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CONNECT
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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
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Spring, into action?

It's about getting through a dark winter, but come March a light will be cast on the profession's future

There is a sense of hunkering down. For everyone who has endured the past nine months – and survived, financially and mentally, though only just – this winter is about pausing for thought, as much as it is a season of festivities (for some). Can we contemplate the coming months as a time when not every moment is occupied with thinking about the virus; its impact on our lives and work? Is it possible that some of the activities that we used to enjoy and the ways in which we were productive will not be dominated by the effects of the pandemic? Certainly, our family and social life, and the way we work, is permanently changed. But we have to hope that, despite these enduring changes, there will be a return to being able to see our extended family without restriction, to being able to socialise without fear of triggering a renewed wave of infection, and to engage with colleagues and peers in-person, rather than through the glass of a computer screen.

With 11 areas of Scotland moved into Tier 4 during November, the Scottish Government was principally concerned with tackling a rate of infection which, although it had slowed, remained stubbornly high. While the action held out hope that it might be possible to ease restrictions slightly before the end of 2020, Nicola Sturgeon, the First Minister, quite sensibly emphasised that people should not in some way feel obliged to make use of these – possibly quite temporary – freedoms. In fact, it became de rigueur to devise ways that people could celebrate that avoided gathering in confined spaces.

The First Minister said: “Just because we are allowing people to meet up in a limited way does not mean people have to do so, and people should not feel under pressure to do so. This virus spreads when people come together so we are asking people to think carefully before using these flexibilities. Of course, with the possibility of vaccines now so close none of us will want to take unnecessary risks particularly with older or more vulnerable relatives. We should all consider whether there are alternative ways to have Christmas contact with those we love this year, for example meeting outside on a family walk or by using technology.”

From the beginning of December, students travelling home at the end of term were able

to take voluntary coronavirus (COVID-19) tests through their college or university. As part of a number of measures to support a safe return home, students were also asked to take extra care in the period leading up their departure, only going out for essential purposes such as learning, exercise and food shopping. This was designed to minimise the number of contacts they had with others and reduce the potential for spread of the virus.

At the same time, Jeane Freeman, the Health Secretary, announced plans for a significant expansion in testing for hospital patients, health and social care staff, and communities in Level 4 areas. Emergency admissions were being tested for COVID-19 from the beginning of December, and twice-weekly lateral flow testing was introduced for all patient-facing healthcare staff working in hospitals, COVID-19 Assessment Centres and the Scottish Ambulance Service. By mid-December testing was introduced for all elective admissions to hospital.

In the social care sector, testing will be expanded over the coming months for designated visitors, visiting professional staff, and care-at-home workers. Visitor testing was introduced in up to 12 care homes across four local authority areas from 7 December, with a full roll-out planned for January. To facilitate Christmas visiting in all care homes, PCR testing has been provided for those that did not have access to lateral flow testing by that time. Testing for the other two social care groups will also commence in January. For all the measures that we have been used to for the past nine months, these specific actions were

designed to avoid spikes in infection rates among young people and the devastating effect of infection on the elderly.

For the dental profession specifically, it is a time to look forward. Still with huge uncertainty about a return to anywhere near previous levels of activity. But, at least with some sense of what is required to move towards that goal. Reducing fallow times with the help of improved ventilation – and perhaps treatment testing to, potentially, eliminate fallow time altogether – is key.

The extent of the profession's role in the vaccination programme is still to be established. So too, the vaccination of dental teams specifically. In the medium term, attention will turn to the monitoring of activity and, in March, a new Statement of Dental Remuneration.

While winter may be the time to hunker down, soon the profession will ‘spring into action’ again – determined to shape a better future.



**WE HAVE TO HOPE
THAT THERE WILL BE A
RETURN TO SEEING OUR
EXTENDED FAMILY”**



Surely, we can do better than this?

Effective communication from the Government would have made it very much easier to manage patient expectations

There have been some significant changes since last I wrote, and I am not sure how I feel about things. Previously, I pleaded for certainty, and I think the combination of the recent PCA, the tiering system brought in by the Scottish Government and the reintroduction of the Job Retention Scheme until March 2021 created some of that.

The BDA in Scotland has been very pointed about the reintroduction of the SDR at a time of rising infection rates. I understand this point; it seems to fly in the face of the situation in March which resulted in the cessation of dental care for three months. However, we are eight months further down the road. We have much more evidence garnered from around the world and it very much suggests that we have been good at avoiding transmission events in surgeries. We know there is far less dentistry being carried out, and that patients are inevitably having problems which will get worse. I have been open about my fear about the lack of care being more problematic than the virus itself.

What I'm not so happy about is the fact that we can only provide that improved range to a very few people. I do understand the reasons for this, and, to a point, I agree with that. Unfortunately, the wider public hasn't got that message. This is where I am deeply unhappy. It has been clear for some considerable time that this phase would come along. It would be dependent on PPE supplies and ventilation (ACH) and droplet mitigation and further financial support. There must have been lots of thought, discussion and planning to get this done. Why then, does the public hear about it through an answer to a parliamentary question, which is picked up by the news media and then hailed as the 'resumption of NHS dental services'?

It is frankly ludicrous and irresponsible to suggest this is the case. But the public thinks

it is because there was not communication with the whole profession in advance of the release of a carefully considered and worded, national statement, clearly expounding the need for care, offsetting that against the need to minimise transmission and support the profession. Instead, we have a hastily produced YouTube video from the Deputy CDO (which I think is very good by the way) and a range of letters from various Health Boards to patients trying to explain the situation. This all happened with only days before the Scottish populace thinks we can all get our appointments for the dentist back.

Surely, we can do better than this? Surely, we can be more organised? Surely, we can manage our patients' expectations better?

**“
WHY DOES THE PUBLIC
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AND HAILED AS THE
'RESUMPTION OF NHS
DENTAL SERVICES'?”**

Our own representation must be looked at too. It is no good blaming politicians and telling us we weren't informed. It is clearly why organisations like the SDA and SDPO are gaining traction. We must be collaborative and united as a profession:

for our patients to be treated well and appropriately during this crisis but, also importantly, to look professional.

Was the rush to try to mitigate the possibly catastrophic effects of the end of the JRS on the profession? If so, then we knew this was coming for months. Was there a critical piece of evidence that SDCEP were waiting for before publishing? Was there a dragging of heels by the CDOs of the four nations to ratify the guidance? Why not tell us that?

My big bugbear here is the timing and quality of information being disseminated by the Scottish Government. Patients do not understand the limitations and it falls on individual practices and dentists to give them the bad news. Now, while I appreciate dentists have the relationship with the patient, when patients hear that NHS services are resuming on the 1 November against the backdrop of press about two-tier systems and private care being pushed by the profession, it creates conflict in those patients' minds. Effective communication from the Government in the first instance would have made it very much easier to manage patient expectations.

To compound this, we received a very terse letter from Joe Fitzpatrick, the Health Minister, telling us how good and voluminous their communication had been. This is standard political denial and bluster and we should expect nothing less. However, if we had delivered that kind of ineffective and delayed communication to our patients in normal times, I'm sure the GDC would be having a good look at the way we operate.

Our job is to look after our patients, maintain our staff and businesses and ensure we communicate effectively. We now have some degree of certainty. We must use that to set a baseline of care in the best and safest way and to prepare for the fight to come: the enormous task of dealing with the backlog. We don't need an element of surprise to defeat the virus. Let's work out the plan ahead of time and be sure we all know what it is before we attack!

MSPs debate 'two-tier' dental service

Parliament motion highlights shift to private treatment caused by pandemic

MEMBERS of the Scottish Parliament have highlighted concerns over the potential development of a two-tier dental service, with Pauline McNeil, Labour MSP for Glasgow, calling on the Government to tackle the issue.

A motion lodged by McNeil last month for debate in the Parliament said: "The Parliament is concerned that Scotland is developing a two-tier dental health system; understands that people are facing long queues if they try to access an NHS dentist; further understands that some patients are being told to seek quicker treatment by going to private practice; notes recent reports of the Chief Dental Officer saying: 'I don't think an NHS patient should be told to go private. I think that's an invidious position to put a patient into'."

The motion added that Parliament "believes that this situation will affect adults and children in the most deprived areas most severely as adults in deprived areas are more likely to be registered with an NHS dentist and children in deprived areas are more likely to have higher levels



of tooth decay; understands that it is the profession itself that is highlighting what it sees as this increasing inequality faced by those on the lowest incomes, and calls on the Scottish Government to tackle this issue without delay."

It follows the resumption on 1 November of NHS dentistry services in Scotland. The way in which the news was announced in October – via a written Parliamentary answer and first reported by STV – and the pressure it put on practices to maintain safety, at the same time as meeting

heightened demand and expectations from patients, angered the profession. "Is this really how you expect to inform the profession?," tweeted Ashley Chisholm, an Edinburgh-based dentist.

Southside Dental Care added: "A total lack of respect for the hardworking people of this industry for us to find out via STV news at the same time as our patients. We would love guidance and communication on how we can safely see the high volumes of NHS patients during this time in the pandemic."

After the written parliamentary answer had been published and reported by STV, health boards received a letter from Tom Ferris, the Chief Dental Officer (CDO), that afternoon confirming the announcement and saying: "You should be assured that I fully recognise the position that a return to pre-COVID-19 levels of patient volume will not be achievable under the current health protection measures." But in a BBC radio interview last month, the CDO said: "I don't think an NHS patient should be told to go private. I think that's an invidious position to put a patient into."

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Dentists warn of looming recruitment crisis in UK

Brexit and pandemic create 'perfect storm' in some areas, industry's trade body warns

THE British dental industry is facing an impending recruitment "crisis", with Brexit uncertainty and the COVID-19 pandemic choking the supply of overseas dentists to the UK, the industry's trade body has warned. The industry has told MPs that uncertainty over the UK's new immigration system and the long-term validity of European Economic Area (EEA) qualifications after Brexit, coupled with a backlog of up to 15m missed dental appointments caused by the coronavirus crisis, was creating a "perfect storm" in some areas of the UK.

Neil Carmichael, chair of the Association of Dental Groups which represents major national providers including MyDentist and Bupa, said the Government needed to take urgent action to continue to make the UK attractive to dentists from the European Economic Area. "The dental workforce is set to face a crisis in 2021 as overseas recruitment could dry up. As mutual recognition [of qualifications] and freedom of movement fall away at the end of the [Brexit] transition period, the UK could look a much less attractive place for EEA dentists to practice," he said.

The ending of free movement of people when the Brexit transition period expires on 31 December is expected to put pressure



on the healthcare industry more broadly, with the government last week refusing to ease recruitment rules for skilled workers such as care home managers. Dentists from the EEA currently make up 17 per cent of all registered UK dentists but in some more deprived parts of the UK up to 30 per cent of NHS dentists are drawn from Europe, notably Poland, Spain and Romania.

Gabriela Pueyo, general manager at Bupa Dental Care, said that recruitment was particularly hard in rural areas, where this year it was taking an average of 162 days to fill vacancies. "With ongoing challenges, Brexit has added to the scale of the skills shortage. Hiring EU candidates is set to become even more difficult for the sector if recognition of EU titles is not maintained," she added.

The total value of the dental industry is estimated at around £6bn a year by the ADG, of which two-thirds is spent by the Government and one-third via private dentistry. Figures from the General Dental Council show that the number of new EEA dentists registering in the UK has been falling over the past decade, before the vote from 970 in 2011 to just 398 in 2019. However, the total number of registered EEA dentists in the UK has remained stable at 6,800, suggesting fewer dentists from Europe have been leaving the UK over this time.

In a briefing note circulated to MPs, the ADG called on the UK Government to double the number of places at UK universities for British dentists from current levels which it said are capped at 800 places annually.

It also wants the Government to legislate to recognise EU qualifications in the UK for at least five years after 1 January 2021, taking into account the length of time it takes to qualify a dentist. It has also proposed that the General Dental Council (GDC) recognised qualifications from high-performing non-EEA dental schools in countries like India, which has a surfeit of dentists, and make it easier for those dentists to register to practice in the UK.

Scottish Government 'committed' to restoring Childsmile

THE Scottish Government has said it is committed to restoring the Childsmile programme in nurseries and schools, as well as in dental practices, "as soon as it is safe to do so".

In answer to a written parliamentary question, Joe Fitzpatrick, the Health Minister, added: "Analysis by the National Dental Inspection Programme (NDIP) has indicated the significant improvement to the oral health of Scotland's children since its inception in 2003, which has been shown to be due to the national Childsmile programme."

The pledge comes as data revealed that the oral health gap shows little signs of closing and the British Dental Association Scotland warned that decades of progress on children's dental health risks "going into reverse as COVID-19 pushes unacceptable inequalities to new levels". The latest report* of the NDIP shows that Primary 1 children from the most deprived communities experience more than

four times the level of tooth decay compared to their counterparts in the least deprived areas (1.78 versus 0.40 decayed, missing or filled teeth per child).

In school year 2019/20, 74 per cent of Primary 1 children were free from tooth decay – that's up 3 percentage points (from 71 per cent) from the last report in 2018 and up 28 percentage points (from 45 per cent) since the programme started in 2002/03. These figures also show that the average number of decayed, missing or filled teeth per child reduced from 2.76 in 2002/03 to 1.04 in 2019/20. The BDA warned that "stark and persistent inequalities" will widen as a result of the pandemic, given the collapse in access to routine services, the suspension of public health programmes and the impact of sugar-rich lockdown diets.

The pioneering Childsmile programme has been paused since Scotland entered lockdown in March. Its executive group has been working

on a remobilisation plan, but timings will depend on levels of COVID-19 in the community, said the BDA.

While NHS practices were allowed to perform a full range of treatment from 1 November, practices are operating at a fraction of their former capacity. It is anticipated the reintroduction of the pre-COVID funding model for dentistry will decimate NHS practices, said the BDA, in light of ongoing restrictions, higher costs and reduced patient numbers.

Robert Donald, Chair of the British Dental Association's Scottish Council, said: "COVID-19 risks undoing decades of progress in improving the dental health of our children. The oral health gap between rich and poor – which has proved so stubborn – will widen unless we see real commitment from the Scottish Government."

**beta.isdscotland.org/media/6128/2020-10-20-ndip-report.pdf*

Dentists are increasingly complaining about colleagues

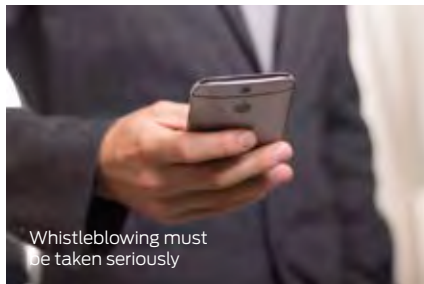
'We're not here to resolve employment disputes or grievances,' warns regulator

THE General Dental Council (GDC) has published a series of reports* which provide statistics and examples of fitness to practise case handling undertaken during 2019.

The statistical report provides a quantitative picture of fitness to practise in 2019. In addition, the regulator has also published six short insight reports covering decisions at the initial assessment stage for quarters three and four of 2019, including spotlight reports on concerns relating to consent and record keeping.

The reports show that of all the concerns received in 2019, only 36 per cent made it to a case examiner – the first stage at which a sanction may be imposed on a dental professional.

They also reveal a further year-on-year increase in concerns raised by dental professionals, from 10 per cent to 13 per cent of the total, including 'blue on blue' cases –



separate to those which are categorised as 'whistleblowing' by professionals.

John Cullinane, Executive Director of Fitness to Practise Transition at the GDC, said: "What is clear from these reports is that the large majority of concerns received by the GDC are assessed and completed without sanction, but they also highlight that early engagement in the process will

typically end in a smoother resolution to any concern that's raised, which ultimately must be in everyone's interests.

"The increase in referrals by registrants also highlights an important issue; while we of course need to avoid any discouragement of whistleblowing or the raising of serious issues affecting patient safety or public confidence, matters such as employment disputes or grievances – which we are seeing on an increasing basis – are not for the regulator to investigate or resolve.

"There's some really useful insights to be gained here for dental professionals, particularly from the case examples in the short reports, so I'd encourage everyone to take a look."

*www.gdc-uk.org/education-cpd/fitness-to-practise-learning

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SHOP WHERE SERVICE AND VALUE COUNT

Professional round-up

PROFESSOR Jason Leitch, Scotland's National Clinical Director and a former consultant oral surgeon, was announced as the fourth of six recipients of the 2020 Fletcher of Saltoun Awards, for his contribution to science. The Saltire Society said Professor Leitch had "demonstrated application of scientific method to a major public health issue, and has done so in a considered, collected and highly communicative manner."

At its first online AGM, the British Dental Association (BDA) elected Professor Elizabeth Kay as its next President. "Professor Kay's impressive career has been marked by enthusiasm, concern for colleagues and a determination to improve the care patients receive," said the BDA.

She graduated from Edinburgh in 1982 and proceeded to gain a Master's and PhD from Glasgow.

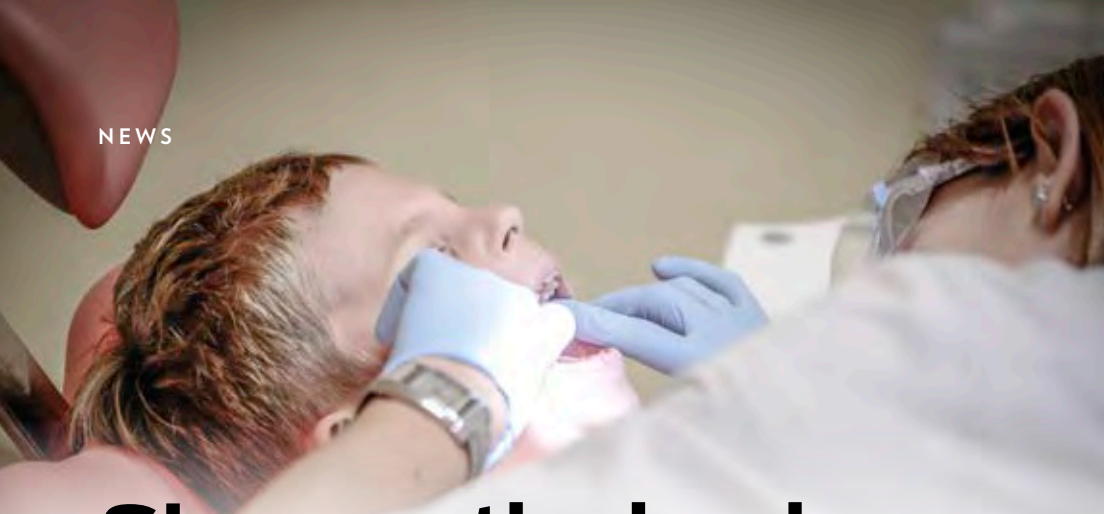
Professor Philip Taylor, has taken up the role of Dean of the

Faculty of Dental Surgery at The Royal College of Surgeons of Edinburgh, succeeding Professor Fraser McDonald. Philip Taylor is Professor Emeritus in Prosthodontics at Queen Mary University of London (QMUL) and until recently was a Restorative Consultant at Barts Health NHS Trust, where he was the Clinical Director for Dentistry, OMFS and Ophthalmology (see p40).

The British Orthodontic Society (BOS) has paid tribute to orthodontist, Allan Thom who has stepped down after a five-year term as President of the World Federation of Orthodontists.

Jonathan Sandler, BOS President, said: "Allan is an inspiration to anyone involved in orthodontics."

Professor Matthew R Walters, Head of the School of Medicine, Dentistry and Nursing and Professor of Clinical Pharmacology at the University of Glasgow, was awarded an MBE in the Queen's Birthday list.



Six-month check-ups 'not necessary for healthy adults'

Review 'provides reassurance' to patients who have missed routine check-ups during COVID-19 pandemic

A DUNDEE University team in collaboration with Manchester University and Cochrane Oral Health, has conducted a systematic review to identify the best time interval between dental check-ups for maintaining good oral health.

There is a longstanding international debate about the optimal frequency of dental check-ups. Traditionally, dentists recommend their patients visit for a check-up twice per year, even though the risk of developing dental disease is different for each individual.

A personalised risk-based recall interval between check-ups - where time between check-ups depends on an individual's risk of developing dental disease - varying between three and 24 months, has been recommended by the National Institute for Health and Care Excellence since 2004. Despite this, most practices continue to encourage adults to schedule appointments at regular intervals of six months.

To investigate the issue, the review group looked at the most current and robust evidence available, including two randomised controlled trials involving 1736 patients which looked at how different intervals between check-ups affected: how many people had tooth decay, how many tooth surfaces were affected by decay, gum disease, and wellbeing.

"The review shows that current practice of scheduling six-monthly check-up appointments for all patients does not improve oral health compared to a personalised risk-based check-up approach or compared to check-ups every two years where patients are at low risk of dental disease," said Patrick Fee, the review lead. "The absence of any difference between check-up frequency indicates a risk-based check-up frequency can be supported, as it is not detrimental to oral health and is acceptable to patients. But it should be emphasised this is about adults having routine check-ups, not those who need to seek emergency treatment or children.

"Current practice of six-monthly check-

ups could be considered an inefficient use of NHS resources, adding unnecessary patient and health service costs for no gain in dental health outcomes. This research is also valuable when considering the significant impact of the COVID-19 global pandemic and its effect on dental services worldwide, limiting patient access to dental treatment.

"Patient access to dental care may remain limited for some time, however the results of this review provide reassurance to those providing and seeking dental treatment that intervals between check-ups can be extended beyond six months without detriment to the oral health of patients. Six-monthly check-ups are highly valued by the general population and moving towards personalised risk-based check-ups will require the cooperation of health care policy makers, clinician knowledge and patient involvement."

One of the clinical trials the review looks at, the INTERVAL Dental Recalls Trial*, was sponsored by the university and conducted to add to existing evidence to help answer the research question.

The review, Recall intervals for oral health in primary care patients**, concludes that in adults, there was little to no difference between six-monthly and risk-based check-ups for number of tooth surfaces with decay, gum disease and wellbeing after four years, and probably little to no difference in how many people had moderate-to-extensive tooth decay. The review group also found moderate-high evidence that there is little to no difference between either 24-monthly, six-monthly or risk-based check-ups in the number of tooth surfaces with decay, gum disease and wellbeing. See page 50

* discovery.dundee.ac.uk/en/publications/interval-investigation-of-nice-technologies-for-enabling-risk-var

** www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004346.pub5/full

GDC faces legal move over lay chair

A LEGAL challenge could be mounted against the General Dental Council (GDC) if it appoints a lay person as its new Chair, the British Association of Private Dentistry (BAPD) has warned.

The GDC is led by a council of 12 members, comprising six lay "including the Chair", according to council documents, and six dental professionals. Its current Chair, Dr William Moyes has been in post for seven years and will be demitting office at the end of September 2021.

According to the BAPD: "This unambiguously states that the Chair of Council is one of six lay members. This is not predicated on the currency of your Council and its Chair, but is a general statement purported to be fact, immaterial of the current constitution of both. It is materially evident, that executive search agencies tendering for this process and the subsequently successful candidate, will position their effective advertising, search and selection processes to target lay candidates for the role of Chair of Council."

The BAPD has written to Ian Brack, Chief Executive and Registrar, welcoming his previous statement that applications for the role of Chair will be welcomed from both registrants and lay candidates and that core characteristics of the successful candidate would include substantial skills, experience and leadership authority, but it added: "We venture that you have missed one that is central to optimal performance as chair of the regulatory body of the dental profession, and that is having direct experience of that profession as a dental professional.

"We hereby give notice that the BAPD will challenge this process should advertising not be equitably positioned within dental profession specific press, recruitment companies and online resources, as well as those more usually favoured for general executive recruitment."

According to the GDC, the successful candidate will be "responsible for ensuring that the GDC fulfils its full range of statutory duties".



Rishi Sunak

Pay practices to install ventilation, Chancellor told

Share of £2.3bn would help restore treatment to millions, says BDA

DENTAL practices should get a share of the £2.3bn COVID capital investment fund announced for the NHS by Rishi Sunak, the Chancellor, in his November Spending Review - to pay for ventilation equipment which would reduce fallow times and increase the number of patients they are able to treat. The British Dental Association (BDA) has told the Department of Health and Social Care and the devolved administrations that a package of capital funding now offers "the only hope" of restoring routine services to millions of patients.

The issue had already been raised with Government officials in Scotland who are exploring what support could be provided.

According to the BDA's survey data from practices across the UK, 70 per cent of practices are now operating at less than half their pre-pandemic capacity, with nearly two thirds (63 per cent) reporting less focus on 'routine' dentistry, as urgent and emergency cases receive needed priority; the number one barrier to increasing capacity is 'fallow time' - the time gap mandated between procedures to minimise risks of viral transmission - with 88 per cent of practices reporting it as a major obstacle. PPE availability - formerly the key challenge - is now cited by 36

per cent of practices as supplies have improved. Financial and cash flow problems are cited by 62 per cent of practices, and patients' unwillingness to attend by 43 per cent.

While new regulations may enable practices to reduce their fallow time, most practices (57 per cent) now lack the funds to invest in the new equipment required to do so. Industry sources estimate costs for mechanical ventilation for meeting required levels of 'air change' at £10,000 for a typical practice. More than half (52 per cent) of practices also lack data on air change levels to even establish their compliance with new rules. The survey data also reported that 55 per cent of practices estimate they are able to maintain their financial sustainability for 12 months or less.

The BDA has warned of widening inequality, as patients face poorer outcomes given the huge barriers to early detection of conditions from decay and gum disease through to oral cancer. It has also estimated that the UK Government would recoup costs through increased patient contributions as a result of rising patient volumes. Since lockdown, in England the Treasury has forgone nearly £400m in patient contributions, with the loss continuing to increase by around £50m.

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Practice group reports 'surge' in buy-out enquiries

SCOTLAND'S largest dental group is looking for new acquisitions after confirming plans to invest further in the industry. Over the autumn, Clyde Munro acquired three more practices and had a further nine in the final stages of the acquisition process. The latest to join the group is Sandgate Dentistry in Ayr, fronted by husband and wife Mark and Liz Fitzpatrick.

Clyde Munro also reported a surge in new enquiries since the start of lockdown. The Glasgow-based firm said it was calling on principal dentists "looking either for an exit or for a chance to focus on their clinical work", to get in touch, as it renews its growth drive following a turbulent period for the sector.

Kirsty Dace, Chief Development Officer with the Glasgow-based group, said: "We've had numerous enquiries during lockdown with many dentists disillusioned as a result of the last year. Some are yearning to get back to focusing on their patients. The stresses of running a practice – and all the paperwork and protocols that come with it – have only been compounded by COVID-19. By being entirely dedicated to Scotland, our practices are benefiting from expertise and business management that is designed to give reassurance. We want a network of family dentists – and this separates us markedly from other groups."

