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Lockdown: an opportunity taken?

On 11 March last year, *Scottish Dental* magazine sat down with Tom Ferris, the Chief Dental Officer, to hear from him an outline of the work being carried out to create a 'new model of care' for NHS adult dentistry in Scotland; a model intended to fundamentally shift the focus from treatment of disease to prevention. A little over a week later, the UK went into lockdown, as COVID-19 took hold. In those early days, many in the profession wondered whether they would still have a job or a business coming out of lockdown – let alone what kind of NHS care they might be contracted to provide in years to come.

While NHS dentistry has since been remobilised, the capacity for treating patients remains severely limited. The profession, like society in general, has become more reconciled to being in this for the long haul. Alongside this acceptance, it is wondering exactly what kind of care it can provide long-term, and how – as a group of healthcare providers – it will make ends meet.

Last month (28 January), the Scottish Government published its Budget for 2021-22. It included a commitment to "provide £431 million for general dental services [in 2021-22], helping to support their recovery, accelerate the reform programme for NHS dental services and take forward a new model of preventive oral health care for NHS patients". The General Dental Service budget has been increased by 0.6 per cent, or £2.4 million. A spokesperson for the British Dental Association (BDA) said: "This will go some way towards supporting the service in this tumultuous time; we are concerned that it does not go far enough." The Scottish Dental Practice Committee (SDPC) has a working group collating views on a funding model to replace the Statement of Dental Remuneration; a "workable solution to be presented to Scottish Government".

The BDA and SDPC have been told that they will be invited to take part in discussions with the Scottish Government to consider a new funding model. Where this leaves the fledgling Scottish Dental Association (SDA) remains to be seen. It is conducting a survey via the Scottish Dental Network, a Facebook-based group.

Work on the new model of care comprises three streams: looking at the framework for an 'oral health risk assessment and care pathway', creating a 'treatment toolbox', and funding. Early adopter practices were envisaged to 'go live' from this autumn. It has been said that lockdown has presented people with an opportunity to make changes that everyday life had somehow prevented; the coming months will reveal how those good intentions have fared.

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Prepare to recover slowly

The drive in the profession to throw out the NHS payment system – can I suggest we put the brakes on that?

As I sat, pondering the announcement of a second national lockdown in Scotland, I felt void of emotion. At least this time round we won't have multiple changes of rules or guidance in a short period. We won't have to create new operating procedures or re-train our staff, build screens or source bucket-loads of PPE. This is something we have done before, something we were probably expecting post-Christmas anyway, new variant or not. Even in the first few months of COVID, there was an inevitability that the following winter would bring stress to the NHS systems, regardless of the uncertain outcome of SARS-CoV-2.

Dentistry should remain unaffected, as we have reached a static level of guidance regardless of the effects on the world around us. This point, it could be argued, should have been reached a few days or weeks into the first lockdown. However, I am not myopic; I recognise the enormous struggles the profession faced with the uncertainty of transmission and the lack of evidence which resulted in the cautious approach taken. We are in a different place now. Our systems protect us from patients with COVID. We just need to maintain high levels of control to avoid inter-staff transmission.

We have adapted to the vastly different professional and community landscape we find ourselves in. Humans adapt, dentists adapt. Even if someone rips up the rule book, we will write a new one. However, let's ask ourselves a question; what are we doing differently? Our processes have altered a little; PPE is the biggest shift. Our control of people entering our buildings is quite high at the moment when there was virtually none before. We have probably changed the material we use to clean slightly. But what else has changed? We still drill and fill, access pulp chambers and make dentures. I grant you, in nothing like the normal numbers, but the processes are the same. We have not had to change the way we perform dentistry; just get used to doing it with a couple more layers of plastic in the way.

That said, there seems to be a drive in the profession to throw out the NHS payment system. Can I suggest we put the brakes on that? We have been supported (to varying degrees, according to NHS commitment); as has the country by the Job Retention Scheme and Self-Employment Income Support Scheme. We can all see how expensive that process has been, and we can imagine how long it's going to take to pay for it. I cannot see the benefit in trying to renegotiate a contract at a time when the Government, (UK or devolved or independent Scottish), has no money and will be trying to cut left, right and centre. Now isn't the time to ask for more money or create an arrangement in which we receive less.

