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CONNECT
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connectmedia.cc

MANAGING EDITOR
David Cameron
david@connectmedia.cc

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

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

DESIGN
Scott Anderson

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

EDITORIAL BOARD
Tony Anderson
Roger Currie
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Scottish Government must 'step up'

I had intended this editorial to be a deep dive into the emergence of a number of new organisations representing the profession. The British Association of Private Dentistry (BAPD) – “the only nonprofit organisation that exclusively represents private dentistry, promoting choice and quality care for patients” – was formed in April. In June “over 400 dental practice owners representing 700-plus NHS practices and approximately 2.7 million NHS patients ... formed the SDPO [Scottish Dental Practice Owners] group to try and work with the Scottish Government to ensure the safety of dental patients and the future viability of NHS dental practices”.

The following month, the Scottish Dental Association was formed “from a group of like-minded dentists who wish to have Scottish dental matters from all dental professionals discussed, negotiated and actioned”. Publicly, each of these organisations professes a wish to be complementary rather than competitive. Behind the scenes, unsurprisingly, there are grumblings. On paper, there is no reason why each should not exist. The BAPD represents a clearly defined group – private dentists. So too, does the SDPO – practice owners. And why, in this era of devolved government (and, potentially, Scottish independence) should there not be a *Scottish* dental association?

The problem is that, currently, the Scottish Government recognises only one organisation as representing the profession, and that is the British Dental Association (BDA). As the report of the meeting that the Scottish Dental Practice Committee (SDPC) held with Tom Ferris,

Scotland's Chief Dental Officer (CDO), on 5 August notes: “[The CDO] explained that he and the Minister for Public Health, Sport and Wellbeing viewed BDA Scotland/SDPC as key stakeholders and chose to negotiate only with them.”

But, perhaps the more – and louder – voices the better; because the far bigger news this autumn was the publication on 25 September of the Scottish Dental Clinical Effectiveness Programme's (SDCEP) review of aerosol generating procedures (AGPs).¹ Professor Jeremy Bagg, who chaired the review's working group, told *Scottish Dental* magazine: “The thoughtful, collaborative and respectful ways in which all the members engaged was central to completion of this very challenging project within the timeframe achieved. Furthermore, the huge volume of work undertaken by the SDCEP central team, under considerable time pressure, was remarkable. If the outputs of the rapid review are reflected in the official guidance that will follow, then all of these efforts will have been very worthwhile.”

As *Scottish Dental* went to print, we still awaited the Scottish Government's guidance. But as the BDA – the only organisation it currently recognises as representing the profession – stated: “If these recommendations evolve into requirements, then governments will need to step up and offer direct financial support.”

Mitigation of Aerosol Generating Procedures in Dentistry – A Rapid Review
www.sdcep.org.uk/wp-content/uploads/2020/09/SDCEP-Mitigation-of-AGPs-in-Dentistry-Rapid-Review.pdf

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Young Dentist at the 2017 Scottish Dental Awards



More like a Mike Leigh film than Disney

If there's not to be a genie, can we hope for the best and plan for the worst

Here I sit, trying to write this piece with news of ever-increasing infections, restrictions and new dental (not) guidance. I feel we are at a tipping point in dentistry, and society, and I'm getting more anxious by the moment. The stakes for a profession in limbo could not be higher.

The players: Coronavirus; an evil and all-pervading baddy that actually isn't that bad (it's not Ebola!). Our hero; the dental profession, divided, at odds with its controllers, railing against the ongoing uncertainty in the world and its own head. The backdrop; a system broken, the UK Government fighting with its own demons – headed by a bumbling blond idiot (or is he?), an economic disaster, teetering on the brink of the abyss. A bold Chancellor trying to save our jobs but not mentioning the ultimate cost of it all. A race to a vaccine that will save us all from the baddy. I joke only because if I did not, I would cry. I have lost my patience with the situation. My frustration is bubbling over. I want to hit something or someone, but it won't help. My overriding feelings are of deep concern for my patients, my colleagues and my profession. I want someone to tell me what the **** is going to happen.

The biggest frustration is the uncertainty. I know that no one really knows what is going to happen. However, for dentistry in Scotland, we have undergone a huge period of change and there is simply no reassurance that our leaders are even thinking about things. I know they are; aren't they? But we are not being told. We have been waiting for the SDCEP review which came out on 25 September, but it's not guidance. I think that was the strongest message in there – this is not guidance. Why not? Isn't that what they do?

The Scottish Government has never confirmed the financial support period. So how do we plan? It could stop next week. I believe it won't, but I can't be sure. If it changes, does it benefit us, does it benefit some? Will we be lucky? Should it be down to luck? Is anyone else thinking about how terrible this is for our patients? Not receiving the care that they need. Not getting that preventative advice, repeatedly. Maybe they don't need it but the people that don't come regularly usually need a lot of work done; is that our new normal? A two-tier system where you can get treatment but only if you can pay privately and it ain't cheap! What about our colleagues; those kept in jobs by the Coronavirus Job Retention Scheme? The new

measures will help but only those of us with viable jobs. Is that everyone? Hygienists, therapists; are they another of the collateral casualties of this virus? With less than a month or so more of the high-level furlough support, does the profession have the ability to retain its workers? They will be needed in time to deal with the backlog, but can we keep them until we can deal with it?

The whole of healthcare, especially dentistry, is based on having sufficiently high throughput of patients to generate income or deal with the need/waiting lists or both. There is not a huge glut of capacity to deal with extra work. I'm talking about in normal times. At the moment, our throughput has been massively reduced; 20 per cent less? The new SDCEP document may see a jump in our capacity but they said this may get us to 60-70 per cent of normal. I honestly don't see that – without a major financial incentive to do more, especially in NHS work. However, at 60 per cent of normal and six months of backlog, the waiting list is only going to get bigger. Can we catch up? How do we catch up? Even if we went back to normal tomorrow, I think it would be years before we get there.

So, if we are to get a change to our current situation, can I make a plea? Can we aim to reach as high a capacity as is possible? Use the hospitality industry as a model for our waiting areas. If you can sit in bars and wait for a pint, surely we can all sit in a socially distanced waiting area with our masks on? Can we accept that we normally have very good cross infection control measures which do not particularly need to change, with the exception of chlorine solutions for surfaces? Can we accept that we exist in a profession which has inherent risk and that the biggest risk is not dealing with people's teeth? The chances of someone with Covid being at a dental surgery at the moment is tiny and the chances of them passing that on to others is very much smaller.

This is feeling a lot more like a Mike Leigh film than Disney, but if there's not to be a genie, can we hope for the best, plan for the worst and try to see as many patients as possible? Minimise our backlog because that, in the fullness of time, will be the true cost of this pandemic. For the Scottish Government: please tell us what we can do in the next phase, make it simple, make it realistic and give us some incentive to do as much of it as we humanly can. Tell us that we will remain in that pattern, with whatever support you can muster until a point far in the future where we have our herd immunity or a vaccine or a rapid test to check our patients pre AGPs. Who says I'm not an optimist? I pray for some certainty.



Scottish Government faces questions in Parliament

Dentists and patients 'feel that nobody is on their side; a shocking situation', says MSP

THE Scottish Government faces questions in Parliament over its "neglect" of the dental sector, with warnings that half of dental practices face going out of business and of the "worrying" impact that lockdown has had on the population's oral health.

Oliver Mundell, the MSP for Dumfriesshire, told *Scottish Dental* magazine: "I have been inundated by constituents who are struggling to get the dental treatment they need and who don't understand why dentists can't provide NHS treatments that dentists feel are safe to offer privately."

"Like colleagues, I have been raising each individual case with the Health Secretary and have put down a parliamentary question demanding answers."

"I am concerned that the dental sector is in grave danger of being neglected by the Scottish Government, who don't seem to understand the problem or the knock-on effects on patients. Vulnerable patients are being put in an impossible situation and there is a clear disparity between those who can and cannot pay, which is completely wrong."

"Whilst some dental practices are returning to a more normal service, there remains an urgent need for the Scottish Government to support the sector, especially when almost half of dental businesses face going out of business. Many dentists and patients feel that nobody is on their side, which is a shocking situation to have ended up in. Dental health and



hygiene are so important – there must be a proper plan in place moving forward."

Mundell's intervention comes in the wake of the publication last month of the Scottish Dental Clinical Effectiveness Programme's 'rapid review' on the use of aerosol generating procedures (AGPs) – see story below – which holds out hope that practice capacity could be increased to between 60 and 70 per cent of pre-COVID-19 levels and as pressure is mounting on the UK and Scottish Government's "to step up and offer direct financial support". Mick Armstrong, former BDA chair and a member of the review's working group, said: "If fallow time can

be reduced to 10 minutes then dentist capacity could increase significantly. That would vastly reduce the current threat to dentist viability and really begin to tackle the worrying impact that lockdown has inevitably had on the population's oral health. There are, however, potentially vast costs involved in getting to that stage. It is clear that capital investment in dentistry is essential to move forward. This is a public health measure and it is a reasonable ask of the Government to help get dentistry back on its feet."

Meanwhile, the BDA has written to the Chancellor Rishi Sunak warning that 79 per cent of practices face financial difficulty.

AGPs review still valid, despite rising COVID-19 cases

THE conclusions reached by the Scottish Dental Clinical Effectiveness Programme's 'rapid review' on the use of aerosol generating procedures (AGPs) are still valid, despite the recent rise in the number of COVID-19 cases, according to a member of its working group.

Derek Richards, Specialist Advisor to SDCEP and Director of the Centre for Evidence-based Dentistry, told *Scottish Dental*: "The agreed positions in the SDCEP document apply even though the numbers of

COVID-19 cases is increasing at present. The risk of the dental team encountering an asymptomatic patient will remain low until we reach levels of 500 cases per 100,000 and above."

SDCEP, with the support of Cochrane Oral Health, conducted a rapid review of the evidence related to the mitigation of aerosol generating procedures in dentistry and the associated risk of transmission of SARS-CoV-2 (COVID-19). In a statement SDCEP said: "It is

important to stress that this document does not have the status of guidance.

"The aim of this rapid review was to identify and appraise the evidence related to several pre-determined key questions about AGPs in dentistry and to use a process of considered judgement of this evidence and other relevant factors to reach agreed positions that may be used to inform policy and clinical guidance."

A member of the review's working group said that the

report held out the hope of dentist activity increasing significantly, possibly to between 60 and 70 per cent of pre-COVID-19 levels. "I truly believe that this is the report the profession has been looking for," said Mick Armstrong, former chair of the British Dental Association. "We now need and eagerly await Government policy."

The future of practice: time is of the essence – see page 22.

Mouth cancer rates set to go 'through the roof'

Claim comes as dentists warned of legal liability over missing signs

DENTISTS have said that thousands of cases of mouth cancer may be going undetected as a result of millions of people staying away from dental surgeries or being unable to get appointments during lockdown.

The warning from the Association of Dental Groups comes amid mounting evidence that COVID-19 has stopped people going to the dentists. A poll by the ADG indicates that since lockdown began in March, 49 per cent of households have at least one adult who has missed or decided against a visit to the dentist. With 27.8 million households across the UK, this suggests that more than 13 million adults have failed to make a required trip to the dentist this year.

The poll is part of a campaign that the ADG launched calling on Government ministers to take action to deal with a worsening crisis in access to UK dentistry. Neil Carmichael, the ADG's chair, said: "The fact that so many people are either failing to get dental appointments or simply deciding against them is deeply alarming. It suggests that a whole host of oral health problems are being bottled up during lockdown and that dentists will be overwhelmed when routine appointments restart.

"Dentists are especially concerned about mouth cancer as routine check-ups are the key to early diagnosis. If this is not happening and the early warning signs are not being detected, then mouth cancer rates could soon go through the roof. Ministers must now take urgent action to ensure that we have the NHS dentists we need to deal with what's around the corner."

The latest figures show that 8,337 people in the UK are diagnosed with mouth cancer each year and an estimated 2,701 people lost their life to mouth cancer in the UK last year.

Over the last year, new cases have increased by 10 per cent in the UK. Data shows that



mouth cancer cases have risen by 64 per cent in the UK over the last decade and the latest research says that deaths from mouth cancer have increased by 22 per cent compared with five years' ago.

At the same time, the Dental Defence Union (DDU) is advising dentists to be aware of the signs of oral cancer in an article featured in the latest edition of the *DDU journal*¹. The DDU opened 104 files between January 2013 and August 2020 relating to oral cancer, including 69 claims. In the majority of these cases, the dental professional allegedly failed to check the patient for oral cancer during their check-up, did not diagnose a suspicious lesion, or there was a delay in referring the patient to a specialist.

Making an early diagnosis has become more challenging due to the restrictions placed on dental practices in response to COVID-19. Eric Easson, DDU dento-legal adviser, said: "It is advisable to have a low threshold of suspicion when it comes to any lesion or swelling, particularly when the patient is in a high-risk group. If patients themselves complain of symptoms but there is no obvious problem, be prepared to seek a second opinion and investigate further if necessary."

¹ddujournal.theddu.com

Government legislates on dental degrees

ST ANDREWS University will be able to award medical and dentistry degrees through a Bill in the Scottish Parliament which amends legislation to give it the same rights as other universities.

The University of St Andrews (Degrees in Medicine and Dentistry) Bill is being brought forward so that the Fife university can award, jointly with the University of Dundee, Primary Medical Qualifications to Scottish Graduate Entry Medicine (ScotGEM) MBChB students in advance of the first student cohort graduating in 2022.

A legislative prohibition, which means the institution cannot award degrees in medicine and dentistry, was put in place by the Universities (Scotland) Act 1966 to allow the separation of Queen's College in Dundee from St. Andrews in order to form the University of Dundee.

Professor Sally Mapstone, the university's principal and vice-chancellor, said: "This legislation puts us back on a level playing field with every other institution in Scotland.

"The past few months have underlined just how important our health services are to everyone in Scotland and the university is keen to continue to play its part in educating and training health workers of the future."

Dental professionals turn to union for reassurance



John Makin

THE coronavirus pandemic has led to record numbers of dental professionals seeking support and advice with dento-legal and membership queries, according to the Dental Defence Union (DDU).

During the height of the pandemic, the DDU saw a 130 per cent increase in dental professionals visiting its website for advice on areas such as performing remote consultations and returning to practice safely.

Meanwhile, the DDU's team dealt with almost 40,000 calls and 46,000 emails from DDU and MDU members between April and July.