The group was founded by Jim Hall in 2015 with the acquisition of seven practices and the backing of private equity firm Synova Capital and Investec Bank. It now comprises 42 practices across Scotland, with more than 200 dentists, 350 staff and 300,000 patients.

Meanwhile, Dental-firm Oracare Scotland has acquired Cults Dental Practice in Aberdeen thanks to a £491,225 funding package from the Royal Bank of Scotland. Under the new ownership, Cults Dental Practice has expanded its services to offer cosmetic treatments including dental implants, dermal fillers, Invisalign teeth-straightening options and Digital Smile Design technology for customers. It will also continue to provide private and select NHS dental services, as well as emergency treatments.

Business partners Dr Naga Narra and Ms Saima Ikram, who lead the practice, have also created three new jobs, bolstering the existing team of seven, and hope to add more as demand rises.



'Be Proud of Your Mouth' campaign unveiled by FDI

Time to organise low-risk, impactful campaign events for March 2021, says federation

REPRESENTING more than one million dentists worldwide, the FDI World Dental Federation (FDI) has unveiled a three-year 'Be Proud of Your Mouth' campaign that will be launched on World Oral Health Day (WOHD).

WOHD is celebrated every year on 20 March. Its purpose, says the FDI, is to "empower people with the tools and knowledge to prevent and control oral diseases, which affect nearly 3.5 billion people worldwide. The celebration encourages people to look after their oral health by adopting a good oral hygiene routine and managing risk factors. Preserving oral health can help keep the mind and body healthy too, as well as protect against the spread of infections."

For the next three years, the overarching theme for the WOHD campaign is 'Be Proud of Your Mouth'. "With this empowering call to action," the FDI said it "hopes to motivate people to value and take care of their mouths and understand that by doing so, they can also help protect their general health and well-being."

People can show their support for the campaign by using the online #MouthProud custom poster tool* to place an ornate art frame over their mouths-as a symbol that they recognise just how significant and important the mouth is-and make a personal commitment to prioritise their oral health.

"This can be safely done from home, and everyone can show their solidarity with the campaign and contribute to the global movement by sharing their images on the 'Mouth Proud Wall'," said the FDI.

Each year, FDI records hundreds of WOHD events that reach millions of people worldwide, organised by its member dental associations and specialist groups, as well as the wider healthcare community.

In 2021, FDI is working to ensure that every in-person celebration will respect local public health guidelines.

"The most important thing is that our World Oral Health Day celebrations be conducted safely," said Dr Gerhard K. Seeberger, the FDI President. "The COVID-19 pandemic has changed the nature and scale of in-person events, but with today's technology, so much more is possible."

"Today, we have more time to organise low-risk, impactful campaign events for March 2021. I encourage everyone to visit worldoralhealthday.org and use the wealth of resources that are freely available."

* www.worldoralhealthday.org/custom-poster

** www.worldoralhealthday.org/custom-poster-wall

WOHD Global Partner: Unilever

WOHD Global Supporters: Wrigley Oral Healthcare Program, Planmeca, 3M

New model of care as sector 'stabilises'

Minister responds to concerns over future of public and hospital dental services

WORK on introducing new model of care for NHS dentistry will begin when the dental sector "stabilises", Joe FitzPatrick, Scotland's Health Minister has said.

In response to concerns raised over the future of the public and hospital dental services in Scotland, as well their role in the delivery of dental education and training - at a time when Government support has been focussed on the general dental service - the minister said: "The HDS and PDS services are an integral part of the overall NHS model of remobilisation and in this emergency situation an essential additional capacity resource.

"In the medium to longer-term, as the sector stabilises, both services will revert back to the pre-COVID roles, and the Government and stakeholders can turn to the business of working collectively to introduce a new model of care for NHS dentistry.

"In view of the circumstances there is now appetite within the sector for significant reform, and the new model will focus on a prevention-based care package. Also, there is a major challenge around oral health inequalities and the need to ensure that patients receive the appropriate care for their oral health condition. Our proposals include an Oral Health Assessment of patients and that in turn will drive different treatment pathways for the patient.

"The PDS will be part of this new model focusing on those patients that cannot access care from their high street dentist, vulnerable adults, more complex care procedures and domiciliary care. HDS will also interface with this model through their specialist and referral function."

The minister also reiterated "that the swift action and agility of the PDS and HDS service in standing up a quality urgent

and emergency NHS dental care service delivered through UDCCs, to a much broader patient base, was a remarkable feat under the most difficult of circumstances".

Regarding education and training, the minister said that Tom Ferris, the Chief Dental Officer, was in "regular discussions" with the Deans of Dental Schools and they are working together to ensure plans are in place to help support the successful completion of studies for the graduate cohort of 2021.



New model of care plans revealed in Spring edition of *Scottish Dental*

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Janet Goodwin honoured with new award

Prize will recognise high standards of professionalism and patient care

THE Faculty of General Dental Practice (UK) (FGDP[UK]) is honouring the legacy of the late Janet Goodwin FFGDP(UK)(Hon.) with an award to recognise the achievements of dental care professionals (DCPs).

Over a career spanning almost 50 years, Janet was a staunch advocate for the advancement and recognition of DCPs. An Affiliate Member of FGDP, she served the Faculty as a representative for the interests of the wider dental team, chairing its DCP Committee, contributing to the development of standards and sitting on the National Faculty Board, and in 2019 she was awarded Honorary Fellowship.

The Janet Goodwin Award will recognise leadership, standards of professionalism and patient care, commitment to life-long learning, service to the profession and advocacy for the whole-team approach to general dental care.

Open to all GDC-registered DCPs, the inaugural award will be made as part of the

FGDP(UK) Annual Awards 2021, and the winner will also receive Affiliate Membership of the Faculty, and its associated benefits, for 2021-22. Nominations are open until 23:59 on Monday 1 March 2021.

Commenting on the new award, Ian Mills, FGDP(UK) Dean, said: "Janet was a groundbreaking and influential figure in dentistry, and her passing was mourned throughout the dental profession.

"She was a fantastic ambassador for our profession, a passionate advocate for the role of the dental team, and a strong supporter of the Faculty. I am therefore delighted that we have been able to commemorate her contribution to dentistry by introducing an annual FGDP(UK) Annual Award in her memory."

www.fgdp.org.uk/news/fgdpuk-annual-awards-2021



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London

www.tinyurl.com/wgvdgvj

DATE TO BE CONFIRMED

24th Annual Conference for Dental Care Professionals

RCSED, Edinburgh

www.tinyurl.com/y5bfduyt

2021

18-19 JANUARY

25th Annual World Dental Summit

Online

www.worlddental.conferenceseries.com

15-16 FEBRUARY

International Conference on Oral Dermatology and Oral Pathology

London

www.tinyurl.com/y2lqc76u

26-27 FEBRUARY

Hands-on endodontics

BDA, London

www.tinyurl.com/yxjxkxr6

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www.rdpduk2020.eventbritestudio.com

30 APRIL

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www.tinyurl.com/yyav7myx

17 MAY-17 JUNE

National Smile Month

www.dentalhealth.org/

national-smile-month

21-22 MAY

The British Dental Conference & Dentistry Show

NEC, Birmingham

www.thedentistryshow.co.uk

TBC MAY

National Dental Nursing Conference

(Normally co-located
with BDC & DS; see above)

www.badn.org.uk/Public/Events/

National-Dental-Nursing-Conference.aspx

18-19 JUNE

Scottish Dental Show

Glasgow

www.sdshow.co.uk

18 JUNE

DGP Study Day, RCSE

www.tinyurl.com/y26s8u7n

26-27 JULY

Dental Health Forum

CTF, Manchester University

www.manchesterdental.org

12-14 NOVEMBER

BSP Conference

The Royal College of

Physicians, London

www.tinyurl.com/yyh2bcq3

1-2 OCTOBER

ITI Congress UK & Ireland

EICC, Edinburgh

www.tinyurl.com/yym88cyw

3 DECEMBER 2021

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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



Collectively, we can overcome

But the new chair of the BDA's principal executive committee says the pandemic has highlighted how 'the national has been lost from the NHS'

Eddie Crouch describes himself as “an inherently optimistic individual”. He believes that, during the pandemic, the public has seen the value of dental care and the impact that it not being available has on their lives.

“The population needs a dental profession – and so the long-term future of practices that ride out this terrible period will be good, but I worry how many may not survive,” he told *Scottish Dental* in an email Q&A conducted during November. “We have seen the existing inequalities of oral health widen through the COVID period, we have massive problems to overcome with undiagnosed disease and waiting lists rising exponentially – and the whole dental sector faces difficulties in rebuilding. If we can utilise this pandemic to change the focus to prevention, from politicians who have paid lip service in the past, and colleagues can adapt as we already have to improve the viability then all will be well. There are huge challenges ahead for us all, but collectively we can overcome.”

That latter exhortation, however, has been challenged precisely as a result of the pandemic; since April, a number of new organisations claiming to represent the profession have emerged. They include the British Association of Private Dentistry. Crouch conceded that, despite strong campaigning – highlighted by *Scottish Dental* as the UK entered the first lockdown – the BDA had been “unable to secure much support for practices that relied on income outside the NHS”. He added: “It is very understandable that this group of dentists felt they were not being represented when they saw the lack of success, and felt it was because

the efforts were all put into securing NHS funding. This was not true, but it gained momentum and saw the growth of organisations who felt their voices needed to be heard. Collective action might have been a more powerful force.”

In Scotland, two other organisations have sprung up; the Scottish Dental Practice Owners group and the Scottish Dental Association. “Obviously, as someone now in a position within the BDA, I would want people to become engaged with us to fight their corner,” said Crouch, “but we will have to work hard to win back some of this lost support,” he said. In August, the BDA wrote to Joe FitzPatrick, Scotland’s Health Minister, with what Crouch described as “evidence of the stark financial situation facing mixed practices”. The Minister responded by saying that “robust, independently verifiable evidence” was needed to take the matter further. “We will look to work with Scottish Government officials to collect evidence from dentists and practices that are affected and use this to make the case for additional financial support for mixed practices,” said Crouch.

As *Scottish Dental* went to print, the BDA had called on the UK Government and devolved administrations to offer a package of capital funding, from the £2.3bn NHS COVID fund announced by the Chancellor in November – “the only hope,” it said, of restoring routine services to millions of patients. The association secured a House of Lords debate on the future of dentistry, which was followed by Crouch meeting Jo Churchill, the UK Government’s Health Secretary, to discuss funding for ventilation equipment in NHS and private practices.

Crouch disclosed that he contracted COVID-19 at the end of March; he said he was “lucky to have relatively mild

WORDS
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PEAKIN

symptoms" but was unwell for two weeks. Reflecting on the early days of the first lockdown, he said: "I am proud of the way the BDA rose to the challenge of the pandemic, moving staff to work from home yet delivering the go to place for information when we opened the website to all, including non-members. We secured media coverage at levels unknown previously, with dentistry front and centre in print, radio and TV." He said he had been supported "incredibly" by the practices where he works, as they triaged. "It left me free to attend the myriad of meetings that became necessary for supporting members, plus the multiple media engagements I had on a daily basis," he said. "We have seen the way the profession has risen to the challenge of coping with operating procedures to ensure safe places for delivering care to patients and keeping staff safe. I have been so proud of every single member of the dental team. It is worrying that, as I answer these questions, we are in England in the middle of 'lockdown two' and whilst we know practices will not be shut down as they were in the spring, surveys carried out by the BDA indicate real concern on practice viability. NASDAL report that more than half of practices across the UK have relied on Government CBILS backed loans in an attempt to outlast the storm. Clearly, whilst the report from SDCEP adopted by PHE and the CDOs has given hope of reduced fallow time, the truth is that working with the current levels of PPE are exhausting for teams and may not significantly increase the throughput of patients with current social distancing measures and the reluctance of patients to attend with current high levels of infection."

How did he think that the initial return to practice had been handled by the Governments of the UK, regulators and organisations, and could things have been handled differently? "The pandemic has highlighted how the 'national' has been lost from the NHS, with different arrangements on funding and variance in operating procedures and the advice from CDOs and regulators.

"The manner in which the profession has heard about what is expected of them has also been incredibly poorly handled, with colleagues finding out about a reopening of practices via a prime ministerial briefing rather than ahead of a media announcement in England, and other countries hearing via politicians speaking in respective parliaments. Mixed messaging from regulators also caused confusion in the profession, with dentists unsure of what they were being asked to do. It is clear in hindsight that the availability of PPE – or more importantly the lack of PPE – contributed significantly to the decision to limit dentistry. I guess, in summary, if we really did plan for a pandemic, it should not have turned out like this."

Before the pandemic, the Scottish Government was working with the profession on a 'new model of care' for NHS dentistry. The CDO in Wales has also spoken about using the pandemic as an opportunity to change the way that dentists are remunerated, shifting from treatment to prevention. What does Crouch believe would be the best model for NHS oral health care and the long-term sustainability of practices? "The work undertaken in Wales to map the population of practices and their risks is one that has potential to match funding to the dental needs of the practice.

"In England, the retrospective reintroduction of a UDA element to the prototypes has been disappointing and obviously Scotland was only in the very early stages of developing the Oral Health Improvement Plan. My hope is that we can across all the UK move to a system that places a much bigger emphasis on prevention. Looking to the longer term, there is widespread acknowledgement that dental practices will not be returning to previous ways of working before the pandemic struck. A new funding model will be required, and we recently established a working group to contribute to discussions with the Scottish Government and other stakeholders. This will be a long-term initiative requiring a national consultation and possibly legislative changes."

Eddie Crouch wants to move dentistry forward, post COVID-19

Eddie's journey

"I'd not planned on becoming a dental student but, as a sixth former, an open day at Birmingham Dental Hospital gave me an excuse to skip a mock exam," recalled Eddie Crouch. Turned out, it sold him on dentistry as a career. He qualified from Kings in 1983, worked in resident oral surgery, a practice in south London, and then joined a colleague who had graduated a few years previously and bought a practice in Berkshire. After marriage and starting a family, he moved back to Birmingham, bought a practice and, despite selling it in 2003, continues to this day to provide orthodontic care there and at a specialist practice nearby, albeit now limited by his BDA commitments.

"The biggest challenge, pre-COVID, has been juggling clinical practice with my increasing involvement with dental politics," he said. "Challenges to the provision of orthodontics have been ongoing since the flawed contracts of 2006. I had taken a Judicial Review over a termination clause in the agreement to the High Court with the partial financial support of crowd funding from many colleagues – to whom I will always be indebted." He won the case in 2008, to the benefit of more than 3,000 dentists. "It was hard, but it showed me where commitment to a cause can lead, and how a collective act from dentists has the ability to face down unfair legislation."

For the last five years he has been the Vice Chair to Mick Armstrong, been involved in Committees across the BDA and around the UK, and in national discussions with stakeholders – together with fellow principal executive committee members, he has helped steer the BDA with its senior management and to develop, amongst other things, its own bespoke indemnity product.

"The work of the BDA in moving contractual arrangements away from activity to prevention will, in time, hopefully deliver contracts around the UK within the NHS where prevention is regarded as clinical activity. Past efforts by the BDA in lobbying, with others, for a sugar levy and immunisation against HPV are also areas the BDA can be proud of. The association has also led on action on antimicrobial resistance and will need to exert further influence in the planned phase down in amalgam use, and how that is managed. The right combination of policy work, lobbying and media activity can achieve results.

"I am also proud of my Scottish colleagues who defeated plans to extend recall intervals beyond 12 months, given the clear risks presented by soaring oral cancer rates. And of the local dental committees

(LDCs) who stepped up to the plate in March to assist in the creation of urgent dental care centres and how colleagues within LDCs distributed help and advice to dental teams."



About Emma

Emma Colvin is the current Vice Chair of the SDA (Scottish Dental Association). Emma graduated in 1998 from Glasgow University. In 1999, she married John-James Colvin and they have four boys: the eldest 21 and the youngest 11. Throughout her career, Emma has worked mainly within general dental services in both Scotland and England. She also worked as a senior dental officer in community and hospital in Peterborough in the early noughties. The family moved to England in 2003 and returned to Scotland in 2009 shortly after the birth of their fourth son.

Emma's postgraduate education has encompassed Guy's, King's and St. Thomas's University of London and a return to her alma mater. She has a Post Graduate Diploma (with Merit) in Conscious Sedation and in 2018 she gained a Post Graduate Diploma in Dental Public Health and a PG Certificate in Implantology. The couple bought their practice, Bellsquarry Dentistry, from a corporate in 2011. Over the following years they worked hard at developing good relationships with the local community and built the practice up, trebling patient numbers. In 2018, they took the decision to convert to a fully private service for their fee-paying adults.

"At the time, it felt like a giant leap in the dark, but we have not looked back, and the conversion of patients was extremely successful; more than we had expected," said Emma. "The decision to convert had come from realising that we could only provide the highest standard of care, embrace minimally invasive treatment, and focus on prevention under the liberty of a private service. After working for years and trying to achieve the best outcomes within NHS GDS both for the patient and professional, leaving literally felt like the shackles had fallen off. If I had one word to use to describe the experience, it would be liberating."

Emma added: "However, we were acutely aware that not all within society can access this level of care just now and therefore we continue to provide NHS care for adults who do not pay. Childsmile had already been fully integrated into our daily practice and continues to be embraced by all our staff. We have also been asked to provide research for the University of Glasgow's Public Health PhD students because we were recorded as the highest provider of fluoride in Scotland, relative to our size."



Goodbye 2020, hello 2021

If the gold standard of care is to be provided, and funded, it will have to adapt to the digital era and embrace minimally invasive thinking alongside the rapidly evolving restorative modalities, says Emma Colvin

What was your experience of lockdown?

It started with getting everything in place to secure staff jobs and the business along with adapting to triaging from home and at the same time home schooling. With the additional spare time, I spent the majority attending webinars; Dhru Shah's Dential Tubules were exemplary. Tubules is an online resource which provides more than just CPD. It is a phenomenal source of inspiration and solidarity. Tubules brings professionals together internationally in an inclusive way that I personally have never experienced in my over 22 years of learning.

The private sector came into its own during lockdown and beyond, everyone helping and reaching out to each other. Initially, this did not appear to happen as much within the NHS sector possibly because we were hopeful that our representative bodies would have had our backs. As a team, we kept in touch by Zoom and organised quiz nights etc. We do not have a large cohort of staff, so we possibly did not have the pressures other practices had. To say we were not worried about the future viability of the business, at the time, would not be true but after financial advice and assessment we appeared to be stable.

Private treatments returning earlier, allowed us and many practices to bounce back. The full complement of NHS treatments only just returning on 1 November allows this group to be fully cared for again, but one could question the timing i.e., why now and not in summer? Especially when we are experiencing a second wave. Additionally, being able to provide all treatments should surely equate to 100 per cent NHS remuneration, as it does in England. In terms of my experience of family time during lockdown, it was a very precious time. I have been a full-time working mum since I was 25 years old and I personally saw lockdown with my family as a blessing; a time that we most probably will not get again. We spent most of the time outside in the

garden, doing HiTT classes lead by our older two boys, when I'd often be told my 'form' was not correct and I had to redo my press ups! We live at the foot of the Pentland Hills, so we also enjoyed this beautiful area with our malamute puppy.

How was lockdown and the return to practice handled by the Government, and regulators?

I would challenge anyone who said that practice owners and associates did not go into a mad panic when our Chief Dental Officer announced that NHS GDS COVID payments were to be provided at 20 per cent pre-COVID remuneration. This was a wake-up call for the profession and shone a bright light on the value of our oral health service, in the eyes of those in power. This decision was overturned by an online petition. However, we now find ourselves undervalued in comparison to our English colleagues who have received 100 per cent remuneration, since June, based on 20 per cent of pre-COVID capacity. In contrast, dentists in Scotland were awarded 85 per cent for 20 per cent pre-COVID targets being met. Additionally, our GP colleagues have received 100 per cent remuneration when working at reduced capacity.

When the pandemic struck there was a lot of confusion. There had been no communication in the months of January and February as to what was being planned in the event of COVID-19 hitting our shores. Similarly, return to work was not handled well by the decision makers. The goal posts were being continually moved and unless you were media savvy, you could be learning things were changing in a few days' time when you had been formally told – and had planned for – a few weeks. In June, a publicly perceived two-tiered system was seen to have been created when Health Improvement Scotland announced that private patients were able to access dental care. Whereas the CDO advised a continued limitation to

access for NHS patients, allowing only AAA, extractions and oral cancer checks with referral to UDCC's if an AGP was required. Many dentists found these centres difficult to access however, this varied across the country. We now find ourselves with: 1) A huge backlog of NHS patients in need, 2) A COVID package that places Scottish dentists at a distinct financial disadvantage to their English counterparts, 3) The prospect of a target driven remuneration package enforced during the most unpredictable era our generation has known, and 4) No formal engagement from the Scottish Government with the SDA, although we are ready and willing to help.

How could things have been handled differently?

Communication. We have learned of decisions through social media before being formally advised. However, often, these decisions had been poorly thought through in terms of disease risk and impact on oral health. Engagement with the profession could have easily been done through online polls and webinars. This would have given the workforce a sense of solidarity with the decision makers with the additional benefit of feeling valued. Additionally, the decisions made on the ability to provide dental care, arguably resulted in health inequality; the private patient benefiting over the NHS patient.

What's your view on the profession's representatives – the BDA, and those that have emerged this year?

We continued to find ourselves without a voice and nobody appeared to be fighting the corner for the NHS patients and the Scottish GDS workforce. This being all too obvious when we consider the initial COVID-19 NHS package of 20 per cent offered to us in March and the current disparity between what has been negotiated for our English colleagues, who continue to be remunerated at 100 per cent, when dentists in Scotland are awarded 85 per cent for the same level of activity. The emergence of new associations is the direct result of this. In May, I was introduced to a new movement who wanted to address the perceived lack of voice. This movement has now organised itself into the Scottish Dental Association (SDA) and the Scottish Dental Practice Owners (SDPO). I am the current Vice Chair of the newly formed Scottish Dental Association. This association aims to represent the profession from practice



HOW CAN YOU GET THE BEST FROM ONE OF THE MOST INTELLIGENT AND HIGHLY TRAINED WORKFORCES, WHEN THEY FEEL UNDERVALUED AND, QUITE FRANKLY, MENTALLY UNWELL BECAUSE OF THEIR WORKING CONDITIONS?"

owners and associates to dental therapists and nurses. I believe that Scotland needs its own association, a Scottish voice. The SDA has proved itself willing to challenge decisions being made and is demanding a seat at the table when the future of oral health provision is being considered.

What do you think of the situation, heading into winter?

The UK is now experiencing the second wave of COVID-19 with scientists warning that the situation may develop to be worse than in the spring. To many it may seem strange to suddenly re-introduce all NHS care at this point – why not in the summer when the virus appeared to be under control and when private patients were able to access everything? On the other hand, the profession now has access to PPE and we have all developed and restructured our dental practices into COVID-safe environments. The situation within most practices is that they are well equipped to attend to all their patients at reduced capacity. Some practices, however, have seriously limiting issues with ventilation and this must be addressed by the Scottish Government as a matter of urgency. Practices have had to put in ventilation equipment that can cost several thousands of pounds when their income for oral health provision has been reduced by 20 per cent.

The Government is working on a 'new model of care' – how should dentistry be provided in Scotland?

Firstly, the Scottish Government needs to consider what value they put on the nation's oral health. Only from this point can we coherently and successfully create a new model of oral health care. We must move away from a system that effectively rewards provision of treatment rather than promoting oral and systemic health. The workforce is highly educated and clinically trained. Unlike other health sectors, we attend to our patients every three to six months,

developing good relationships based on trust and we usually see them when they are well. We could be intercepting early and preventing diseases from developing, for example diabetes and heart disease. With the appropriate referral pathways, oral and systemic health assessments including blood pressure and blood glucose monitoring, we could help to reduce or eliminate the development of chronic disease and hence the financial burden on the NHS. Additionally, we need to embrace the idea of working across all areas of society to help address the issue of continued poor health within the most deprived groups. Innovative thinking is required at a national and local level, working together to target oral health problems and the perceived barriers. If the gold standard of care is to be provided and funded, it will have to adapt to the digital era and embrace minimally invasive thinking alongside the rapidly evolving restorative modalities, now available internationally. Ultimately, a new system will have to take into account the workforce and its morale. How can you get the best, from one of the most intelligent and highly trained workforces, when they feel undervalued and quite frankly mentally unwell because of their working conditions?

How does 2021 look for you and practice generally?

2021 will be a good year; I am an optimist. However, I am conscious of the constraints and threat of targets upon us. My private work is the area where I am free to provide the best level of care for my patients and at the same time embrace all the innovative concepts out there. I genuinely hope that the Scottish Government embraces the Scottish Dental Association, regarding the future of dentistry in our country. To let this pass would be a hugely missed opportunity. We want to work with them to create a model of oral health promotion and care that other nations will want to emulate. COVID-19 may have just handed us the time to do it.



The post-COVID challenge

If a new funding model does not consider the backlog of treatment the pandemic has caused then a vicious cycle of oral disease could develop, says Mohammed Samad



What was your experience of lockdown?

It has been a difficult time for everyone on a personal and professional level. It has been mentally draining for all in the dental team as there has been so much uncertainty around the dental profession. The team has been unable to get answers over the past few months about the long-term plans for NHS dentistry as there has not been any communications of this. On a personal level, this has been the most challenging time during my entire dental career; I feel this is the case for everyone in the profession, whether a practice owner, associate, VT, dental lab technicians and all associated staff. The down time has enabled dentists to realise the unreasonable working conditions which, in the past, have been 'accepted'. The fees imposed in NHS dentistry have never allowed dentistry to be completed to a standard that is expected.

Several colleagues have expressed their reluctance to return to the delivery system which has existed due to the undue stress which has been placed of working on the treadmill that is NHS dentistry. Many feel it is not an appropriate delivery system for dentistry in a first world country and needs a major upheaval in order not to leave the dental health of hundreds of thousands of patients in Scotland in the balance.

How was lockdown and the return to practice handled?

The general feedback is the frustration at the lack of communication from the CDO to the profession. There have been a few announcements by the Scottish Government on the remobilisation stages of NHS dentistry throughout the lockdown which always get announced through the media on a Thursday afternoon. This is the first the profession heard and caused unwarranted stress - with the public accusing practices of lying or not doing what the announcements stated. Practices were then left to explain that they were not made aware of any restrictions and even where an announcement has been made, there are still restrictions in place which were not clarified to the public. There have been huge variations between health boards in respect to the advice practices in each health board must follow. Confusion has ensued when colleagues are trying to get advice or help from other colleagues due to the variation between boards. Certain health boards and directors of dentistry (DOD) have been amazing in their communication with their local practices - yet it seems other health boards and DODs have left their communication methods back in their offices in March when lockdown happened. The Scottish Government communication has

also been nothing short of illogical and non-existent. There has been no communication to the profession of changes which are being introduced; the profession has been left in the dark time and time again, and yet the Government does not appear willing to engage with a key stakeholder group such as the SDPO [Scottish Dental Practice Owners] which represents around 3.5 million patients throughout Scotland.