I also think we're going to be a bit busy (understatement of the millennium). I think there's going to be a huge backlog of work which will be more complex and time consuming than normal. I don't think that we are like a hairdresser; after one cut, we are back to normal. Well, I know that's not true; the first cut might not be perfect but after a couple we'll all be back in the usual pattern and the hair just keeps growing. It will be interesting to see how much dentistry varies from that. There will inevitably be those who have been fine and will remain so. Equally, there will be those who stayed at home and have eaten and drunk their fill, with the associated dental fallout. It will probably inform the debate over recall periods very well, though.

I think the big battle will be how quickly we can get things under control. The longer our restricted practice carries on, the greater the volume and complexity of need will be. In turn, the longer the waiting times will be as we programme this work into our schedules. Some practices may choose to work from a zero point with examinations and others may have lists of postponed treatment plans.

Whichever method, the order books will get longer and longer. This creates clinical and financial problems. Clinically, if people have to wait longer for treatment, that treatment changes and becomes more complex; fillings become RCTs, RCTs become extractions requiring dentures, bridges or implants. People also return for emergencies in between appointments because temporary dressings fail; we are probably all seeing that just now. From the business perspective, cash flow gets stretched, especially if we wait for the end of plans to submit claims and get paid. This can put enormous pressure on businesses at a time when many are teetering on the brink.

I'm trying to look forward, yet I only see greater travails, not great times. In the meantime, I pray for us to be used in the vaccination programme that will (hopefully) set us free. I hope that it is well organised and voluminous in both its administration and uptake. I hope that dentists get to help out and avoid further burden on our stretched healthcare system. However, whilst this last year has been tough for most; I see 2021 as a far tougher prospect for dentistry. I fear it will be several years before our patients get back to the levels of clinical consistency that we were at just a year ago. Dentistry, and healthcare in general, is in for a bumpy few years.

So, the thoughts for the year: use our services to accelerate the vaccination process; prepare our recovery and think hard about the level of work we are prepared to endure and for how long; get fit enough to cope with longer hours and harder work than we have done before. Be prepared to recover slowly; 'Long-COVID' is likely to affect dentistry too.

> "THE BIG BATTLE WILL BE HOW QUICKLY WE CAN GET THINGS UNDER CONTROL"

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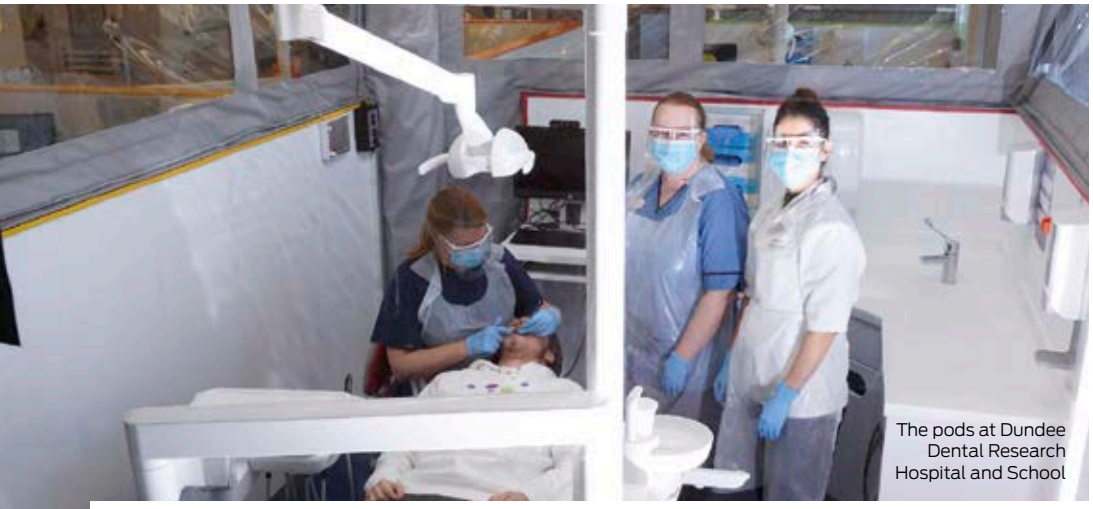

The pods at Dundee Dental Research Hospital and School

Dental hospital installs pods for AGPs

Using standalone negative pressure isolation can drastically reduce fallow time between patients

SPECIAL pods are being installed at Dundee Dental Research Hospital and School, allowing aerosol generating procedures (AGPs) to be undertaken safely in otherwise open clinics.