John Makin, head of the DDU, said: "Dental professionals have had to adapt quickly to new ways of working while keeping up to date with rapidly changing guidance. Innovations such as the shift to remote consultations and telephone triage have happened virtually overnight and it's no wonder that DDU members are looking for trusted information and advice from us on the dento-legal implications of this and all the other issues arising from the pandemic.

"Many members' work circumstances have changed dramatically since the lockdown and this led to a surge in calls to our membership helpline.

"More than 1,600 members told us about their changing circumstances after the initial lockdown ended, for example.

"These are uncertain times and we recognise the immense pressure our members face in caring for patients. Our role is to alleviate some of the strain of clinical practice, and this has never been more important than during the current health emergency."

Foundation launches new research grants

Key research areas address minimum intervention dentistry and oral health in ageing populations among others

DENTAL academics and clinicians have been invited to apply for research grants from Foundation Nakao. It is the second round of funding since its launch in 2018, supporting clinical trials and research into subjects such as minimum intervention dentistry and oral health of the elderly.

Successful applications will receive fully funded projects of CHF 50,000 per project in addition to wide exposure among dental professionals, the dental industry as well as the general public of each study's outcomes and achievements.

The first round of grant applications took place in September 2019 and six studies were awarded from a huge number of submissions. Applicants represented the categories: government organisation, non-government organisation, university, research institution or other. Foundation Nakao supports academic research and clinical studies contributing to its founding

goal, which is the improvement of oral health and subsequent raised quality of life of all people around the world. Key oral health research areas address minimum intervention dentistry, oral health in ageing populations and the 8020 movement, tooth function, the prevention of oral frailty and dental IQ.

"The inspiration for the Foundation came from a topic that is very close to our hearts: the impact of oral health on quality of life. My husband and I believe that dentistry has a fundamental role to play in the health and longevity of people around the world.

"We look forward to seeing this becoming a reality through the activities of the Foundation," said Makiko Nakao, President of Foundation Nakao for Worldwide Oral



Mrs Makiko Nakao, President of the Foundation Board and Mr Makoto Nakao

Health, at its launch in 2018. It was made possible by Mr Makoto Nakao, former Chairman of the GC Corporation, who after 42 years at the helm of the company donated his privately-owned company shares

to support the initiative.

The Foundation's management board comprises a team of distinguished dental professional from four continents; Europe, America, Australia and Asia. They are Professor Reinhart Hickel, Professor Clark Stanford, Professor Macro Ferrari, Professor Eric Reynolds, Professor Keiichi Sasaki and Dr Kiyotaka Nakao.

Grant applications are open until 11 December 2020 via the application form on www.foundation-nakao.com/applications. E: info@foundation-nakao.com

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Caries risk assessment joins 21st century

THERE are many factors that affect how likely a patient is to develop caries, and during this time when dental practitioners are trying to minimise aerosol generating procedures (AGPs), the ability to identify the risk and prevent the development of caries is paramount.

Products which enable dental professionals to minimise the invasiveness of restorative procedures are also in demand at the moment as they endeavour to reduce the requirement for AGPs in dental treatment. Now, GC has launched its latest MI Dentistry Caries Risk Assessment app.

The app, which is free to download, guides you through a caries risk assessment with your patients. Based on age group and accounting for additional factors such as pregnancy, it asks a series of questions regarding oral health and the risk factors linked to caries and then suggests

suitable prevention measures, as well as restorative solutions if required. This could link into a dental practice retail strategy for selling prevention therapy OTC and offering an at-home treatment solution.

Practitioners can add in their own clinical notes and download a PDF report to add to patient files, so it really is all you need to successfully assess and act upon the caries risk for all your patients in the least invasive way.

Download the MI Dentistry CRA app from the Google Play Store. For more information about GC UK Ltd call 01908 218999, email info.uk@gc.dental or visit www.gceurope.com



Call for UK roll-out of Scots initiative to 'stop the rot'

Bad teeth remain leading cause of hospital admission among under tens

MORE than double the number of children (23,529) underwent hospital treatment for tooth decay, than for the second most prevalent cause, acute tonsillitis (10,359), according to figures covering the period almost entirely before lockdown, from April 2019 to the end of March 2020.

Since April 2012, more than 350,000 young people have been admitted to hospital south of the border with tooth decay, of which 57 per cent were aged between five and nine. Public Health England's most recent Oral Health Survey of Five-Year-Old Children showed that across England as a whole 23.4 per cent of five-year-old children had visible decay.

Dentists have called for "a renewed national effort" to reduce tooth decay in children, including by:

- › Urgently identifying a 'new home' for oral health work, in the wake of the abolition of Public Health England;

- › Extending of the successful 'Soft Drinks Industry Levy' to milkshakes and other sugary milky drinks;

- › Introducing a national supervised tooth brushing scheme in England, based on the successful 'Designed to Smile' programme in Wales and 'Childsmile' scheme in Scotland

The Faculty of Dental Surgery at the Royal College of Surgeons of England says this renewed focus on children's oral health is now critical, after a period when dentists could not carry out routine check-ups.

Commenting, the Faculty Dean, Matthew Garrett, said: "These latest figures show a welcome decrease of about 8 per cent on 2018/19 in the number of five to nine-year-olds going into hospital for tooth decay, but the numbers are still far too high. These are avoidable admissions and more needs to be done to stop the rot in advance.

"It is likely that lockdown will have had a damaging effect on children's oral health too, with reduced access to routine dental treatment, and disrupted routines which could undermine tooth brushing habits. At the moment oral health has been left out in the

cold with Public Health England having been scrapped, without replacements for all its functions.

"We look forward to working with government to resolve this, and we are seeking a renewed commitment to sugar taxes and supervised brushing. Only these measures will bring about a radical reduction in the number of children suffering from preventable tooth decay."

In addition, dentists face a "tsunami" of untreated tooth decay because children have been kept away from dental surgeries during lockdown, according to a survey. Half of parents in the UK said their children had missed a check-up since March, according to an Opinion survey for the Association of Dental Groups (ADG), which represents practices across the country.

The survey of 2,000 people included 622 parents, with 31 per cent saying their family had decided not to go for a check-up or make an appointment. Another 13 per cent said they had not been able to get an appointment – a sign of the growing problem of delays caused by the pandemic.



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Warn patients: periodontitis increases risk of stroke

Campaign highlights links between gum and cardiovascular diseases

PATIENTS with gum disease should be told that they have a higher risk of suffering cardiovascular diseases – including myocardial infarction and stroke – and that they should actively manage risk factors such as smoking, lack of exercise, excess weight, blood pressure, and a diet high in saturated fats and refined sugars.

Patients who suffer from both periodontitis and cardiovascular disease may have a higher risk of cardiovascular complications and should carefully follow recommended dental regimes of prevention, treatment, and maintenance.

These are among the key messages of the Perio & Cardio educational campaign launched last month by the European Federation of Periodontology (EFP) and the World Heart Federation (WHF). This global initiative is centred on the

perioandcardio.efp.org site, which contains recommendation documents, infographics, an animated film, and other educational materials – all aimed at bringing this knowledge to the dental team, cardiologists, medical professionals, pharmacists, and the public.

Perio & Cardio is based on a new evidence-based scientific consensus on the links between periodontal and cardiovascular diseases and expert recommendations on prevention and therapy for both types of disease.

All the material in the campaign derives from the consensus report 'Periodontitis and cardiovascular disease' – published in February by the EFP's *Journal of Clinical Periodontology* – which expressed the findings of the Perio-Cardio Workshop, held in Madrid last year, which brought together

20 world-leading experts in the fields of periodontology and cardiology.

"Perio & Cardio is particularly important because it outlines the robust links between oral and systemic health, and also highlights that by safeguarding our gum health we are actively contributing to our heart and cardiovascular health," said Filippo Graziani, a former EFP president and co-ordinator of the Perio & Cardio campaign.

Both cardiovascular and gum diseases are widespread chronic, non-communicable diseases. Periodontitis, the most frequent gum disease, has an overall global prevalence of 45-50 per cent, and its severe form affects 11.2 per cent of the world's population, making it the sixth most common human condition.

Cardiovascular disease is responsible for 17.9 million deaths per year worldwide.

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Associates snap up practices following lockdown

Fall in private pay has accelerated many buyers' plans, says property adviser

SINCE the beginning of the UK lockdown, specialist business property adviser, Christie & Co, has witnessed increased buyer appetite from private Associates who have endured pay cuts in recent months and, as a result, are seeking to secure themselves an income by buying their first dental practice.

Dental practices in the UK reopened from 8 June and since then the level of activity in the dental market has continued to increase, with Christie & Co securing a significant number of new instructions, witnessing an uptick in new deals agreed and, in July, receiving its highest month for viewings year-to-date.

The company also reported, in its first Buyer Registration Index, a 59 per cent increase in buyer registration figures in the dental sector since lockdown measures began to ease in the UK, which illustrates a desire to seek out new business opportunities once again.

Feeding this increased appetite, the company has recently brought to market two private dental practices in south of the border.

Both are upmarket clinics situated in prime Cheshire town centre locations, providing specialist and aesthetic treatments. The practices were fitted to an exceptional standard meaning minimal capital

expenditure for the purchasers.

Jonathan Watson, Director of Medical at Christie & Co, commented: "Whilst it has been well documented that some investor-backed corporates have recently paused their acquisition trail, appetite from the independent market remains very high – a great example of this is the two-chair mixed practice in Cheshire that we brought to market in July, which received nine viewing requests in the first two days of marketing.

"We're also seeing that the fall in private Associate pay has accelerated many buyers' plans to purchase a practice. In the last year, approximately

80 per cent of Christie & Co practice sales were acquired by independent operators and we expect this trend to continue throughout 2020 and beyond.

"We are delighted to bring two more high quality private clinics to the market in Cheshire which will hopefully begin to fulfil the demand from Associates that we are experiencing at present. Both practices have been owner-operated for many years and have developed exceptional reputations in the local community. There is now an opportunity for purchasers to take on the goodwill that has been built up over the years and drive income to the next level."

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College of General Dentistry: new ambassadors

National Clinical Director and Medical Educators' President appointed

THE College of General Dentistry announced the appointment of two new ambassadors; Professor Jason Leitch CBE and Professor Jacky Hayden CBE.

Professor Nairn Wilson, Chair of the College Board of Trustees, said: "Both have a wealth of experience and expertise. The College greatly looks forward to working with its new Ambassadors in realising its immediate and longer-term goals, including reaching out to all stakeholders, including patients and other healthcare professions, to enhance the effectiveness, standing and status of dentistry."

College ambassadors are drawn from different backgrounds. They support engagement of the College in society, and promote its influence in the interests

of patients, building trust and confidence in the College and dental healthcare professionals.

Ambassadors help the College ensure dentistry is properly recognised for its importance as an integral element of general healthcare and wellbeing.

They support its mission to promote preventatively orientated, minimum interventional, patient-centred, longitudinal care. More ambassadors will be appointed in the coming months as the College works towards its formal launch, rescheduled for early 2021, COVID restrictions permitting. Commenting on his appointment Jason Leitch said: "It is a huge honour to be invited to be an Ambassador. As National Clinical

Director of the Scottish Government, the advancement of quality in all areas of healthcare is close to my heart. It is an exciting time for dentistry, and I am delighted to contribute to the initiative to form the College."

Jacky Hayden is President of the Academy of Medical Educators, a Non-Executive Director and Senior Independent Director at University Hospitals Plymouth, a member of the Medical Tribunal Service Committee and the Suitable Person for the MPTS. She is also an Associate for the General Medical Council and has led quality assurance visits to most parts of the United Kingdom.

Meanwhile, Russ Ladwa has taken office as the 134th President of the British Dental Association, and Eddie Crouch has been elected as the new chair of the BDA's Principal Executive Committee.



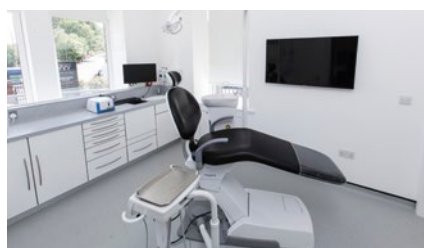
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eurodentistry.dentalcongress.com

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International Conference on Restorative and Esthetic Dentistry

tinyurl.com/y5wctqau

23-24 OCTOBER

International Conference on Applied Science

Central Park Hotel, London
10times.com/icaset-london

26-27 OCTOBER

Prosthodontics & Restorative Dentistry

Webinar

dentistry.dentalcongress.com

27 OCTOBER – 5 NOVEMBER

Medicine24 2020

Formerly TIC, Strathclyde
University; now online
[www.rcpsg.ac.uk/events/
Medicine24](http://www.rcpsg.ac.uk/events/Medicine24)

30 OCTOBER

TC White Conference - Oral Healthcare of the Ageing Population

Online

[www.rcpsg.ac.uk/events/
TCWhiteSymposium-2020-10-30-343](http://www.rcpsg.ac.uk/events/TCWhiteSymposium-2020-10-30-343)

12-14 NOVEMBER

BACD Annual Conference*

Currently EICC, Edinburgh; check
site for updates

www.bacd.com/for-dentists

19-20 NOVEMBER

ICDPOD 2020 International Conference on Diagnosis and Prevention of Oral Disease

London

www.tinyurl.com/wddcyov

26-28 NOVEMBER

BSDHT Oral Health Conference

Online

www.bsdht.org.uk/OHC2020

4-5 DECEMBER

Cosmetic Dentistry & Orofacial Myology

Webinar

[cosmeticdentistry.conferenceseries.
com](http://cosmeticdentistry.conferenceseries.com)

10-11 DECEMBER

ICDEPD 2020

International Conference on Dental Ethics and Paediatric Dentistry

London

www.tinyurl.com/wgvdgvj

AUTUMN/WINTER

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[rcsed.ac.uk/events-courses/
event-details-24th-annual-confer-
ence-for-dental-care-professionals](http://rcsed.ac.uk/events-courses/event-details-24th-annual-conference-for-dental-care-professionals)

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Scottish Dental Show

Glasgow

www.sdshow.co.uk

3 DECEMBER 2021

FGDP (UK) Scotland Study Day Informative updates on treatments for perio and endodontics.