Could things have been done differently?

Hindsight is a wonderful thing. Dentistry is an evidence-based profession and there have been numerous letters asking for evidence on the abandonment of dentistry in Scotland when comparing with how other countries responded to the pandemic in relation to dentistry. Proper care, which could have been offered, was removed with no real evidence or reasoning. Yet, now, when cases are on the increase throughout the UK, we are now being advised we need to see more patients? Again, the profession feels this does not make sense. Again, the profession wonders if the decision to prematurely move into phase 4 has been made in haste without any real consideration to the real impact this will have on practitioners.

What's your view on the profession's representative organisations?

The BDA has been around for several years; it is regarded 'as the sole negotiator' between the Scottish Government and the profession. There are many dentists who are not members of the BDA and still the Scottish Government does not take this into account. People have time to contemplate the current state of affairs and groups have grown to represent a wider area of



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UNLESS WE BECOME PRACTICES DOING 12-HOUR SHIFTS, SEVEN DAYS A WEEK, IT WILL BE YEARS BEFORE WE HAVE CAUGHT UP”

About Mohammed

Mohammed Samad graduated in 2009 from Dundee University and completed one year of vocational training in Fife before returning to Glasgow to begin his associate career. Approximately 12 months later, he became a practice owner of Carntyne Dental Care. Just months after this, another opportunity arose, and he became practice owner of Tollcross Dental Care.

Mohammed has two practices, which are predominantly NHS, in the east end of Glasgow; a highly deprived area where there is high dental need and a high prevalence of dental disease. They provide a wide range of services including facial aesthetics, NHS, and cosmetic orthodontics, IV sedation, along a full range of NHS treatments.

They are limited to what can be offered due to logistics and have had to prioritise who can be seen every day. Any ideas of expansions to offer other services have been put on hold until the country is again in a position of 'normality'. The lockdown has impacted the local community greatly as this is their local practice, and the lack of access has resulted in undiagnosed and untreated disease.

He obtained his Diplomas with the Royal College of Surgeons in England and with the Royal College of Physicians and Surgeons in Glasgow early in his career to further enhance his delivery of care to patients. He also provides intravenous sedation for patients. He has been offering IV sedation for approximately eight years, having completed approximately 3000 IV sedation cases. He holds the role of IV sedation mentor for dentists and nurses wishing to train in IV sedation with NES.

Mohammed is in the process of completing his Masters in Orthodontics so that he can offer this service in practice to patients who desire such a service.

Alongside this, he was previously an external examiner for MFDS examinations for the Royal College of Physicians and Surgeons of Glasgow for a number of years and has now been given the honorary position of deputy convener for the MFDS Part 2 exams for RCPSCG.



the profession. SDPO was formed so that practice owners have a united voice and can express any concerns in organised and professional manner. There is no desire for competition with any of the bodies and organisations, yet simply a desire for various bodies and organisations to be heard. We hope that all voices are appropriately heard and there is input from various aspects of the dental profession moving forward. One body (BDA) cannot represent the whole of the dental profession ranging from associates, assistants, VTs, nurses, therapists, hygienists, auxiliary staff, hospital dentists, community dentists, and laboratory technicians. A representative body from each of these sectors must be involved in order to be fair and representative.

And now, heading into winter?

It is a difficult situation for every dental practice throughout Scotland - and the UK for that matter. The underlying difficulty that has been expressed by every practice owner I have spoken with is a feeling of the public have been given a blanket statement without making them aware that dental practices are not back to 'business as normal'. The CDO has communicated this to the profession, yet a simple clarification on the day of the release would have allayed the profession's fears. Meeting targets to get paid a certain amount? Well, it certainly does look like a target-based approach which is already in place in other countries in the UK and looking at the feedback from the profession working with that system, it is clear to see that a target driven system is not beneficial to patients. We were once told during the pandemic that the Statement of Dental Remuneration would not be returning, yet it has been reintroduced back into the profession. What is going to happen moving forward is anyone's guess. We had Oral Health Improvement Plan as a proposal, but this has now diminished with COVID. It has been admitted that there is no clarification on the long-term proposal of NHS dentistry which is a huge worry for all involved.

How should dentistry be provided?

The Government aimed to make Scotland one of the world's leading countries in dental health. We are far afield from this goal. There have been various ideas within the profession of how best to provide a state funded dental model. It is widely accepted within the profession that a state funded model does not allow for high quality dental care to be provided, yet over the past nearly 20 years, there has

been no deviation from this system by the Government. Practitioners have made it known for a long time that the current model was poor in the set-up, but grievances are also in place from within the profession due to the lack of engagement by the Government to help develop a new funding model. Various funding models have been suggested by the profession, but they seem to be falling on deaf ears. Ideas from a basic core service, to vouchers for dental treatment to insurance-based models have been looked at as is the case across the world where variations of these types of systems are in place. Dentistry should be developed in such a way that it is rewarding for the profession and allows them to educate patients and not simply be there to treat the disease. Prevention is the best cure as the adage goes.

How does 2021 look for you and practice generally?

We are looking to get through week-by-week currently; the goalposts change continuously, and reshuffling is inevitably required. 2021 will be challenging, regardless of the funding model or the COVID situation. Parts of Scotland are on high-risk status, so at the time of this being published the status may have changed and the Government's plans for remobilisation of dentists may have also changed. The backlog of patients and treatments we will have is unthinkable. Taking into account the eight months of check-ups which have not been seen, appointments that were booked in which have been cancelled, treatment which was open, and three-monthly hygienist appointments that have been cancelled - these all need to be completed first before the practice stops chasing its tail. Unless we become dental practices doing 12-hour shifts, seven days a week, it will be years before we have caught up. Oral health has taken a massive impact during this time. The initial advice to promote prescription of painkillers and antibiotics for simple treatments that could have been completed in-house was not received with pleasure by the profession. There are various stories of people attending emergency dental hubs with simple problems and yet they are being offered teeth extractions as the sole treatment option which, in normal circumstances, would not have been considered.

A potentially vicious cycle could develop with a completely new funding model that does not consider the above. Careful thought is required to allow the profession to work its way through the backlog in an efficient and ethical manner.

COVID-19, dental education and training

Distance learning may reduce networking and opportunities to support colleagues and students in difficulty

What impact has the pandemic had on learning opportunities in Scotland?

WORDS
COLIN LEVY

The COVID-19 pandemic has meant significant changes in the way that dental education and training are delivered to trainees of all levels (including undergraduates) in Scotland. The effects of these are becoming more critical and more apparent as the pandemic continues.

Supervision requirements

Among the challenges we face at present are those in supervising dental trainees carrying out aerosol generating procedures (AGPs). Staff can no longer supervise multiple AGPs simultaneously and one-to-one supervision is required throughout the whole procedure if support is needed at all. Direct supervision is clearly essential for undergraduate trainees but it's also important at postgraduate level (Core Training and Specialty Training) in order to develop new skills. While this is an opportunity to enhance the training experience, through close supervision and feedback, it puts pressure on an already stretched workforce to deliver effective training alongside the delivery of key services and will inevitably increase pressure on PPE stocks.

Capacity constraints

Clinical access for some trainees is also a challenge, depending on the local clinical environment and surgery layout. The capacity of open clinics is reduced due to

social distancing and, without some form of modification, they cannot be used for AGPs. In some training centres, the capacity of waiting areas for patients is the limiting factor with staggered appointments necessary to maintain social distancing in these areas. Again, this has a negative impact on capacity for training and patient care. Many patients, particularly those at risk of serious illness if infected with COVID-19, may feel anxious about attending a dental hospital or public dental service site for their dental treatment. This may result in higher appointment failure rates, treatment deferral and the associated negative impact that this has on a trainee's experience, not to mention the oral health of patients.

Some ageing buildings will not meet the requirements for effective ventilation which is the main determinant of fallow time, as outlined in the new SDCEP recommendations and subsequent national guidance. If we are to live with COVID-19, more practical measures will need to be considered to increase capacity and improve access to clinical training.

Learning opportunities

Of course, with all of these challenges come opportunities. Didactic training and e-learning has improved access to some teaching, assuming trainees or students have access to a reliable internet connection for online learning. A reduction in travelling time and costs are also more compatible with home commitments for some students. However, distance learning may reduce networking and opportunities to support colleagues and students in difficulty.

Redeployment of postgraduate trainees varied by health board area during the first wave of the pandemic. Trainees were redeployed to urgent dental care centres

(UDCCs,) COVID assessment wards, surgical pre-admission swabbing and other roles, while academic trainees have supported the ongoing delivery of blended learning or have contributed to important research such as COVID rapid reviews or guidance. While training opportunities have been maximised by trainees, the total impact of these periods away from specialist clinical care cannot be fully assessed until hospital dental services return to normal. The associated delays in completion of training may negatively impact on the future consultant and specialist workforce and prevent new trainees entering specialist training. The latter group has already suffered from reduced opportunities for training and employment and this may compound the challenges they already face establishing their careers.

Impacts on other services

Hospital Dental Service (HDS) and Public Dental Service (PDS) surgeries and outreach centres were used to increase undergraduate and postgraduate clinical training capacity prior to the pandemic. They remain an important part of undergraduate training and care provision. However, with social distancing and enhanced infection control measures now required, the capacity to deliver oral health care, whether through undergraduate clinics or HDS or PDS services, may be adversely impacted.

Simulated teaching has expanded as a safe means of delivering hands-on dental training to undergraduates and postgraduates during this global pandemic. Simulated operative skills labs are also under increasing pressure to meet the educational demands of dental students and trainees, especially with social distancing requirements of parent organisations such as NHS Education for Scotland, universities, and local NHS boards. Some of these facilities are now ageing and

investment may be required to ensure that they operate at optimal capacity. These training opportunities remain vulnerable to changes in higher education guidance from the Scottish Government in the event of tighter restrictions.

Supporting dental students and trainees

The BDA has been in contact with dental schools across Scotland to offer support to dental students and investigate any further support that would be considered beneficial to students and trainees at this difficult and stressful time. Student members* have also been using their membership to remain connected to the profession and benefit from BDA services like Health Assured. The BDA Benevolent Fund** has meanwhile been supporting dental students who are in need of financial assistance.

There are many more challenges and opportunities ahead and services will need to continue to adapt and change. Reflecting the wider challenges affecting the dental profession, patient care and training capacity has been reduced and completion of training at all levels may be delayed. The long-term impact of this on the workforce, and therefore patient care, is uncertain. However, the capacity of services is likely to remain low at a time when demand may be rising. Investment in training capacity and facilities will need to be addressed to ensure that patient care and workforce development can meet the expected demand.

Colin Levey, Academic Specialty Registrar, Restorative Dentistry, University of Dundee, is a member of the BDA's Scottish Hospital Dentists Reference Group

*www.bda.org/join/Pages/student.aspx

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High street health hubs

The Scottish Government should view dental practices as community wellbeing centres and actively support their transformation post-COVID, says a leading practitioner

WORDS
WILL
PEAKIN

"My concern is the general health of the population," said Atif Bashir, Clinical Director of the BE Dental Group and Principal Dentist at Falkirk Dental Care. Atif is known for describing the United Kingdom as "the best country in the world". His father, Bashir Ahmad, the UK's first Muslim councillor and Scotland's first Muslim MSP, emigrated here from Pakistan in 1961. Bashir arrived in Glasgow, aged 21, on a rainy evening with just a few words of English and a family friend's details on a piece of paper. Standing forlornly in Buchanan Street Bus Station, a driver noticed his bewilderment, motioned him aboard, drove to the street written on the paper, which was off his route, got out and took him up to the door of the flat.

"This was a huge act of kindness," said Atif. "When I look at my father's journey, the way he was treated, what he got from here, the opportunities he had, it says to me that Scotland is the best place within the United Kingdom. I'm biased, I was born here, I live here. But I believe it. I believe the Scottish people are more accepting and embracing of other people. They are many great things about Scotland that make it that little bit more special." On that note, Atif begins to speak about the Scottish Government's plan, published in 2011, for integrated health and social care, called 2020 Vision.

It stated: "We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home

or community environment as soon as appropriate, with minimal risk of re-admission." In 2013, the Government followed this up with Everyone Matters: 2020 Workforce Vision. That document stated: "Together, we will create a great place to work and deliver a high-quality health service which is among the best in the world".

"I very much agreed with the vision outlined in these documents," said Atif. "As a health worker, I completely buy into the ambitions that were being expressed. The Scottish people deserve a health service that is amongst the best in the world. Now, the Government will say things have been improving – they will point to statistics to make their case. But this doesn't mean they are delivering the world class level of service to the Scottish people that they deserve. If there is anything we learn from this pandemic, it is that we need to work much harder improving the general health of our population. Working in the dental sector, my view is that the health service needs a complete overhaul.

"So, what could the Scottish Government be doing within the dental sector to make it better for the Scottish people? It's not always about putting more money into something. We need to shift the way we are working. The whole delivery of the dental service in Scotland is a disease-centred approach, which is a completely ineffective way of managing the health and wellbeing of people in Scotland. I am passionate about this; I feel responsible. People's taxes helped put me through university to become a health care worker.

"But who's going to speak up for the people of Scotland in terms of the delivery of their healthcare system? It's not the politicians because they are not the people on the ground. It's the people on the ground who need to turn round and say: 'Actually, I don't think this service is being effective in what we want to achieve – which is a healthier population. But we have this disease-centred approach; we treat the person, they leave, they get the disease again, they return, and the cycle goes on. So, certainly in terms of dentistry we have fallen short of the vision. The model is wrong; we need to fix the model.'" Atif was born in Glasgow in 1968. He has a degree in chemistry from Strathclyde University and a degree in dental surgery from Glasgow University. During his time at the latter, he used his first degree to explore the role chemistry plays in cariology. "I look at things from a scientific perspective.

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A DISEASE-CENTRED APPROACH IS A COMPLETELY INEFFECTIVE WAY OF MANAGING THE HEALTH AND WELLBEING OF PEOPLE IN SCOTLAND”



We have been hit with a pandemic and experienced a far greater number of deaths per 1,000 of the population than many other countries. Again, I come back to my earlier point that we need to work much harder at improving the general health of the population. We have an outdated dental delivery system, that was ahead of its time at inception but now we need to be brave and overhaul it. The model has been tested and for me it doesn't work effectively for the people of Scotland. You always need to test the model; it's been tested and it's simply not good enough.

"When it comes to the healthcare system in Scotland, the most medically qualified people aside from doctors are dentists. But when they qualify, dentists are not really healthcare workers; they become 'tooth mechanics'. You drill, fill. Drill, fill. The Government needs to use dentists better. My practice in Falkirk has 15,000 registered patients. Some of them will be coming in twice a year for check-ups and twice a year for the hygienist; many more times than someone might see their GP in a year. The Government needs to be engaging dental practices. Why? Dental practices and their teams up and down the country can play a huge part in improving the overall health of the population.

"How? When a patient comes to see me, they may have a tooth problem, which I fix – and get them dentally fit. Dentists are one of the few healthcare professionals that patients will then return to the practice for regular check-ups, this is when the patients should be engaged to help focus on improving their general health. Encouraging patients to have healthier diets, smoking cessation and alcohol reduction. By doing so we would help improve the overall health of the Scottish population. None of this requires a great deal of extra resource; it just requires a shift in approach by the Government. If you look at the 1,100 or so dental practices in Scotland; transform them into

hubs of general health and wellbeing and that would lead to a healthier population which would take the pressure off the rest of the health service and support the work of our GP colleagues. We don't need to build these hubs; the practices are already there. We don't need to register patients; they are already registered. We need to lift our heads, look at the landscape, not continually look at the floor and let's show the same innovation and courage that we showed when we set up the NHS. Let's lead the way for other countries to follow and make the Scottish population the healthiest, with the best and brightest smiles in Europe. It's time for change."



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Oral healthcare of the ageing population

WORDS
SHALINI
KANAGASINGAM

2020 conference highlights areas where the delivery of oral healthcare can be improved as part of an interdisciplinary team, including dental and medical health care professionals

The TC White Conference, organised by the Royal College of Physicians and Surgeons Glasgow, has become a fixture in the dental education calendar. The event is named after the venerable Professor Thomas Cyril White who died in 1980 and bequeathed the residue of his estate to the College 'for the furtherance of postgraduate dental education and research'. Over the years, this has been a popular CPD event which has benefitted a wide range of clinicians, from dental undergraduates, specialist trainees to consultants.

On 30 October 2020, the conference was successfully delivered for the first time in a digital format in response to the ongoing COVID-19 situation. This facilitated an increase in delegate numbers from all over the world who joined the conference in 'real time' and had the option of accessing resources post conference.

This year, UK dental undergraduates were incentivised to join the conference as those who registered as members with RCPSGlasgow, (at no cost), were offered complimentary registration.

The theme of the conference was 'Oral Healthcare of the Ageing Population'. The global ageing population is continuing to increase, with epidemiological studies reporting older persons being particularly affected by poor oral health, with negative consequences on their general health. This year's conference brought together a group of experts to cover multi-disciplinary topics including restorative dentistry, implantology and special care dentistry.

The morning session was chaired by Mr Andrew Edwards, the Dean of the Faculty of Dental Surgery, RCPSGlasgow. Dr Claire Marney (Consultant and Clinical Lead for Oral Medicine, Glasgow Dental Hospital) covered essential oral medicine considerations for the ageing patient.

Professor David Conway (Professor of Dental Public Health, University of Glasgow and Honorary Consultant in Dental Public Health, Public Health Scotland) and Professor Angus Walls (Director of Edinburgh Dental Institute, University of Edinburgh) provided insight into the oral health challenges and potential difficulties in

delivering geriatric care. Nicholas Beacher (Specialist in Special Care Dentistry and Clinical University Lecturer, Greater Glasgow and Clyde Health Board) presented potential models for collaboration between healthcare professionals to improve quality of life for older people in the community as well as those in care homes.

The afternoon session was chaired by Dr Sarah Pollington, Director of Dental Education RCPSGlasgow. Professor Jacques Vanobbergen (Professor of Community Dentistry and Oral Public Health, Ghent University, Belgium) summarised the evidence base for the caries and periodontal disease burden in older adults, the barriers in the prevention as well as potential solutions.

Clinical tips for removable prosthodontics and implants in ageing patients were delivered by Dr Finlay Sutton (Specialist in Restorative Dentistry, Prosthodontics, Endodontics and Periodontics) and Dr Fadi Barrak (Specialist in Oral Surgery and Fellow of the International Team for Implantology) respectively.

Dr Tanya Cerajewska (Clinical Lecturer and Registrar in Restorative Dentistry, University of Bristol) introduced the evidence supporting the potential bidirectional relationship between periodontal disease and dementia, with advice on best practices in managing dementia patients.

The interactive panel discussion sessions provided the delegates ample opportunities to have their questions answered by all the speakers. It was clear to all delegates that the oral healthcare needs of the ageing population are changing and growing.

The TC White Conference 2020 highlighted the many areas where the delivery of oral healthcare can be improved as part of an interdisciplinary team including dental and medical health care professionals.

Dr Shalini Kanagasingam, BDS (Mal) MClInDent Endodontology (Lon) MFDS RCS (Eng) MRD RCS (Edin) MFDS RCPS (Glasg) MRestDent RCPS (Glasg) FHEA, is a Senior Clinical Lecturer and Course Lead, MSc Endodontology, at the School of Dentistry, Faculty of Clinical and Biomedical Sciences, University of Central Lancashire.

WORDS
WILL PEAKIN

PICTURES
MARK JACKSON /
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Surviving COVID

50 days in a coma, 128 days in hospital - but Grant McIntyre set himself a goal of getting back to work by this December

At the beginning of 2020, Professor Grant McIntyre was deep in meetings about the rolling refurbishment of Dundee Dental Hospital. Away from work he was looking forward to the possibility of a holiday in France, where he and his wife Amanda had been thinking about buying a property, and he was also planning a motorbike road trip with a friend along Scotland's North Coast 500. "But in the background, there was this nasty virus emerging from China," he recalled. "Early on in the year, we sat down with Professor Ruth Freeman, the Consultant in Dental Public Health here, to ask the 'what if?' question."

In February, as COVID-19 spread from China, Grant and his colleagues studied the 'swine flu' pandemic of 2009 and the contingency plans that had been put in place in Dundee at the time. "The parallels were quite striking, with tiered levels of restrictions from zero to four," he said. As the weeks passed, they

continued to monitor the spread of the virus and discuss potential responses in a weekly conference call. As it moved through Iran, to Europe and Italy, Grant recalls one day – Friday 13 March – as being a "key moment" at the hospital, when they debated stopping any contact with patients involving aerosol generating procedures (AGPs).

They subsequently received an email from the Scottish Government saying that this was a "gross overreaction" which would reduce patients' access to care. "We had people at the top saying: 'You must carry on as normal,' when actually the information that was coming into us at the time suggested that this might not be the best course of action," he said. "At the time, we took the middle ground of trying to avoid AGPs where possible, but not stop them altogether."

Should that more nuanced approach to dentistry have been adopted by the Government throughout lockdown? "It's a tricky one," said Grant. "With the benefit of hindsight, the answer is often different to the one taken at the time.

Grant McIntyre at home - is he going to write a paper on his experience? The respiratory team is 'writing me up already', he joked.

But, looking at it objectively, without access to appropriate personal protective equipment, routine dentistry had to stop."

By mid-March, the team at Dundee was meeting on a daily basis to organise a centralised urgent dental care service for Tayside. "There was one particular meeting towards the end of March where I was aware that several of us around the table were not in great shape physically and had a similar group of symptoms that in any other year would have been regarded as a cold or a mild flu. But as that week progressed, I lost my appetite, lost my sense of smell, was feeling increasingly rundown and, for the first time in 27 years, was unable to go to work."

He had in earlier life suffered from mild asthma and now, at home, he thought he was having his first serious attack. His family called 111 and an ambulance arrived to take him to Ninewells Hospital. Grant was later discharged – after being tested for COVID, which subsequently proved positive. He was readmitted within a couple of days with similar symptoms, but again discharged.





Today, Grant has no memory of being admitted for a third time, as he drifted in and out of consciousness, on 31 March. “What I do remember from then is, during the night, having a very bizarre ‘out-of-body’ experience where I was floating above the bed looking at a lifeless body below. When I realised it was me, I suddenly tried to pull myself together. I don’t know if it was an illusion or not, but I realised I was in serious trouble at this point and sat up in bed and tried to focus on breathing for the rest of the night; I had to concentrate on every breath.”

Grant, who is 49, was on supplemental oxygen at this point. “I remember that there was a consultant in respiratory medicine by my bed as I was having a chest x-ray done and thinking: ‘Consultants don’t normally wait for the results there and then, it’s usually the next day.’ This guy isn’t here in the middle of the night for the fun of it, so I thought that probably wasn’t good news. The major thing for me was the profound breathlessness; each breath felt ineffectual, and the focus at that stage was purely on staying alive. I had by then conceded

to myself that my life was shortening, quite rapidly. I had a conversation with the consultant in the morning, saying that I felt I was going to die; I said quite openly to him that, unless we changed the treatment, I didn’t think I would survive the day. I asked him if I should be put on a CPAP [continuous positive airway pressure] ventilator. I guess, from working in the hospital service and the reading that I had done previously, I knew that it was the treatment of choice in this circumstance.

“It wasn’t a particularly long conversation; one of the junior doctors was despatched and in a matter of minutes I was being prepared for the move to the

makeshift high-dependency unit. There, two consultants approached the bed, in full PPE, and said: ‘Right, we’re ready to go,’ and I was being anaesthetised. It’s the last thing I remember. I think the decision of the medical staff would ultimately have been the same, but the conversation I was able to have with them probably brought the timing forward.”

Initially, there were signs that his condition was improving. His blood-oxygen level increased. But then, he said, his body “crashed”. This pattern of hope, rapidly evaporating, will be familiar to those who have treated seriously ill COVID patients. Professor Grant would remain in an induced coma for the next 50

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I WAS FLOATING ABOVE THE BED LOOKING AT A LIFELESS BODY BELOW. WHEN I REALISED IT WAS ME, I SUDDENLY TRIED TO PULL MYSELF TOGETHER”





The plan is to begin with non-clinical work, on a phased return, and 'as 2021 opens up move into doing some clinical dentistry,' says Grant



days and remembers nothing of this time. However, from conversations he has since had with the intensive care unit and respiratory teams he knows that he was among a subgroup of patients with severe COVID-19 to experience cytokine storm syndrome¹, characterised by “overwhelming systemic inflammation, hyperferritinaemia, haemodynamic instability and multiple organ failure”².

While most people would be happy just to have survived, Grant's medical curiosity has – now that he is home and able to read up on the phenomenon – been piqued. Perhaps more proactive treatment, particularly for younger patients with severe cases of COVID-19 – that concentrates less on symptoms of the virus and more on potential cytokine storm syndrome interventions, through heavy doses of steroids for example – could be a path to follow, he wonders.

He is also convinced, given the number of allergies he is now aware that he suffers from, that there is a connection with so-called exacerbated allergic response. I ask if he is going to write a paper on these areas of interest. “Speaking to one of the respiratory consultants, I think they are ‘writing me up’ already,” he joked.

But at the time, his condition was no laughing matter. The intensive care team in Dundee consulted with peers at a number of other centres and it was decided that, given his relatively young age, he could be put forward for a treatment known as extracorporeal membrane oxygenation (ECMO), often used on critically ill babies or children awaiting transplants, in which the patient's blood is circulated through an artificial lung, back into the bloodstream.

There are only two ECMO centres in the UK, in Leicester and Aberdeen – and space was found in the latter. A so-called ‘retrieval team’, of doctors and nurses, travelled to Dundee and readied Grant for his journey north by road. It was a challenge for the team – and, throughout his time in Aberdeen, for his family. Grant says that even now, neither clinicians nor family have shared the full extent of the experience for fear it will affect his mental health. He does know that he suffered multi-organ failure. He was put on dialysis. There were concerns for his liver, his heart. He suffered a small stroke. “In my mind I categorise them as a series of medical disasters that were so unfortunate, but that somehow the

doctors and nursing teams seemed to get me through each one without any long-lasting effect.” Although he remembers nothing of this period, his family could occasionally see him via FaceTime. “Apparently, I was able to communicate in some ways, such as by blinking or lifting my fingers, and that on my son’s 21st birthday there was some conversation but, sadly, I have no memory of that.”

He was on the ECMO for 42 days, then transferred back to Dundee and it took about a week for him to regain consciousness. “I go back to that time quite often; not to pore over the details but, to me, it was astonishing because I remembered going to sleep in the high dependency unit and now, I was waking up in a different part of the hospital. I didn’t know where I was, who I was, or any of the people around me. I didn’t know if it was day or night because the area had been requisitioned from a theatre recovery suite where there were no windows.