Twenty SafeClinic pods, made by Starn Group, the Dundee-based energy services company specialising in hazardous working environments, are in the process of being set up after £248,000 in funding from NHS Tayside was secured by the hospital and school management.

A spokesperson told *Scottish Dental* magazine: "Dundee Dental Research Hospital and School is in the process of having 20 SafeClinic pods installed to allow AGPs to be undertaken in a safe environment on open clinics. Each pod has a metal frame with flame-retardant PVC walls and ceiling and an airlock door, converting the dental unit into a Class N negative pressure isolation room.

"Each unit takes around eight hours to install and is compliant with NHS guidelines, WHO guidelines and hospital design and installation standards with a key aspect being that the air changes per hour can be varied from a minimum of 12 per hour, which drastically cuts the fallow time between patients.

"Dr Brian Stevenson, Acting Clinical Director, and Joanne Cowburgh, Clinical Care Group Manager, secured funding for this project from NHS Tayside in recent months to allow AGPs to continue during the COVID pandemic."

Starn Group makes a range of equipment to deliver safe working environments in traditionally hazardous areas. Working in collaboration with the NHS, the firm has moved into the health sector and is installing its new range of products in hospitals in Dundee and across the UK. The units are made in Dundee using locally sourced materials, including flame-retardant PVC made by Angus firm Montrose Rope and Sail.

James Downie, a project manager at Starn, told the *Dundee Courier*: "The Safehouse habitats we provide to the energy sector are used for welding activities offshore and we have inline gas monitoring systems, so the air that's fed into the habitat is monitored continuously. We create an overpressure in the habitat where hot work or welding is taking place, and this pushes any hydrocarbons away from the ignition source, which protects the person working within them.

"It also keeps the air free from toxic and flammable gases, so if any hydrocarbons are detected in the clean air, the sensor closes the damper and maintains the integrity of the habitat. We harnessed this technology and adapted it to provide safe environments for healthcare staff and patients."

Work on novel ways of allowing dental practice to continue during the pandemic is increasing. Last month, researchers at New York's Cornell University published proposals for a helmet "to contain pathogen-bearing droplets in dental and otolaryngologic outpatient interventions"[1].

[1]https://aip.scitation.org/doi/10.1063/5.0036749

Guidance updated, but 'unchanged'

THE Scottish Dental Clinical Effectiveness Programme (SDCEP) has issued an update to its Rapid Review of the Mitigation of Aerosol Generating Procedures in Dentistry within a new appendix and as a standalone document[1].

SDCEP published its review in September last year and it was noted that it was a 'living document' and that the working group would continue to assess emerging evidence to maintain its currency in the following months. The working group met again on 13 January this year. New members present included the Chair of the SAGE Environment and Modelling Group, who is an expert in healthcare ventilation, and additional representatives from the National Physical Laboratory.

The four-nation working group considered the implications of the substantial increase in prevalence of COVID-19 infections in recent months, the emergence of more transmissible variants of SARS-CoV-2, no reports of transmission associated with dental care and the greater availability of testing and the vaccination programme that has recently commenced.

However, the working group agreed that at present, despite these developments, the agreed positions and other conclusions within the Rapid Review remain unchanged. The latest standard operating procedures[2] are therefore unchanged and the dental IPC guidance remains the benchmark for safe practice and quality care.

The working group was keen to re-emphasise the importance of staff and patients continuing to adhere to the precautions which are specified in current national guidance.

[1]www.sdcep.org.uk/wp-content/uploads/2021/01/SDCEP-Mitigation-of-AGPs-in-Dentistry-Update-25-Jan-2021.pdf
[2]www.bda.org/advice/Coronavirus/Pages/faqs.aspx#latest

Streamline vaccinator recruitment, boards told

Government steps in after dentists tell of bureaucracy in the way of their involvement in programme

Cabinet Secretary Jeane Freeman

HEALTH boards have been instructed to take steps to 'diversify' the COVID-19 vaccination workforce, including reducing the amount of bureaucracy facing dentists applying to join.

It follows concerns raised by David McColl, Chair of the Scottish Dental Practice Committee, in a letter to Jeane Freeman, the Cabinet Secretary for Health and Sport. He set out his personal experience of the training "including the unnecessary elements and obstacles I faced". He said: "As experienced medical practitioners, dentists are fully capable of delivering vaccines and while I acknowledge that some training is required, especially as the vaccines are new, the current training programme is overly complicated and bureaucratic."