Glasgow Science Centre

[www.fgdpScotland.org.uk/
book-glasgow-study-day](http://www.fgdpScotland.org.uk/book-glasgow-study-day)

Note: Where possible this list
includes rescheduled events,
but some dates are subject to
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BDS (Glasgow 1983),
FDS, MSc, MDO, RCPS



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



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



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



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



The future of practice:

time is of the essence

WORDS
WILL
PEAKIN

A ground-breaking Scottish report has put pressure on UK governments to act decisively on support for the profession and tackle COVID-19's impact on oral health

The Scottish Dental Clinical Effectiveness Programme (SDCEP) published its keenly anticipated 'rapid review' report on aerosol generating procedures (AGPs) and COVID-19 last month.¹ In response to the report, the British Dental Association (BDA) urged all four nations of the UK to consider its recommendations and to "move forward in a clear and coordinated way". The BDA said dentists and patients needed clarity on how essential treatments should now be provided. However, it also noted that patients should be clear that any resulting changes will not mean a return to "normal" dental care.

The review was initiated and conducted independently by SDCEP. But - as one member who was invited to sit on the group described the urgency among officials as lockdown continued - the Office of the Chief Dental Officers (CDOs) wanted to "get to grips with issues frustrating the profession". Held in high regard for its work on antimicrobial resistance, antibiotic prophylaxis, dental amalgam and periodontal care, SDCEP began work

on the review at the end of June with the support of the UK CDOs. It convened a multidisciplinary working group with representatives from all four UK nations supported by a methodology team, including members of Cochrane Oral Health. The aim was to identify and appraise all available evidence related to several pre-determined key questions about AGPs in dentistry. Using a considered judgment of this evidence and other relevant factors a number of agreed positions that could inform policy and clinical guidance were reached.

"For almost three months I have worked alongside remarkable academics, virologists, physicists, public health officials, and other wet fingered dentists," said Mick Armstrong, a member of the group, and former chair of the British Dental Association. "The process engulfed our lives as hours of virtual meetings piled on top of intensive review work. It almost felt like being a student again waking up to spend two hours on aerosol physics or epidemiology on a Thursday morning. But that was what was necessary to compile this report."

The group assessed past and current scientific





evidence for aerosols and mitigation factors from around the world. It is not, the authors emphasised on its publication, new Government guidance, but rather it is a review which aims to inform policy makers. The SDCEP looked at the available evidence relating to the generation and mitigation of aerosols in dental practice and the associated risk of COVID-19 transmission, and reached a number of agreed positions (a 75 per cent majority of members' opinion was required) including:

- High volume suction and rubber dam use is recommended to reduce the risk of COVID-19 transmission
- The use of fallow time is recommended, the length of which varies between 10 and 60 minutes and depends on the ventilation rate, high volume suction and rubber dam use
- Pre-procedural mouth rinses and anti-microbial coolants are not recommended for use to reduce risk of virus transmission.

The recommendations will be reviewed as more evidence emerges; the authors cautioned that the evidence base is "currently quite weak". However, the BDA commented that the report was a "thorough piece of work and valuable resource for dentists in these challenging times". The association has outlined some likely implications for practices; training may be required and improving ventilation is likely to be costly and require specialist technical support. On the issue of ventilation, Armstrong added: "This is a public health measure and it is a reasonable ask of the government to help get dentistry back on its feet. This act would show the kind of commitment to our profession that we have needed since the outbreak first took shape."

For the profession as a whole, the concern remains the safety of patients, the dental team and the financial viability of dental practices. If these recommendations evolve into requirements, said the BDA, then Governments will need to "step up and offer direct financial support." In a statement it added: "We will continue to campaign on your behalf and update you on any changes. Until new guidance is issued, we urge you to follow existing Government guidance on AGPs and COVID-19"

Jeremy Bagg, who is Professor of Clinical Microbiology at Glasgow University and Head of the Glasgow Dental School, chaired the working group. He told *Scottish Dental* magazine: "Fears over the potential transmission of SARS-CoV-2 via the airborne route during dental aerosol generating procedures have resulted in the requirement for fallow times between patients, which dramatically impact on surgery capacity and significantly reduce access to dental care for patients."



**IF THESE RECOMMENDATIONS
EVOLVE INTO REQUIREMENTS,
THEN GOVERNMENTS WILL NEED
TO STEP UP AND OFFER DIRECT
FINANCIAL SUPPORT" - BDA**



"The lack of reliable evidence in this area complicates assessment of the overall balance of risks and harms. Since late June the multi-professional Working Group that was established by SDCEP to undertake the Rapid Review has worked tirelessly, guided by the evidence appraisal led by the SDCEP core team and Cochrane Oral Health, to develop the set of considered judgements that were published on 25 September.

"As chair of the working group, I would like to acknowledge publicly the commitment of all concerned. The thoughtful, collaborative and respectful ways in which all the members engaged was central to completion of this very challenging project within the timeframe achieved. Furthermore, the huge volume of work undertaken by the SDCEP central team, under considerable time pressure, was remarkable. If the outputs of the Rapid Review are reflected in the official guidance that will follow, then all of these efforts will have been very worthwhile."

Jan Clarkson, the Director of SDCEP, Associate Postgraduate Dental Dean at NHS Education for Scotland and Professor of Clinical Effectiveness at Dundee University, added: "The SDCEP rapid review was a truly incredible experience. Rarely do you have an opportunity to work on an urgent issue for the profession and public, with a committed group of researcher experts, dental professionals and patients. Over 13 weeks the working group met as many times to agree considered judgements based on the available evidence. The urgency of the

The rapid review combined research into COVID-19 from many areas of science and healthcare

SDCEP review resulted in an exciting and unique situation with expert researchers offering to assist the core team and openly share pre-published findings. The rapid review has been an intense and enjoyable experience with a clear and agreed purpose, to inform guidance development. We have agreement from all involved to enable us to be agile, committing to make this a living review, updating it as new evidence emerges.

“As Director of SDCEP, I thank Jeremy for chairing the working group so brilliantly and for his unstinting support for the team in this ambitious undertaking. I could have not been prouder of the team or more impressed by the wide range of individuals, who engaged freely and openly to make evidence-informed considered judgements in this time of national emergency.”

The report was welcomed by The Faculty of General Dental Practice UK and College of General Dentistry. It noted that among the key positions - and in contrast to those adopted to-date in official protocols - the report divided dental procedures into three categories of aerosol generation potential according to the instruments used, with fallow periods recommended only for the highest risk procedures, and suggested the determination of fallow time using a multifactorial approach, with a ‘benchmark’ of 15-30 minutes.

The FGDP-CGDent’s own guidance, published in June and updated earlier this month^{2,3}, also set out a more nuanced approach to considering the generation of aerosols in dental practice. Ian Mills, Dean of FGDP(UK), and member of the SDCEP’s review group, said: “SDCEP’s review of dental AGPs has been extremely thorough and followed a rigorous and methodical approach. Its publication is potentially a very significant moment in the recovery of dental practices in the midst of the coronavirus pandemic and I commend the SDCEP team for the hard work and dedication they have shown in producing this report.

“We welcome in particular the more refined stratification of the transmission risk inherent in types of dental procedure; the allowance for fallow time to be calculated from the cessation of the procedure; and the sophisticated approach to calculating fallow time, which considers both procedural and environmental mitigation factors such as high-volume suction, the use of rubber dam and provision of adequate air ventilation

“These approaches align exceptionally well with our own guidance and we feel it is important that current standard operating procedures are reviewed in light of SDCEP’s recommendations. Adoption of these measures will enable the increased delivery of patient care to tackle the backlog of unmet need and avoid further deterioration in dental access and oral health inequality.

“A reduction in fallow time will also support the viability of practices, while the maintenance of universal precautions will continue to keep both patients and members of the dental team safe. We have updated our guidance and have worked with partners to develop an online ‘fallow time calculation tool’ to support its implementation.”

Mick Armstrong was clear about the need for clear evidence concerning AGPs.⁴ “[They] have become the single biggest point of contention in dentistry since the outbreak of the coronavirus pandemic. Initially relegated to the confines of urgent dental care, under strict protocols of enhanced PPE [personal protective equipment], the return to practice has meant AGPs are further restricted by fallow time rules. This hour-long period in which treatment rooms had to be empty has had severe repercussions for practice throughput and further



IF FALLOW TIME CAN BE REDUCED TO 10 MINUTES THAT WOULD REDUCE THE THREAT TO DENTIST VIABILITY AND TACKLE THE IMPACT LOCKDOWN HAS HAD ON ORAL HEALTH” - MICK ARMSTRONG

punished a sector already on its knees. The profession has cried out for evidence, detail and guidance and this review hopes to provide some answers,” he said.

“I truly believe that this is the report the profession has been looking for. It reflects the fact that the science is not comprehensive and outlines how we can best ensure public and staff safety. We now need and eagerly await Government policy and hope any new instructions reflect the tireless work by SDCEP.”

Armstrong reiterated the report’s fundamental purpose: “[It] outlines our methodology and agreed positions and is a series of recommendations on the generation and mitigation of aerosols in dental practice and the associated risk of COVID-19 transmission. As professionals, we are all familiar with AGPs but for the first time we now delineate between different categories. There are high-risk procedures that require fallow time and lower risk procedures that can be dealt with using standard control precautions.

“The group has agreed that a pragmatic fallow time of between 10 and 60 minutes is recommended to reduce the risk of coronavirus transmission through the use of a series of mitigation techniques. The use of high-volume suction, already estimated to be used by 94 per cent of practices, could reduce fallow time to 20 minutes if applied effectively. Likewise, the use of rubber dams for restorative dental procedures that produce aerosol is also recommended.

“But the key to reducing fallow time is ensuring a high ventilation rate. It is essential that dental care providers investigate the air change rate to ensure they comply with guidance that treatment rooms should have at least 10 air changes per hour – an open window is probably not enough. Mechanical ventilation ensuring at least 10 changes per hour should bring fallow time down to 10 minutes, plus 10 minutes cleaning time, in line with our recommendations.

“If fallow time can be reduced to 10 minutes then dentist capacity could increase significantly – possibly up to between 60 and 70 per cent of pre-COVID 19 capacity. That would vastly reduce the current threat to dentist viability and really begin to tackle the worrying impact that lockdown has inevitably had on the population’s oral health.”

1. www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/rapid-review-of-agps

2. www.fgdp.org.uk/implications-covid-19-safe-management-general-dental-practice-practical-guide

3. www.cgdpent.uk/standards-guidance

4. www.bda.org/news-centre/blog/Pages/SDCEP-fallow-time-and-AGPS-What-you-need-to-know.aspx



New group aims to take the lead

Committee member David Gibb outlines the thinking behind the SDPO's formation

WORDS
WILL
PEAKIN

Like everyone, David Gibb has found it a worrying time for his family, friends – and the future of his practice, Links Lodge in Montrose.

“I’m hoping they find a vaccine soon,” he said, “and we can get back to something like the lives we had before.” He does concede that the time away from work has not been without its benefits. “I was probably working too hard before the lockdown and needed to improve my work/life balance,” he said.

That, however, has “already gone out the window”. Dr Gibb is now on the committee of the SDPO, the Scottish Dental Practice Owners group, founded by Usman Ullah and fellow practitioners at the onset of the pandemic as practices shutdown. The idea was to support practice owners and share ideas and information. “Membership of the group grew quickly,” said Dr Gibb, “and it became clear that there was an appetite to formalise the group to represent practice owners.”

He added: “I don’t know any dentist who is happy with the status quo, and many of us have felt powerless to address our concerns, over a number of years.

“I think it is important for practice

owners to take a leadership role in addressing the problems facing the service. We need to ensure practices remain viable, that dental teams have reasonable working conditions and that patients across Scotland have access to high-quality dental care. With the support of Scotland’s practice owners, SDPO can work to achieve these objectives.”

But, in what way are their interests not already being met by existing representative organisations? “We are not aware of another group which specifically represents practice owners, despite this being a key stakeholder group in the dental industry. Practice owners make substantial personal and financial investment into their businesses. We provide the facilities for the majority of dental care, and in many practices the owner or owners also provide the clinical leadership.

“We are employers, we contribute to the Scottish economy and we play a significant role in Scottish public health. We think such a significant stakeholder group, with a collective investment of hundreds of millions of pounds and a key role in healthcare provision and public health across Scotland, should have its own representative body.”

A committee was established in July and the group has been formalised as a limited not-for-profit company. It currently has more than 480 members, comprising practicing owners, non-dental owners, hygiene/therapist owners and dental technician practice owners. Directors and committee members are volunteers. The group has an online presence across various platforms, working groups have been set up, position papers written and a ‘September 20 Manifesto’ published focusing on the challenges faced by NHS service providers.

“We have been writing regularly to the CDO and senior members of

Scottish Government about concerns we have with current Scottish Government policies, the effects on patient care and our concerns for the future of NHS GDS,” said Dr Gibb. “We hope to continue to grow the group and consolidate the processes and systems necessary for the smooth running of the organisation.

“We believe that practice owners should be directly represented in discussions with the CDO. We also believe that practice owners would benefit from legal representation. We have already taken legal advice and we intend to fund ongoing legal support through membership fees and crowdfunding campaigns. It seems sensible that such a significant stakeholder should have legal advice and support to protect its interests.”

In what ways did he think that the SDPO group can coexist with other representative organisations in the profession – particularly the BDA, currently the only representative organisation recognised by the Scottish Government? “The SDPO group has formalised because Scottish practice owners feel they need a group to support and represent them,” said Dr Gibb.

The SDPO group is not the only new professional dental organisation; both the British Association of Private Dentistry and the Scottish Dental Association were established this year – how can these organisations be complementary?

“We seek only to unite and represent practice owners, whether their practices are NHS, private or mixed,” said Dr Gibb. “We are concerned that current Scottish Government policy could result in a significant reduction in access to NHS dentistry in communities across Scotland and that this would be a public health disaster. Other groups with different focus will hopefully all contribute to the betterment of dentistry.”

“

IT IS IMPORTANT FOR PRACTICE OWNERS TO TAKE A LEADERSHIP ROLE IN ADDRESSING THE PROBLEMS FACING THE SERVICE”

DR DAVID GIBB

Scottish Dental Association

'We want to become the voice of dentistry in Scotland'

The BDA, the BAPD, the SDPO ... now the SDA wants to make itself heard

Why has the SDA been set-up?

There have been multiple issues facing dentistry in Scotland for years, such as poor oral health among the population, the limitations of NHS treatment provision versus private care and onerous medico-legal regulation - to name a few. COVID-19 has brought these issues into sharp focus. The dental profession has largely been disengaged from the bodies that regulate and represent us, for many reasons. Although this crisis affects much of society, for the first time, there is a significant threat to the livelihoods of those associated with the dental sector, particularly in relation to NHS dental services. With this in mind, we need an effective voice at Scottish Government level to represent our sector fairly.

Who was behind its founding?