“As time passed, I began to have some rather strange, and perhaps unhealthy, thoughts. The walls and the ceiling appeared to be moving inwards and outwards. Lying there, I started to see animals coming out of the ceiling. I had this constant vision of a python trying to wrap itself around my chest and kill me. I think there is a clear correlation between that vision and my recollection of difficulty in breathing before I went into intensive care.”

By this time, Grant had been given a tracheotomy. From a nearby radio, news of the murder of George Floyd by police in America drifted into his consciousness. “I became convinced that the tracheotomy was a knee on my neck. I couldn’t make the distinction between those who were there trying to help me and what I imagined was happening to me.” When the tracheotomy was eventually removed, he was able to discuss his experience with a clinical psychologist. “I was aware that my mental health was not as it should be, so I had some sessions with him and that was very helpful.”

Unable to see his family, the medical staff “spent hours with me,” said Grant. He was worried that he was becoming “a victim of myself, perhaps causing myself more damage psychologically than COVID had done physically. I was conscious of the effect and tried hard to counter it, but it just kept turning on me every time I went to sleep. I try to see the positive now; I wonder whether it is just an over-active mind. But I

think the important thing now is to recognise the potential impact on mental health and that there should be no stigma attached.”

He also asked to speak to the hospital chaplain.

“I was aware that my family, friends and colleagues had put in this extraordinary amount of positive energy and I felt it was the time for me to have a very open conversation about faith. I have not attended a place of worship regularly, but I do have an underlying faith and at that moment – of trying to reintegrate with the world – it was time for me to acknowledge that other people’s faith, as well as my own, had played a part in getting me to that point in, ultimately, one piece. I am grateful to everyone for their support and their prayer, and, of course, for the skill and dedication of the doctors and the nursing staff.”

After many hours and days of work with medical and support staff, Grant was able – still with a myriad of tubes and cables attached – to be taken out of the same hospital door through which he had arrived and see his wife for the first time in more than three months. “It was only 10 or 15 minutes, but it will stick with us for the rest of our lives – probably one of the most important times that we have been together,” he said. “And for her to see signs of physical progress after such a long period of time, to tell the children and the rest of the family must have been fantastic.”

Other visits outside followed, from his children and his brother. “In my mind, at that point I had survived COVID and the medical complications.” Recovery had begun in earnest, he said, and the focus was on rehabilitation, with the support of the physiotherapists, occupational therapists, dieticians, and speech and language therapists. “They were there, kickstarting me every day.”

When he was able to speak, his first words were to the medical team thanking them for saving his life. He then set himself goals; such as being able to sit up unaided in the bed, to stand (the latter achieved on day 86, when he was moved from intensive care to a general ward), and to take his first steps (day 100). His oxygen support was gradually reduced and around three weeks before he left hospital he was breathing normally. Grant was discharged on 6 August. Today, a community-based rehabilitation team undertakes home visits. It’s not a linear recovery; he



I STARTED TO SEE ANIMALS COMING OUT OF THE CEILING. I HAD THIS CONSTANT VISION OF A PYTHON TRYING TO WRAP ITSELF AROUND MY CHEST AND KILL ME”

currently suffers from a form of reactive arthritis.

Grant is Clinical Director for the Hospital Dental Service in NHS Tayside, Consultant Orthodontist at Dundee Dental Research Hospital and School, and an Honorary Professor at Dundee University. The doctors and rehabilitation team said he should take at least a year off from work.

But, last month, he told me: “I have set myself a target of December [2020]. So, the plan is to begin with non-clinical work, on a phased return, and as 2021 opens up move into doing some clinical dentistry; that is, ‘new referral’ clinics rather than any form of treatment.”

His colleagues have provided him with 3D models, handpieces and orthodontic appliances to help him in his rehabilitation; a way of regaining his general dexterity. “I’ve had to relearn how to breathe, to stand, to walk – I haven’t managed to run yet – and so I’m comfortable with the fact that I have to relearn dentistry.

“I like a challenge.”

Professor McIntyre is scheduled to deliver a webinar, ‘Surviving COVID’, to The Royal College of Physicians and Surgeons Glasgow on 10 December: rcpsg.ac.uk/events/DentalWebinar-2020-12-10-399 If you are reading this article after 10 December, see <https://attendee.gotowebinar.com/register/6984337961754102798> for the recording.

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Q & A

Get involved make a difference

In a Q&A conducted in October, Professor Philip Taylor, the new Dean of The Faculty of Dental Surgery at The Royal College of Surgeons Edinburgh, reflects on his career and the future

Why dentistry, and why Newcastle?

When I was considering a career in dentistry, there was very little advice on choosing a dental school. I had heard there were plans to build a new school in Newcastle in the next few years so chose it as it was just far enough away from my home in Leigh, Lancashire, that my mum could not come to check on me but near enough I could still bring my washing home! I had considered a career in medicine but decided to pursue dentistry as I liked that it was a very hands-on profession and also the fact that the hours are fairly steady with no regular night shifts.

What have been the highlights of your career in practice?

I am lucky enough to say that there have been so many. Achieving the Diploma of Membership in General Dental Surgery (MGDS) in the North East after 12 years in general practice was something very special and spurred me on to believe I could do more.

During that time, I was the secretary for

the North of England BDA and first became involved in national dental politics while working with the Local Dental Committee and the Strategic Health Authority.

Running the Master's and, later, the Doctorate specialist course in prosthodontics at Queen Mary University of London (QMUL), was such a great honour and with that came promotion to Professor status.

In between that, I had five years in private practice in Harley Street, which provided another perspective on patient care.

I have been president of two national societies, the British Society for Prosthodontics (BSSPD) and the British Association of Teachers in Conservative Dentistry. Achieving consultant status in Restorative Dentistry and being the Barts Health NHS Trust Clinical Director for Dentistry, OMFS and Ophthalmology for seven years was a major role with the opportunity to feed into the running of the largest NHS Trust in the country.

But of course, retirement and the honour of emeritus status by QMUL and becoming Dean





of The Faculty of Dental Surgery at The Royal College of Surgeons Edinburgh is the very pinnacle for me.

Can you describe how practice has changed?

So much has changed since I began my career in the early 1980s. Clinically, I began at the very beginning of resin retained bridges, the start of glass ionomers and, in the year that I qualified, Brånemark published his first paper in English on successful dental implants.

Even practice itself has changed. There were no gloves, no masks, one handpiece for the whole day, re-usable endodontic files (called Reamers then) and it was rare to find a practice with any sort of steriliser, even a hot air one. Most practices just had disinfectant and instruments were washed and dipped in a solution. This all changed following the HIV epidemic and practices quickly implemented new procedures. They had an autoclave, multiple sets of instruments, multiple handpieces and PPE became the norm.

On the financial front, the change from fee per item was huge, and I think it has restricted what happens in general practice. It is strange that the same system under a different name (payment by results) is accepted for hospital practice but so despised in General Practice.

How has the UK's oral health, and its place in health and social care policy, changed?

It has absolutely changed for the better and this is evidenced in the Adult Dental Health and Child Dental Health surveys. But the budget for these has been stopped, and we do have an issue with the changing population in this country due to increased mobility, which may change the picture from the

last survey. One criticism of the surveys was the relatively small sample size per area and that they were questionnaires, not all actual inspections. But that said, they gave an overall guide to our nation's oral health. I am disappointed that water fluoridation has not been universally accepted as I saw first-hand the difference in fluoridated and non-fluoridated areas when I worked in the North East of England.

How did the connection with the RCSEd come about?

I sat the Faculty of Dental Surgery examination and the people I dealt with there were so friendly and helpful which had not always been the case with other Royal College exams I had sat previously.

Your thoughts on your time as a member of the College?

Everyone in the College has the same friendly attitude and they are all working as one to make the experience for exam candidates, affiliates, members and fellows the same high quality. I like the way the College makes a conscious effort to be inclusive and it covers all aspects of dentistry from dental nurses, to therapists and hygienists and general practice, not just specialist practice. I also like the way we engage with dental students through our skills competition, which I think demonstrates everyone can aspire to be a member or fellow of the College.

You took office on 10 March – a pivotal month in UK healthcare and policy. Can you describe your perspective on COVID-19's impact on oral health and what the model of NHS oral healthcare should, or might, be long-term?

I think COVID-19 has had a terrible effect on dentistry, but hopefully as a profession we can use this as a learning exercise, to re-evaluate the ways in which we can improve patient safety and care for the long-term future.

Obviously, the financial impact on practices and the increased waiting times for treatments has a risk effect on levels of disease and viability of practices.

I think the pandemic has created an opportunity for practices to look at a blended approach to commissioning care, including potentially revisiting fee per item, and encouraging practitioners to achieve more in their careers through enhanced fee structures.

This might be through exams like our Membership in Advanced General Dental Surgery whereby a practice can show it has achieved an exceptional level of care. I also have a few other ideas on how RCSEd can help practitioners build a career portfolio which will be unveiled over the next year.

You have published the Faculty's Manifesto 2020-2023. What might lead to your 'Call to Arms' being fulfilled?

To get people involved and give them autonomy to make change happen. If everyone gets involved, then we can make change – sitting back and complaining solves nothing!

How might the promises on Education, Assessment, and Patient Safety be fulfilled?

Education & Assessment: We need to offer relevant, validated examinations that dentists can feel proud of succeeding in. I am keen to make more of our exams open access, so portfolio dentists can achieve without necessarily being tied to university exams.

This will help move us closer towards the aim of providing high quality, educational offerings as courses, webinars and in specific online lecture content. We have already made great strides in this respect with more than 4,000 people attending one of our webinars recently.

Patient Safety: We are committed through our rigorous examination processes to ensuring all of our members and fellows can be trusted to have quality assured skills in their chosen specialty. We help our teams reach those standards through carefully planned educational offerings both face-to-face and online, with well attended webinars and now through our excellent new app. Many of these educational resources are online and free to access, though of course we would welcome any of the readers to join us in a more formal manner.

And finally...

I would like to think that anyone reading this would feel able to contact the College and ask about how they could be involved. I am more than happy to personally try to answer questions and if I don't know the answer, point you to the right person who does know. Only if we work together can we make dentistry better, get involved and make a difference.



COVID-19 HAS HAD A TERRIBLE EFFECT ON DENTISTRY, BUT HOPEFULLY AS A PROFESSION WE CAN USE THIS AS A LEARNING EXERCISE"



Dr James S Rennie CBE, BDS, PhD, FRCPATH, FDS RCPS (GLASG), FDS RCSEd (AD HOM), FFGDP(UK), FRCP EDIN

DR JIM RENNIE, who has died aged 71, transformed dental education in Scotland and made a significant contribution to addressing the crisis in NHS dental provision in the early part of the new century.

The abiding memory of Jim, for many, will be his wonderful sense of humour, the twinkle in his eye and the accompanying raucous laughter; however his sense of fun, never far from the surface, belied the seriousness with which he took the important things in life.

Jim was a proud Coatbridge man who never forgot his Lanarkshire heritage. His father, the local dentist, encouraged him into the profession and he graduated from the University of Glasgow in 1972. Choosing to specialise in oral pathology, and having completed his PhD, he became a respected academic working for over 20 years in one of the busiest head and neck pathology units in the UK.

Jim soon took the opportunity to combine his clinical work with his love of education lecturing at Glasgow Dental School and inspiring several generations of students. He was renowned for memorising every student's name from their photograph prior to meeting them and, as any undergraduate knows, the prospect of being singled out by name in a lecture significantly concentrates the mind. This was one of the many indications of the efforts Jim made to get the best out of his students and his interest in the effectiveness of education drove much of his career.

Later he was to extend his influence, regionally at first, to the west of Scotland, culminating in his appointment as Postgraduate Dental Dean for Scotland in 1999. In addition to this post, in 2004 he was appointed Deputy Chief Executive for NHS Education Scotland. Jim also served on the General Dental Council contributing to review groups and standing committees.

Soon after he became Postgraduate Dental Dean the full extent of the crisis in dental provision became a common feature of newspaper headlines and, working with the Government in Scotland along with many colleagues, Jim set about addressing the problem. He was a strong advocate for improving the quality of patient care and would brook no argument to the contrary. The support he provided in the development of high-quality guidance for the profession and the public will be a lasting legacy in Scotland and beyond and the numbers of dentists he helped to attract from abroad to improve service levels have had an enormous impact.

Jim was an outstanding strategist and testament to this are the many initiatives which have stood the test of time. He ensured that new

opportunities were given to clinical students to prepare them better for practice while applying academic rigour to piloting new systems. He led the introduction of satisfactory completion of vocational training for newly qualified dentists, the first in the UK but now routine across the four nations.

He provided outreach opportunities across Scotland for senior clinical students to prepare them for the 'real world' of general dental practice whilst giving them an opportunity to work in more rural sites, such as Campbeltown and Stornoway, as well as urban areas which needed improved access to care. These teach and treat centres, 17 in total, have become the 'jewel in the crown' of university dental teaching programmes across the country.

Jim was sensitive to the requirement of clinicians working in remote and rural areas and encouraged postgraduate education designed for their particular challenges. As the crisis developed, and the need for more dentists was recognised in the north of Scotland, he joined the team charged with establishing a new dental school for Aberdeen. His dynamism and determination helped ensure that it was opened in record time and the local population benefited from increased services.

In recognition of his outstanding contribution, Jim was appointed CBE in the 2011 Queen's Birthday Honours for services to dentistry and had two educational facilities – in Glasgow and Inverness – named after him.

Away from work, Jim was a keen, competent and highly competitive sportsman; he excelled in golf, playing at his local course in Elie often in a family foursome with his wife Ann and their boys, and he was also a proud member of the R&A.

In his younger days he was a county standard squash player, but his real passion was fishing for salmon. This brought with it wonderful, deep friendships and the associated fun he so valued as he travelled all over the world. Jim's favourite river in Scotland, however, was the Naver, where he spent many happy weeks with family and friends. The salmon knew to beware whenever Jim and his team were at work!

After retiring from the NHS, Jim concentrated his life in Elie with his dog Ebony, enjoying the company of his family and close friends.

Jim Rennie married his beloved Ann Campbell in 1976. She and their daughter Samantha predeceased him, and he is survived by sons Gavin and David and his five grandchildren, all of whom he was very proud.

*Dr James S Rennie CBE; born 22 May 1949,
died 11 July 2020.*

THAT WAS THE YEAR THAT WAS

However difficult and challenging it has been, this is a season we are passing through – and pass through it we shall

[WORDS: SUSIE ANDERSON SHARKEY]

IN PREPARING MY FINAL ARTICLE OF

2020, I decided to have a look back to what I had written in January and March of this year. My January offering was looking into a new decade and looking back on the last decade in the dental industry. My March topic was regarding an article that had been published on patient expectations. And guess what, the 'c' word was nowhere in sight.

At the beginning of 2020 none of us expected to be where we are right now (wherever each of you are!). Yes, we had heard the word 'COVID' which was, in turn, synonymous with 'China', but it seemed more than a continent away. In fact, it seemed a few light years away from how we were running our businesses and our lives in general in the UK. We had absolutely no idea of what was to follow in the weeks and months ahead.

The only place we ever wore masks was in the surgery, and now we routinely wear them walking down the street. The only time we used hand sanitiser was after washing our hands, again in the surgery, and now there are hand sanitising stations at what seems to be almost every corner.

We can no longer just nip to Tesco, Aldi or Sainsbury's for a pint of milk without having to possibly wait in a queue to get in. No longer can we just stroll into a hospital for an appointment or to visit a sick relative or friend. My own experience of this is that I had to queue up outside, clean my hands and wear a mask on the way in, and if I didn't have an appointment I would have been very swiftly turned away at the new desk at the front door. For the thirty-somethings out there, the only queue you once knew was to get into a night club how times have changed, indeed.

It's the same in our dental practices, which are thankfully now open for business, albeit in a different form than pre-COVID days. A patient cannot just wander in off the street; they have to call in advance, make an appointment, turn up two minutes

before their appointment and be taken straight through to the surgery. This is a bit of a wake-up call to all the dental practices throughout the length and breadth of the land who were used to having five, six, seven or eight patients routinely sitting in the waiting room while the dentist ran 20 minutes late.

Appointments are spaced out according to the fallow time needed post-treatment, patients sit in their cars until they are told they can come in, and that's before we mention the COVID checks necessary before the patient even turns up at the practice.

We have all been, if we weren't beforehand, intimately acquainted with the SDCEP website for all things COVID and acronyms such as SOP just roll off the tongue as if they are everyone's best friend. And not to mention the words fallow and furlough; now forever entrenched in the British vocabulary.

It's a new world out there (says the soon-to-be senior citizen!) and I can use my, now many, years in dentistry to say that not only

has a huge amount changed in the past 30 years, but my goodness there have been absolutely cataclysmic changes in the past nine months, none of which any of us could ever have predicted at this time last year. However, having said all of the above, there is light at the end of the tunnel.

Only today, I have been reading of a new vaccine that is showing a 90 per cent effectiveness level and the UK has ordered 30 million vaccines which hopefully will be administered soon to the most vulnerable and those working in frontline professions. Within the next few months we will hopefully see

a suitable vaccine rolled out across the whole of the UK and we will, in part at least, be able to live a little bit easier.

However difficult and challenging this year has been for you, this, as I have often said, is a season we are passing through and pass through it we shall. Each of us shall come out into a new post-COVID era in life where we can resign the masks back to the surgery where they belong, go shopping without having to queue and meet with our loved ones without any restrictions of distance, place or numbers. That, my friends, will be a very welcome day.

Until then, may I wish you all a very peaceful Christmas time and encourage you to look to, hopefully, easier times ahead for 2021. My warmest wishes of the season to you all.



**THERE IS LIGHT AT THE
END OF THE TUNNEL...
WE WILL HOPEFULLY
SEE A SUITABLE VACCINE
ROLLED OUT ACROSS
THE WHOLE OF THE UK"**

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

IT'S NOT EASY, BUT ...

There are mechanisms for coping, to help lead your team more effectively and serve patients to the best of your ability

[WORDS: ALUN K REES]

A LITTLE OVER TWO YEARS AGO, I wrote an article for this journal. The subject was resilience and it started with the words: "Dentistry is hard". In the original piece I mentioned stress and burnout, and asked the question: "Is dentistry making you sick?" At that time, none of us would have believed the challenges we would be facing so soon.

I want to return to the subject because the pressures on dentists and their teams have only increased since COVID-19 arrived on our shores. Most of us were just getting into our stride again in the first quarter of the year, dealing with the challenges of winter and perhaps looking forward to spring and more daylight. Over a few short weeks we were thrown into uncertainty, with lockdown, limited re-openings, PPE and mixed messages from governments facing demands on every front.

It is no surprise that the figures for depression, anxiety and loneliness all doubled during 2020. Worries about the direct effects of the virus were not the biggest cause, but rather the potential consequences of the epidemic. The inability to make plans, the fear of shortages of food, medication and essentials and the loss of independence are all mentioned as stressors.

Attitudes to life have changed to a certain extent for many, whether they are dental team members or patients. One client of mine told me about two events on consecutive days. The first was a sneeze, an everyday occurrence a year ago, and a normal reflex to a common stimulus. The person who sneezed was a patient, someone fit and well but who often sneezes when going from somewhere cold into the warm. In this case, she came from a chilly day in a small Scottish town into the comfortable warmth of the dental practice – and sneezed. "Some of the team reacted as if a bomb had gone off," my client told me.

"One wanted to ask the patient to leave, another to cross-examine her about her movements, a third to immediately arrange a test". Sanity prevailed and her

appointment was concluded without fuss, and no further sneezes.

The next event was a phone call from a team member to tell him that she had developed some mild flu-like symptoms. The team member was running a small business on the side doing eye make-up for friends. One of her clients had been told to isolate because her boyfriend, who she hadn't seen for a fortnight, had been diagnosed. My client asked her how many times she been told to stay away from close contact with people; she said that she

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**IT IS NO SURPRISE
THAT THE FIGURES FOR
DEPRESSION, ANXIETY
AND LONELINESS ALL
DOUBLED DURING 2020"**

thought it would be OK because they had been friends since they were at school.

His reaction to the events was enough to make him realise that his tolerance levels were lower than they had ever been and he needed to do something. He started with a self-audit and acknowledged that he was tired, both physically and mentally. His ability to focus on tasks had reduced, clinically he was just about OK but his general efficiency had plummeted. The administration work and important decision-making was just not being done. "Normally I love emptying my in-tray," he said. "Now it's overflowing and I hardly care."

He had noticed that his levels of compassion were low. "Someone or something had bypassed my empathy

reservoir. I found myself on auto-pilot with patients and was hardly communicating with the team." His leadership qualities, vital for success in these times, felt inaccessible. It was no surprise that his staff morale was at an all time low.

The final realisation was around sleep. He felt exhausted at the end of the day but was getting less and less sleep. Due to the lockdown, his two five-a-side games a week were stopped but his food and alcohol intake had increased.

The first step was his acceptance that "this is how it is" and, unfortunately, how it will stay for some time to come. I encouraged him to think back to his early days of practice ownership and the flexibility and leadership he showed then. Remembering those qualities that had led to the success of the practice helped him to apply the lessons learned to the current state of affairs. Focussing on what he could control and what was important rather than things that were outside his locus of control and were merely distractions helped.

The final step was his idea of walking 5km every day without headphones or phone. He has managed to look at houses, streets and buildings that he had never noticed before, and this has helped him gain some perspective. Things are still not easy; at the time of writing there is no obvious way out of the crisis, but he is able to cope better, lead his team more effectively and serve his patients to the best of his ability.

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



ONLY CORPORATES...

do that management report thing, don't they?

[WORDS: RICHARD PEARCE]

GENERALLY, THEY DO, BUT THAT

doesn't mean that you shouldn't and, in any case, the key issue is what happens to the report when it is produced? Is it useful? Does it help managers make decisions? Does it motivate to innovate, and encourage you to do more of what seems to work and less of what doesn't?

Show me a practice which produces a short, accurate, timely management report which engages the management group in the practice, and I'll show you a practice that is profitable and/or growing. Note – growth can be expensive as it often requires investment, but that's fine if it is planned and forecast to lead to increased profitability.

Practice owners often think management reports are for dental groups, probably run by an accountant (or someone from outside dentistry who doesn't really understand how dentistry works). So, I'm going to try and persuade you to think again about management reports. And how they can help to invigorate, engage, and motivate staff to pull in the same direction.

Firstly, let's outline how not to think about management reporting.

It's not meant to be a chore that you (or your manager) dread. There's no point in producing a beautiful looking, 20-page document if it's not ready until the 20th of the next month and no time can be found to actually discuss it. Simplicity and routine are key; start with very limited measurement goals and then expand it when you see what works and is useful.

Here are my top five steps to implementing a management reporting system that can turbo-charge how your business operates and performs:

1. Decide which five pieces of information would really help you to track performance. We might call these key performance indicators (KPIs). Your KPIs might be net profit, new patients, new plan patients, number of ortho starts, or number of treatment plans created with a value over £2,000. The potential list is long, so it has to be what resonates with you and your team. It seems unlikely that you will not include a profit measure, but

some owners are often reluctant.

2. Think about who you can delegate the gathering of the KPIs to? Remember: outsource, automate, delegate. You may have to coach who you delegate to on how they will collect and present the information. I have set up a management report system previously, where the whole report was prepared by five members of staff (lead receptionist, lead nurse, bookkeeper, nurse responsible for stock control and part-time marketing consultant). On some practice management systems you can automate

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**THERE ARE 101 WAYS
TO BE SUCCESSFUL BUT
MANAGEMENT REPORTING
IS WIDELY AGREED TO
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OF FUTURE SUCCESS”**

the production of reports. I have had EXACT email me a sales report at 12.01am on the last day of the month, ready for the start of the new month.

3. Confirm the timetable for management reporting. Perhaps, report drafted by third working day, completed by the fifth and discussed by the management team by the tenth working day.
4. Establish the format of the report. What will be graphed? How much history will be included? You need to see monthly numbers at least with three months previous data. You might have a cumulative feature so that of you set an

annual target, you track, each month your progress towards achieving the target.

5. Take minutes or actions during the management meeting where you discuss the report. Then, at the start of each meeting, review last month's actions and decide how successful the team has been at implementing each action. Then decide if each action achieved the desired results.

Never have a meeting for three or more people when there is not a simple agenda agreed beforehand and someone nominated to produce short minutes (actions) afterwards.

Or, an alternative approach: the Jeff Bezos of Amazon way! Here is what he requires, having got fed up with his staff arriving at meetings unprepared. There has to be a briefing document (which could be the monthly management report) of up to six pages (too long in my book), ready for each attendee to read. The first 30 minutes of the meeting, or however long is needed, is used for everyone to read the document, before it is discussed. Mr Bezos feels that this ensures all attendees are engaged and know the substance of what is being discussed.

Management reporting is just another system within the practice. It requires self-discipline by each contributor to adhere to deadlines and then follow through on agreed actions. There are 101 ways to be successful but management reporting is widely agreed to be a key indicator of future success.

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

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Getting personal with the dental check-up: are risk-based recalls risky?

Patrick Fee¹, Derek Richards¹, Jan Clarkson¹

¹ School of Dentistry, University of Dundee

How often to recall our patients is perhaps the most common decision dentists make. Traditionally most adult patients are used to having a check-up every six months, regardless of an individual's risk of oral disease. The most recent Adult Dental Health Survey reported that 61 per cent of dentate adults said the usual reason they attend the dentist is for a regular check-up¹.

The dental check-up can be considered to have a dual function in primary and secondary prevention. Early signs and symptoms of oral disease can be detected, in particular dental caries and periodontal disease, as well as a systematic examination of the oral mucosa^{2–5}.

Preventive advice can also be provided where appropriate and may incorporate oral hygiene instruction, dietary advice, and smoking cessation or alcohol-related health advice if appropriate^{6,7}.

Extending intervals between dental check-ups from six months to 18 months was proposed by Aubrey Sheiham in 1977, who concluded: “No evidence was found to support six-monthly dental checks”⁸. Recall intervals between check-ups based on patient risk assessment have been endorsed by professional expert bodies, dental health service reform initiatives and clinical practice guidelines in several countries^{9–11}.

The 2004 National Institute for Health and Care Excellence (NICE) guidance recommends that the interval between check-ups “should be determined specifically for each patient and tailored to meet his or her needs, on the basis of an assessment of disease levels and risk of or from dental disease”¹². Based on the NICE guidance the Scottish Dental Clinical Effectiveness Programme (SDCEP) published their Oral Health Assessment and Review guidance in 2011¹³.

However, until now the evidence to support these recommendations was of low-quality. October 2020 saw the

publication of an updated Cochrane review recall intervals for oral health in primary care patients¹⁴; its aim to identify the best time interval between dental check-ups. The review included randomised controlled trials conducted in general dental practices and is, therefore, of direct relevance to this setting. This review found two clinical trials investigating the effect of different check-up frequencies – including one recently completed trial – the INTERVAL Dental Recalls Trial¹⁵.