McColl added: "While there may be some factors limiting the vaccination of people in Scotland, such as vaccine supplies, the roll out of the vaccination programme should not be undermined by the number of vaccinators available to deliver the jabs. The UK's Health Secretary has committed to reduce the bureaucracy faced by vaccinators and we urge the Scottish Government to do likewise."

Freeman responded by saying that she was sorry to read of his concerns. She added: "We recognise the important role that dentists across Scotland can play in delivering vaccinations and we are committed to utilising your members as the programme progresses."

The Cabinet Secretary said that officials had now written to health boards requesting that steps be taken to ensure the process for contractors to participate "is as simple as possible".

Health boards have been told to register, within their staff bank, all independent contractors – dentists and optometrists – within their areas who want to take part.

In a letter, officials at the Scottish Government's Health Workforce Directorate laid out a series of steps to streamline the process. They were described by an observer as "clear, direct instructions for boards, and not [just] guidance".

Scanners value limited

Making people stand in front of a scanner to have their body temperature read can result in a large number of false negatives, allowing people with COVID-19 to pass through airports and hospitals undetected. Leading experts in physiology have suggested instead that taking temperature readings of a person's fingertip and eye would give a significantly better and more reliable reading and help identify those with fever.

The study[1], co-led by a human physiologist and an expert in temperature regulation, Professor Mike Tipton, is published in *Experimental Physiology*. Professor Tipton, of the University of Portsmouth, said: "If scanners are not giving an accurate reading, we run the risk of falsely excluding people from places they may want, or need, to go, and we also risk allowing people with the virus to spread the undetected infection they have."

The study found four key factors: Temperature alone isn't a good indicator of disease - not all who have the virus have a fever and many who do, develop one only after admission to hospital; Measuring skin temperature doesn't give an accurate estimation of deep body temperature (raised in a fever). A direct measure of deep body temperature is impractical; A high temperature, even one taken from deep body, does not necessarily mean a person has COVID-19; and taking two temperature measurements - one of the finger, the other of the eye - is likely to be a better and more reliable indicator of a fever-induced increase in deep body temperature.

Professor Tipton said: "We think we can improve the identification of the presence of fever using the same kit but looking at the difference between eye and finger temperature – it's not perfect, but it is potentially better and more reliable."

[1]physoc.onlinelibrary.wiley.com/doi/abs/10.1113/EP089260

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A clear vision of health for 2030

Latest FDI report outlines key strategies to improve oral healthcare worldwide over the next decade

ORAL conditions such as tooth decay, gum disease, tooth loss and oral cancer are the most widespread noncommunicable diseases worldwide – impacting 3.5 billion people – and have severe and significant health, societal and economic impacts.

The FDI World Dental Federation is campaigning for oral health professionals to be actively included in all efforts to improve health for all, so that population-level prevention efforts are effective and those in need receive quality care.

Coinciding with the 148th session of the World Health Organization Executive Board in January, where an oral health resolution was on the agenda for adoption by governments, FDI released its Vision 2030: Delivering Optimal Oral Health for All[1], "a timely report that offers a comprehensive, inter-disciplinary roadmap on how to impact health policies and tackle challenges to

improve oral health and reduce inequalities over the next decade," said the FDI.

The report recommends strategies to address the oral disease burden that communities can adapt to their own needs and circumstances, enabling them to implement relevant solutions. It also considers how broad societal shifts, such as ageing populations, will require the oral health workforce to adapt and remain equipped to deliver consistent care.

"Vision 2030 outlines the ways in which we can integrate our profession within global development agendas, including the UN Sustainable Development goals and the implementation of universal health coverage, that determine important health priorities," said Professor David Williams, FDI Vision 2030 Working Group co-chair.

Professor Michael Glick, FDI Vision 2030 Working Group co-chair, added: "How can we anticipate transformational changes and trends in the global healthcare environment? How do we seize opportunities to become productive members of healthcare teams delivering person-centered care? These are some of the questions we strive to answer."

Achieving optimal oral health for all requires strong advocates, said the FDI. Through the steps laid out in Vision 2030, the oral health profession will be well-equipped to argue for the better integration of oral health within overall health, it added.

The authors of the Vision 2030 report, an expert team of professionals from diverse sectors within the healthcare community, emphasised the need to engage with the public, as well as other stakeholders.