A group of like-minded colleagues from across Scotland, practice owners and associates, wanted to set up an association that would represent the needs of the profession in Scotland. We are all busy people with family and work commitments, but we have volunteered our time towards setting up a body to engage the dental community.

Who does it represent and in what way are their interests not already met?

We seek to represent all dentists, but also the wider dental family. Just like we do clinically we should be partnering with our laboratory colleagues and our suppliers to provide the best service to our patients. Some laboratories have closed permanently during this crisis; their interests have not been fairly considered. The NHS Statement of Dental Remuneration is outdated and financially does not allow for the advances in modern dentistry. This is a long-term problem that has been exacerbated by the pandemic. Another example is that mixed and private practices did not receive appropriate Government support during the prolonged closures, thereby threatening their viability.

We have to ask ourselves; what NHS system will be viable going forward? For too long we have just accepted what the Scottish Government has imposed and tried to make it work. Now is the time for the profession to

make serious proposals of our own. We are not being consulted properly on Government measures that affect the care of our patients and our working lives. Dentistry is a mentally and physically demanding job that does not get the respect it deserves, hence the low morale among the profession. There is a lack of transparency on what the Scottish Government intends to do with NHS services – the fact that dental software providers get SDR amendments from the Scottish Government before we have knowledge of them is a case in point and is unacceptable.

There is a significant concern around the feasibility of training new dental graduates and whether dentistry will be an attractive career prospect for future undergraduates. Other countries do not have the same complicated issues facing dentistry that we have in Scotland, and this is down to the structure of the NHS dental system which stifles progress.

What has been the story so far of the SDA this year?

SDA wishes to become the voice of dentistry in Scotland. A reasonable, fair, but robust voice which holds our Government, NHS, and regulators to account. We are especially focussed on NHS general practice as this forms the significant majority of dental treatment provision in Scotland. We have engaged with the BDA, SDPO, SDCEP, Directors of Dentistry, and Scottish Government and hope to establish regular channels of communication with these bodies for the betterment of the profession.

Where is the SDA now, as of autumn 2020?

Companies House is about to approve our structure and we have an interim constitution and committee in place. Once we have the legal structure confirmed then we plan to hold elections for the committee and expand our membership. Details about the SDA are available on our website www.thescottishdentalassociation.co.uk

What comes next?

We have launched our "Save Your Dental Practice" campaign to unite the profession behind saving NHS dental care. The priority

is being involved with the formulation of the new SDR. We wish to canvas the thoughts of the profession on the best way to structure this. We have begun our student outreach, as the undergraduate dental community is in turmoil now and they need to know their qualified colleagues are right behind them. We are also liaising with the Public Dental Service to support their vital work. We have explored commercial tie-ups so our members can access professional services to support them in their role. We seek to begin and run Scotland's first dedicated dental professional to dental professional support group. We are here for everyone in the dental community.

How can the SDA co-exist with other representative organisations in the profession - the BDA is currently the only one recognised by the Scottish Government?

We are here to support the BDA in their position with Scottish Government consultations. However, there are a significant number of dentists in Scotland who are not BDA members and feel the BDA does not represent them. We hope the SDA can support the needs of those individuals.

As well as the SDA there have been other representative organisations established this year; how can they co-exist?

There's space for whoever can garner support from the profession – it depends on what we all offer. The SDA wishes to include all members of the dental team and is focussed on the needs of dentistry in Scotland which is predominantly NHS-based. If the bodies that represented us before 2020 were effective in what they stand for then none of the aforementioned organisations would exist. Together, we can rebuild dentistry and give it the reputation it deserves, all the while delivering optimal patient care.

James Craig is an SDA committee member and Principal Dentist of Currie Dental Care.

Learning from COVID-19

Exploring emerging innovative learning opportunities for dental postgraduate education and training

Abstract

This article reflects on the learning that emerged from the COVID-19 pandemic and highlights innovative opportunities for postgraduate dental education as a direct consequence of the continuing global challenge on the health and social care sector. We discuss the need to move away from a traditional teaching pedagogy and adopt an adult-learner-centred approach to refocus training priorities to meet the healthcare system's changing requirements.

Opportunities

The global impact of COVID-19 has affected everyone. Regardless of the challenges faced, everyone has had choices taken away. According to the International Association of Universities, more than 1.5 billion students and young people have been affected by school and university closures related to the pandemic.¹ While social media and digitalisation within dentistry prior to COVID-19 was becoming a key influencing factor in the delivery of education and training for undergraduate dentists, this exponentially increased during the pandemic – virtual classrooms, conferences delivered remotely, recruitment held via global proctored selection centres and clinical skills training delivered on virtual reality portals. Education has moved into the age of the 'Digital Dentist', offering versatility and opportunities to innovate.

When the four UK Chief Dental Officers called for the cessation of routine dental services in March, there was disruption to education and training. Despite the challenges imposed through suspension of training and the reduction of face-to-face dentistry, it became apparent that, as educators, the focus should not solely be on the recommencement of aerosol-generating procedures but viewed as an opportunity to redefine training.

The longer-term changes to the oral health workforce have yet to be determined. The public health implications will drive educational changes and dentistry has a unique

opportunity to embed the importance of oral health as part of maintaining overall general health. Dental multi-disciplinary teams, with colleagues in health and social care, must develop closer working. It is no longer aspirational to consider collaborative care; it is vital that we start to ensure delivery is across an integrated healthcare system.

This reprioritisation of oral health must be driven by the dental profession, which can use this opportunity to reform dental education and reframe public and patient expectations. A well-planned and conducted interprofessional education strategy (IPE) can support a "flexible, co-ordinated, complementary, patient-centred and cost-effective collaboration in interprofessional teams within a policy-aware understanding of organisational relationships".² If IPE is already recognised within the undergraduate health and social care curricula, this is a challenge to dental training, where interprofessional working is not widely integrated. It currently exists within dental teams, however the maturity of working relationships across the wider health and social care sector needs careful exploration. This provides opportunities to innovate and offers a vision for programme development.

The dental professions' response throughout the pandemic does highlight innovative opportunities and the ability to adapt. As foundation training was disrupted, many trainees were redeployed across the health and social care system. There are published reports of trainee experiences from being deployed into primary, community and secondary care settings where they used existing core competencies in different clinical environments. These included telephone triaging, working in ITU, PPE distribution, hospice care and swabbing centres.

These unique volunteering opportunities extended to COVID-related research where for the duration of lockdown, several foundation dentists worked alongside a range of medical

WORDS

A THOMSON

BDS MFDS
PGDIPCLINLEADERSHIP
PGCERTCLINEDUCATION;

A THORNTON

BDS;

AJ DICKENSON

FRCS FDSRCS FRCS
(OMFS) FACADMED
FDTFED

specialties to collect data from COVID-positive patients. This immersive, interprofessional, educational experience provided insights into hospital working and presented opportunities to develop additional skills such as research methodology, communication and multi-disciplinary working. Clinical skills such as phlebotomy, cannulation, swabbing and medical imaging interpretation were gained and assessed as part of their training programme. Embedding dentists into established medical teams demonstrated how a collaborative approach to patient-centered care provided additional transferable skills that would benefit their future patients.³ It has provided an insight into future careers opportunities, both within and outside of dentistry.

As the country faces renewed surge activity, dentistry will be challenged. With restricted access to patients, the education and training system must adapt to maximise clinical training time. The profession will benefit from prior learning and be more prepared to adapt through the rethinking and reshaping within dental education. The emergence of in-situ simulation, haptic technology and virtual reality will become an important adjunct for clinical skills acquisition, maintenance and assessment. The true learning has been the versatility and resilience of the dental workforce, the ability to integrate across different sectors, and clear identification of the reciprocal benefits of dentistry as part of the wider healthcare system. It is hoped the learning from COVID-19 will be integral to future working, which will benefit patients, the profession and interprofessional relationships.



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LET'S HEAR IT FOR DENTAL NURSES

Give thanks for the invaluable contribution they make to the profession

[WORDS: SUSIE ANDERSON SHARKEY]

THERE IS A STATEMENT GOING around online just now that says: "So, in retrospect, in 2015, not a single person got the answer right to: 'Where do you see yourself five years from now?'" Even as little as eight or nine months ago, none of us could have envisioned a life where there are no hugs, no handshakes, very little face-to-face meeting with friends and family, where everyone says to one another 'stay safe', masks are routinely worn outside of a clinical setting and the word 'staycation' has well and truly entered into our national dictionary. It's as if we are all living in some parallel universe, but the brutal truth is that, life as we knew it may never ever be the same again.

As I am writing this, most people hopefully will be back to work in some shape or form. No, it's nowhere near the way we ran our businesses as little as a few months ago but we are forging ahead and shaping a new future for ourselves. The last few months have given us a unique opportunity to look at our business model, to re-evaluate our priorities, to make some tough decisions and for some, the answer has been to carve a career path outside of dentistry (although this is in the minority I'm glad to say).

For myself, it has been an interesting few months where, after much consideration, I decided it was time to drop my RDN status and not renew my dental nursing registration. After almost 30 years of being a registered dental nurse, albeit not having a registered chairside for many years, it was a decision that was a full year in the making before I actually decided 'the time is now'. As I approach a 'big birthday' in January and as I work from home, there was almost no prospect that I would ever work in a chairside capacity again. As I pressed that online button 'not renewing', it was a reflective moment for me. How did I feel?

I had put a lot of time and effort into getting my dental nursing qualification way back in the day when it was called 'the National'. I was working full time, raising a young family and also had commitments outside of work and home. It meant attending college one night a week as well as a lot of studying – there was a time I could have quoted Levison almost word for word. To this day I can still remember the composition of enamel and dentine

and, when I was recently asked by a friend which bacteria causes tooth decay, yup I was able to tell him.

I know I may be about to write a controversial statement that not everyone is going to agree with, but I've always felt that full-time chairside dental nursing is a younger person's role and I know the energy I had to work chairside as a 30-year-old has definitely diminished as another 30 years have passed. Dental nursing is not a passive role. A nurse is constantly on the move throughout the day, and by the end of the working day will have clocked up a few thousand steps on the pedometer, just moving from one area to another. Thankfully the myth of a dental nurse's job being sitting and aspirating along with a bit of mixing has hopefully entered into the mythical archives, but for a long time dental nursing was viewed in a very different light than today.

Working chairside is not for the fainthearted, nor for those who want an easy career option and I salute all our wonderful nurses who work so tirelessly day after day in a very demanding environment. Their skill set has been ramped up even more with our Covid induced rules and regulations impacting the day-to-day running of a surgery, even if it's for a patient exam. As the years have passed it's encouraging to see how dental nursing has evolved and the ability to take post qualification certificates, such as dental radiography, sedation, impression taking, and other disciplines, have come into being. They have definitely raised the status of dental nursing. I truly believe that for young people wishing to

pursue a career in dental nursing, it is a very worthwhile profession and has very strong career path possibilities depending on how the nurse wishes to expand his or her career.

The role of the dental nurse during lockdown cannot be overstated and they have been right up there in the front line along with their counterparts in other areas of the healthcare sector. Our 8pm clapping on a Thursday evening was as much for the dental nurse working in one of the hubs, as for every other healthcare worker.

For me, as time moved on, my love for systems, management and order came to the fore (I already had a diploma in hotel management). It has been

the management sector I have largely worked in throughout my career. However, I found that having the knowledge and experience of working chairside, understanding what was happening throughout the patient journey has been invaluable in my former management roles and more recently as treatment co-ordinator.

Understanding terminology and indeed the aetiology of tooth decay, as well as being able to identify the difference between UR2 and UR3, have all helped to enhance my ultimate career path.

I return from furlough with the letters RDN having taken on a whole new meaning for me – Retired Dental Nurse. Nevertheless, I am ready and eager in my role as treatment co-ordinator to contribute towards moving our dental practice forward in these Covid-dominated times. We look for the opportunities to develop and evolve into an even better practice than pre-Covid days and it is with anticipation that I look to the future and to see how dentistry and the important role of the dental nurse unfolds in the next couple of years.

So, let's hear it for our very often unsung heroes of the dental world and thank you for the invaluable contribution you make to the profession.



**I'VE ALWAYS FELT THAT
FULL-TIME CHAIRSIDE
DENTAL NURSING IS A
YOUNGER PERSON'S ROLE"**

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

THE ONE WHERE....

During lockdown, books remained unread, instruments not practised and courses not completed – why was that?

[WORDS: ALUN K REES]

IF THIS WAS AN EPISODE OF

Friends then it might be called: “The one where he gets all philosophical”. That may be the case but hopefully it’s not less practical.

Dentistry is often been likened to being on a hamster wheel. It can be relentless, with the focus on surviving and not thriving. I have often used those words to describe clients’ situations. Survival is exhausting in the long term and not fulfilling. Often what appear as solutions only camouflage underlying problems.

The fact is that everyone is on a hamster wheel of some sort. Happy enough while you’re comfortable or even slightly uncomfortable. You live in cycles of varying lengths; you wake, eat, work and sleep. You take some days off and do other things, socialise, spend time with friends and family and you hope that the wheel will keep turning enough, but not too much. The problems arise when you realise that the wheel is not of your design, the speed is out of your control and you discover that your exit gate is locked.

During 2020 many people looked at their lives during lockdown, didn’t like what they saw, and told themselves that something ought to change. Yet most of them have done little or nothing. The books remain unread, the instruments not practised and the courses not completed. Why was that?

The challenge is to accept, adapt or to change. I know that many silently recite the serenity prayer, or their version of it, on their way to work every day: “God grant me the serenity to accept the things I cannot change, Courage to change the things I can, and Wisdom to know the difference”.

Change can come about by gradual adaptation, but it is very slow, and there comes a point where you must make a clear and definite change. But change only occurs when the pain of doing nothing exceeds the pain of doing something.

If you are at that point and are serious about making the change then you need to be clear about a few things.

Firstly. Motivation. Learn the difference between ‘away-from’ and ‘towards’ motivations. You need more than the desire to get away from what you do not want. If you’re in a pan of hot water, or a fire, any direction of escape will do. The pain itself will be the kick-starter of change but ‘away-from’ is inconsistent and not enough to make the change sustainable and successful. ‘Towards’ motivation gives you direction, it provides a vision of where you want to reach. If you are blown off course or distracted then you still have an end point,



IF YOU ARE SERIOUS ABOUT CHANGE THEN YOU NEED TO BE CLEAR ABOUT A FEW THINGS”

a target and can modify your course. It enables you to keep going, to sustain your change and to realise when you are making progress.