This trial assessed patients attending the dentist either every six months, every 24 months, or attending for a check-up based on their likely risk of disease on a personalised risk-based recall interval. Recruiting dentists considered if each individual was suitable to be seen on a 24-month recall interval prior to random allocation to a recall strategy. Those patients where a 24-month interval was considered appropriate were randomised to one of three groups – six-monthly, 24-monthly or risk-based recall. Those patients where a 24-month recall was not considered appropriate were randomised to either a six-monthly or risk-based recall.

The clinical effectiveness and cost-effectiveness of these different recall strategies were assessed after a four year follow-up period across a broad range of clinical and patient-reported outcome measures: gingival bleeding on probing, periodontal disease, dental caries, calculus, patient well-being and patient satisfaction with treatment. Of the 51 dental practices and 2,372 recruited patient participants, 24 dental practices and 1,188 participants were from Scotland.

Consequently, the Cochrane review concluded that “there is high-certainty evidence that there is little to no difference in oral health outcomes when comparing six-month recall interval with a risk-based recall interval. In addition, there is moderate to high-certainty evidence that there is little to

no difference in oral health outcomes when comparing a 24-month recall interval with either six-month or risk-based intervals”. The comparison with the 24-month recall interval reinforces the value of the risk-based interval as all participants on a 24-month recall had been risk assessed and considered eligible for this interval.

The results of this review question whether a universal six-month check-up is the best frequency for check-ups when those attending based on risk or those low risk patients attending every two years had similar oral health after four years. The results also provide a positive message that dentists can accurately assess patients' risk of oral health problems and allocate an appropriate recall interval based on this risk assessment.

NICE guidance recommends a recall interval based on an assessment of an individual's risk of dental disease, varying between three months to two years between check-ups in adults, reserving the longest interval for patients “who have repeatedly demonstrated that they can maintain oral health”¹².

The guidance recommends the longest interval of 12 months between check-ups in those younger than 18 years old. The guidance also outlines the various steps dentists can take to decide on an appropriate recall interval and is summarised in Figure 1.

Details on oral hygiene habits and timing, dietary habits – including amount and frequency of sugar intake, fluoride use, and tobacco and alcohol intake can be collected in a comprehensive history. A medical history can be assessed to identify factors that may impact on oral health. Further important information is assimilated from a thorough clinical examination, where signs of active disease can be identified, plaque control and potential retentive factors evaluated, and quantity and quality of saliva assessed.



**Figure 1**

'Overview of how the interval between oral health reviews is set' + Table to the right-hand side: 'Risk factor variables from the NICE dental recall checklist'

Overview of how the interval between oral health reviews is set		
		<div> <div>If the patient is younger than 18 years</div> <div>If the patient is 18 years or older</div> </div>
Step 1	Consider the patient's age; this sets the range of recall intervals	<div> <div>3 months → 12 months</div> <div>3 months → 24 months</div> </div>
Step 2	Consider modifying factors (see checklist on page 2) in light of the patient's medical, social and dental histories and findings of the clinical examination	<div> <div>3 months → 12 months</div> <div>3 months → 24 months</div> </div>
Step 3	Integrate all diagnostic and prognostic information, considering advice from other members of the dental team where appropriate Use clinical judgement to recommend interval to the next oral health review	<div> <div>3 months → 12 months</div> <div>3 months → 24 months</div> </div>
Step 4	Discuss recommended interval with the patient Record agreed interval or any reason for disagreement	<div> <div>discussion</div> <div>discussion</div> </div>
Step 5	At next oral health review, consider whether the interval was appropriate Adjust the interval depending on the patient's ability to maintain oral health between reviews	<div> <div>reassessment</div> <div>reassessment</div> </div>

Risk factor variables from the NICE dental recall checklist

- › Medical history
- › Social history
- › Dietary habits
- › Exposure to fluoride
- › Clinical evidence and dental history
- › Recent and previous caries experience
- › Recent and previous periodontal disease
- › Mucosal lesion
- › Plaque
- › Saliva
- › Erosion and tooth surface loss

Past disease experience can also be assessed through the number of restored and missing teeth. This can be a difficult component to integrate into the risk profile of new or recent patients where uncertainty around the timing of restorations or extractions remains following history and examination. A number of supporting tools have been developed and supplied with the SDCEP guidance to assist practitioners in the collection of appropriate information to aid risk assessment¹³.

Integration of this collected information allows the clinician to use their clinical judgement to predict the individual's likely future disease experience and recommend an appropriate tailored recall interval based on this risk assessment. This is a joint decision between clinician and patient and involves discussing the recommended interval, exploring patient preferences and expectations, and discussing any relevant financial implications.

An agreed interval should result and be recorded along with a record of patient views, particularly useful where these may differ from the clinician.

In circumstances where uncertainty regarding an individual's disease risk occurs, an initial conservative recall can be extended where maintenance of oral health is demonstrated over time. Consideration of the appropriateness of the previous recall interval in terms of health outcomes and patient views can inform clinician and patient joint decision making on the next interval between dental check-ups. The interval may be maintained at the same level if it is achieving its aims. Where disease activity is low, the recall interval can be gradually extended towards the 24-month maximum period.

Where disease activity progresses, a shorter recall interval and more intensive preventive care may be considered. Individual risk factors and therefore risk of dental disease change over time. Where exposure to new risk factors are identified at dental recall appointments, previously longer recall intervals can be adjusted to account for changes in likely future disease experience. Clinicians should continue to use dental recall appointments to provide advice on reducing the patient's risk factors and enhance protective factors.

Dentist confidence in their perceived ability to assess risk increased with their experience of conducting risk assessments over the four-year trial period. With experience, clinicians should be able to carry out a risk assessment quickly and intuitively as part of each recall appointment.

One of the persistent arguments in favour of maintaining six-monthly dental check-ups is that dentists may miss the opportunity to diagnose oral cancer lesions at an early stage in patients who attend at longer recall intervals. The incidence of oral cancer in the UK is highest in Scotland, at 10.0 per 100,000 males¹⁶. However, it has been reported that 53.7 per cent of patients diagnosed with oral cancer had not attended a dental check-up at all in the two years preceding diagnosis¹⁷. It is estimated that dentists in Scotland will see a case of oral cancer once every 10-20 years¹⁷ – depending on the geographical location.

In addition, risk factors for oral cancer are similar to risk factors for dental caries and periodontal disease – smoking and alcohol intake and individuals from lower socioeconomic

status are at increased risk of all three diseases. A personalised risk-based recall would therefore allow those individuals at greater risk to be seen more frequently while healthy patients can be seen less frequently.

The UK National Screening Committee advises the NHS about screening programmes for all diseases and has considered oral cancer screening, rejecting it on several occasions¹⁸. Examination of the oral mucosa is still recommended at every recall, as is the recall of patients at high risk of dental disease and oral cancer more frequently than patients at low risk of these diseases.

A recent article in *The Lancet* commented on the opportunity afforded to dental services by the COVID-19 pandemic¹⁹ – specifically re-orientation towards a less invasive and more preventive approach, prioritising care for high need groups and ceasing ineffective treatments that do not improve health outcomes.

Considering that the NHS in Scotland delivered 2.8 million dental check-ups in 2018-19, accounting for 15 per cent of all primary care dental spending²⁰, there would appear to be opportunities for cooperation between health care policy makers, clinicians and patients to ensure patients are receiving treatment supported by contemporary scientific evidence.

The results of this research are particularly valuable when considering the impact of the COVID-19 pandemic – dental practices have been closed, patient access for dental treatment has been limited, and access to dental care may remain limited for some time. But the results of this review provide reassurance to those seeking and providing dental treatment, that intervals between check-ups can be extended beyond six months without detriment to oral health. The enforced extended time between dental visits may also provide an opportunity for practitioners to identify patients at higher or lower risk of oral disease.

Figure 1: 'Overview of how the interval between oral health reviews is set' © NICE 2004 Dental Recall – Recall interval between routine dental examinations. Available <https://www.nice.org.uk/guidance/cg19/evidence/full-guideline-appendices-f-g-pdf-193348913>. All rights reserved. Subject to Notice of rights. Reproduced by kind permission from the National Institute for Health and Care Excellence (NICE). NICE guidance is prepared for the National Health Service in England. All NICE guidance is subject to regular review and may be updated or withdrawn. NICE accepts no responsibility for the use of its content in this product/publication.

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INVESTMENT PLANNING - ADVISER OR DIY?

Jon Drysdale argues the case for quality advice

Financial advice has suffered from a poor reputation over the years. Not least the high-profile fall from grace of Equitable Life, which was once the go-to firm for professional people and more recently, the PPI miss-selling scandal.

As such, many individuals including dentists are cynical of the value of advice and advisers. In some cases, this is justified and there continues to be major national advice firms with questionable charging structures and a high complaints tally. So, what should your adviser be doing for you and what should they charge? At PFM Dental, we break down financial advice into two distinct functions which tend work best when adopted together. These are:

STRATEGIC ADVICE

This is the 'planning' function with big ticket questions such as: when can I retire, how can I make use of the different investment products and allowances? (e.g. ISA, SIPP Unit trust etc) and how do I reduce my inheritance tax liability?

The planning function also encompasses technical advice such as: HMRC's Lifetime Allowance (LTA) protection, specifically in relation to the NHS pension which is a key planning topic for most dentists. So, let's look at some examples of how this technical advice has added value in a real-world situation.

NHS Pension and Lifetime Allowance scenario

Dr Alison Smith is approaching retirement with an NHS pension predicted to be £60,000. As an adviser working exclusively with dentists, I immediately know that this translates into an LTA value of £1.38m, breaching the Government's LTA limit by £307,000. The resulting charge will be £3,837 pa deducted from Alison's NHS pension for life.

We discuss the charge and plan to mitigate this. Using HMRC Individual Protection 2016, we manage to increase Alison's LTA from the current £1.073m to a protected £1.25m. This results in a much smaller LTA excess and the excess charge reduces by more than half to £1,625 pa, saving Alison £2212 pa (for life).

Further to this we discuss the option and implications for Alison to take a larger tax-free lump sum by commutation of some pension income. By doing this the nature of the LTA calculation means that the LTA excess charge reduces even further to £521 pa.



Beware the perils of 'Do It Yourself'

Whilst information on the Lifetime Allowance is widely available, the planning aspects of this are specific to the individual. With no adviser input, or worse an adviser without the relevant experience, the consequences are costly. Can you afford to DIY this type of planning?

INVESTMENT DECISIONS AND FUND ADVICE

We make use of investment portfolios to ensure client money is carefully invested in the appropriate 'tax wrapper' (e.g., Within an ISA or SIPP). We run a variety of portfolios with differing risk profiles. A portfolio generally consists of a collection of up to twenty investment funds. Each of these funds typically holds 50-100 individual holdings and therefore the average portfolio consists of 1,000-2,000 holdings. Such diversification is usually not available through an 'off the shelf' portfolio.

We invest time and money to ensure that we select the funds and fund managers that perform consistently above average. This involves a quarterly investment committee meeting drawing on in-house research and industry leading software to aid fund selection.

Our advice service includes the regular review of the portfolio in which your money



To discuss our financial planning services please speak to Jon Drysdale - jon.drysdale@pfmdental.co.uk

is invested. Picking the funds, yourself may be a false economy for two reasons: First, without the necessary research you may end up with an average or below average collection of funds.

Second, DIY fund choice is often driven by the platform on which you hold your funds. For example, Hargreaves Lansdown is a popular DIY investment platform. They often promote fund groups or fund managers by way of email campaign or a market a 'selection' of funds. Is this in your best interests? Are they providing a regular review service to weed out poor performers?

FEES

A fee structure should be simple, with an ongoing adviser charge probably around 0.5% - 1.0% of funds under advisement. This should cover a regular review of your funds and most additional advice you need. Beware of high up-front fees, fees for fund switching or exit/withdrawal penalties.

Where more specialist advice is required (e.g., SIPP property) additional fees may be reasonably charged. Assessing the fee you pay should be more a question of value than cost - make sure your adviser is offering good value, is suitably qualified and can demonstrate they understand your specific requirements.

THE IMPORTANCE OF GETTING FURLOUGH CLAIMS CORRECT

The Coronavirus Job Retention Scheme has been vitally important for virtually all businesses within the healthcare sector. The scheme became more flexible from July and, after the most recent announcement to extend this scheme, it will continue to 31 March 2021.

The ever-changing eligibility will put added pressure on healthcare payroll staff to ensure the correct amount is claimed from HM Revenue and Customs (HMRC) as the ultimate responsibility of the claims lie with the business owners themselves.

It is estimated that there could be as much as £4bn of claims that are either fraudulent or paid out in error. Healthcare businesses are especially susceptible to payment errors due to a variety of reasons. Many healthcare professions, including dentists, will be largely funded through other government bodies, such as the NHS. Therefore, it is important to understand the mechanics behind each COVID-19 support scheme, to ensure the claims are not overstated.

In addition, a high percentage of healthcare professionals work long hours and may have increased exposure to COVID, forcing staff to go off sick or self-isolate due to the nature of their working environment. All these added factors can cause discrepancies in claims.

The Government's approach has been "pay now and check later" and given the size of the errors, HMRC will be auditing employers' use of the scheme. Not only will they recover any overpayment, they may also charge penalties of up to the same amount again. There is also the potential for HMRC to name and shame those found to have overclaimed, leading to negative PR and reputational damage.

Common errors have included:

- Calculating the furlough payment incorrectly for an employee who was furloughed part-way through a pay period.
- Errors in calculation when salary sacrifice schemes are used.



If you have any queries regarding the Coronavirus Job Retention Scheme, or would like to discuss your circumstances, contact Louise Grant (louise.grant@eqaccountants.co.uk) on 01382 312100

- Calculating the furlough claim by reference to the wrong salaries, particularly those employees on variable pay.
- Paying trainees below the national minimum wage when they spend time training e.g. online training courses during the furlough period.
- Not topping up the employee for normal holidays during the furlough period.

Dentists, in particular, need to pay extra attention as they can only make furlough claims on the private element of their income. Therefore, they must calculate the percentage of income split between private and NHS to see what can be claimed.

At EQ, we support clients by preparing the claims in the first instance or by auditing claims previously made to ensure they are correct. Any overpayment (or underpayment) errors can be corrected before HMRC investigates, with businesses having 90 days to rectify errors.

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

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ASSOCIATE AGREEMENTS – JUST MORE UNNECESSARY PAPERWORK?

Having a well drafted agreement in place ensures that the terms are clear and any dubiety can be avoided, says Michael Royden

The relationship between principal and associate in dental practices is nothing new. Associates are the bedrock of many practices, and in some cases the associates are the practice principals of the future. This relationship has in the past often been left to trust, with only the most basic terms such as associate percentage and notice period being recorded anywhere.

As dental lawyers, we always recommend that a suitably worded, written associate agreement be put in place. Is that just us, as typical lawyers, looking for yet more paperwork, and is it really necessary? Well yes, we would take the view that good associate agreements are essential for all practices, large and small.

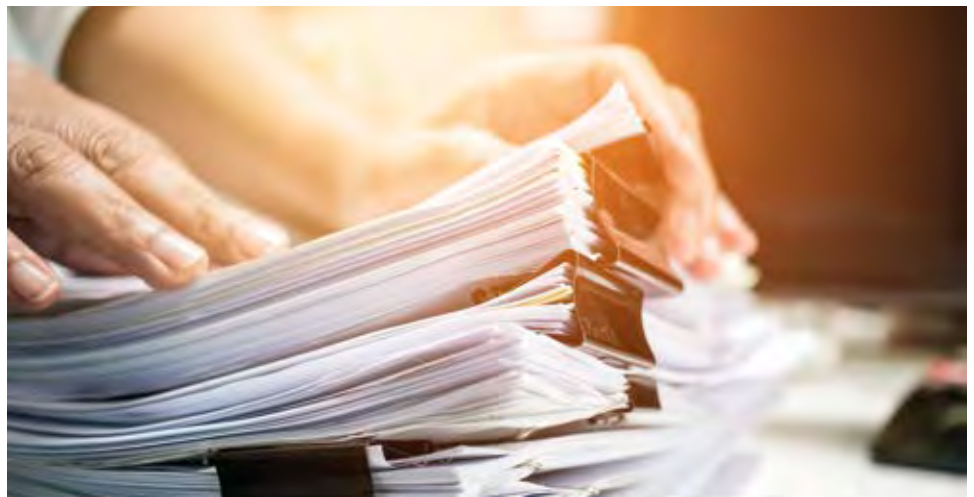
Having a well drafted agreement in place ensures, both for the principal and the associate, that the terms of the associateship are crystal clear, and that any dubiety on those terms can be avoided.

Putting an agreement in place isn't hugely difficult to achieve. The BDA have a template of associate agreement which can be used. It isn't to everyone's liking, and there are certain areas of it which require some tidying up and adjustment. However, it contains the core terms which should apply to most associateships.

We would stress that if using the BDA template, make sure that it is fully completed and tailored before having it signed. There are various areas such as alternative forms of payment structure where the correct wording requires to be chosen and the other forms of structure deleted. There are also schedules to complete showing what the associate percentage is and how it will operate in practice.

In turn, if the associate percentage incorporates a sliding scale, care needs to be taken to ensure that the agreement reflects what has been agreed. We regularly see provisions which purport to be a sliding scale, but when we try to interpret those provisions, the outcome is far from clear. That suits neither principal nor associate.

Of course, not all associates have a BDA style agreement. In particular, associates who



work for a corporate practice will have been presented with a much more voluminous agreement, with lots of specific provisions which will vary from one corporate to another. Understanding the meaning of such agreements can be tricky, although with the right advice not impossible.

You may say that's all very well, but what is the implication if no written associate agreement is in place? Put simply, the law won't imply a great deal into an unwritten associate arrangement, and as a result the terms of that relationship will, on a number of levels, be very unclear. There are a whole range of topics which won't be covered at all, and that has certain dangers. These would include:

- Payment terms may be unclear – having no written payment terms opens the door to disagreement on how much an associate should be paid. Particularly given the unusual year which we have had, and the changes to NHS payment structures in particular, we have seen disputes on associate pay arising more regularly in recent months.
- Various forms of leave – without written provisions, the ability of an associate to take various forms of leave such as holidays, maternity or paternity leave, etc



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

will be left to agreement at the time. That has the potential to cause issues for both principal and associate.

- Termination – the ability of either party to end the associateship, and how much notice will be required, isn't recorded, neither of which is helpful.
- No Restrictive Covenant – when an associate leaves a practice without having an agreement in place, there will be no restrictions on where they work afterwards, nor against them seeking to persuade patients, staff or other associates to follow them. That clearly has the potential to cause damage to the practice.

These are just some of the areas which are left up in the air by the absence of a written associate agreement, although there are many other scenarios which won't be catered for.

This can all be avoided by taking the time to put a good associate agreement in place before an associateship starts. That way, both principal and associate can be certain as to their contractual position, removing many of the potential grey areas and giving everyone the comfort that they know where they stand in one of the most important relationships in dentistry.

SHOULD I BE CONSIDERING PRACTICE ACQUISITION DESPITE COVID?

We continue to see high activity levels in the Scottish dental market for practice acquisitions and it's clear that demand still outstrips supply despite the current pandemic. Goodwill prices have not been hugely adversely impacted at this stage and multiple bidders remain common. With the continuing downward trend on Associate fee share percentages, it's understandable that the ambitious Associate may consider practice purchase options. Historically it's been seen as a natural career path for dental professionals and the peer pressure expectations can exist to encourage you to 'take the plunge'. With more and more dental principals re-evaluating

their position, we predict an increase of dental practices for sale on the Scottish dental market.

Practice ownership is categorically not right for everyone. The added responsibilities of Employment Law, Practice Management, Finance, and Operations can be underestimated and can prove to be a huge challenge, particularly if this is your first practice. That said, if you are well equipped/supported to undertake the transition this can be a hugely rewarding journey for you both personally and financially. With full strategic control over your future and the opportunity to 'be your own boss' and grow capital value, this remains attractive. To paraphrase the



Victoria Forbes
victoria@
dentalaccountants
scotland.co.uk

words of the business guru Michael Gerber 'just be careful you don't end up working for a madman/woman (you!)'.

We regularly assist with the planning and due diligence for potential practice owners and this hasn't slowed down since the 'world went on fire' in March 2020. We are currently involved in nine live transactions at the time of writing. As such, we are well placed to help you structure and decide if a practice opportunity is right for you and to help you identify the risks. If you are thinking about buying a practice in Scotland, please get in touch and we will be delighted to offer you a free opinion on the target practice. We look forward to making a difference together.

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

Edinburgh Dental Office: 9-10 St Andrew Square,
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T: 0131 248 2570 **W:** www.dentalaccountantsscotland.co.uk

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SPREAD THE COST OF ANY TAX LIABILITY

Braemar Finance have been serving dentists for nearly 30 years and in that time have become expert in helping businesses in the dental sector with their tax, VAT and other finance requirements.

We speak with Gail Cormack, Area Sales Manager for Scotland at Braemar Finance, about the tax funding options available to dentists.

HOW CAN YOU HELP FIRMS WITH TAX?

Every tax season brings its own challenges, but fortunately there are finance options available to both individuals and businesses to help spread the cost of any tax liability. At Braemar Finance, we have a product that allows professionals and business owners to take control of their cash flow through manageable monthly payments.

We have found that 'tax time' can be incredibly stressful for business owners because no-one enjoys the thought of

having to deal with the impact that paying out a lump sum to HMRC has on a firm's cash flow. We introduced the Braemar Finance Tax Loan to help business owners avoid any HMRC penalties and daily interest charges for late submission.

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THE OTHER SIDE OF THE CORONAVIRUS COIN

Louise Bone explores the opportunity that COVID-19 has given many in the NHS to reflect and choose a future they truly want...



You'd be hard pushed to find anyone who hasn't found 2020 to be a hugely testing time – particularly dentists and other healthcare workers whose professional lives have been significantly impacted by the COVID-19 pandemic.

Yet, there are two sides to every story, even the one about COVID-19. Because, while it has undoubtedly been confusing and frustrating, not to mention sheer hard work adapting to changing guidelines and keeping dental practices open, it has also provided many with a unique opportunity.

STEP BACK AND SLOW DOWN

That opportunity has been the chance to step back and slow down. Many have used this time to evaluate what the future holds for them and how they might deal with any potential measures the Government may need to take to deal with the economic and social fallout from COVID-19.

Listening to NHS dentists over the past few months, there has been a recurring theme of feeling uncommunicated with and dictated to by those in charge.

Hearing the news about reopening on the TV at the same time as the general public has undoubtedly left a sour taste for many, not least because they had to deal with misplaced, but understandable, increased patient expectations as a result.

There's a feeling of being undervalued, overworked and underpaid. Some might say: "what else is new? We've always felt like that in the NHS".

But what is new this time is that, due to the restrictions and being unable to see so many patients, dentists have been able to stand back and take notice and make more noise about it to those in charge.

EXPERIENCING A DIFFERENT WAY

On top of that, on a practical level, seeing fewer patients and spending more time with them has given them an idea of what a different way of working could be like.

In a recent webinar, I spoke to Mohammed Samad, a practice owner and founding Chair of the Scottish Dental Practice Owners' Group, who said: "It's actually given us a taste of what dentistry should really be like. We're spending a lot more time on prevention and educating the patient, talking to them about why they've got the dental decay, for example."

"Unless the existing situation improves dramatically, I can't see myself going back to that way of working of getting patients in and out, and not spending the extra 10-15 minutes with them."

We are hearing similar stories from many dentists, lots of whom are using this as the impetus to move fully or partially private. For



Louise Bone is a Regional Support Manager for the Practice Plan Group, a leading provider of practice-branded dental plans, and has 17 plus years' experience in dentistry including in practice. Practice Plan 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

some this is a case of simply bringing their plans forward; for others it is an entirely new decision, often based on having had this experience.

AN INCREASED OR 'RE-TARGETED' BUDGET?

For those who are happy to remain in the NHS, this opportunity to take in the wider picture may have reinvigorated their zeal to try to reform the way the system works.

However, it seems unlikely that dentistry, an area that is often low priority when it comes to healthcare funding, will suddenly see a great improvement in an environment where there will be even greater competition for a better share of the budget.

Earlier in the year, Jason Leitch, National Clinical Director of the Scottish Government, suggested that it was unlikely there would be more money for dentistry but that the existing pot would be 're-targeted' to support some kind of core service.

The potential of a core service has loomed over dentistry across the whole of the UK for years. Whether COVID-19 will be the tipping point remains to be seen, but it probably wouldn't come as much of a surprise to the many NHS dentists who are struggling to see a sustainable future in the current system. Particularly given the Government's announcement in October that NHS treatment would be restarted three weeks later.



Many may also welcome such a move as being a fairer and more feasible way of delivering dentistry for both patients and professionals.

CHOOSE YOUR NEW NORMAL

Unfortunately, we don't have a crystal ball to predict what the next year will hold and whether it will bring the introduction of a core service to NHS dentistry in Scotland. But, over the past few months, those working in the NHS – while they may not have had a crystal ball exactly – have had a taste of what a different future in dentistry could be like.

Whichever path you decide to take your future career or your practice in, there has never been a greater opportunity to reflect on what you want and take control for yourself.

I'd like to finish on a quote that has been much-used during the pandemic, but that is probably because it is so relevant right now: "In the rush to return to normal, use this time to consider which parts of normal are worth rushing back to".

You can watch the webinar with Mohammed Samad here: <https://bit.ly/insideoutscotland>

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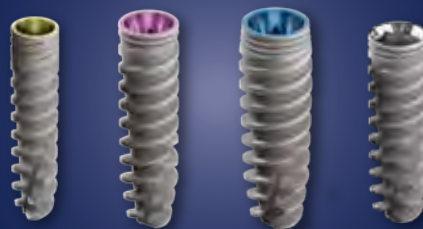


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Ruth Findlay speaks to mental health first aid instructor Andy Elwood about how self-care is good for you, your team and your business...

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LOOKING TO SELL AND RETIRE?

Or continue in practice, but without the administrative responsibilities?
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Scottish Dental Care Group was established in 2016 and is 100% owned by Dr Philip Friel and Christopher Friel. They each take an active role in the acquisition of each clinic in the group, paying top market rates on completion, thus ensuring that a clean change of ownership can take place without prolonged tie-in arrangements.

Scottish Dental Care Group has 12 clinics across the country, is continuing to expand and are currently looking for:

- Practice owners who are either looking to sell and retire from dentistry or those looking to

continue in practice but relieve themselves of the administrative side of running their practice, and;

- Associates who wish to join their state-of-the-art clinics and benefit from top level remuneration in modern clinical environments with digital scanning and x-rays.