[1]www.fdiworlddental.org/resources/toolkits/vision-2030-delivering-optimal-oral-health-for-all

New wellbeing resource available to dental teams

LAUNCHED in January, the Wellbeing Support for the Dental Team guide has been created for all team members, including students and non-clinical roles. It outlines how to assess your own mental health and wellbeing and provides resources for self-care, including support organisations.

in February 2020, stakeholders from dentistry and beyond came together to discuss the wellbeing of dentists and their teams. Since then a group of colleagues have been collaborating to bring together wellbeing resources in a single document.

A spokesperson said: "The truth is, as dental professionals, we recognise the importance of mental health and wellbeing for our patients. We may not always recognise or prioritise our own needs. Stress is common and a key driver of burnout and mental ill health.

"These problems can affect individuals at any stage of their career. For a variety of reasons, there has been a reluctance among the profession to speak about and seek support for personal problems. Wellbeing Support for the Dental Team, offers simple and practical steps to know where you can find the support you need."

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Calls for guidance on ventilation

Government admits action needed as NSS reassures on PPE

THE new year brought a flurry of updates on key issues facing practices dealing with the pandemic, including PPE supply, funding for ventilation upgrades and guidance for private practices.

Regarding PPE, NHS National Services Scotland (NSS) has confirmed that the current arrangements for supplying dental practices with a limited amount of free PPE will be extended to the end of June. This should provide some reassurance about the continued supply of PPE to practices. It comes after our extensive work with NSS on PPE supplies for dentists, including reported problems with local communication and provision.

Regarding ventilation, the Scottish Government has admitted that ventilation is a fundamental part of the "COVID armoury" – despite recent suggestions that the new Health Minister is unwilling to set aside dedicated funding.

Funding of £450,000 made available by the Welsh Government help cut fallow time considerably and allowed more patients to be seen. Dentist leaders have called for similar leadership in Scotland. When asked about this issue, First Minister Nicola Sturgeon said: "I'm unsure if the funding arrangements around dentists are exactly the same in Scotland and Wales but we will look into it."

David McColl, chair of our Scottish Dental Practice Committee, has made its position clear: "Dental practices still face tight restrictions that have radically reduced the number of patients we can treat. At the very least, dentists need clear guidance from the Scottish Government about what they should be doing about ventilation."

First Minister pledged to look into funding for dentists

The status of, and restrictions on, wholly private practices were also confirmed. The National Clinical Director and Chief Dental Officer issued a joint letter to confirm that dentistry is essential healthcare and that wholly independent or private practices can deliver a comparable service to that available through the NHS.

This letter also clarified that cosmetic or aesthetic procedures are not regarded as essential and must not be provided by any practice in level four areas. We had received queries from members about an apparent contradiction between what could be provided under private and NHS dentistry, and this letter should help to clarify the issue.

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Dentists honoured during 'exceptionally tough year'

East of Scotland Branch member John Glen among those recognised

SIXTEEN individuals are being celebrated in the latest round of the prestigious BDA Honours and Awards, for their outstanding achievements, their commitment to the BDA, and their work for the dental profession.

Roz McMullan, chair of the BDA's Honours and Awards Committee, said: "It is fantastic to see such a wide range of dentists nominated for our awards this year. The COVID-19 pandemic has impacted right across dentistry, and we know this has been an exceptionally tough year for everyone, so we feel it is just as important as ever that we recognise those who have gone the extra mile for dentistry.

"We know so many members, and not just those with official roles at the BDA, have given long hours and expert knowledge during the pandemic, and we are keen to ensure their achievements and efforts are acknowledged. During 2021, we want to find dentists who have shown a commitment to advancing dentistry. We strongly encourage nominations from all areas of the profession – please consider putting forward a colleague you think deserves recognition."

Fellowship

• Eddie Crouch has been a consistently strong voice for dentistry, appearing on national and local radio, particularly through the coronavirus pandemic, voicing dentists' concerns.
• Martin Fulford was a renowned lecturer on cross-infection control in dental practice and gave more than 100 lectures across the UK, helping to support dentists provide the highest levels of health and safety.
• Jonathan Randall takes an active role in dental politics and has met with local MPs, as well as other stakeholders, to represent dentistry.
• Peter Ward's mentoring skills have helped to develop 'deep-thinking' dentists and staff which has been invaluable to many of our elected officers and representatives.