Second. What is your ‘Why’? Can you answer the question: ‘For what purpose?’ In your life, in your career, in everything. Unless you have a clear purpose then you cannot fulfil it. Your purpose is what will give you direction and drive your motivation; it is both your Pole star and your compass.

Third. Never be afraid to write another chapter in your book, the story of your life. You are both the author and main character in your book where what you can imagine and write is what will happen to you. All you need is imagination and faith in yourself or the belief of others. Write in depth, in detail,

what you dream you can become, but as the song says: “you’ve got to have a dream”.

What’s stopping you? Beware bright shiny objects (BSOs), the distractions and the things that will lead you from your chosen path. Some are mental, some physical and some emotional. They all share one thing in common; they are hugely appealing, they distract and they consume both time and energy. They will lead you down rabbit holes and give you no return on any investment.

One the worst of the BSOs is ‘FOMO’ – the fear of missing out – this causes you to see the world through powerful distorting lenses. It makes you feel that you are inferior, that the rest of the world is more successful than you, is having a great time, and is perfect. Loved by advertisers, magnified by social media and fuelled on half-truths, submitting to FOMO is the perfect way of undermining your self-worth.

Finally, learn to recognise and understand your ‘Gremlin’. This is the name given to the voice in our head, the one that tells you that you can’t do something, it fuels every negative emotion and its mission in life is to stop you achieving. It is responsible for procrastination, postponement of success and for many failures. This internal naysayer never goes away but with practice in becoming aware you can get to know and ignore it.

If you are feeling stuck, I wish you every success in developing your plan of acceptance or escape.

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

www.thedentalbusinesscoach.com





Cases reports: CBCT scans in planning oral surgery in practice

Schmulian, C. BDS, DGD(UK), MGDS, FFGFP(UK), Dip Imp Dent RCS, Dip ConSed, FDS RCS (Ed)

Evidence-based radiation protection guidelines for the use of cone beam computed tomography (CBCT) imaging in dental and maxillofacial guidelines have reviewed indications for: the assessment of the developing dentition; restoration of the dentition; surgical applications. This document evaluated literature for the application of 3D imaging in restorative and surgical dentistry.

The use of CBCT scans is now accepted as the standard of care in implant dentistry. The use of imaging software and implant planning programmes enables the implant dentist to accurately plan the position of the proposed implant.

In addition to implant planning, the ability to assess anatomical features and pathology is often of benefit in planning oral surgery. The European Commission reviewed the use of CBCT scanning in oral and maxillofacial surgery.

Table 1:

CBCT surgical applications (SEDEXCT)
Exodontia
Implant dentistry
Bony pathosis
Facial trauma
Orthognathic surgery
TMJ

Table 2:

Retained root
impacted teeth
peri apical pathology
adjacent anatomic features, nerves, sinus and nasal floor
trauma

Case 1: extraction of impacted tooth 43

A 38-year-old male requested the removal of a lingually displaced tooth 43. The tooth was symptom free, and its extraction had been planned on many occasions in recent years.

A CBCT scan was taken of the anterior mandible. The cross sectional, axial and 3D volume images showed the proximity of tooth 43 to the roots of 41 and 42. The use of luxator alone to remove tooth 43 could have resulted in trauma to the adjacent teeth. The CBCT scan helped to plan the removal of the tooth. A muco-periosteal envelope flap was raised, and bone removed from the lingual aspect of the mandible. The tooth was removed without damage to the incisor teeth [images 1-3].

The European Commission Cone Beam CT for Dental and Maxillofacial Radiology guidance¹ states the CBCT may be indicated for pre-surgical assessment of an impacted tooth when conventional radiographs failed to provide the information required. In this case, superimposition of two-dimensional images would have provided limited information in comparison to those obtained from a CBCT scan.

Case 2: surgical removal of retained root 36

A 34-year-old female was referred, complaining of intermittent pain from the lower left mandible. A periapical radiograph sent by the patient's dentist showed a retained root of tooth 36. This had been extracted seven years ago and the patient had been advised at the time that part of the root had not been removed. Until recently this had been symptom free.

A CBCT scan was taken which showed a radiolucent area above the retained root. This was lying immediately above the inferior dental nerve. The CT scan assisted with the surgical planning, in addition to locating the roots. Imaging software was used to accurately chart the inferior dental nerve, the position of the mental foramen was found, the width of the buccal cortical was measured and a

small osseous defect on the alveolar ridge was identified.

The muco-periosteal flap was designed to ensure that the vertical relieving incision was anterior to the mental foramen. The scan was invaluable in preparing the access to the root. A piezo surgery saw tip was used to cut through the dense buccal cortical bone. Superior, inferior and vertical cuts created a bony window. The rectangular cortical bone was elevated to provide direct access to the underlying granulation tissue covering the root. This was removed from above to avoid any pressure on the nerve lying inferior to the root. Granulation tissue superior to the root was removed to minimise the risk of the development of a residual cyst. The patient reported no paraesthesia post operatively.

Case 3: coronectomy tooth 38

A 29-year-old female was referred following repeated episodes of peritonitis of tooth 38. The example in images 7-9 demonstrates a case of a mesially impacted tooth 38 that required CBCT investigation as part of the examination and consent process. CBCT demonstrated a close relationship between the roots of 38 and the IDN. In this case, the patient was offered the opportunity of both surgical removal and coronectomy. Given the potential for altered sensation or numbness, the patient opted to undergo a coronectomy. The post-operative radiograph shows the apical root fragments left in-situ following the procedure.

In high-risk cases, the European Commission Cone Beam CT for Dental and Maxillofacial Radiology guidance states: "Where conventional radiographs suggest a direct inter-relationship between a mandibular third molar and the mandibular canal, and where a decision to perform surgical removal has been made, CBCT may be indicated."

Matzen et al carried out a study of 186 lower third molars that were assessed using both panoramic imaging and CBCT to decide whether surgical removal or coronectomy was indicated.² Treatment planning was carried out after the initial





Figure 1

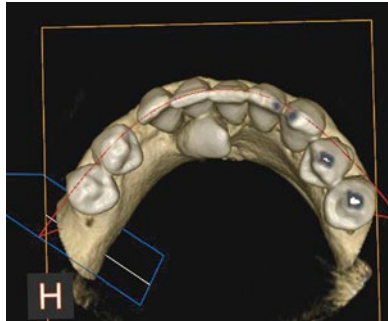


Figure 2

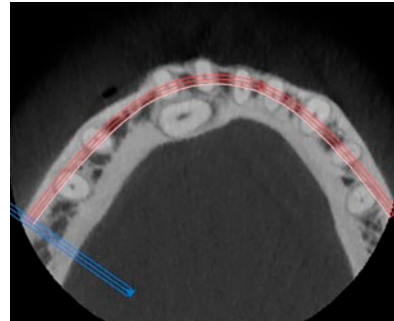


Figure 3

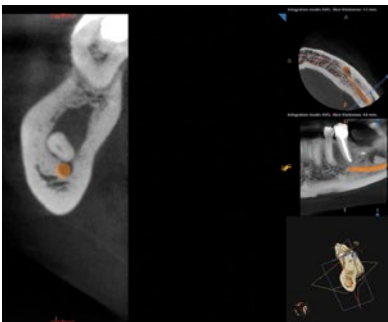


Figure 4

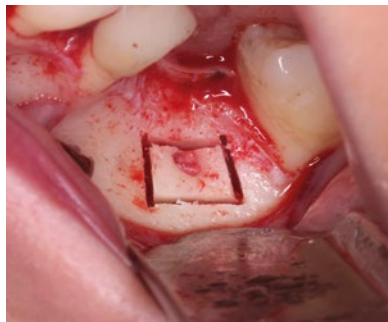


Figure 5

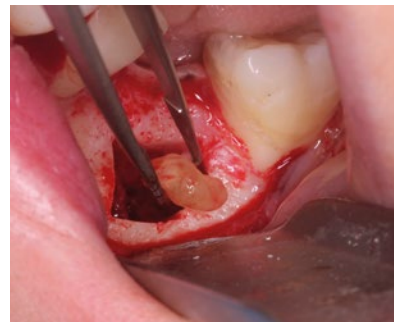


Figure 6

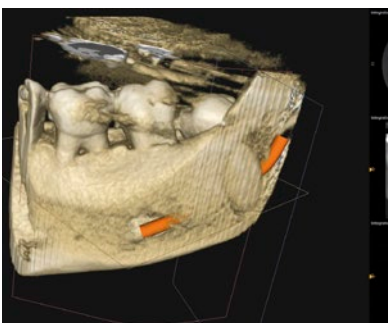


Figure 7

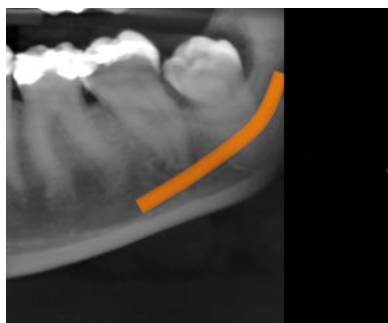


Figure 8



Figure 9

two-dimensional imaging followed by a second treatment plan after three-dimensional imaging. The authors found that the treatment plan was changed for 22 teeth and thus CBCT influenced the decision-making process in 12 per cent of cases. The authors advised that “narrowing of the canal lumen and

canals positioned in a bending groove or in the root complex observed in CBCT images were a significant factor for deciding on coronectomy”.

Given the significant impact of CBCT imaging in treatment planning it is essential that patients in high-risk cases are offered three-dimensional imaging.

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Ruaridh McKelvey, Principal Orthodontist and co-founder

GROWING ORTHODONTICS PRACTICE UNVEILS PRIVATE PATIENT SUITE

One of Scotland's leading practices Beam Orthodontics has unveiled a stunning new clinic where patients can enjoy their 'life-changing' treatment in comfort and style

Launched in 2007, the Dundee practice has expanded into the space downstairs from its existing clinic to accommodate its growing team and an upsurge in demand for specialist orthodontic treatment to straighten teeth and perfect smiles.

Since opening, Beam has seen a huge rise in demand for orthodontic treatment, especially 'invisible' braces including Invisalign, attracting patients from throughout Dundee, Angus, Fife, Perthshire and beyond. During lockdown, demand rose further, with hundreds of enquiries from prospective new patients.

Welcoming patients through an impressive, luxurious reception area, the new space flows into a state-of-the-art treatment

centre with three surgeries, increasing the number of dental chairs from five to eight.

Patients can also watch their treatment 'live' from their seat on large computer screens in front of each dental chair improving communications between orthodontist and patient.

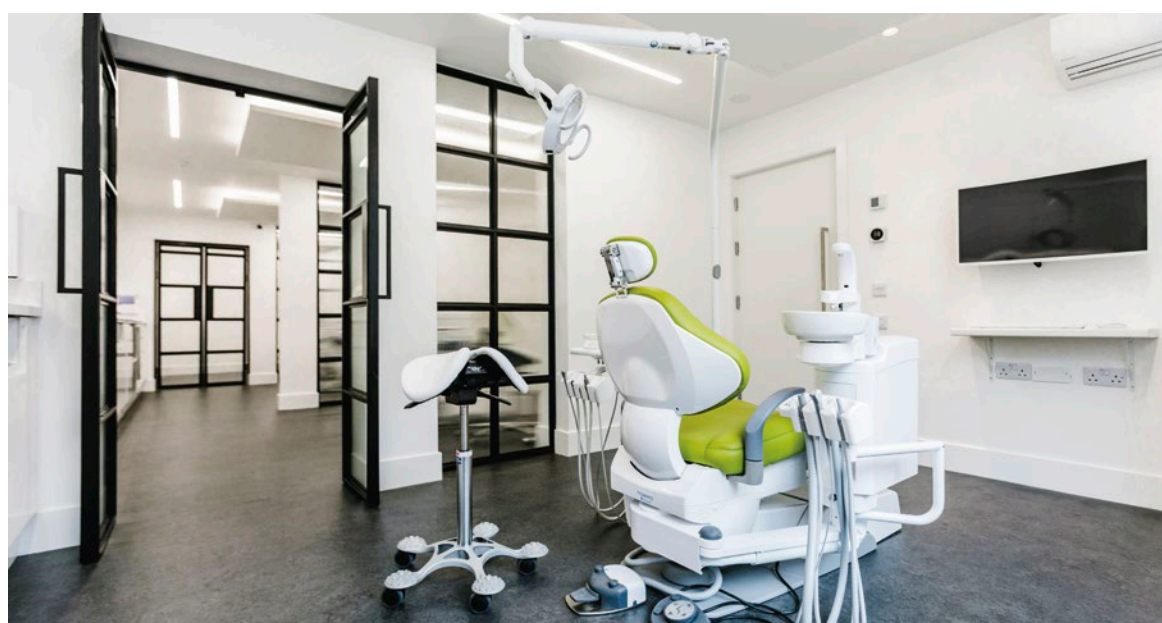
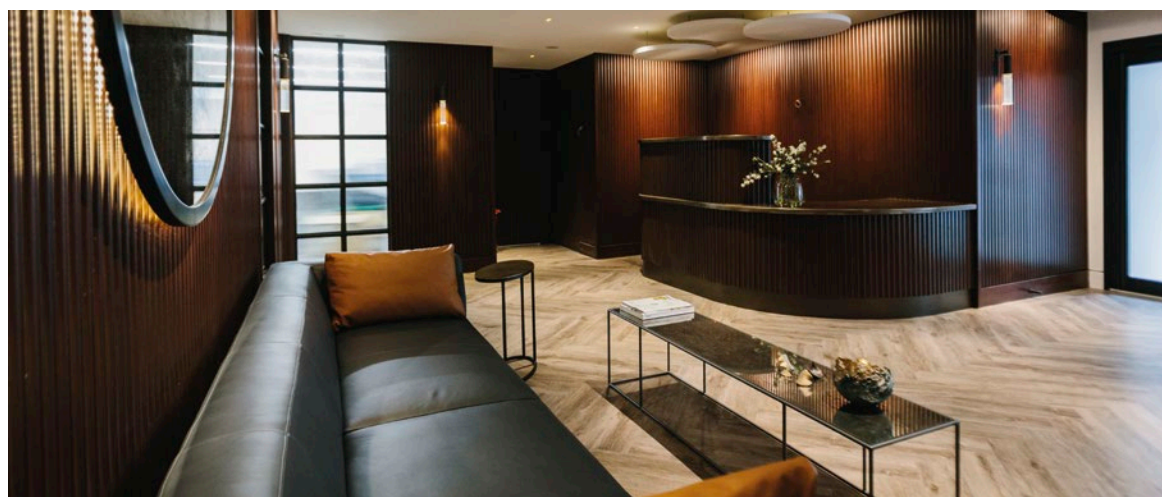
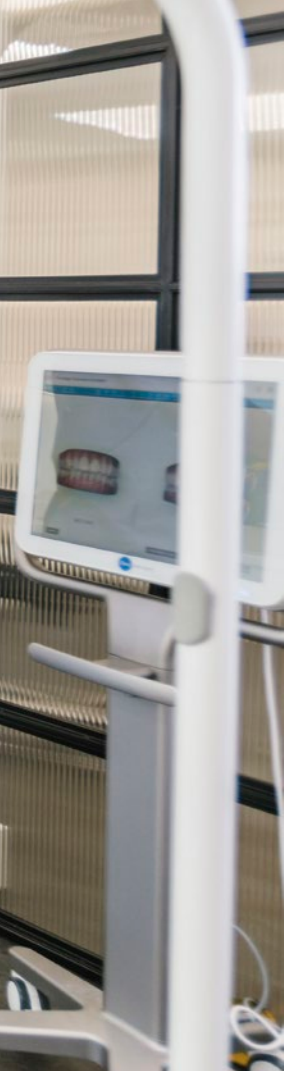
Meanwhile, reinforcing Beam's commitment to involving patients in their treatment is their new Dental Monitoring (DM) App. Allowing patients to monitor their progress by scanning their teeth with their smartphone, images are then sent on to their clinician, providing more engagement, feedback and reassurance.