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If you are interested in exploring the option either to sell your clinic to SDC Group or to join one of our clinics as an associate, please contact a member of our management team today:
Dr Philip Friel - philip@sdcggroup.co.uk
Christopher Friel - christopher@sdcggroup.co.uk
Louise Fletcher - louise@sdcggroup.co.uk



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Scottish Dental Care Group

READY TO INVEST IN YOUR FUTURE

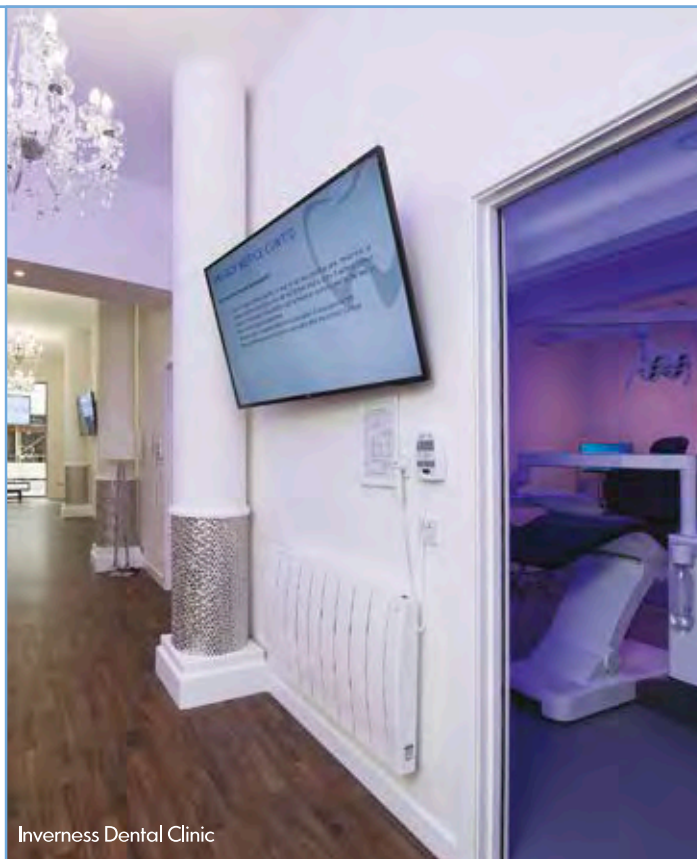
Scottish Dental Care Group is increasing its portfolio of clinics across Scotland through direct purchase from dentists wishing to reduce their requirement for day to day non clinical involvement, or those considering retirement.

For a confidential discussion, please get in touch.

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Inverness Dental Clinic

Christopher Friel
Operations Director
christopher@sdcggroup.co.uk

Philip Friel
Clinical Director
philip@sdcggroup.co.uk

Louise Fletcher
Operations Manager
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WELCOMING REFERRALS

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Dr Philip Byrne established Erskine Dental Care in 2010, opening its doors with approximately 700 patients booked into the diaries. Ten years later, more than 10,000 patients are on Erskine's lists.

Erskine Dental Care started with two surgeries, adding a third six months after opening. It has evolved over the last decade from a general practice into an implant referral centre, supporting local practices in the Renfrewshire area and beyond.

Erskine is now home to Dr Philip Byrne (Principal) with the support of five associates, two hygiene therapists and five nurses. The practice has two front-of-house staff and a business manager who oversees the running of the practice and the implant referrals.

Erskine is currently welcoming new referral practices to become a part of its successful and mutually beneficial referral system as follows:

- 1) Refer the patient online at www.erskinedentalcare.com or by phone, email or letter.

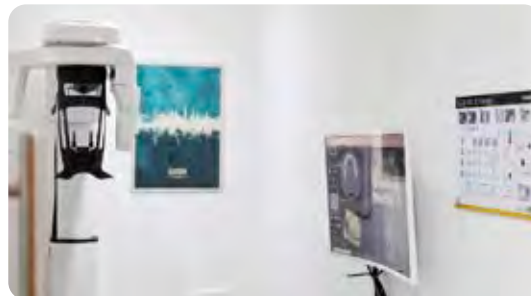
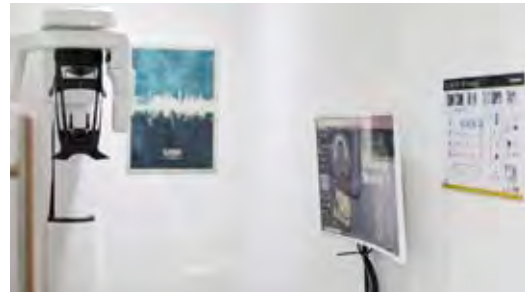
- 2) The patient will be contacted no later than the next working day and given a consultation.
- 3) The assessment and surgery will be booked.
- 4) The patient will then be referred back to the referring dentist to complete the restorative.

In the event that the referring dentist has no experience in restoring implants, Philip welcomes the clinician to attend his surgery to be mentored throughout the procedure, gaining hands-on experience with your own patients.

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VSSAcademy
continuing dental education

CONVERSATIONS WITH VSSACADEMY – PART 1

The VSSAcademy team reflects on continuing delivery of the UCLan MSc in Clinical Implantology courses through lockdown and beyond, enhancing the student journey and their expectations of future VSSAcademy developments



**DR COLIN BURNS MSC
(WARWICK) 2012, MFDS RCS
ENG 2005, BDS GLASG 1990**
Speaker, Lecturer,
Associate and Clinician

Tell us about your role at VSSAcademy

I am a key speaker and presenter for the Academy's Scottish cohort.

From September 2021, I will be delivering a significant part of the course to the cohort. Alongside this, my role is to help students via one-to-one tutorials, with their assignments and exam preparations, and then support them when they are ready to treat their own patients.

How does the student journey at the Academy stand out for you?

The VSSAcademy Faculty is very strong and the Academy's relationship with the University of Central Lancashire (UCLan) provides a platform that makes it really easy for students to contact us for continued support.

Plus, via UCLan, students have access to a fantastic electronic journal reference library, which is a big benefit compared to other education providers. Students can readily access support from librarians, statisticians and other professionals.

A further benefit for students is that they can have more personal relationships with their lecturers and speakers as class sizes are restricted.

What developments are you anticipating as the Academy moves forward?

A great benefit to me is being part of the Faculty's research group, through which I am involved in primary research and reviews.

The Academy's students will benefit as the research side of the Faculty develops, with the chance to be involved in the primary research.



**DR CARL HORTON
BDS MSC
(PERIODONTOLOGY)
MSC (DENTAL
IMPLANTOLOGY)**
Lecturer, Mentor,
Associate and Clinician

How would you describe your role at VSSAcademy?

I'm the co-director of the Midlands branch of the MSc course, lecturer and mentor. This involves ensuring the students and lectures are looked after, however there is a great deal of support from the Academy team.

Why do you choose to work with VSSAcademy?

I love the strong team spirit and the trusting caring environment that has been created. The constant progression and development of the courses, plus the unlimited team support, are just a few of the reasons I chose to be a part of the VSSAcademy team. It's not work; it's an enjoyable way to spend time.

What are you looking forward to, as the Academy continues with its new, blended approach to learning?

I feel that blended learning is the way forward, it allows the students to dip into the lectures in their own time and their own pace. Having the content in this form is an addition and an enhancement to the live lectures, so I'm looking forward to recording the remaining lectures, and using the growing technology to make the content as effective and understandable as possible.



**DR MANOJ
BHATIA BDS,
MSC (IMP DENT),
MFGDP (RCS-UK)
STAT EXAM (UK)**
Associate, Training
Centre Supervisor
and Faculty

What stands out when you reflect on the recent work by the Academy to continue courses and exams during lockdown?

How impressive it was. There was so much uncertainty and we could have all sat back saying "things are out of our hands". But we didn't. It did not feel right to not support our students' learning, so all the stops were pulled out to ensure that their exams could be held remotely.

What in your opinion makes the student journey at the Academy special?

The emphasis is not on great numbers of implant placement. You have a blend of evidence-based knowledge and this is then followed by hands on, and then clinical practice. So, students complete full cases and are able to retain what's taught. Importantly, by restoring your implants, you tend to reflect and improve on your placements.

At the Academy it's the whole package: evidence based, applying current knowledge, amazing hands-on experience (includes cadaver days) and then clinics. All of this is under direct one-to-one supervision and, most importantly, continues with after course support.

VSSAcademy is currently recruiting for the 2021 intake of this popular two-year part-time MSc course commencing Sept 2021 in Glasgow and invitations are invited for application now.

IF YOU OR ANY OF YOUR COLLEAGUES WOULD LIKE MORE INFORMATION ON HOW TO APPLY, PLEASE CONTACT US DIRECT ON COURSES@VSSACADEMY.CO.UK

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VIRTUAL TOURS

Some practitioners are less able to travel in the current climate, which is why Belmont are now offering a virtual tour of their newly refurbished showroom. Whether you're planning to buy or would just like to do a little window shopping, you can get a real feel for the breadth and beauty of their range of equipment.

The tours can be taken from any device and you can be accompanied on your tour by one of the sales team if you'd prefer a guided tour. The showroom is still open for visitors, so if you can come in person, you can do so safely, as Belmont are adhering to all Government safety guidelines. You will need to book an appointment for a face-to-face visit, so that all necessary protocols are in place for your visit.

However, if you're unable to take a seat, come and take a peek, with a digital stroll through their showroom.

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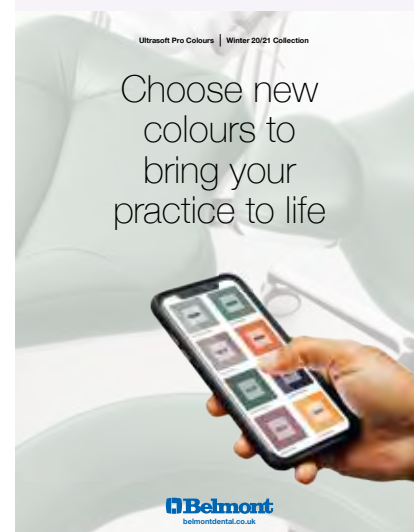
The touchscreen display on the Belmont Touch x-ray is easily cleaned, which is particularly beneficial to users in the current climate. Functionality and performance go hand-in-hand. The compact unit produces instant error code reports and has multilingual functionality. It also switches into sleep mode to conserve energy and contains a USB port and handheld exposure switch which can be wall-mounted if required. Belmont Touch is also aesthetically appealing and has a zero-drift scissor-arm, which means it can be neatly stowed away when not in use, making it less intrusive and potentially intimidating for a patient.

Belmont Touch is compatible with any type of digital imaging system. Not only does it reduce the soft x-rays absorbed by the tissues, making it safer for patients, but the tube voltage, current and exposure time can all be selected according to the individual clinical need, helping to avoid unnecessary exposure to radiation. Offering a minimum exposure time of just 0.01 seconds, the Belmont Touch pre-programmed timer is selectable for digital systems and two different types of films. A total of 16 film speeds are available and the lightweight, compact, easy-to-hold tube head enables the operator to align the tube accurately for re-producible, high contrast, radiographs with excellent image quality.

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Contact Stefana:
dental@takara.co.uk.

Who's Who 2021

Dr Lisa Currie is Clinical Director of The Orthodontic Clinic, an award-winning specialist practice in Aberdeen. Lisa gained her BDS with honours at Dundee Dental School in 1996. She joined the Orthodontic Postgraduate Programme at Edinburgh Dental Institute and was awarded her MSc in Orthodontics from the University of Edinburgh for her research in sleep apnoea in 2002. Following her post as Consultant Orthodontist at Edinburgh Dental Institute, Lisa moved fully into specialist practice in 2010 and was appointed Honorary Senior Lecturer at Aberdeen Dental Hospital and School in 2015. She was recently elected as a Fellow of the Faculty of Dental Surgery in Orthodontics, FDS(Orth), from the Royal College of Physicians and Surgeons of Glasgow. (see p88).



LOOKING FORWARD

2021

Welcome to the 2021 Scottish Dental magazine Who's Who; the sixth issue of this guide to the profession and associated industries, featuring a selection of leading dental and oral health professionals working in public and private dentistry across Scotland.

The run-up to the last issue was overshadowed by politics and Brexit, making it a challenging time to put health – and specifically oral health – at the heart of policymaking and innovation. It was hoped that 2020 would provide greater clarity and stability, so that the progress that has been made in Scotland in public health, in leading-edge treatment, and in disease prevention can be consolidated and taken to the next stage. It was also to be a time for important discussions in Scotland to be held around the potential for a 'new model of care'.

As we look ahead to 2021, the need for a new model of care that will define dentistry for the rest of the decade is more of a certainty than ever – for reasons that few could have envisaged this time last year. As Eddie Crouch, the new Chair of the British Dental Association (BDA) – interviewed on p22 of this

edition – points out, restrictions on dental practice caused by the COVID-19 pandemic are with us for the foreseeable future.

Since the first lockdown, the BDA reached out to members to track the impact of the pandemic. Whether it was support for the self-employed or PPE shortages, the stories they told the BDA shaped the case it made to Governments in Westminster, Holyrood, Stormont and Cardiff Bay. "Now," said Crouch, "we have another crucial call to Government borne from the vital evidence that members have been sharing with us and it is this; practices need capital investment from the government to help reduce their fallow time, increase capacity and, once and for all, improve access for all."

A package of capital funding offers "the only hope" of restoring routine services to millions of patients, the BDA told the UK Government and devolved administrations in November. The warning came as a survey indicated that the dental service was "in crisis" and was "incapable of delivering investment to meet new rules that could boost access". The BDA warned of widening inequality, as patients face poorer outcomes given the huge barriers to

early detection of conditions - from decay and gum disease through to oral cancer.

"On paper we have a chance to restore services to millions, but without support from Government it won't translate into better access," said Crouch. "The clock is ticking on an oral health time bomb, as dentists lose the chance to act on the early signs of decay and oral cancer. Ministers have a choice. Make an investment that would pay for itself and bring millions back through our doors, or leave patients waiting for the care they need."

If the investment is forthcoming, the profession is poised to maximise the impact it could have on oral health and shape care for the rest of the decade. The following pages feature some of those representing the best in Scottish practice and business. Space does not allow the list to be comprehensive – many of those deserving of inclusion may not find their names mentioned and we will continue to develop the guide going forward – so it is, by definition, representative. However, through those who are included it is a way of showcasing wider excellence in practice, in teaching, in research, and in the supply sector.



Tony Anderson

Tony Anderson worked in General Dental Practice for more than 20 years, becoming

increasingly involved in postgraduate education and training, before taking up post as the first Director of Postgraduate GDP Education with NHS Education for Scotland (NES) in 2002.

He is currently the lead for the Continuing Professional Development (CPD) workstream, which includes national responsibility for CPD for all dentists and dental care professionals in Scotland, Quality Improvement Activity, Remediation and Return to Work support for dental registrants and Mandatory Training.

As Associate Postgraduate Dental Dean (CPD), supported by the national team of Assistant

Deans and CPD Advisers, he led the development of the NES Dental technology enabled learning online CPD programme, to support all members of the dental team during the COVID-19 pandemic.



Professor Jeremy Bagg

Jeremy Bagg is Professor of Clinical Microbiology and Head of Glasgow Dental

School. He also holds the position of Deputy Head of the School of Medicine, Dentistry & Nursing. He is currently Chair of the Steering Group of the Scottish Dental Clinical Effectiveness Programme (SDCEP) and a member of the UK Advisory Panel for Health Care Workers Infected with Blood-borne Viruses.

In 2004, he was awarded the Fellowship of the Faculty of Public Health for his contribution to

public health microbiology. From 1983 to 1991 he was Lecturer in Oral Medicine & Oral Pathology at Cardiff Dental School. In 1991, he moved to the University of Glasgow as Lecturer in Oral Microbiology and was awarded a Personal Professorship in Clinical Microbiology in 1999.

He received an OBE for Services to Dental Education in 2018. In 2020, he chaired SDCEP's working group which undertook the Rapid Review of Aerosol Generating Procedures in Dentistry in response to the COVID-19 pandemic.



Dr Atif Bashir

Atif Bashir is the Clinical Director of the BE Dental Group, which has practices in Falkirk and Edinburgh, and

is Principal Dentist at Falkirk Dental Care. In 2020, he became Chair of



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the newly founded Scottish Dental Practice Owners Group (SDPO). Dr Bashir was born in Glasgow and has a Bachelor of Science Undergraduate degree from University of Strathclyde in Chemistry and a Bachelor of Dental Surgery Degree from the University Glasgow.

Whilst at University he took on additional work within the department to improve the research that was being carried out utilising his Chemistry degree in the field of Cariology. He was nominated for the prestigious Colgate Prize for his work and presented at the International Society of Dental Research.

Dr Bashir is in the process of completing an MSc at the University of Genoa and is Member of the Royal College of Surgeons Edinburgh. Dr Bashir currently Chairs the Mosaic Regional Leadership group at the Prince's Trust Scotland.



Dr M Tariq Bashir
BDS MFDS
RCPSC MSc

Tariq Bashir graduated from University of Glasgow Dental

School in 2005. After this he held SHO positions in hospitals throughout Scotland before settling at the Visage Cosmetic Dental Clinic in Glasgow.

He has been practicing there for over 12 years and his main interests lie in minimally invasive dentistry and endodontics. He has travelled extensively and learnt from renowned clinicians from around the world. In 2018 he became the first graduate from Scotland at the prestigious Kois Center in Seattle USA under the guidance of Dr John Kois. Here he completed the intensive 9 step treatment planning, occlusion and restorative focused world famous Kois curriculum.

He has recently graduated with his MSc in Endodontology. In the past he has held a visiting GDP role in the Restorative Dentistry Department of Glasgow Dental School teaching undergraduate students. He has been the BACD Scotland representative for the last 5 years and also has sat on the BACD Education Committee. In 2018 he co-founded the popular Scottish Dental Study Club with his wife Saimah.

The study club has brought some the top names in dentistry from the UK and around the world to

Scotland. Tariq is also involved in postgraduate teaching through his own popular composite training courses. He was invited by BBC Radio Scotland to host the first 'Ask the Dentist' programme and over the last few years has featured regularly on this phone-in show. During lockdown in 2020, he and colleagues created 'Saving Scottish Dental Practices', a network of dental professionals, in response to the COVID-19 pandemic.



Dr James Boyle

Dr Boyle, Vice Dean of the Faculty of Dental Surgery, Royal College of Physicians

and Surgeons of Glasgow, graduated from Glasgow Dental School in 1986. Having undertaken vocational training on the Isle of Bute, he opened his own practice in 1988.

He renewed his involvement with VT in 1999, when he assumed the role of Vocational Trainer. After five years as a trainer, he was appointed Vocational Training Adviser and became Assistant Director for the West three years later. Within this role, he successfully completed a Master's degree in Education. He was appointed Associate Postgraduate Dental Dean for NHS Education for Scotland in 2015.

In this role he is involved in training for new graduates across Scotland. Within the Royal College of Physicians and Surgeons of Glasgow, he has served as both a member and chair of Dental Education, Training and Professional Development Board, and is currently Director of Dental Education. From November 2019, he will serve as Vice Dean of the Dental Faculty.



Stuart Clark

Stuart Clark graduated in dentistry from Edinburgh in 1985 before oral and maxillofacial posts in

Edinburgh, Liverpool and Aberdeen. He qualified in medicine from Aberdeen in 1994 and completed basic surgical training in Aberdeen and Edinburgh and higher surgical training in Newcastle, Sunderland and Middlesbrough.

He was appointed Consultant Oral and Maxillofacial Surgeon to Central Manchester and Manchester NHS Trust and WWL in August 2002. Stuart is a member of the European Academy of Facial Plastic Surgeons and the Association of Facial Plastic Surgeons.

He regularly teaches on Advanced Trauma Life Support and Critical Care of the Surgical Patient courses. Stuart examines for the Royal College of Surgeons of Edinburgh for MFDS, MRCS and the Exit Specialty FRCS exam in oral and maxillo-facial surgery.

Elected to the Council of the Royal College of Surgeons of Edinburgh in 2016, Stuart is also currently a Specialty Advisor for the North West for the Royal College of Surgeons. He has more than 50 publications covering all aspects of oral and maxillo-facial surgery.



Professor Jan Clarkson

Professor Jan Clarkson is a Director of the Scottish Dental Clinical Effectiveness

Programme (SDCEP) and Professor of Clinical Effectiveness at the University of Dundee. Her remit is to conduct high quality research and promote the implementation of evidence in dental primary care.

Professor Clarkson has attracted more than £15M to lead UK wide trials to evaluate aspects of routine dental care involving over 200 dental practices and 5000 of their patients. She is a founding member of the Cochrane Oral Health Group and is Joint Co-ordinating Editor. Furthermore, she is Associate Dental Dean for Clinical Effectiveness in NES and Director of the SDCEP.

As well as being a Fellow of the Royal College of Physicians and Surgeons, Glasgow and the Royal College of Surgeons Edinburgh, Faculty of General Dental Practitioners.

In 2020, she led reviews of International Dental Guidelines to inform SDCEP's COVID response. This included SDCEP's Rapid Review of Aerosol Generating Procedures in Dentistry which resulted in the publication of a UK wide guideline recommending a reduction in fallow time.



Professor David Conway

David Conway graduated from Glasgow University BDS in 1996.

Following brief periods in general dental practice, hospital dentistry in Bristol and Edinburgh, and SHO posts in oral and maxillofacial surgery at St John's in Livingston, he attained FDS RCS (England) in 1999. He returned to Glasgow in 2000 for a clinical lectureship in dental public health combined with a specialist registrar training post based in NHS Lanarkshire and NHS Argyll & Clyde Health Boards. He completed the MPH at Glasgow in 2002 and specialist training in dental public health in 2005 (FDS DPH RCS, and FFPH). He was awarded a PhD in 2008 for research on the epidemiology of oral cancer from a socioeconomic perspective. Since 2005 he has held the position of Honorary Consultant in Dental Public Health - Information Services Division, NSS, which transferred to Public Health Scotland on its inception in April 2020 where he is currently the dental lead. David was appointed Professor of Dental Public Health in 2015 in the School of Medicine, Dentistry and Nursing, where is the current Director of Dental Research, and he is a Co-Lead for the Oral & Dental Specialty Group in NHS Research Scotland. His research interests focus on health inequalities, cancer epidemiology, and child oral health. During the pandemic David has been redeployed into COVID-19 surveillance establishing a testing programme in dental settings across Scotland. Twitter: @davidconway



Dr Ian Corbett

Dr Ian Corbett, Fellow and Convener of Dental Examinations, Faculty of

Dental Surgery, Royal College of Surgeons Edinburgh and chair of the Tricollegiate Specialty Membership Examinations Executive.

Ian is a consultant Oral Surgeon and honorary senior lecturer, with a private referral practice in Newcastle

upon Tyne and has been a Member of the College since 2001 and a Fellow since 2010. He is past Chair and continues to be a member of the Oral Surgery SAB and a member of SAC. Ian has extensive experience in both undergraduate and postgraduate education and is an external examiner for the GDC.



Nicola Cross

Nicola Cross, Director of the Dental Examinations Board, Royal College of Physicians and

Surgeons of Glasgow, graduated from the University of Dundee in 2004 with a passion for Oral Surgery and has spent most of her career practising solely in this field with posts including Senior House Officer, Specialty Dentist in Oral Surgery and Associate in practice carrying out referral based Oral Surgery.

She successfully completed her Specialist Training in Oral Surgery in 2016. Nicola has gained academic qualifications along the way, including Membership in Oral Surgery with the Royal College of Surgeons (2015), a Masters in Implant Dentistry with the University of Central Lancashire (2012) and a Post Graduate Diploma in Conscious Sedation in Dentistry with Newcastle University (2015).

Nicola currently works as a Locum Consultant in Oral Surgery in the Edinburgh Dental Institute and as a GDC registered Specialist in Oral Surgery at Glasgow Dental Hospital and School, providing clinical care to patients and teaching trainees at all levels.



Richard Cure

Richard Cure, Convener of Dental Education, Faculty of Dental Surgery, Royal College

of Surgeons Edinburgh, is Associate Clinical Professor, Principal Fellow of the Higher Education Academy, Head of Dentistry Studies, and Clinical and Course Director of Orthodontics at The University of Warwick. He is a Principal Fellow of the Higher Education Academy, a Fellow of the Faculty of Dental Trainers and a GDC Education

Associate. He examines for the College at MOrth, MFDS and MAGDS.



Roger Currie

Roger Currie is a Consultant Oral and Maxillofacial Surgeon, in NHS Ayrshire and Arran with sessions at

QEUEH, Glasgow, he is an Honorary Senior Clinical Lecturer at the University of Glasgow and an elected member of Council of the Royal College of Surgeons of Edinburgh.

He qualified in Dentistry from Leeds in 1989 and Medicine in Glasgow in 1996, he holds Dental and Surgical Fellowships from both Glasgow and Edinburgh, is a Fellow of the Faculty of Surgical Trainers, and an Intercollegiate FRCS examiner. He was appointed a Consultant in 2003 and has been Chairman of the Medical Advisory Committee at BMI Carrick Glen since 2012.

Roger was on the development group for the Scottish Government Referral Guidelines for Head and Neck Cancer in 2014, he is the current lead clinician for Skin Cancer in the West of Scotland, sitting on the Regional Cancer Leads group, and immediate past Chairman of the Scottish Oral and Maxillofacial Society.



Paul Cushley

Having worked in the hospital service, public dental service and in general dental practice as an associate,

partner and principle Paul Cushley is NHS National Services Scotland Director of Dentistry. Paul's more than 20 years' experience as a dental officer included work in HMP Barlinnie, Shotts, and Greenock, and laterally as the visiting dentist at HMP Zeist in Holland during the Lockerbie trial.

After a period of working in the Public Dental Service in a variety of roles, including Dental Director in NHS Forth Valley, Paul was appointed to his current role in 2015. He also retains a role as an NHS NES Vocational Training Adviser and as one of the Royal College of Surgeons of England Fellowship tutors.

Paul was instrumental in partnering with 400 NHS dental





practices to establish the biggest ever dental buying collaborative - Denpro - in 2016. Since the start of the COVID-19 pandemic, Paul has been on secondment to NSS focussing on the PPE needs of all the primary care contractors across Scotland, in collaboration with the Scottish Government.

He has been coordinating the move toward direct delivery of PPE to primary care contractors, and online ordering of PPE, to support the re-establishment of routine healthcare, including dentistry.



Ulpee Darbar

Ulpee Darbar is a Consultant in Restorative Dentistry and is the Director of Dental Education for

the Eastman Dental Hospital. She is a trainer of specialists and also those wishing to upskill and is a coach and mentor. Ulpee graduated from the University of Wales College of Medicine in 1986 and after a brief period in general dental practice started her hospital career in 1987.