John Tomes Medal

• Professor Trevor Burke is one of the UK's most well-respected and popular clinical academics. He is a sought-after lecturer, both nationally and internationally, and is famous for his hugely entertaining, evidence-based lectures and hands-on training courses. Trevor brought 20 years of experience in general dental practice to his remarkable academic career, via Manchester, Glasgow, and Birmingham dental schools. His almost unprecedented 370-plus peer-reviewed papers and textbooks are entirely focused


Roz McMullan calling for award nominations

on subjects relevant to clinical practice in primary care, where he also founded the UK's leading practice-based research network. Trevor is a massively influential teacher, editorial director, researcher and examiner from undergraduate to PhD level and has supervised many of the research projects carried out by the students enrolled on one of the country's longest running master's programme at the University of Birmingham. Alongside his career as a university educator, Trevor acts as a friend, mentor and advisor to countless clinicians throughout the UK and around the world, and he is a key opinion leader for most global dental manufacturing companies.

Life Membership

• Jude Anderson, now retired, continues to lend her support, helping colleagues through the COVID-19 pandemic, and plans to chair the CDS Group session at the British Dental Conference and Dentistry Show in May.
• Bridget Ashton has been a lifelong member of the BDA and while she was a member of the Plymouth Section, became the first female section chair in 1996, as well as serving as section treasurer for 20 years.
• John Glen has always been active in the East of Scotland Branch, working as a GDP for over 30 years. He has served the branch continuously both as a Branch Council member and as a member of the Scottish Dental Practice Committee (SPDC) from 1998–2019 and the SDPC Executive Committee from 2008 to 2019. He has served twice on the BDA Scottish Council and was instrumental in the creation of a Young Dentists Group in the East of Scotland Branch. During his career, he always had a professional interest in children's dentistry and was a member of two guidance development groups for SIGN and SDCEP.
• Gill Greenwood has been a member of the BDA for over 30 years and was nominated for her substantial contribution to dentistry and the Community Dental Services (CDS) Group.
• Pam Norman worked as a GDP since qualifying in 1979 has given many years of support to the South Wales Branch, holding many roles on the committee and currently is acting chair, even though she has now retired.
• Neil Oastler is a very modest, hard-working hospital and community dentist who has been ever present in the oral surgery department of the John Radcliffe hospital, Oxfordshire's Community Dental Service and its LDC for many years.
• Dr Ivan Simmonds has given unstinting service to the profession, the BDA and to his colleagues and patients, and in his 80th year continues to take an active role, including being an almoner for the BDA's Benevolent Fund since 1990.
• Professor Damien Walmsley is the author of many textbooks and scientific peer-reviewed articles and as an excellent communicator, he is always keen to share his knowledge and further the profession's learning, especially in the field of IT and social media.
• Brian Williams has been an outstanding volunteer for the BDA's Museum, following a long and successful career in dentistry as a hospital dentist and a GDP.

Certificate of Merit for Services to the Profession

• Shareena Ilyas qualified in 1998 and is currently a GDP working as an associate in a mixed NHS practice in London. She was elected to the BDA's board in April 2020, the first Asian woman to sit on the board since its inception.

Roll of Distinction

• Ian Morley's long career at the BDA began in 1992 as a legal adviser. He later took on the role as the BDA's first HR Manager in 2001, and devised many of the BDA's policies and procedures, enabling the organisation to ensure transparent, equitable and consultative processes. Ian has been a fundamental part of the fabric of the association over such a long period of time, providing much wise counsel for colleagues and elected representatives alike.

The deadline for the next round of nominations is 28 May. Find out more and nominate here: www.bda.org/about-the-bda/honours-awards

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Practice confidence sustained

Martyn Bradshaw, of PFM Dental, reflects positively on sales and prospects for 2021

AFTER a hugely disruptive 2020, COVID continues to impact on daily life but now in 2021, as the vaccine rollout continues, hope is certainly on the horizon. Healthcare businesses and, not least, dentistry have been at the sharp end of the pandemic, however confidence in the dental sector has been highly resilient.

This was reflected in dental practice values as we emerged from lockdown 1.0 in the summer. After a brief hiatus, practices came on the market as normal and sold with relative ease. In fact, for the five months from July to November we had 32 practices that were sold subject to contract with legal work commenced, which is roughly on par with what we would expect under normal circumstances.

There is no doubt that there is confidence in the viability and long-term value of NHS practices. It is hard to think of a worse scenario for dentistry than the one that unfolded in March 2020, yet practices survived largely due to the continued payments. The value of this security is not lost on the current generation of associates and shrewd corporate buyers who make up the bulk of interested and motivated buyers.