Using technology, which is more accurate than the naked eye, patients can scan their teeth regularly, allowing them to track the

“

EVERY DAY, WE FOCUS ON ONE GOAL; PERFECTING SMILES; TREATMENT WHICH CAN BE GENUINELY LIFE-CHANGING”

RUARIDH MCKELVEY



movement of their teeth and the success of their ongoing treatment. A scaled-back version of the App, Dental Monitoring Light, allows other adult patients to scan and submit photos of their fixed braces if they require reassurance or advice with a particular issue.

The downstairs space also incorporates an office where clients can discuss their options with their dedicated treatment coordinator. Having outgrown the office space upstairs, a larger main administrative area has also been created, freeing up room for a dedicated staff space upstairs.

Ruaridh McKelvey, Principal Orthodontist and Co-founder, commented: "Every day, we focus on one goal; perfecting smiles; treatment which can be genuinely life-changing. More and more adults, of all ages, are coming in for treatment for cosmetic reasons, many seeing a flaw in their smile that they want to have corrected. Interestingly, we saw a big increase in enquiries over lockdown when many people saw their holidays cancelled, perhaps freeing up some income or just having more time to

consider lifestyle choices.

"By expanding our premises and creating this really special environment, we are maintaining the high standards our patients have come to expect, making the whole experience as welcoming and enjoyable as possible. On a practical level, we now have more space and facilities to welcome more patients into the clinic, get their treatment going and future-proof Beam as a business as we continue to grow in the months and years ahead."

The opening of the private patient suite coincides with the arrival of two new senior members of the Beam team.

Joining Ruaridh and Specialist Orthodontist Ruth Fowler is Specialist Orthodontist Roxana Lutic, who joins the team from an Orthodontic practice in Elgin. Roxana graduated as a dentist in 2013 in Bucharest. She then went on to pursue her residency in Orthodontics and graduated as an Orthodontic Specialist in 2015.

With almost 50 years of orthodontic experience between them, Ruaridh and his team of Specialist Orthodontists benefit

(Top) One-off feature pieces commissioned from UK designers grace the reception area

(Below) Beam's new clinic where patients can enjoy 'life-changing' treatment

from unrivalled experience in a range of different appliances and techniques, with the knowledge and training required to ensure the very best results. Ruaridh himself is a 'Diamond II' level Invisalign provider, placing him in the top 1 per cent of Invisalign providers worldwide.

Meanwhile, Neil McDougall, who originally graduated from Dundee Dental School in 1993, joined the practice last year. Although a highly experienced dental practitioner, Neil has worked in a specialist orthodontic practice since 2005, treating over 3000 orthodontic patients prior to returning to Dundee to join Beam. He has also supplemented his orthodontic experience by completing a Master's degree in orthodontics at the University of Glasgow, allowing him to be officially recognised as a dentist with enhanced skills in orthodontics.

The environment created within Beam's new space is far from typical for an orthodontic practice, set to surprise and 'wow' clients attending for either consultations or treatment.

Beam's co-owner Jane Adams, of

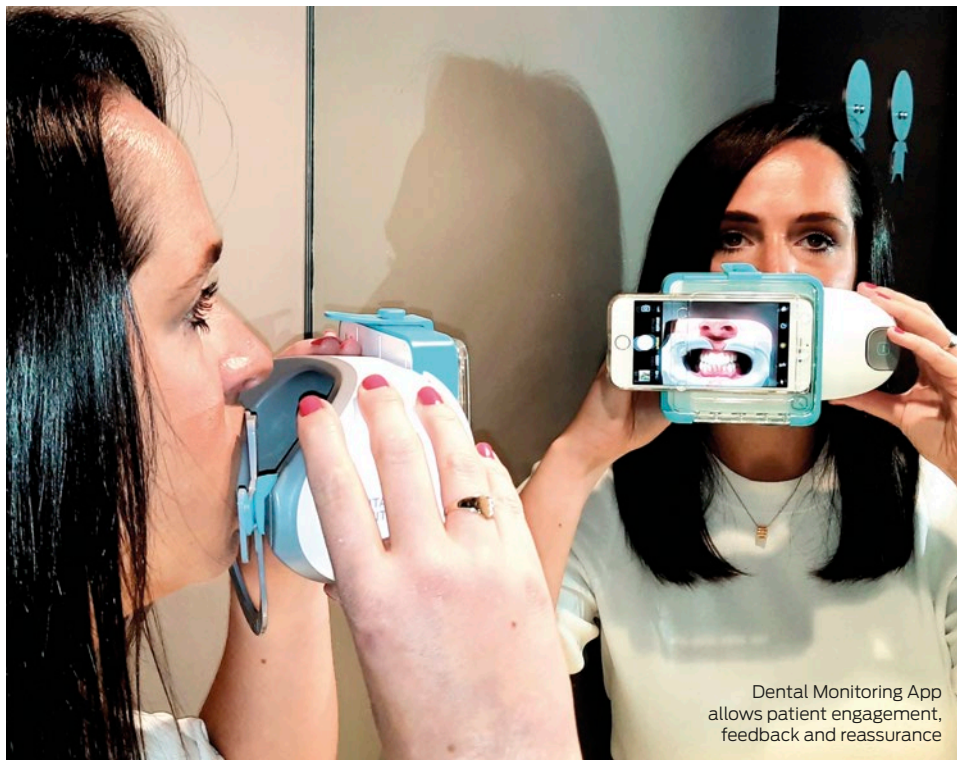




Scottish interiors consultancy Author Interiors, has created a stunning welcome/reception area, with beautiful one-off feature pieces commissioned from UK designers, some of which were built on-site. Featuring a palette of deep navy and bronze throughout, the design has created a spa-like sense of calm and comfort.

Beam welcomes referrals from dentists and will give patients the very best experience before passing them back to their dentist for any required teeth whitening or cosmetic touch-ups. Beam works with a wide range of primary dental partners in this way, providing a seamless experience for the patient.

For more information, please contact
Beam Orthodontics at:
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SHOULD I STAY OR SHOULD I GO?

Caution against any knee jerk reactions, and fully weigh up the pros and cons before making a momentous decision, says James Wilson

After what seemed a period of relative stability since our last article, at the time of writing there has been a sudden raft of changes to the dental and financial landscape. Coupled with the recent increase in infection rates, you do wonder when, or if, we will ever get back to the old normal.

Financially wise, there have been extensions and changes to the furlough and self-employment schemes. Whilst any support is welcome, these packages represent a significant drop in the support available and I suspect that by the end of October we will see the true cost of the Covid-19 crisis on the UK economy.

One positive news of note is the recently

released SDCEP Mitigation of AGP's in Dentistry report which potentially allows the reduction in fallow time to 10 minutes. Hopefully this will allow all practices to increase the volume of dental care over the next few months, and will also help provide further clarity on the decision making of those dependent NHS practices who are considering the move to fully private practice.

We estimate that this may allow volumes approaching 70 per cent of pre Covid levels, which although not ideal is a significant step forward. In our opinion, the future of NHS Dentistry very much remains in the balance, but we would caution against any knee jerk reactions, and fully weigh up the pros and cons before making such a momentous



E: james@
dentalaccountantsscotland.co.uk
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with James @: www.meetings.hubspot.com/james832

decision. In my time as a practice owner, we did make the move to private dentistry in the early 2000s and it worked well for us at that moment in time, but so much has changed since then, and continues to change. It is not a decision to be taken lightly.

If this is something you would like to discuss, we would be more than happy to hear from you. We are working harder than ever during this crisis period to support the Scottish Dental Profession and our free of charge Covid-19 advice line remains open and available to you all 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.

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SELLING A DENTAL PRACTICE IN THE NEW COVID WORLD

For most, the sale of their dental practice is one of the biggest assets in which people can release cash for their retirement. With many dentists questioning whether their dental practice still retains any value and whether they need to put their plans on hold, Martyn Bradshaw, from PFM Dental, discusses.

VALUATIONS

Whilst the lockdown has reduced income for a set period of time, this should be ignored when a practice is being valued. As such we value practices, where the turnover is used for the 12 months to February 2020 showing a fair representation of the practice. However, it is vital that a purchaser feels that the income will get back to the pre lockdown income (as we have used when assessing the value). I am often asked if values are lower at the moment, and the answer is 'no', values have maintained similar to previous levels.

SHOWING A STRONG PRACTICE

It is important for any purchaser to be confident that they are still purchasing a viable practice/business. As such, the income recovery post-lockdown is important and the purchaser needs to be made aware of this. For example, at PFM we show the private income from July to give the buyer the confidence that the practice turnover is starting to recover and going in the right direction. Also bearing in mind that the legal work will take some months and therefore the hope is that this will recover further.

ARE THERE BUYERS?

Interestingly, there has been a significant increase in the number of dentists registered for practices post-lockdown against this time last year. Many associates are now wanting to take control of their own destiny, especially those who fell out of Government assistance.

Similarly, although a number of Body

Corporates had paused purchasing most are now back in the market looking for new practices. Whilst they will also be needing to see a stable practice, they may be less concerned over the short term dip of income as they have a longer-term view and do not have the immediate need to draw income as a private individual would.

NHS INCOME

With each individual dentist receiving 80 per cent of the previous income generated it is important to understand the mechanics of a new principal coming in. The new principal is not likely to have a track record at the practice and as such a discussion will be required with Practitioner Services Division who will need to assess that income can be 'transferred'. This is likely to be needed once a sale has been agreed but



Martyn Bradshaw is a Director of PFM Dental, one of the largest professional advisory firms for dentists including: sales and valuations, financial advice and accountancy.

before undertaking significant legal work.

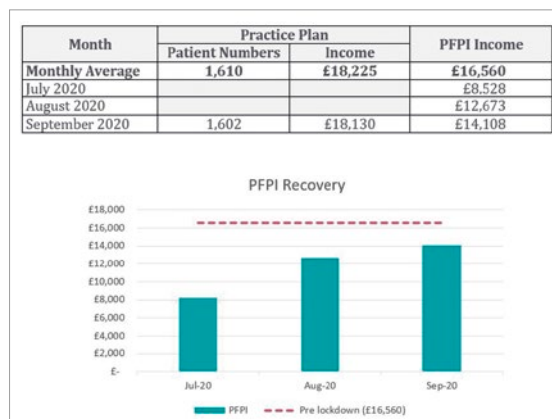
BUYERS FINANCE

There are still a good number of banks lending for dental practice purchases. Whilst they will generally need to see more of a financial forecast to ensure that the practice is viable for the purchaser (sufficient profit to support the loan repayments, tax and income needs of the new buyer) the support is definitely there to ensure that dentists can still buy.

TIMING OF THE SALE

For anyone wishing to sell there is no real need to wait, as we have seen a significant demand for dental practices, and a large number of deals being agreed plus practices completing. However, it is also important to consider the type of practice and ensure that this is showing sufficient recovery to give the buyers confidence that the practice is viable before marketing. For example, for a fully private fee-per-item practice it is likely that you would want to see around 50-60 per cent of pre-lockdown income. For example, if the income was £240,000 for the year (£20,000 per month) then income of July - £4,000, August - £10,000, September £15,000 would look very positive.

It should also be remembered that as practices are being valued based on the income to February 2020, and this will not change for some time as otherwise it would then include the lockdown period, so waiting another three months will not change the income that is used for the valuation.



SELLING YOUR PRACTICE

Join PFM Dental and Thorntons for special Scotland webinar, 7:00-8:30pm, 3rd November.

Sign-up at: pfmdental.co.uk/selling-your-dental-practice-scotland-webinar

FURTHER SUPPORT FOR SELF-EMPLOYED DENTAL PRACTITIONERS

The Chancellor, Rishi Sunak, has unveiled the Winter Economy Plan, which outlined the additional Government support to self-employed dental practitioners. Part of this plan is to extend the Self-Employment Income Support Scheme (SEISS) which will provide critical support to the self-employed dental sector.

The grant will be limited to self-employed individuals who are currently eligible for the SEISS and are actively continuing to trade but are facing reduced demand due to COVID-19.

The eligibility criteria for the SEISS grant states that you must have been adversely affected by COVID-19 and that average

self-employed earnings (from all sources) over the last three tax years have not exceeded £50,000 pa. HMRC have confirmed that if part of a dental practitioners' 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. Please note that there is no requirement for the practitioner to have made a claim for the previous SEISS grant.

The extension will provide two grants and will last for six months from November 2020 to April 2021. Grants will be paid in two lump sum instalments each covering a three-month period.

The first grant will cover three months'



**Louise Grant is
Partner and Head
of EQ Healthcare**
E: louise.grant@eqaccountants.co.uk
M: 01382 312100

worth of profits from the start of November until the end of January. It will be worth 20 per cent of average monthly profits and will be capped at £1,875. The second grant will cover a three-month period from the start of February until the end of April. The Government will review the level of the second grant and set this in due course.

Please remember that the grants are subject to Income Tax and National Insurance Contributions.

HMRC will provide full details about the claiming and application process in due course but if you have any questions or want to discuss your own circumstances, please contact Louise Grant.

