded products:** Only buy products made by established manufacturers. You will often see special offers from cheap manufacturers. As the saying goes: "Buy cheap, buy twice."
- **After-sales service:** Comprehensive service of medical devices retains their value and extends their service life. Qualified service centres can also offer prompt assistance in case of problems with the product.
- **Warranty:** Compare warranty periods and find out which components are not covered by the warranty.
- **ROI** (Return on investment): Some products can cost a lot upfront but with minimal upkeep. Ask about the long-term costs involved and how they work out over a few years.
- **LED light:** Light is not simply light: find out what light values are achieved and, if possible, compare the size of the illumination field. The size of the illuminated area is particularly restricted with glass rods. LEDs integrated into the instrument head are the ideal solution.
- **Power and speed:** Do not be distracted by high speeds and high-power specifications. A test of the power under load will quickly show whether the product has sufficient power or not.
- **Buy or lease:** Finally talk through with your supplier, options where you can make the investment work for your business.

AUTOMATIC LUBRICATION SYSTEMS

An obvious choice in this category for reducing aerosol is the removal of the manual lubrication spray. Taking that handpiece from the patients mouth to the oil can and spraying through moves everything from inside out in to the open. Using a lubrication system eliminates this immediately as every spray is behind a closed door. Once again, there are so many top brands to choose from and different budgets to suit.

All the upgrades mentioned not only reduce aerosols but also offer many benefits, from cost savings, to performance enhancement to time savings – bringing the dental practice forward and allowing the team to provide a far more efficient service.

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› BIOMIN

NEW CHILDREN'S TOOTHPASTE ACTIVELY STRENGTHENS AND PROTECTS TEETH

A new toothpaste for children aged three to six, which actively strengthens and protects teeth while it cleans them, has been launched in the UK and Europe. Developed by BioMin technologies, the toothpaste, BioMin® F for Kids, is being released in two flavours and contains a 'smart effect' that means it is especially effective when children consume acidic foods and drinks.

While protecting children's teeth is a priority for all parents, the Oral Health Foundation reports that in primary schools across the UK around seven or eight children in every class will have already developed tooth decay. BioMin® F for Kids is based on the same clinically proven technology as BioMin F, helping to strengthen and protect children's teeth and preventing them from damage.

"Traditional fluoride toothpastes become washed away by saliva in a relatively short time while, in contrast, BioMin's 'smart technology' controls the release of fluoride for up to 12 hours after brushing," said Professor Robert Hill. "It is not the quantity or high concentration of fluoride in a toothpaste that gives protection to teeth, but it is the continuing presence of low concentration fluoride in the mouth."

Professor Hill worked with scientist colleagues at Queen Mary University, London to develop the toothpaste.

"BioMin® F for Kids contains a polymer that adheres the BioMin particles to the teeth which is slowly dissolved by saliva, continuously releasing an optimum mix of fluoride, calcium and phosphate ions to produce fluorapatite on the tooth surfaces. It is this controlled release mechanism which means that a much lower quantity of fluoride is needed to have a greater effect," explained Professor Hill.

At the same time the 'smart-effect' means that in the presence of acidic food and drink in the mouth, the toothpaste starts dissolving more rapidly. This restores the mineral equilibrium and starts the remineralisation process. Launched in two flavours, melon and strawberry, the toothpaste is available to buy directly from BioMin's distributors list on https://www.BioMin.co.uk/where-buy

And, to make brushing fun and to support better oral health in children, BioMin has created "Bino" a friendly 'binosaur' as well as developing colouring-in sheets, stickers and a useful brushing chart. BioMin also offers two toothpastes for teenagers and adults, BioMin F and BioMin C (fluoride-free) which reduce sensitivity and strengthen and protect the tooth surfaces.

BioMin® F for Kids has undergone all the appropriate cytotoxicity and biocompatibility studies ensuring its safety. It is not tested on animals and is suitable for vegans and has halal certification. The fluoride concentration at 530ppm, is the same as the adult version, which is safe for children of three years (or those weighing at least 10Kg) and above. The toothpaste is available in a silvery gel format which does not contain titanium dioxide.

For information on BioMin, see www.BioMin.co.uk

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*Eligibility criteria applies. Subject to underwriting approval.

Full details on CBILS eligibility criteria can be found on the British Business Bank website at www.british-business-bank.co.uk/CBILS

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