Despite the safety net granted to the NHS sector, private practices have also been selling well in recent months. It has become apparent (from the data we examine when valuing) that most private practices are now generating between 70–100 per cent of pre-COVID income. A documented rise towards normal turnover is therefore reassuring for buyers. Furthermore, most buyers appreciate that the sale process for private practices takes on average four to six months from offer to completion and the financials of practice during this time should get even stronger.

Valuations

A question that we are frequently asked by vendors is whether they might achieve a lower value for their practice as a result of the missing months of lockdown. Put simply, and due to the exceptional circumstances, the answer is no. Values remain the same as they did pre-lockdown. This is because it is widely accepted that practices are being valued based on the financial income and expenses to February 2020 (pre-lockdown). Therefore values are no different to a practice marketed on 1 March 2020. So the EBITDA (profit) is not affected, and we use the same pre-COVID multiples of EBITDA to determine the value as previously. For private practices, we do however need to show the income generated from July, month by month, so that we can establish that the income is on an upward trajectory. This gives the buyers of private practice the confidence to purchase.

martyn.bradshaw@pfmdental.co.uk

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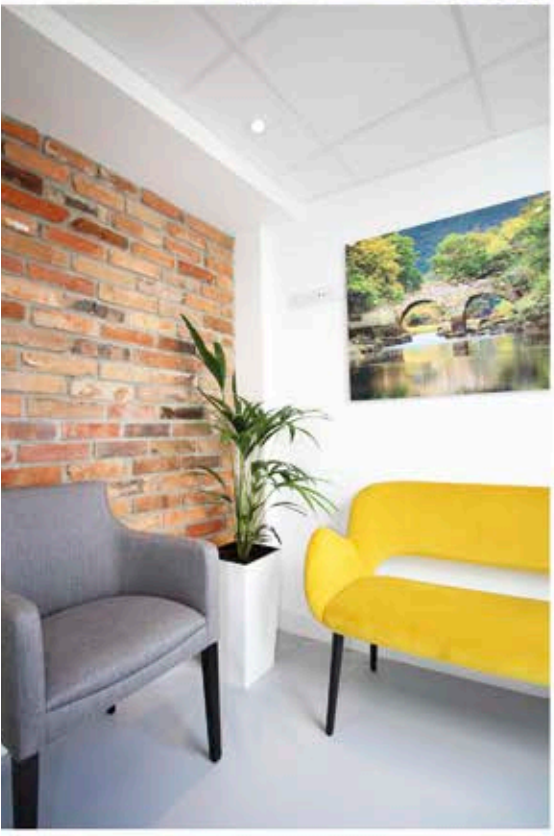

Concept Design | Space Planning | Interior Design | Planning Applications | Building Warrants | Technical Detailing | Contract Administration |

The formation of a light well in the centre of the long and narrow plan allows natural light and fresh air to fill the practice whilst floor to ceiling glass partitions to the surgeries further enhance the sense of light and space. The client's colour palette of grey, white and green reinforces the theme of cleanliness, brightness and nature to give an overall welcoming and peaceful aesthetic.
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15-16 FEBRUARY
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London
tinyurl.com/y2lqc76u

25 FEBRUARY
A guide to MI caries management
BDA online
tinyurl.com/y3mv4age

26-27 FEBRUARY
Hands-on endodontics
BDA, London
https://tinyurl.com/yxjxkxr6

22 MARCH
The new perio classification
Dundee & Perth BDA, online
tinyurl.com/y5c4enaw

25 MARCH
The 1st UK Restorative Dentistry & Prosthodontic Conference
Better patient care through collaboration
Glasgow
https://jointdentalconference2021.eventbritestudio.com/127204328571

17 MAY-17 JUNE
National Smile Month
www.dentalhealth.org/national-smile-month

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
sdshow.co.uk

18 JUNE
DCP Study Day, RCSE
https://tinyurl.com/y26s8u7n

25-26 JUNE
The British Dental Conference & Dentistry Show
NEC, Birmingham
www.thedentistryshow.co.uk

25-26 JUNE
Dental Technology Showcase
NEC, Birmingham
www.the-dts.co.uk

26-27 JULY
Dental Health Forum
CTF, Manchester University
https://manchesterdental.org

10 SEPTEMBER
Dental Care for People with Cancer
https://tinyurl.com/yyav7myx

1-2 OCTOBER
ITI Congress UK & Ireland
EICC, Edinburgh
https://tinyurl.com/yyms8cyw

12-14 NOVEMBER
BSP Conference
The Royal College of Physicians, London
https://tinyurl.com/yyh2bcq3

3 DECEMBER
FGDP(UK) Scotland Study Day
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Glasgow Science Centre
fgdpscotland.org.uk/book-glasgow-study-day/

POSTPONED FROM 2021 TO 2022

6-9 JULY 2022
EuroPerio10
Copenhagen
(Postponed from 2-5 June 2021)

SDC group

SDC Group targets continued growth in 2021

SDC Group continues to expand, with the recent acquisition of Linlithgow Dental Practice taking us to 13 clinics across the country.