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For further information please contact:

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

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



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CHANGING EMPLOYEE T&Cs

Communication is key to successful implementation, take legal advice and plan your approach before proceeding, says Amy Jones

The social-distancing requirements and ongoing restrictions on care in response to Covid-19 are such that practices may not be operating at their pre-lockdown levels and many will be operating under restricted conditions for the foreseeable future. Accordingly, it may be necessary to consider changing existing employment terms on a temporary or permanent basis to accommodate this, e.g. adjusting working hours, rates of pay or place of work. Any such changes must be made fairly and lawfully to minimise the risk of dispute.

This article concerns employees only and it would be advisable to take advice before making changes to self-employed contracts.

HOW CAN CHANGES BE MADE?

Generally, an employer can only vary an employee's terms and conditions where:

1. There is provision to do so in the contract;
2. The employee expressly agrees; or
3. The employer agrees the variation with a recognised trade union or other employee representative body who has authority to negotiate terms and conditions.

Option 3 is unlikely to apply to many practices and, therefore, the first two options are likely to be the relevant methods of seeking to make changes. We would advise against unilaterally changing an employee's terms and conditions as, doing so, could give rise to potential claims, including unlawful deductions from wages and/or constructive dismissal.

OPTION 1

The first port of call should be the employment contract to identify whether the proposed variation is contractually permitted, e.g., there may be a clause providing for employees to work at a different practice location. However, even where the contract contains such a clause, it must be exercised reasonably and for a good business reason. It is also recommended that staff are consulted with – even if their agreement is not strictly required – as this will minimise any future dispute. Employees should be made aware what variation is proposed, why, whether temporary or permanent, and be given the opportunity to raise any concerns.

Some contracts will typically say: "We reserve the right to make reasonable changes to any of your terms of



employment. You will be notified in writing of any such change within one month of the change." However, this can only be used in limited circumstances to make minor changes – employers cannot rely on it to make changes to fundamental terms.

Some contracts may include lay off and/or short time working provisions. Broadly, lay off means the employer provides employees with no work (or pay) for a period; short-time working means providing employees with less work (and less than 50 per cent pay) for a period – both while retaining them as employees. If the contract provides for this, employers can implement these provisions without the employee's agreement. However, as above, it is advisable to discuss such proposals with employees.

There are no specific rules on how long employees can be laid off or placed on short time working for, however, in certain circumstances employees may be able to claim a statutory redundancy payment or a guarantee payment. Therefore, we recommend advice is taken.

OPTION 2

Assuming there is no recognised trade union; employers should consult directly with employees about proposed changes. Consultation should involve discussing with affected staff (clearly and unambiguously):

- what change is proposed and why;
- whether temporary or permanent;
- how the change might impact them and how that impact is being minimised; and
- what the alternative may be if agreement cannot be reached e.g. potential redundancies.

Staff should be invited to comment on the proposal and any concerns or alternatives raised by staff should be explored fully and discussed before proceeding further.

The level of consultation required will depend on the impact of the proposed change and how quickly implementation is required. For example, it may be possible to issue an email setting out the proposed change and invite comments in writing or it may be preferable to meet to discuss it.

For proposals which may affect 20 or more employees, there may be a requirement to carry out "collective consultation" for a minimum of 30 days with nominated or elected employee representatives. As a specific process must be followed, prior legal advice should be taken in these cases.

Following consultation, the employees' express agreement to the change should be sought in writing before the change is implemented. If necessary, providing the employee has given clear, verbal agreement to the change before it is implemented, it could be agreed in writing later (no later than one month).

Where agreement cannot be reached by consultation, employers may consider issuing notices of dismissal and, at the same time, offering re-engagement under new terms and conditions. However, this should be a last resort as it can result in unfair dismissal claims.

Overall, communication will be key to the successful implementation of changes to terms and conditions. As an area which can cause unrest amongst staff, it is advisable to take legal advice and plan your approach.



Amy Jones, Associate at NASDAL member Thorntons Law LLP, is accredited as a Specialist in employment law by the Law Society of Scotland.

01382 346811

ajones@thorntons-law.co.uk
www.linkedin.com/in/amy-jones-6b620768
@ThorntonsEmpLaw

STIMULATING CASH FLOW WITH PATIENT FINANCE

Ruth Findlay, Business Development Manager at Medenta, and Katrina Morrow, Practice Manager at Aberdeen Orthodontics, discuss new patient enquiries during lockdown and the role of patient finance on their cash flow as they reopened...

One of the first things many practice owners will have done at the start of lockdown would be to look at numbers and try to forecast cash flow as well as they could.

Obviously, the individual circumstances of practices will have determined how optimistic that financial picture looked. However, it's probably safe to say that even those at the more positive end of the scale would be keen to get cash flowing again.

Now, with the doors back open, many practices which offer patient finance are finding they are able to do just that, since a significant number of patients who enquired about services like Invisalign® during lockdown are going ahead using finance to spread the cost of their treatment.

100 NEW PATIENTS READY FOR REOPENING

The story of practices receiving lots of new enquiries from patients about orthodontic treatment during lockdown has been one that I have heard often during the past



Katrina Morrow

For more information call: 01691 684175, or visit: www.medenta.com

few months. Indeed, this was the case at Aberdeen Orthodontics who had 100 new patients waiting to come in for Invisalign® consultations when they reopened the practice doors on 13th July.

Practice Manager Katrina told me that during lockdown the practice marketed their virtual consultations via Facebook and their website and this is where most of their new patients came from.

She said: "While we couldn't have patients coming into the practice during lockdown, we were using SmileMate so that they could take photos, send them in and then receive a report about their smile. The level of interest that we had from new patients was really pleasantly surprising.

"Doing this preliminary work online is really efficient at making sure patients who then come into the practice are really committed to going ahead with treatment. Since reopening, we have already seen around 50 to 60 of those 100 patients who contacted us during lockdown.

"Around 90% of those have gone ahead with the treatment using our patient finance from Medenta. Having that facility has been hugely important to our cash flow, because we get the full funds released from Medenta/Wesleyan Bank at the start of treatment.

"I think that in the current situation, practices without finance would possibly struggle to have quite as many patients going ahead with treatment, because while patients don't necessarily have that lump sum, they often do feel they can afford the monthly repayments."

FUTURE-PROOFING YOUR PRACTICE

Like many practices which introduced or radically increased their digital services, such as virtual consultations, Aberdeen Orthodontics intends to keep this going as we all continue to adjust to the new post-lockdown way of living and working.

Katrina said: "Now we're back in the practice we are still using SmileMate, so the patient has the option of choosing an online appointment with the TCO to further discuss their options or book their in-practice appointment with the orthodontist.

"We're definitely shifting everything to a

more remote way of working and are trying to reduce the flow of traffic of people into the practice to those who are actually having treatment done."

As we keep moving forwards out of lockdown, we cannot predict what might happen next when it comes to the spread of COVID-19 or its continued impact on dentistry.

The normal way of doing things has been significantly disrupted and some of the changes initially implemented look like they will be here to stay.

This is partly because some have found that incorporating more virtual services actually suits a lot of patients who do so much else online already, which may well prove to be the silver lining of this dark COVID-19 cloud.

It may also be partly due to practices searching for ways to future-proof their businesses to protect themselves against any new crises. From what we've seen during COVID-19, patient finance could well be one of those measures that offers a lifeline in hard times.



ABOUT RUTH

Ruth Findlay has been a Business Development Manager at Medenta, a provider of patient finance, since it was established in 2005. She has had a very long career in the dental industry including 11 years as a dental nurse in teaching hospitals and practices and held roles as a Dental Materials Specialist and as a Regional Support Manager for Practice Plan.

Medenta offers some of the lowest subsidy rates in the market and is one of the few providers of finance solutions to also offer a comprehensive support service, including an online patient application portal and an e-learning suite.

PREPARING FOR LIFE AS A NEW SELF-EMPLOYED DENTAL ASSOCIATE

An accountant will act as your business and tax adviser – keeping you compliant with the law and tax regulations, explains Jayne Clifford

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

REGISTER AS SELF-EMPLOYED

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

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

You should pay HMRC direct. Tax payments are due at the end of January and July each year. If you became self-employed in July/August 2020, you may not have to pay your first tax bill until January 2022. It is good practice to set aside 30% of your annual income for tax. Don't forget that you will also have to pay Class 2 and Class 4 National Insurance through self-assessment and some of you may well have student loans to repay.

DO I NEED AN ACCOUNTANT?

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

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

GETTING TO GRIPS WITH THE FINANCE VIRTUAL WORKSHOPS FOR ASSOCIATES

We run finance and tax virtual workshop sessions for all new Associates on how to use cloud accounting software to manage the day-to-day finances. We also cover linking your accounting software with your online bank account and setting up the appropriate apps to make the financial admin that little bit easier to manage, as well as explaining all you need to know about personal and business taxes.

MANAGING YOUR SELF-EMPLOYED BUSINESS FINANCES

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

Following securing a full-time post, many Associates look next at getting on the housing ladder. To get a mortgage, most lenders will



Jayne Clifford CA,
Director, Martin
Aitken & Co
email:

jfc@maco.co.uk or

call 0141 272 0000

Web: www.maco.co.uk/dental

require you to have two years of self-employed accounts as evidence of your income and your ability to repay the debt. The Help-to-Buy Individual Savings Account (ISA) is worth checking out as you save towards your deposit.

Cash ISAs are always a good option for those early in their dental careers – see our Tax Rate Card on maco.co.uk for the current annual maximum savings limits. You won't pay any tax on the interest you receive from your ISA, nor will you have to declare it on your annual tax return.

For longer-term savings, Stocks & Shares ISAs are also worth considering as part of your investment strategy as both capital gains and income will be tax free. They are not suitable for everyone though, and the value of investments can go down as well as up and you may not get back the full amount you invested, so do speak to us before investing.

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

ARE YOU THINKING ABOUT BUYING A PRACTICE?

Buying a dental practice is exciting and potentially stressful. However, with careful planning, your advisers can help you to appraise the economics and keep you on the right track. There a range of issues you will need to consider including:

- What is the practice you are considering buying worth?

- Get clarity on exactly what you are buying i.e. are you buying the practice-owning company and its share capital or are you just purchasing the assets?
- What should be in a Sale & Purchase Agreement (SPA)?
- If you are planning to raise finance to fund the purchase, you should ask your accountant to prepare financial projections for three years for both the lender's requirements and to see how the new practice will fit into your financial modelling.

If you would like to sign-up for our Getting to Grips with the Finances virtual workshop, or if you would like to arrange an appointment with Jayne to discuss any of the above send her an email or give her a call – contact details one Page 50.

WINTER ECONOMY PLAN 2020-21

Highlights from the UK Chancellor's winter economy plan, announced on 24 September 2020, to help combat the impacts of COVID-19 on businesses and self-employed individuals include:

- A new Job Support Scheme, primarily targeted at small and medium employers, will be introduced covering employees who

work at least one-third of their normal hours.

- The Chancellor confirmed that the furlough scheme will end on 31 October.
- The Self-Employment Income Support Scheme (SEISS) will be extended to April 2021, with a revised basis.
- The closure date for the four existing business loan schemes will be extended to the end of November.
- Repayment terms for the Coronavirus Business Interruption Loan Scheme (CBILS) and Bounce Back Loans (BBLs) will be relaxed, with the maximum term extended to 10 years.
- The reduction in VAT to 5% for the hospitality and tourism industries will be extended to 31 March 2021.
- The deferred VAT and self-assessment payments due early next year can be repayable in instalments rather than as a lump sum.

There is more detail on the Winter Economy Plan on our website: maco.co.uk. In terms of the SEISS, when the scheme was originally announced in the spring, we advised our Dental Associates clients who deliver a mix of NHS and private treatments to consider: the proportion of NHS income that they are currently still receiving; and,

the losses they have experienced from being unable to deliver private treatments.

If you are a self-employed Associate delivering a mix of NHS and private treatments, and you decide to make a claim for relief via SEISS and receive support, at a future date the NHS may claw back the NHS income you have received during the period when you have been unable to work. The SEISS claim process does not differentiate between your NHS income and private income. If you make a SEISS claim it will be based on the full trading profits you submitted to HMRC in your last tax return.

Each individual's situation will be different in terms of their NHS and private income split and their contractual agreement with their Principal(s). Our advice is to consider the guidance available from the BDA and to make a SEISS claim only if your private income losses are greater than the NHS income that could be clawed back at a future date. If you provide 100% NHS treatment, we believe you should not apply for SEISS.

The BDA has a helpful Q&A page for Associates on dealing with the financial impacts of COVID-19 and provides useful guidance for those who are in receipt of NHS income from their practice: www.bda.org/advice/Coronavirus/Pages/financial-impact.aspx#associates

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martin aitken
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STRENGTHENING YOUR BUSINESS WITH A MEMBERSHIP PLAN

Louise Bone explores how a membership plan can help your practice survive challenging times...

Describing the impact of the COVID-19 pandemic on dentistry as 'challenging' feels a little like calling a mountain a bump in the road.

It has been no mean feat to keep adapting to the changing guidelines, keep your patients and your team happy, and keep your practice going during these times.

For many this has led to a recognition that they want to create more control in the way they manage their business.

A NEW BUSINESS MODEL

When it comes to working in the NHS, depending on your level of commitment, you may have been left feeling a little vulnerable by the amount of funding and communication you had from those in charge during and after the lockdown.

Some private practices operating on a pay-as-you-go (PAYG) basis may have experienced similar feelings of insecurity as their ability to see patients, and therefore earn income, virtually disappeared overnight.

This has left many reflecting on their business model and reconsidering the future direction of their practice.

We've seen this in the kinds of enquiries we've been receiving from dentists and practice owners. For example, there have been NHS and mixed practice owners wanting to go private, private dentists with a plan wanting to switch to a membership-only basis and/or refocus on growing their members.

FINANCIAL SECURITY

No doubt many are reacting to the fact that the vast majority of patients on a plan continued to pay their membership plan fees even when they were unable to see their dentist. In fact, 98% of Practice Plan patients stayed on their plan.

Obviously, the financial security this provided during lockdown was hugely appreciated by practices. But, perhaps just as welcome was the demonstration of loyalty and just how much patients value being part of the practice – especially during what was a very worrying time for the profession.

If you are one of the many dentists now considering introducing a plan into your practice, there are some things worth considering.

For example, if you have an NHS



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. For more information, call 01691 684165 or visit www.practiceplan.co.uk

commitment you'll need to think about: how long you have been seeing your patients; how strong your relationship is with them; how many patients you need to retain to move from NHS to private (often not as many as you think); what the NHS/private provision is in your local area; whether you want to introduce a plan.