She successfully completed her training in Restorative Dentistry in 1996 and took up her consultant position in 1997. Since her appointment, she has held several leadership positions at the Eastman and out with the Eastman while maintaining an active clinical practice. Ulpee lectures and teaches widely in topics of soft tissue management, augmentation in the field of implant dentistry and periodontology and management of failures and treatment planning.

She also holds a number of external positions for the Royal Colleges and Specialist Societies and is currently the Chair of the Advisory Board in Implant Dentistry for the Royal College of Surgeons of Edinburgh and Deputy Chair for the National Advisory Board for Human Factors in Dentistry.



Michael Davidson

Michael Davidson is Director of Clinical and Professional Education

EMEA for Align Technology. Like many of the first crop of dental

graduates in the new millennium, Michael received his BDS in 2000 at The University of Dundee Dental School. He spent his time in general dental practice as both an associate and practice owner in the UK and Australia, before a fortuitous change in direction led him into the dental industry in 2013. In the first instance as Clinical Lead UK & Ireland and then Senior Manager Global Endodontics & Restoratives, at Dentsply Sirona. In May 2020 Michael became Director of Clinical and Professional Education EMEA for Align Technology based in Rotkreuz, Switzerland. In this role, Michael and his team continue to set the standard in clinical support and professional education for clinical teams who operate within specialist and general dental settings. A perfect storm of environment, constant innovation and digitization, has made it their mission to fully transform how dental professionals learn, practice and develop. Michael is always happy to offer free advice and guidance to any dental professional who is considering a move from clinical dentistry into the dental industry (see www.linkedin.com/in/dr-michael-davidson-11514855).



Robert Donald

Robert Donald is Chair of the British Dental Association Scottish Council and a non-

executive Director of MDDUS. A GDP based in Nairn, he qualified from Edinburgh with honours in 1983, before spending 18 months in a training position at Edinburgh Dental Hospital. He entered general practice in 1985, gaining the diploma in general dental practice in 1992.

He is a past chairman of Independent Care Plans UK and director of Highland Dental Plan. Robert was previously a chairman of the Scottish Dental Practice Committee, vice-chairman of the Scottish Dental Vocational Training Committee and vice-chairman of the Scottish Association of Local Dental Committees. In 2021, he is chairing the UK Council of the BDA.



Andrew Edwards

Andrew Edwards, Dean of the Faculty of Dental Surgery, Royal College of Physicians

and Surgeons of Glasgow, qualified in dentistry from Dundee in 1987. A period of junior positions in Oral & Maxillofacial Surgery followed. He then gained Fellowship in Dental Surgery from the Royal College of Physicians and Surgeons of Glasgow in 1993. He went to medical school qualifying MBChB from the University of Aberdeen in 1998.

He was admitted as Fellow in General Surgery of the Royal College of Physicians and Surgeons of Glasgow in 1993. He went on to his higher surgical training in Oral and Maxillofacial Surgery in the North West of England, gaining the Intercollegiate Fellowship in Oral and Maxillofacial Surgery in 2006.

He spent a period working in South Africa as visiting Registrar at the University of Pretoria gaining valuable experience in facial trauma and cleft lip and palate Surgery. After completion of his maxillofacial training he was appointed Consultant Oral & Maxillofacial Surgeon at The Royal Preston Hospital specialising in the correction of facial deformity, trauma and reconstructive surgery.

Within the Royal College of Physicians and Surgeons of Glasgow has been an examiner for the MFDS since 2006 as well as Regional Advisor for the North West of England. He was appointed Director of Dental Examinations from 2016 to 2019.



Dr David H Felix

David Felix graduated in dentistry in 1978 from the University of Glasgow

and after completing a number of training grade posts within the Hospital Dental Service returned to study medicine, graduating from the University of Edinburgh in 1988. Following completion of higher specialist training in Oral Medicine he was appointed to the post of Consultant and Honorary Senior Lecturer at Glasgow Dental Hospital and School in 1992.

In 1995 he took on the role of Postgraduate Tutor for the West of Scotland. He was appointed to the post of Associate Dean for Postgraduate Dental Education NHS Education for Scotland in 2002 and subsequently Postgraduate Dental Dean in 2011. He has contributed to the peer reviewed literature in dentistry and education.

Over the years he has gained extensive experience of the structure of postgraduate education within the UK and overseas and has held a number of key UK wide roles – President, British Society for Oral Medicine (2003 – 2005), Chair of the Specialist Advisory Committee for the Additional Dental Specialties (2007 – 2010), Dean of the Faculty of Dental Surgery in The Royal College of Surgeons of Edinburgh (2008 – 2011) and Chair of the Joint Committee for Postgraduate Training in Dentistry (2013 – 2017). In addition to his current role in Scotland he is also Chair of the Committee of Postgraduate Dental Deans.



Tom Ferris

Tom Ferris is Chief Dental Officer for Scotland and was appointed in October 2019. He qualified

from Glasgow in 1982 and has worked in general practice, hospital service, the salaried service in Scotland and in the hospital service in Malta. He has a Master's in Public Health (Glasgow) and a Master's in Business Administration (Stirling) and has been awarded an honorary Fellowship in Dental Surgery from both the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons of Edinburgh and Fellowship of the Faculty of Public Health.

Tom is currently undertaking a Bachelor of Arts in classical studies with the Open University. He was seconded to Scottish Government as Deputy Chief Dental Officer from his substantive posts with NHS Forth Valley and NHS Education for Scotland in 2010. In December 2018 he was appointed interim Chief Dental Officer before the post was made permanent 10 months later.



Toby Gillgrass

Toby Gillgrass is a Consultant and Honorary Senior Clinical Lecturer in Orthodontics at Glasgow

Dental Hospital. He is the clinical lead for the Cleft Surgical Service for Scotland and a member of the Craniofacial Council of Great Britain and Ireland.

He is a former program director for orthodontics for the south east of Scotland is a member of the specialist Advisory committee for Orthodontics of the Specialist Advisory Committee in Orthodontics within the GDC. He is a former chair the Specialty Advisory Board in Orthodontics for the Royal College of Surgeons of Edinburgh is presently the Overseas Lead for orthodontic exams. He is a former recipient of the Deans Medal and a Fellow of the Faculty of Dental Trainers.



Dr Mike Gow

Mike Gow is Clinical Director of the Dental Anxiety Management at The Berkeley Clinic.

After graduating from Glasgow University's Dental School in 1999, he completed a master's degree in Hypnosis Applied to Dentistry from the University of London and later achieved a Postgraduate Certificate in the Management of Dental Anxiety from the University of Edinburgh.

Mike has continually trained in this field to develop a wide range of techniques which he uses to treat the individual needs of his anxious patients. He is a certified Neuro Linguistic Programming Practitioner and has undertaken a module at KCL on Cognitive Behavioural Therapy. Mike is a past President of The British Society of Medical and Dental Hypnosis (Scotland) and was a founding member of The International Society of Dental Anxiety Management.

He regularly teaches on the topics of dental anxiety management and hypnosis and has written many papers, articles and book chapters on these topics. Mike is a Fellow of dental materials company VOCO. Mike assisted in

the development of DefactoDentists.com (a dental listing website) and YourDentistRecommends.com (a dental sundry virtual shop, which allows dentists/therapists/hygienists to recommend and sell products directly to patients, earning a small commission whilst avoiding the problems of holding stock.)

He also created and runs InterdentalTV. Mike accepts referrals at The Berkeley Clinic in Glasgow (www.berkeleyclinic.com) for dental anxiety management, conscious sedation (inhalation or intravenous), and dental hypnosis.



Professor Mark Hector

Professor Mark Hector was appointed Dean and Professor of Oral Health of Children at the

University of Dundee in 2011 and conferred as The Boyd Chair in Dental Surgery in 2015. He first graduated in Physiology, then in Dentistry in 1981 at Guy's Hospital London.

There followed three years at the University of Bristol and Kings College, London, after which he received his PhD. Following three years in oral medicine and pathology at Guy's Hospital Dental School he was recruited to The London Hospital Medical College as a lecturer in Child Dental Health. He gained his Readership in 2001 and in 2002 became Professor of Oral Health of Children at Barts and The London School of Medicine and Dentistry. Between 2009-11 he was President of the International Association of Paediatric Dentistry.

In 2019, he was awarded Honorary Membership of the International Association of Paediatric Dentistry (IAPD). He will be demitting office in March 2021 but will continue to work at the University of Dundee's School of Dentistry.



Professor Richard Ibbetson

Richard Ibbetson graduated from Guy's Hospital Dental School, University of

London in 1974. He spent some time in general dental practice in the West Country and then worked in





Northern Canada. He undertook his postgraduate training at the Eastman in London and joined the staff there initially as a Lecturer. He was at the Eastman for twenty years becoming Senior Lecturer and Consultant. During this time developed his major interest in the teaching and clinical practice of Conservative Dentistry and Fixed Prosthodontics.

In 1999, he was appointed Professor of Primary Dental Care and the Director of the Edinburgh Dental Institute at the University of Edinburgh. During this period, Edinburgh established the first Honours BSc in Oral Health Sciences for those wishing to register as Dental Hygienists and Therapists. Richard was Dean of the Dental Faculty of The Royal College of Surgeons of Edinburgh from 2011-14. In 2015, he was appointed Professor of Restorative Dentistry and Director of Dentistry at the University of Aberdeen.

He has taught professional groups extensively both within the United Kingdom and internationally. He has also acted as an external examiner both within the UK and internationally for both universities and Royal Colleges.



Professor Jason Leitch

Jason Leitch qualified as a dentist in 1991 and was a consultant oral surgeon in

Glasgow before becoming a Quality Improvement Fellow at the Institute for Healthcare Improvement in Boston and, in 2007, joining the Scottish Government.

In 2020, he became the public face of Scotland's efforts to combat COVID-19. While First Minister Nicola Surgeon is preminent - the one, along with her fellow Ministers, making policy - Professor Leitch has been, from the early days of lockdown, the person that the Scottish public regards as the voice of authority; the guiding voice in official briefings, during live question and answer sessions with television viewers, and on public health announcements (he even pops up in Spotify listeners' ad-breaks).

He was named as one of six of the 2020 Fletcher of Saltoun Awards, for his contribution to science. The Saltire Society said Professor Leitch had "demonstrated application of scientific method to a major

public health issue, and has done so in a considered, collected and highly communicative manner. "His scientific skills have been of enormous public benefit, and in particular his skill in making their scientific knowledge accessible, his calmness and leadership in a time of crisis and his evident deep understanding of both scientific and public issues." It added: "His contribution to the application of science in a critically difficult time has been a model of excellence."



Dr Sarah Manton

Sarah Manton is Director of the Faculty of Dental Trainers and the former Vice-Dean of

the Faculty of Dental Surgery at The Royal College of Surgeons in Edinburgh. She is a Specialist in Restorative, Periodontics and Special Care Dentistry and is currently working in specialist practice.

She was Consultant (Honorary Senior lecturer) in Restorative and Special Care Dentistry at Dundee Dental School, where she led the sedation and special care teaching and clinical services. Previous posts have been held in university, hospital and primary care settings, including positions as Clinical Dental Director of a Community Dental Service and as a Lecturer in Oral Medicine and Periodontics.

She is currently the Chair of the British National Formulary Dental Advisory Group.



Gordon Matheson

Gordon Matheson CBE is Head of Scottish Affairs at the General Dental Council

(GDC). He was Leader of Glasgow City Council from 2010-15, during which time the city hosted the Commonwealth Games. Elected in 1999, he served as Bailie, Justice of the Peace, Executive Member for Education and City Treasurer.

In 2016, he was appointed visiting professor at Strathclyde University's Institute for Future Cities. He has also led the public affairs and policy functions in Scotland for two UK charities, RNIB and Cancer Research UK.



Dr Peter McCullum

Peter McCullum, a member of the Orthodontic Advisory Board and spokesperson

for the British Orthodontic Society, has been a specialist practitioner in Stirling and Falkirk since 1989.

An Edinburgh graduate, he worked in various hospital units including Cambridge, Ayrshire and Glasgow before completing his orthodontic training at Glasgow Dental Hospital and School. He has a Fellowship and Orthodontic Diploma from the RCPS(Glasg). Peter has worked within the BOS for many years.

In 1991 he founded the Scottish Orthodontic Specialists Group to provide a forum for the Scottish Orthodontists to discuss clinical and political issues. This group has grown in strength over the years and represents the interests of orthodontic practitioners since healthcare became a devolved power under the Scottish Executive in 1997.

In 2015 he co-founded, and continues to run, the Scottish Orthodontic Symposium.



David McColl

David McColl is the Chair of the Scottish Dental Practice Committee, Chair of the Area Dental

Committee of Greater Glasgow and Clyde LDC and Vice Chair of the GP sub-committee of GGC Local Dental Committee.

He is also the Scottish representative on the BDA Pensions Committee and is on the board of SPPA, the Scottish Public Pensions Authority. He is a practice owner and runs a busy NHS practice in Govanhill in Glasgow.



Gordon Morson

Gordon Morson has worked in general practice ever since qualifying from the University of

Glasgow in 1998. He works in Alloa and has been a partner in a large NHS practice there for 14 years. He is currently a member of Forth Valley Local and Area Dental Committees

and has been involved in dental politics for over 15 years.

He also has a significant interest in dental education, having organised Forth Valley's educational programme for dentists and DCPs for more than 10 years. In May 2020, he was a speaker in the Oral Health, Urgencies and Emergencies in COVID-19 webinar hosted by The Royal College of Surgeons Edinburgh.



Dr Eimear O'Connell

Eimear O'Connell is the first woman President of the Association of Dental

Implantology and works hard to promote women in dentistry. She received her MFGDP in and FFGDP from the Royal College of Surgeons London and her Diploma of Implant Dentistry from the Royal College of Surgeons Edinburgh; she was the first female dentist in the UK to gain an implant diploma from the RCSE. Eimear received her dental degree from the University of Edinburgh in 1992, and she has run her own private dental practice in Edinburgh since 1996. In 2014 Eimear won a UK business award from Software of Excellence as well as winning Best Overall Practice in Scotland. In 2015 her practice won Best Patient Care award. Eimear has been using CEREC technology for 15 years and now uses digital technology to deliver successful outcomes with the minimum timescales to help patients invest in their dental health more easily.



Peter Ommer

Peter Ommer is the Director of Dentistry for the NHS Ayrshire and Arran. He holds a Master of Business

Administration and a Master of Public Health, as well as an MJDF with the Royal College of Surgeons of England and an FDS with the Royal College of Physicians and Surgeons of Glasgow. He was previously the Clinical Director for the Public Dental Service in Ayrshire, as well as a General Dental Practitioner and practice owner for 15 years.

In addition, he also held an appointment as a member of the

Scottish Dental Practice Board, between 2007 and 2013, has been a panellist and Chair for the GDC Fitness to Practise committee since 2013, was engaged as a professional adviser to the Scottish Public Services Ombudsman in 2017, the Northern Ireland Public Services Ombudsman in 2020, and appointed as a dental member of the Scottish NHS Tribunal Service in 2018.



Andrew Paterson

Andrew Paterson graduated from the University of Edinburgh in 1987 and

practised in a specialist referral based restorative practice in Glasgow for 22 years in Glasgow. He has been an NHS Consultant at Glasgow Dental Hospital and Crosshouse Hospital, Kilmarnock and a dento-legal adviser for a dental defence organisation.

Andrew was brought up in Uganda, Kenya and Malawi and has always had an interest in developing world dentistry. He undertook a Master's degree in Medical Law and Ethics where his dissertation was on the ethics of international healthcare volunteering, which is now also the subject of a part-time PhD. Andrew is a volunteer, clinical lead, and trustee of the UK dental development charity Bridge2Aid which trains non-dentists in emergency dentistry and oral health education in rural Tanzania and is involved in the project to introduce a similar model to Malawi.

In 2020, the charity began development of a virtual international conference 'Innovative and Sustainable Remote and Rural Healthcare: How can we do it better?'. Andrew is also Senior Clinical Lecturer/Honorary Consultant in Restorative Dentistry at the University of Dundee/NHS Tayside.



Dr Sarah Pollington

Sarah Pollington is Director of Dental Education at The Royal College of Physicians and

Surgeons of Glasgow. Dr Pollington graduated from the University of Sheffield in 1992.

After working in General Dental

Practice, she began part time teaching at the University in 1995 initially in Oral Surgery and then Restorative Dentistry. Following this, she became a full time Clinical Lecturer in Restorative Dentistry in 2001. In 2008, she went on to complete her PhD in novel dental ceramics and then completed specialist training in 2013. Dr Pollington is on the GDC specialist list in Restorative Dentistry, Prosthodontics, Periodontics and Endodontics.

Currently, Dr Pollington is a Senior Clinical Teacher and Honorary Consultant in Restorative Dentistry at the University of Sheffield. She is the Undergraduate Lead for Learning and Teaching in Periodontology, Lead for a number of Prosthodontic clinical skills courses and Director of Student Affairs.



Derek Richards

Derek Richards is a specialist in dental public health, Director of the Centre for Evidence-Based

Dentistry and Specialist Advisor to the Scottish Dental Clinical Effectiveness Programme (SDCEP) Development Team.

He is a former editor of the Evidence-Based Dentistry Journal and a past president of the British Association for the Study of Community Dentistry. He is a senior lecturer at Dundee Dental School and has been involved with a wide range of evidence-based initiatives both nationally and internationally since 1994.

He is co-author of the book, Evidence-Based Dentistry: Managing Information for Better Practice (Quintessentials of Dental Practice) and the chief blogger for the Dental Elf website.



Professor William Saunders

William Saunders is Emeritus Professor of Endodontology

at the University of Dundee. He was appointed in 2000 having previously been in the Royal Air Force (1970-75), general dental practice (1975-1981) and a lecturer in Conservative Dentistry at the University of Dundee





Dental School (1981-88). He was the first clinical academic to undertake formal higher training in Restorative Dentistry. He was appointed to a senior lectureship in the University of Glasgow Dental School in 1988 and promoted to a Personal Chair in Clinical Dental Practice in 1993. He was appointed to the first Chair in Endodontology in the United Kingdom in 1995, appointed Dean of the Dundee Dental School in 2000 and served three terms until 2011.

He was Chair of the Dental Schools Council (2008-2011) having been President of the British Endodontic Society (1997-8). William served as Dean of the Dental Faculty (2014-17) and was awarded the Faculty Medal in 2018 and an honorary Fellowship of the Royal College of Surgeons of Edinburgh in 2017. As a consultant William devoted the majority of clinical practice to endodontics and was one of the first clinicians to use an operating microscope in this discipline. William was the recipient of the inaugural Scottish Dental Lifetime Achievement Award in 2012.



Susie Sharkey

Susie Sharkey has worked in the dental industry for almost 30 years. She used

her original qualification in hotel management to start her career in a practice in the West of Glasgow where she qualified as a dental nurse and oral health educator as well as managing the practice.

She briefly worked for Isoplan before taking up the post as Practice Manager at Dental Fx in 2006. During that time, she graduated top of her year from the University of Highlands and Islands with a Professional Development Award in Dental Practice Management. For this she won the Louisa Fraser Memorial Award. She also gained an award in Training and Education which has enabled her to write a course for nurses aspiring to learn more regarding dental implants and she is also a regular columnist for *Scottish Dental* magazine.

Currently Susie is working as a Treatment Co-ordinator for Dental Fx and is active on several different dental forums where she is committed to helping out young professionals starting out on their career in dentistry.



Professor Philip Taylor

Professor Philip Taylor is Dean of the Faculty of Dental Surgery, Royal College of Surgeons

Edinburgh. He is Professor Emeritus in Prosthodontics at Queen Mary University of London (QMUL) and until recently was a Restorative Consultant at Barts Health NHS Trust, where he was the Clinical Director for Dentistry, OMFS and Ophthalmology.

His career spans almost 40 years, graduating from Newcastle University in 1981 and working in general dental practice for 12 years. During his working career he has been the President of the British Society of Prosthodontics and the British Association of Teachers in Conservative Dentistry.

Professor Taylor has been Director of the postgraduate course in Prosthodontics at QMUL for 20 years and an elected member of RCSEd's Faculty of Dental Surgery council since 2017. He has recently retired from clinical practice to concentrate on his new role as Dean.



Douglas Thain

Douglas Thain has worked in general practice for 20 years. He graduated from Glasgow

University in 1999 and completed his vocational training in Dunblane. He took an associate position at Central Dental Care in Cumbernauld in 2000 and became a partner in the practice in 2005. With his wife as business partner, he has developed a large modern family dental practice. In 2008 Douglas became a vocational trainer and remained so until 2018. He is also Chair of the interim committee of the Scottish Dental Association, a professional body he helped establish in July 2020, whose purpose is to help unite and support dental professionals in Scotland.



Dr Donald J Thomson

Dr Donald J Thomson has worked in paediatric, dental emergency, oral medicine and

oral surgery posts in dental hospitals

in Bristol, Edinburgh and Glasgow before beginning specialist training in DMFR in Dundee and Glasgow.

Since 2016 he has been a part-time consultant in dental and maxillofacial radiology in NHS Lothian, having previously been a consultant in Tayside. His primary role is CBCT and salivary gland imaging. He also works for NES, with responsibility for the dental core trainees in the East and North of Scotland and private reporting of CBCTs.

He is a Member of Dental Council RCSEd and an examiner for MFDS, and for DDMFR at the Royal College of Radiologists.



Professor Angus Walls

Professor Angus Walls is the Director of Edinburgh Dental Institute, an Honorary

Consultant in Restorative Dentistry to NHS Lothian, and Interim Director Dentistry for NHS Lothian.

Professor Walls' research interests focus on the oral health status and care needs of older people. He served as President of the British Society for Gerodontology, the British Society for Restorative Dentistry the British Society for Oral and Dental Research, the European College of Gerodontology and the International Association for Dental Research. Professor Walls was a member of the RAE panel in 2008 and the REF in 2014 and is a panel member for REF 2021



Alan Whittet

Alan Whittet was appointed Senior Dental Adviser at NHS Scotland in April 2017. He qualified from Edinburgh

Dental School in 1984. He went straight into general dental practice and worked in three different practices over the course of 27 years. The majority of that time was spent in the NHS. He was an associate at a practice in Stirling for two years before moving to another in the west end of Edinburgh. After five years he headed to East Lothian and a practice in Longniddry, where he worked for 20 years. He was a Dental Practice Adviser with NHS Lothian from 1997-2017.



Andrew McGregor BDS, MSc, BSc
MFDS RCS, MOrth RCS
GDC: 80505

SOLUTIONS ARE MADE FOR YOU

Andrew is a specialist in orthodontics and owner of Park Orthodontics in Glasgow's West End.

ANDREW qualified from Glasgow Dental School in 2002 and gained his MOrth qualification in 2010 at Newcastle Dental Hospital. He bought into Park Orthodontics in 2012, then an exclusively NHS practice. Since then it has been transformed into a successful mixed practice offering the full range of orthodontic appliances.

His main area of interest is in digital workflow and custom-made appliances. Using the iTero scanner and software systems: Insignia, Invisalign and Incognito, his clinic offers a bespoke solution to all patients.

These cutting edge technologies have opened up new opportunities in precision tooth and root alignment. In turn, this has made working alongside dental colleagues at the ortho-restorative interface a more efficient process, resulting in superior results and happy patients!

Away from Park Orthodontics Andrew is a firm believer in safe orthodontic provision. He advises and lectures dentists across the UK with their own orthodontic case planning and treatment progression and says you can contact him directly at any time for orthodontic support!

Park Orthodontics, 14 Royal Terrace, Glasgow G3 7NY

Are you involved in dental training and education?

The Faculty of Dental Trainers at Royal College of Surgeons of Edinburgh recognises and promotes the role of dental trainers. Whether you are working in dental schools, teaching hospitals, the salaried services, general practice or in the armed forces, anyone in the dental team can apply at any stage of their career. Being accepted is rewarded with the postnominals of FDTFEd and MDTFEd. The Faculty promotes the highest standards of training through education, mentoring and opportunities to network with other trainers worldwide.

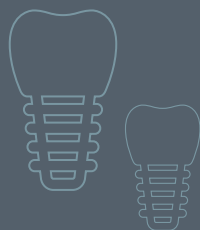
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*The RCSEd Faculty of Dental Trainers -
Leading and Supporting Training for the Whole Dental Team*



Introducing Dr Allan Pirie

BDS DGD(UK) RCS,
MSC, IMP, DEN
GDC 55591



CLIFTON
DENTAL & IMPLANT CLINIC

0141 413 8130

4 Clifton Street,
Glasgow G3 7LA



Over the last 15 years Allan has focused his clinical practice in all aspects of dental implant treatments, from single placements to full arch restoration, denture stabilization and zygomatic implant cases in conjunction with Guy McLellan.

Allan completed his Master's Degree in Implantology at the University of Warwick in 2006 and tutors for both the MSc course at Warwick and restorative dentistry at Glasgow Dental Hospital.

Since taking over Clifton Dental & Implant Clinic in 2001, Allan has expanded the scope of the practice to now accept referrals for dental implants, bone augmentation, endodontics, oral surgery, sedation and CBCT.

Allan was an early adopter to the use of Platelet Rich Fibrin in dental implant cases and is one of only a few dentists in Scotland to carry out SonicWeld augmentation for advanced bone repair techniques.

Allan encourages referring clinicians to expand their own clinical skills by mentoring them to restore dental implants in routine general practice in conjunction with Dentsply Sirona's Refer and Restore program. Allan is keen to encourage referrers to be involved in the restoration of dental implants and runs courses developing skills in this throughout the year.

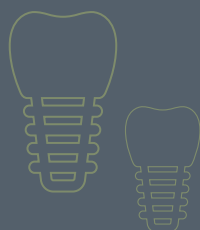
Allan is happy to accept referrals for all aspects of dental implant treatment and to work in tandem with referring clinicians to provide the best outcome for patients.

a part of **PORTMAN dental care**



Introducing Dr Bruce Strickland

BDS DiplImpDent RCS
(Eng) GDC 66125



CARE
DENTAL IMPLANT CLINIC

01764 641184

16-22 Comrie St, Crieff,
Perthshire PH7 4AX



Dr Strickland has been placing dental implants within general practice for the last 28 years. Bruce works full time in implant dentistry alongside his dedicated implant team at Care Dental Implant Clinic in Crieff and their onsite digital dental laboratory, Signature Ceramics. He has been at the forefront of the integration between surgical delivery and digital restorative workflow, this experience enables him to engage with referring practices keen to embrace this technology within their own clinical care.

Over this period Bruce has placed over 9,000 implants and worked closely with referring dentists from all over Scotland. His aim is to partner with other clinicians as an extension of their team and to provide a referral service which enhances the treatment portfolio offered to their patients. To some this partnership means the delivery of a completed case, for others it enables hands on clinical mentoring and involvement in the restoration phase. Our bespoke clinical training is designed to facilitate the development of skills and equip clinicians with the ability to provide implant restorative treatment to their own patients.