MOVING TO MEMBERSHIP-ONLY

If you are considering implementing a plan for the financial stability reasons mentioned above and the health benefits to patients, you might want to consider whether to make membership your default position. This applies whether you are currently NHS or private PAYG.

Practices who moved from NHS to a private membership-only model have said that the transition was smoother than they expected as patients move from paying NHS fees to an affordable monthly fee, rather than face the prospect of lump sums when they needed to attend the practice.

If you already have a plan in place but are thinking of moving to membership-only, often the concern is that patients who aren't already on your plan will leave. However, as has been demonstrated by the number of patients who remained members of their practice during lockdown, your patients really do value being part of your dental community.

A NEW ACCEPTANCE OF CHANGE

Introducing a plan or moving to membership-only and growing your numbers is a big change in how you run your practice. But the past few months have proven just how adaptable and accepting of changes your team and your patients can be.

Working with a supportive plan provider can help you to figure out the best way forward for your unique situation to make that change as seamless as possible.

We don't know what future challenges will face the profession or your individual business. But, whether they're mountains or bumps in the road, a well-populated plan could just help you to get over them that little bit easier.



IN THIS TOGETHER

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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With more than 10 years' experience in orthodontics, Orascopic's Scott Riley is a great advocate for the benefits of magnification

I'M Scott Riley from Glasgow. I manage both Ireland and Scotland as a sales representative for Orascopic.

I have more than 10 years' experience in the orthodontics world and I was first introduced to loupes and the benefits of magnification by a Key Opinion Leader in this field.

Since that point, I have been an enthusiastic advocate for dental loupes and headlights and advised all my dental clinicians to invest in a pair as they are investing in both their health and their patients.

I had the opportunity to join with Orascopic, who are the market leaders in the dental industry for magnification and illumination. I jumped at the chance as working with the highest quality products is extremely important to me.

I look forward to meeting with all my future dentists and hygienists soon to discuss our superior loupes options.

THRIVE WITH MEDENTA PATIENT FINANCE



Ruth Findlay
Business Development Manager Scotland
✉ ruth.findlay@medenta.com
☎ 07920 570442
💻 www.medenta.com

medenta

putting finance into practice

Ruth is a proud Scot and a Business Development Manager for Medenta, a long-standing and leading provider of patient finance

NOW more than ever, dental practices will have to evaluate the needs of their patients and remove barriers which get in the way of treatment uptake. That's where Ruth comes in. She can help you to provide an affordable solution to your patients, which will ultimately enable more of them to say 'Yes' to treatment that they want or need. This in turn will open up the possibility of maintaining or extending your treatment range and potentially speed up your recovery process. Medenta offers Interest-free and Interest-bearing finance at low, low subsidy rates*, invaluable online training modules, not to mention simple practice registration to get you up and running quickly. Quite simply, Ruth is an expert who can help your practice to grow whilst also saving you a pretty penny and she'd love to support your practice to ensure you get the most out of patient finance.

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MEET ANGELA GLASGOW



Angela Glasgow
Territory Manager for Scotland
☎ 07525 911006
✉ aglasgow@nsk-uk.com
🌐 www.trynsk.co.uk
📱 @NSK_UK
📌 NSK UK Ltd
🌐 nsk.uk

Helping dental teams navigate the many challenges they face in light of COVID-19

MY name is Angela Glasgow, NSK's Territory Manager for Scotland – with more than 35 years' experience working in the dental industry.

I initially trained as a dental nurse at Glasgow Dental Hospital. I then moved on to community dental health education and worked in general dental practice before going into the dental sales arena in the mid-1980s.

I joined NSK in 2008 as Area Sales Manager for Scotland and have been selling handpieces and small equipment ever since. I've visited practices all over Scotland and have developed great relationships with many of them, something that is particularly important in these difficult times since the start of the COVID-19 pandemic. Customer service and practical support are at the heart of my role and I work hard to deliver all my customers' needs.

One important aspect of NSK is that there's no other manufacturer that has the breadth of product range we have, covering oral hygiene, endodontics, surgical and restorative through to decontamination. We're also now focusing strongly on the problems surrounding aerosol generating procedures, with the most suitable handpieces and micro motors which can greatly assist in reducing aerosol generation in practice.

I provide equipment care and maintenance training to prolong the life of handpieces and can arrange live online product demonstrations at a time to suit you. To help dental teams navigate the many challenges they face in light of the COVID-19 situation, I'm here to offer support at any time and I'm always contactable via phone, email and video call. It's also possible for me to visit you in your own practice subject to following all current COVID-19 safety procedures.

For more information about NSK products and services or to arrange a meeting, contact Angela.

MEET THE TEAM



Philip Wright
Account Manager at Carestream Dental
☎ 07980680026
✉ philip.wright@csdental.com

Kirsty Morrison
Application Specialist and Customer Relationship Partner at Carestream Dental
☎ 0800 169 9692
✉ sales.uk.csd@carestream.com

From imaging to scanning to practice management software, Carestream Dental's experts have you covered

PHILIP Wright is a qualified dental technician with more than 20 years' experience in the dental industry. Having been a dental laboratory owner for many years, he truly understands the business aspects of a dental surgery and what dentists require to enhance their workflow. At Carestream Dental, he is the first port of call for anyone with an interest in the wide range of innovative imaging equipment, high-quality scanning solutions and the most intuitive practice management software, providing any necessary product information or advice. Philip is able to offer exceptional support and advice to all of his customers.

Carestream Dental's dedicated Scottish team is completed by Kirsty Morrison, who has more than 20 years' experience working in practice, hospital and community environments. She has a background in all aspects of dental nursing and practice management, with post qualifications in radiography, sedation and special care nursing. Kirsty has been an Application Specialist at Carestream Dental for six years, with a focus on providing training for dental staff in dental practice management software, imaging equipment and intra-oral scanning.

DEVELOPING OUR DIGITAL STRATEGY



Paul Perkins

✉ paulperkins@dmg-dental.co.uk
☎ 07530450598



Paul Perkins is our Business Development Manager for Digital.

PAUL'S dental career started way back in 1969 when he joined the Royal Air Force to train as a Dental Technician. He served 22yrs in the UK and overseas.

Paul joined the DMG UK team in 2019 and has previously worked for numerous dental manufacturers in the laboratory sector, so he is a well-known and much-respected member of the dental community.

Paul is responsible for managing our digital product team and developing our digital strategy. He is excited for our new venture into digital dentistry and is looking forward to a prosperous year ahead. Paul also looks after our laboratory technicians and products associated with them. Paul has worked for Ivoclar, in California with Frontier Dental Laboratory, Boots, 3i Implants and most recently DMG.

MANAGING OUR UK TEAM



Rachel Moreland

✉ rachelm@dmg-dental.co.uk
☎ 07854725544



Rachel is our Sales and Marketing Manager.

SHE has been a part of the dental industry for longer than she would care to remember.

Rachel joined DMG UK eight years ago and helped launch Icon into the UK market. She now manages our UK team.

She is happy to discuss any of our DMG products with our Scottish customers, especially Icon, and looks forward to your call.

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Pam Walsh
Aesthetics Account Manager
☎ 07471 351535
✉ pam.walsh@merz.com

MERZ AESTHETICS

From basic dermal filler training through to advanced injecting

PAM Walsh is the Aesthetics Account Manager for Merz Aesthetics in Scotland and would welcome the opportunity to discuss the Merz portfolio with dental practitioners practicing facial aesthetics.

Pam's role is to provide each business with education, training and marketing support to help their businesses thrive. Over the past number of months, Merz has invested heavily in webinar training events concerning basic dermal filler training, through to advanced injecting.

Merz will continue to host multiple clinical and product training webinars through to the end of the year.

Please contact Pam to discuss how you can access these free webinars and how she can support you in your facial aesthetics business.

Merz Aesthetics is a trusted supplier of injectables in Scotland and distribute through our trusted wholesale partners; Wigmore Medical, Church Pharmacy and TLC Pharmacy who stock Merz UK and Ireland approved products. Merz Aesthetics also supplies and supports the FDA cleared Ultherapy® system, for more information please contact Pam.

INTRODUCING EILIDH WATSON



Eilidh Watson
☎ 07586317506
✉ Eilidh.watson@southernimplants.co.uk

Colin Hart
☎ 07771435110
✉ Colin.hart@southernimplants.co.uk



MBA graduate joins the Southern Implants Scotland team

SOUTHERN Implants is a privately-owned, global osseo-integration company founded in 1987. Focused on the top end of the market, our implant range has been specifically designed to simplify complex cases, reduce the need for grafting, reduce the number of visits needed to complete the treatment and to facilitate straightforward restorations.

Our well proven surface with over 21 years of published data, the high-strength Grade IV pure titanium we use and our unique co-axis angled implants, Inverta and MAX implants that complement our regular implant range, combine to facilitate predictable immediate treatments that work with biology and biomechanics, to facilitate successful long-term treatments.

To further support our strong and long-established Scottish business and growth, we are delighted to welcome Eilidh Watson to the Southern Implants Scotland team. Born and raised in Dollar, Scotland, Eilidh is an MBA graduate from Stetson University in Florida, USA.

An accomplished golfer and golf coach with numerous championships to her name, Eilidh completed a summer internship working through various departments at the Southern Implants Head office in South Africa in 2019, time working in field in the UK and in the USA. This exposure, coupled with her well-proven strong work ethic and professionalism, positions her well to provide exceptional customer service and to add value.

Please get in touch with Colin Hart (Regional Sales Manager: Scotland) or Eilidh Watson for any enquiries.

> 3M

3M Science.
Applied to Life.™



SINGLE DOSE SOLUTIONS FOR BETTER TIME MANAGEMENT

3M Oral Care offers an array of products designed for single dose application. This affords several benefits, some of which Dr Kunal Shah of LeoDental shares with us:

"Single-use solutions are so important in dentistry today. They safeguard the dental nurse and provide much quicker and streamlined workflows for the clinician. The concept also means that we can prepare for each patient for enhanced time utilisation.

"I use 3M Ketac Universal Glass Ionomer Aplicap for all my core preps. The Scotch-bond Universal Adhesive from 3M also comes with a one-time delivery system that is particularly easy to use. In addition, I like the single-use polishing strips to finish off my restorations.

"I think solutions from 3M are superior to others on market and those that allow for single-use dentistry are no different."

For more information, call 08705 360 036 or visit www.3M.co.uk/Dental 3M representatives continue to be available via video calling technologies for your convenience.

> ORAL B

SENSITIVITY RELIEF

Not everyone welcomes crisp cold mornings; those suffering from dental sensitivity can find this time of year challenging to say the least.

Experienced by a wide cross-section of the population, most notably when eating or drinking cold or sweet food or taking a gasp of cold air, sensitivity is caused by nerves which are stimulated in the dentine layer of teeth exposed by, amongst other things, tooth wear or periodontal disease.

Sensitivity is often experienced in conjunction with gum irritation. Oral-B knows that strong teeth are built on healthy gums. This was the premise behind the launch of its new toothpaste, Oral-B Sensitivity & Gum Calm.

It contains stabilized stannous fluoride, which acts by blocking the dentinal tubules and thus preventing the stimuli causing painful nerve impulses. Used regularly, it will continue to block tubules, thereby providing ongoing sensitivity relief.

The inclusion of stabilized stannous fluoride also gives Oral-B's Sensitivity & Gum Calm toothpaste an antimicrobial action, which fights plaque and consequently gum problems. The stabilized stannous fluoride will inhibit antimicrobial growth as well as reducing the ability of bacteria to 'stick' to tooth and gum surfaces.

All toothpastes are not the same. While the inclusion of fluoride is a given, to afford maximum protection, a formulation must contain other proven ingredients that work in harmony to promote good oral health.

Oral-B Sensitivity & Gum Calm is formulated to strengthen teeth and soothe what they are built on, gums!



> TRYCARE



TOKUYAMA SWEEPS BOARD IN DENTAL ADVISOR INNOVATIVE PRODUCTS OF THE YEAR AWARDS 2020!

When Dental Advisor announced its 2020 Top and Preferred Product Award Winners there were only two finalists in the Innovative Products of the Year category, both from Tokuyama.

One was shadeless Omnicroma, which combines patented "structural colour" spherical technology with advanced resin expertise. With Omnicroma Blocker, it replaces all 16 Vita shades of any other composite system. No need to shade match again!

The other was Tokuyama Universal Bond, which does not need a light curing step, saving time and reducing the risk of failed restorations. Taking just 20 seconds, it is compatible with light-curing, dual-curing and self-curing composites without additives. It can be used as a primer for silica-based, zirconia-based and metallic restorations.

Other Tokuyama winners in the 2020 Top and Preferred Product category were Estelite Sigma Quick composite and Sofreliner Tough S silicone-based denture reliner. Find out more at www.dentaladvisor.com/awards/2020-product-awards

For more information about the complete Tokuyama range, including Omnicroma, contact your local Trycare Representative, call 01274 885544 or visit www.trycare.co.uk.

> EMS



SAFE AIRFLOW EDUCATION IN A BRAVE NEW WORLD

EMS and the Swiss Dental Academy (SDA) are delighted to announce their ever-popular Guided Biofilm Therapy (GBT) events are back on track, with new COVID-19 protocols.

The courses are ideal for dental hygienists and therapists looking to offer patients the very best in prophylaxis, while achieving a financial benefit.

The GBT Masterclass is a half-day of theoretical knowledge to develop strategies for periodontal and implant maintenance by looking at components of the GBT model including AirFlow, PerioFlow and 'No Pain' Piezon technology.

SDA trainer Fay Donald said: "It was really nice to be back to face-to-face teaching again."

The GBT protocol is based on individual patient diagnosis and risk assessment for optimal results. The treatment is given in the least invasive way, with the highest level of comfort, safety and efficiency.

Course numbers are limited to 10 so that social distancing can be easily achieved, with track and trace and other COVID-19 protocols in place.

The other trainers are Sally Simpson, Amanda Gallie, Christina Chatfield, and new recruits Anna Middleton, Lottie Manahan and Benjamin Tighe.

Upcoming events* include:

- 16 October, Birmingham
- 23 October, London
- 24 October, Brighton
- 10 November, Exeter
- 11 November, Newcastle
- 20 November, London
- 28 November Oxford
- 11 December, Edinburgh.

For further information and to book, visit bit.ly/30IKZPh

* In the event of any local lockdowns, a full refund will be given.