We accept referrals for both single and multiple implant placements as well as full mouth reconstruction cases.

a part of **PORTMAN dental care**





kalyani
KALYANI DENTAL LOUNGE

Michael Tang BDS MFGDP(UK)RCS
PGDIP(IMPIDENT) MSC(IMPIDENT)
GDC: 80508

THE PLACE FOR IMPLANT SURGERY

MICHAEL has a special interest in dental implantology. He receives referrals for implant surgery, from straightforward single unit cases to complex full arch treatments. Referring dentists can also refer patients for CBCT scans, bone/soft tissue grafting, and sinus lifting at his boutique clinic, Kalyani Dental Lounge in Glasgow.

Referring dentists can also restore the implants for their own patients since Michael runs Refer and Restore courses regularly. Many referring dentists have already benefitted from this.

Being a Clinical Supervisor for the University of Central Lancashire's MSc Clinical Implantology Course means that Michael carries out clinical teaching and mentoring at the Kalyani Dental Lounge which is one of UCLan's Clinical Training Centres.

Kalyani Dental Lounge

200 Bath Street
Glasgow
G2 4HG

0141 331 0722

To refer a patient please visit: dentalpractice.com/referrals



beam
ORTHODONTICS

Ruaridh McKelvey BDS (Glasgow) 1995,
FDSRCS 1998, M.Orth (Edinburgh)
2002 Principal Orthodontist
GDC number: 70532

PERFECTING SMILES EVERY DAY

RUARIDH is the founder and co-owner of Beam Orthodontics in Dundee. Since opening the award-winning practice in 2007, Rhu has treated over 10,000 children and adults, correcting and transforming smiles across Scotland. Having established a strong core business with the NHS by investing in his clinical team, Rhu is now focused on Beam's aligner orthodontic service, having carried out over 500 Invisalign cases. For the last three years, Rhu has also been a proud member of The Invisible Orthodontist (TIO) clinical group, an exclusive global Orthodontist network comprising the very best Aligner orthodontists around the world.

Background: After graduating in dentistry from Glasgow University in 1995, alongside his wife and Beam's co-owner Jane Adams, Rhu passed his Fellowship in Dental Surgery with the Royal College of Surgeons in 1998. He then spent three years in specialist orthodontic training in Bristol and Exeter, completing the orthodontic exam (M. Orth) at the Royal College of Surgeons of Edinburgh in 2002. Rhu went on to develop his specialist orthodontic skills within several hospitals and practices prior to opening Beam.

Thirteen years and several awards later: Rhu recently unveiled a stunning new clinic where private patients can enjoy their life-changing treatment in comfort and style. By expanding into the space downstairs from the existing clinic, Beam can now accommodate the growing team and continued growth in demand for specialist orthodontic treatment. Rhu said: "As any practice owner will know, when it's your business and brand, you want to do whatever it takes to make things right for each patient and that's the ethos we aspire to every day. That is demonstrated from the outset through the design and detail in our premises. Although both levels in Beam are very different in appearance, both are exceptional, and I like to think that sets the tone for what we do clinically." Committed to keeping abreast of the latest innovations and techniques, Rhu is also a member of the British Orthodontics Society, the American Orthodontic Society, the World Orthodontic Society and the British Dental Association.

For more information: (01382) 202222 / smile@beamortho.com / www.beamortho.com.



erskinedentalcare
DENTAL IMPLANT CENTRE

Dr Philip Byrne, BDS Dip Imp Dent.
Qualified from Glasgow University in 2002.
Diploma in Implant Dentistry from
Newcastle University in 2017.
GDC No. 80751

PHILIP BYRNE

Practice Principal, Erskine Dental Care

PHILIP is Principal and Implantologist at Erskine Dental Implant Centre. He completed VT in 2002 before a Max Fax rotation in Leeds, setting the foundation for practice based exclusively on Implant Dentistry.

Philip has been placing implants since 2007 and obtained his Diploma in Implant Dentistry from Newcastle University in 2017. Skilled in providing a comprehensive range of implant treatments from simple, single unit cases to teeth in a day full arch rehabilitation, Philip receives referrals from GDPs both locally and further afield. Workflow is digitised with on-site CBCT and Trios scanners. Dental implants are not 'a thing of the future' anymore. Patient awareness is at an all-time high. GDPs should have a basic understanding of implant planning and treatment options.

Limited training at undergraduate level means that many practitioners feel they lack the knowledge and confidence to discuss implant treatment with their patients, missing the opportunity to develop their skillset and create an additional revenue stream at a time when there are many questions about the future of NHS dentistry. Philip's role is to bridge this knowledge gap, providing referring GDPs with the training to restore straightforward cases with confidence. We have built good working relationships with referring practices. Put simply, we are friendly, approachable and supportive.

"We have only recently started restoring dental implants and have found Erskine Implant Centre ticks our boxes. Our patients are the sort that save for an implant and Erskine are cost competitive. Principal dentist Philip Byrne is extremely knowledgeable and approachable, he has helped us with the introduction of this element to our practice. Philip is always at the other end of the phone though on several occasions he has been known to show up on the doorstep. Kilbarchan Dental Practice has no hesitation in recommending Erskine Implant Centre."
Dr Sheila McIntyre, Kilbarchan Dental Practice.

You can refer online at www.erskinedentalcare.com or by calling 0141 812 8420



Dr Lisa Currie
BDS (Hons), MFDS RCSEd, MSc,
MOrth RCSEd, FDS(Orth) RCSEd,
FDS(Orth) RCPSCGlasg
GDC: 72073

AN AWARD-WINNER

DR LISA CURRIE is the Clinical Director of The Orthodontic Clinic, a multi-award winning specialist practice in Aberdeen.

Under Lisa's directorship and since her buying over the practice in 2014, together with her business partner, the clinic has gone from strength to strength. The clinic was named Most Improved Practice in the Dentistry Scotland Awards 2016 and was highly commended in the category of Best Employer in the Dentistry Scotland Awards 2017. The clinic also won the Best Dental Team Award at the Scottish Dental Awards 2017. The practice won Best Dental Team and Best Employer at the Dentistry Scotland Awards 2018 and were winners of the Best Dental Team (Scotland) at the Dentistry Awards UK 2018. In the same year, the clinic won a local Aberdeen business award, the Elevator Awards, for Best Employer.

In 2019 the clinic won the prestigious Specialist/ Referral Practice of the Year and Leadership Award, all at the Scottish Dental Awards.

Lisa gained her BDS with honours at Dundee Dental School in 1996. She joined the Orthodontic Postgraduate Programme at Edinburgh Dental Institute and was awarded her MSc in Orthodontics from the University of Edinburgh for her research in sleep apnoea in 2002. She gained her MOrth from the Royal College of Surgeons of Edinburgh in 2003. After working as a FTTA at Birmingham Dental Hospital and University of North Staffordshire Hospital, she gained accreditation as a Consultant Orthodontist, gaining her FDS(Orth) from the Royal College of Surgeons of Edinburgh in 2006.

Lisa became Consultant Orthodontist at Borders General Hospital/ Edinburgh Dental Institute in 2006. Having lectured extensively to general dentists, undergraduate and postgraduate dental students and dental care professionals, she continues to train orthodontic nurses and orthodontic therapists. She was appointed as Honorary Senior Lecturer at Aberdeen Dental Hospital and School in 2015. Lisa was also recently elected as a Fellow of the Faculty of Dental Surgery in Orthodontics, FDS(Orth), from the Royal College of Physicians and Surgeons of Glasgow; a real acknowledgement of her significant contribution to the specialty.

For more information visit www.theorthodonticclinic.co.uk



MERZ AESTHETICS

✉ Pam.Walsh@merz.com
 ☎ 0208 236 0000
 ☎ 07471 351535
 📧 @merzaesthetics.uki

PAM WALSH

Account Manager, Merz Aesthetics

SINCE creating one of the world's first anti-wrinkle creams in 1953, Merz has been a driver of innovation in the fast-evolving field of aesthetic medicine. As a division of the Merz Pharma Group, Merz Aesthetics is one of the world's leading aesthetics companies. With Merz Aesthetics, you can rely on a dependable industry partner.

Building on more than a century of healthcare expertise, we have a clear Mission: We strive to improve patients' health, helping them look better, feel better and live better. Our Vision is to become the most Admired, Trusted and Innovative Aesthetics and Neurotoxins Company in the world. As a business we place significant emphasis on building long term partnerships with healthcare professionals based on trust.

Your patients deserve the best possible results from every aesthetic treatment. Therefore, Merz Aesthetics offers you a palette of products that allow you to focus on your art.

Our broad range enables you to offer treatments to achieve the look your patients desire. Merz Aesthetics is a trusted supplier of injectables and distribute through our reliable wholesale partners; TLC Pharmacy, Wigmore Medical and Church Pharmacy who stock Merz Aesthetics UK and Ireland approved products.

Delivering our extensive support programme, we have a network of Aesthetics Account Managers across the country. Pam Walsh is our Merz Aesthetics Account Manager in Scotland. 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 Aesthetics has invested heavily in webinar training events concerning basic dermal fillers, through to advanced injecting and business support. Merz Aesthetics host multiple clinical and product training webinars. Visit www.merzwebinars.com for more information or contact Pam to see how she can support your aesthetics business.



ORASOPTIC™

✉ scott.riley@orasoptic.com
 ☎ 07824370126
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SCOTT RILEY

Sales Rep, Scotland & Ireland, Orasoptic

Looking forward to meeting you

With more than 10 years' experience in orthodontics, Orasoptic's Scott Riley is a great advocate for the benefits of magnification. He manages both Ireland and Scotland as a sales representative for Orasoptic.

Scott was first introduced to loupes and the benefits of magnification by a Key Opinion Leader in this field.

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

Scott had the opportunity to join with Orasoptic, who are the market leaders in the dental industry for magnification and illumination.

He jumped at the chance as working with the highest quality products is extremely important to him. Scott looks forward to meeting with all his future dentists and hygienists soon to discuss our superior loupes options.



✉ roy.hogg@azets.co.uk
 ☎ 01786 460 030
 💻 azets.co.uk

ROY HOGG

Partner at Azets, Scottish Chairman of NASDAL

ROY Hogg leads the dental team at Azets. He acts for more than 300 General Dental Practitioners and practices across Scotland providing a partner-led, expert service that is proactive and tailored to dentists.

He has been working with dentists for over 25 years, consistently delivering sound commercial knowledge and has a proven track record of adding value to, improving and growing dental practices through quality professional advice.

Roy provides accounting and tax services and business advice to clients and has considerable experience of transaction support and corporate finance advisory work. When buying or selling a practice Roy ensures clients have clear guidance from the start.

He navigates clients through the dental regulations surrounding the industry to ensure clients are fully compliant and aware of matters that may affect them and their business.

As platinum partners for all leading cloud software solution providers in the UK, Roy uses the latest technology to deliver services bespoke to dentists, both digitally and at their door.

At the annual draft accounts meeting, Roy acts in a business advisory role explaining what the numbers mean to clients allowing the meeting to become a two way process for him and the client to work on ways to grow the business and achieve strategic goals.

Roy is the Scottish Chairman of NASDAL (National Association of Specialist Dental Accountants and Lawyers). Through this accreditation, dentists looking for a dental specialist accountant can be assured that Roy is familiar with the issues affecting their sector and can help clients benchmark their business performance.

Roy presents at seminars on a range of accounting and taxation matters and is a regular contributor to healthcare publications.

Roy was shortlisted for Best Professional Advisor at the Scottish Dental Awards in 2018 and 2019.



Jacqui Elsdon,
BADN President



BADN
 ✉ enquiries@badn.org.uk
 ☎ 01253 338360
 💻 www.badn.org.uk

JACQUI ELSDEN

President, British Association of Dental Nurses (BADN)

THE British Association of Dental Nurses (BADN) is the UK's professional association for dental nurses. Founded in 1940 in Leyland, Lancashire, by dentist Philip Grundy and his dental nurse Bunty Winter, and modelled on a similar association in the US, it has provided information, advice and support to dental nurses (or dental surgery assistants, as they used to be called) for 80 years.

BADN is run by an Executive Committee consisting of a Chairman, President, Treasurer, Education Representative and Immediate Past President or President-elect. In accordance with legislation, all members of the Executive Committee are volunteer dental nurse BADN members, nominated and elected by the members – in an independently scrutinised ballot, should there be more than one nomination for any of the posts. BADN's accounts are independently audited annually, submitted to the Certification Office as part of the Annual Return, and published on the BADN website.

Full Membership of BADN is currently just £30 a year (£24 for part time) or less than £1 a week. Members have access to the quarterly digital British Dental Nurses' Journal which also contains free verifiable CPD; free initial legal advice from the Legal Helpline; the Health & Wellbeing Hub, including a support/counselling helpline; the one-to-one peer review network; the members' area of the BADN website www.badn.org.uk; special member rates on indemnity cover; discounted registration fees for the National Dental Nursing Conference and other BADN events; and BADN Rewards, which offers a wide range of special offers and discounts on insurance, travel, shopping, energy supplies, lifestyle products, and more. It is estimated that members can save up to £500 year through BADN Rewards.

BADN represents dental nurses in discussions with the GDC, BDA, HMRC, other professional associations and relevant bodies. To make your voice heard, join your professional association, BADN, now! www.badn.org.uk



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

PAUL PERKINS

Business Development Manager for Digital, DMG

PAUL'S dental career started way back in 1969 when he joined the Royal Air Force to train as a dental technician. He served 22 years 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.



✉ rachelm@dmg-dental.co.uk
☎ 07854 725544
🌐 www.dmg-dental.co.uk

RACHEL MORELAND

Sales and Marketing Manager, DMG

RACHEL has been a part of the dental industry for longer than she would care to remember. She joined DMG UK eight years ago and helped launch Icon into the UK market. Rachel 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.



**pfm
dental**

✉ martyn.bradshaw@pfmdental.co.uk
☎ 01904 670820
🌐 www.pfmdental.co.uk

MARTYN BRADSHAW

Director of PFM Dental

Selling your practice? Look no further.

Martyn leads the practice sales and valuations department and is a Director of the PFM Dental group.

Bringing more than 15 years' personal experience as a practice valuer and sales agent, he's passionate about achieving the maximum value and best terms for dentists selling their practice.

Martyn is well respected within the dental industry as a leading advocate of profit-based valuation methods and a champion of highly ethical standards. He is also a leading authority on practice valuations and a regular CPD speaker at the Scottish Dental Show, the Dentistry Show, and the BDIA Showcase.

With the foundations of PFM Dental, established in 1990 providing specialist advice solely to the dental sector, and the experience each valuer brings, PFM Dental believe that there is no better hands to be in when valuing or selling your dental practice.



Louise Grant BA (Hons) FCCA

Partner

☎ 01382 312 100

✉ louise.grant@eqaccountants.co.uk



Anna Coff BA (Hons) FCCA

Assistant Manager

☎ 01307 474274 (Forfar)

✉ anna.coff@eqaccountants.co.uk

Supporting clients to boost cashflow

Our experienced and dedicated EQ Healthcare team, led by Louise Grant, offers specific accountancy, taxation and business advisory services to each of the healthcare professions, particularly within the dental sector. Louise, along with fellow colleague Anna Coff, act for numerous dental practices of all shapes and sizes, from the North of Scotland down to the Borders.

We enjoy working with clients who view us as part of the team, supporting them to grow, develop and realise their personal ambitions. We assist many dental professionals with their dream of owning their own practice; on their own or with other business partners. We not only advise on accounting and taxation issues, but also on the operational issues and assist accordingly.

We offer a comprehensive service including bookkeeping and payroll, high level tax planning, succession and business acquisition and disposal. We are mindful of the fact that you have many other tasks in your day to day business life and our objective is to free up your time, allowing you to enjoy running a successful business.

In addition, our healthcare team have been advising our dental clients during the ongoing COVID-19 pandemic, helping them secure funding to boost cash flow and will continue to support them as their practices reopen to patients.

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



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☎ 0141 471 9515
 🌐 www.iwtdental.co.uk

BRUCE DEANE

Director, IWT Dental + Services

BRUCE Deane is joint Director of IWT Dental + Services and has worked in the dental industry for the past two decades overseeing the sales, implementation and on-going customer support process for hundreds of dental practices, giving him a detailed understanding of dental practices and the dental sector in general.

Bruce and his team at IWT are fully committed to every task they undertake and thanks to the IWT 'Partnership' method of working are perfectly placed to advise and support you with a range of solutions including: IT management, dental chair supply and service, digital X-rays systems, phone systems and AV solutions.

Working with both NHS and private practices, Bruce and the team at IWT bring enthusiasm, dedication and experience to every single project. Bruce works closely with his fellow Director Ian to steer IWT forward and continue to build on the excellent working relationships with industry-leading suppliers and manufacturers, so they can bring you the best possible products while ensuring the service and support you receive is exceptional at every stage.



☎ 0141 471 9515
 🌐 www.iwtdental.co.uk

IAN WILSON

Director, IWT Dental + Services

IAN Wilson, Director of IWT Dental + Services has been supporting dental practices throughout Scotland for more than 15 years, providing expert IT knowledge and advice. Ian works closely with practices to understand and discover their current and future needs to align with the long-term ambitions and goals of the practice.

As Director of IWT, Ian has worked on a variety of projects – specialising in technology services, including complete networks, digital imaging, installation of practice management software and much more. Before starting IWT, Ian gained years of valuable experience working with some of the leading software and hardware companies in the industry, making his knowledge second-to-none in the field of digital and dental IT solutions.

IWT have gained the reputation of being the leading provider of specialist dental IT solutions in Scotland with a service that goes the extra mile. With a dedicated team including fellow Director Bruce Deane, Ian and IWT offer a comprehensive support service which goes far beyond the installation.



schülke

✉ tom.jacobs@schuelke.com
 ☎ 07943 337024
 🌐 www.schuelke.com

TOM JACOBS

schülke Territory Manager for Scotland

SCHÜLKE offers a wide range of infection prevention products for use in dentistry, from hand hygiene to surface and instrument decontamination.

All mikroqid products for surface decontamination are virucidal against enveloped viruses, including coronaviruses in one minute. mikroqid liquid is ideal to clean and disinfect hard surfaces, mikroqid alcohol-free is useful for cleaning and disinfecting surfaces sensitive to alcohol like leather, PVC and acrylic glass. mikroqid universal is a low-alcohol disinfectant which can be used where a material friendly disinfectant is required on sensitive high value equipment like touch screens and tablets.

Our hand hygiene range includes desderman alcohol-based hand rub for hygienic disinfection in 30 seconds and surgical hand disinfection in 90 seconds.

schülke also offers free CPD accredited online training courses, designed for dental professionals, a series of dental protocols and technical support from our fully trained Infection Prevention team.



SDI | YOUR SMILE. OUR VISION.

✉ Lesley.McKenzie@sdi.com.au
 ☎ 07887 930 923
 🌐 www.sdi.com.au

LESLEY MCKENZIE

Sales Manager, Scotland & Ireland, SDI

Your smile. Our vision.

These words define SDI. They reflect SDI's focus on dentists' ultimate goal of achieving perfect smiles for their patients. Helping dentists and the dental team to produce beautiful, healthy, long lasting smiles, to work efficiently, and to provide quality and innovation to their patients is the key goal for SDI. Your Smile – Everything SDI does is for the ultimate goal of the dentist: to create the perfect smile for their patients. Perfection means excellence. Beautifully natural, long lasting materials that are simple for dentists to use. Our Vision – SDI continually innovates to provide dental materials that assist dentists and their team to create the perfect smile. Research and development (R&D) is paramount. SDI must lead the market and foresee the needs of dentists through our own research and product innovation. Founded in 1972 and headquartered in Melbourne, Australia, SDI is primarily involved in the research and development, manufacturing and marketing of specialist dental materials. SDI's investment into research and development has ensured superior quality is achieved for the Pola tooth whitening, Riva glass ionomers, composites and amalgam ranges. SDI has offices and warehouses in USA, Germany, and Brazil. SDI's products are manufactured in Australia and distributed to more than 100 countries worldwide.



✉ valuations@dentalelite.co.uk
 ☎ 07718 490506
 🌐 www.dentalelite.co.uk

TED JOHNSTON

Practice Valuer for Scotland & Ireland, Dental Elite

SINCE starting with Dental Elite in 2018 with the focus of growing the Scottish market, Ted Johnston has seen changing attitudes to Scottish Dental Practice Valuations, as buyers and sellers move away from the percentage of turnover metric and instead embrace EBITDA models, allowing for greater goodwill values than previously achieved.

Ted says: "While business valuations have been calculated on EBITDA models for many years, this was slow to be adopted in the Dental Practice market and Scotland has largely continued to look at valuations on the basis of percentage of turnover. In many cases this has meant that profitable Scottish practices have not secured their full value in the past. One part of the job I love is the chance to work with Principals to understand their valuations and how small changes will increase EBITDA and practice value."

Raghu Lal comments: "As the owner of a dental practice I continue to monitor my progress and growth, especially in these difficult and trying times. I have been speaking with Ted in his current role now for over two years and have received market advice and information to navigate my way through this. He explained not only the Practice value, but factors that affect the valuation going forward and how we can make ongoing changes to enhance this for that long-awaited day I do decide to hang up my drill."

Despite the strangeness of 2020 and the large periods of practice closure, Ted has had a bumper year - agreeing £8,321,000 in practice sales from January 2020 and completing a large number of valuations for dental practice owners keen to see how their value can grow.

If you would be interested in a free of charge, no obligation valuation to assist with growing your value and your exit strategy, please do contact us on 01788 545900.

Straumann Group

United for global excellence in dentistry.

Accross the Straumann Group we are committed to supporting you every step of the way. We endeavour to be the first partners that you choose to do business with, to trust to find genuine solutions, to turn ideas into reality, to learn, to support your business and in turn, improve your patient's lives. This is what being the partner of choice means for us.

straumanngroup

Contact our team in Scotland today



Straumann
 Donna Hall
donna.hall@straumann.com
 +44 7515 579610



Straumann
 Zoe Ellis
zoe.ellis@straumann.com
 +44 7712 527184



Laboratories
 Tony Cannavan
tony.cannavan@straumann.com
 +44 7702 545035



IOS & ClearCorrect
 Nicole Egan
nicolle.egan@straumann.com
 +44 7712 527182



Anthogyr | Neodent
 Stacey Scott
stacey.scott-cooper@straumann.com
 +44 7540 772654



✉ kirsty.dace@clydemunrodental.com
 ☎ 07736699967
 🌐 www.clydemunrodental.com

KIRSTY DACE

Chief Development Officer, Clyde Munro

"I'M FORTUNATE to be in a role where I can support principal dentists from first contact, through to a satisfactory sale and onwards to a happier future".

To each and every practice joining the Clyde Munro Dental Group, Kirsty is the first key contact, the person overseeing and negotiating the acquisition and the transition to Clyde Munro ownership.

She's been busy – since being founded in 2015 the Glasgow-based group has experienced huge growth. It is anticipating reaching 50 practices around the turn of the year.

Clyde Munro's recipe is simple but effective – it is Scotland-focused, growing a network of family dentists, and allowing individual practices to retain their character while benefiting from support.

In her time with Clyde Munro, Kirsty has overseen the acquisition of practices that are fully private as well as NHS-focused. The geographic spread is huge, as far north as Orkney.

Many younger principal dentists have opted to stay on, getting back to chairside looking after patients while freeing themselves of the growing burden of running a practice.

Likewise, those seeking an exit have been reassured by working hand in hand with Kirsty to secure a satisfactory future for teams and patients.

With such a diverse group of practices, Kirsty, who lives in Troon with her husband and two Chocolate Labradors, believes there is a common thread throughout the network.

She said: "I don't have a set 'deal' in my head. We'll listen to all that approach us. The key is that we can find a deal which works for the Principal which protects the future of their team and patient care in the local community"

With the looming prospect of increasing taxation at the next Budget, Kirsty wishes to reassure those keen to exit. She added: "With the right support and guidance we can get to a hugely rewarding decision surprisingly quickly. We know we can secure a bright future for any practice in Scotland."



✉ mroyden@thorntons-law.co.uk
 ☎ 01382 346222

MICHAEL ROYDEN

Partner, Thorntons Law

THE Thorntons Law Dental Team has acted for Scottish dentists for many years and is well known for providing genuinely specialised advice to practices from sole practitioners to larger partnerships and multi-location corporate practices.

Partner Michael Royden heads up the team and is a member of the Association of Specialist Providers to Dentists and the National Association of Specialist Dental Accountants and Lawyers. Like other members of the team, Michael spends 75-80% of his working week advising dentists on a range of topics, including practice sales and acquisitions, partnership agreements, associate agreements and regulatory advice.

"Our aim is to provide a first-class service to our dental clients, with the added value of being able to apply our specialist knowledge of dentistry in Scotland, which we hope sets us apart from other legal advisers.

"With our very broad experience of advising dentists, we have encountered most potential issues in the past, allowing us to provide prompt responses to our clients' requirements, without needing to carry out additional research.

"This year has brought additional challenges to the profession in terms of new NHS payment structures and so on, and our experience has allowed us to provide specific advice on the most recent issues facing Scottish dentists during this difficult time."

Michael is regularly asked to present on dental-specific topics, as well as writing articles on a range of topics.

"I thoroughly enjoy advising the dental profession in Scotland and look forward to continuing to grow the profile of the team through the provision of legal advice specifically tailored to the profession."

Michael is ranked as a Leading Healthcare Lawyer in Chambers and Partners 2021 and was recognised for his expertise in this sector when he won the Professional Adviser Award at the Scottish Dental Awards 2019.



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The business of dentistry

✉ louise.bone@practiceplan.co.uk
☎ 07920 023143
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LOUISE BONE

Regional Support Manager, Practice Plan

Protect your business through hardship with Practice Plan

Louise Bone, Scottish-born Regional Support Manager for Practice Plan, has been supporting practices in growing their dental plan membership for over six years, alongside 17 plus years' experience in dentistry, including in practice.

Practice Plan has supported over 1,500 dental practices to transform the profitability of their business through an extensive and industry-leading range of personalised support.

If you're considering making the move from NHS to private provision due to the current climate and restrictions placed on NHS dentistry in Scotland, Louise has the experience and understanding to support the transition and help your practice flourish.

A thriving plan membership has demonstrated its ability to support dental practices with regular cash flow through the challenges that COVID-19 has raised. Louise will be on hand to support you in setting up a plan membership that is beneficial for both your practice and your patients.

If you're looking to leave the NHS or you are unhappy with the support you receive with your current provider, with Louise your business is in safe hands.



medenta
putting finance into practice

✉ ruth.findlay@medenta.com
☎ 07920 570442
🌐 www.medenta.com

RUTH FINDLAY

Business Development Manager, Medenta

Thrive with Medenta patient finance

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.

*Correct as of November 2020.

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