Established in 2016, Scottish Dental Care Group is 100% owned and operated by Dr Philip Friel and Christopher Friel and they are actively seeking opportunities to add new sites, whether individual or group, to their growing clinic group. They take an active role in the acquisition of each new clinic, paying top market rates on completion, thereby ensuring a clean change of ownership without prolonged tie-in arrangements.

"I had been considering retirement for some time and was determined to find the right opportunity for myself whilst also ensuring that the practice would continue to thrive.
Having been approached by Phil and Christopher, and after accepting their offer, I immediately felt a weight lift off of my shoulders. Communication was clear from the outset, the sales process was simple, transparent and efficient and the price was a fair reflection of the efforts that had been made to grow my clinic over many years. I was able to discuss and negotiate my retirement date amicably and am now able to retire with no lengthy tie-in contract to remain after the sale, meaning I can start the next stage of my life in exactly the way that I had hoped. The group have a clear, defined progression plan and decisions were made very efficiently.
I would recommend speaking to SDC Group without hesitation if you are ready to take the next steps into retirement or looking to focus on dentistry without the additional responsibilities of running a practice."
Moira Murray, former owner of Linlithgow Dental Practice

DID YOU KNOW?

As a practice owner, this is an opportune time to look at selling a clinic, as Capital Gains Tax changes expected in March 2021 mean a likely increased proportion of tax will be payable on any sale taking place after this date. The potential increase from 10% to 40% (in line with income tax rates) could make a huge difference to retained earnings on practice sales after April 2021.

If you are interested in a confidential discussion to explore the option of selling your clinic to SDC Group, please contact a member of our management team today.


Inverness Dental Clinic


Oban Dental Clinic


Bishopton Dental Clinic


Dumfries Dental Clinic & Implant Centre

Christopher Friel
Operations Director
christopher@sdcgroup.co.uk

Philip Friel
Clinical Director
philip@sdcgroup.co.uk

Louise Fletcher
Operations Manager
louise@sdcgroup.co.uk

How *teamwork* pays off

Shetland is among the UK's top performing areas for oral health in children. Scottish Dental spoke to some of those involved in the programmes achieving results

WORDS
WILL PEAKIN

The National Dental Inspection Programme (NDIP) looks at the teeth of two school year groups – P1 as children enter local authority schools and P7 before they move to secondary education. In 2019-20 the teeth of more than 3,000 children – 22.5 per cent of the estimated P1 population – were examined across Scotland.

While the inspections in school are not necessarily as rigorous as those conducted in a dental surgery, they do record decay where disease has penetrated below the white enamel layer. The latest findings, published by Public Health Scotland (PHS) last October, showed that nearly 74 per cent of children in P1 had no obvious decay in their baby teeth – a three percentage point improvement on the previous year. When the programme began in 2002-3, only 45 per cent of P1 children were without evidence of tooth decay. The figures also showed the average number of decayed, missing or filled teeth per child had reduced from 2.76 in 2002-03 to 1.04 in 2019-20. Despite improvements, PHS highlighted the link between deprivation and poor dental health. Almost 42 per cent of P1 children in the most deprived areas had obvious dental decay, compared with just over 13 per cent in more affluent parts of Scotland. P1 children in the most deprived communities experience more than four times the level of tooth decay – an average of 1.78 decayed, missing or filled teeth per child compared to 0.40 in the least deprived areas. The report said the gap had narrowed in recent years, but the British Dental Association warned decades of improvement could be at risk as a result of the pandemic.

The top performing areas in Scotland were Orkney (84.02 per cent of P1 children had no experience of dental decay) and Shetland (84 per cent). Antony Visocchi, director of dentistry for NHS Shetland, said: "Our NDIP figures have been maintained at a very high level for some years and I am glad to say we are still there after the results were recently published. We are aware the lack of access to dental services and the long lockdown could have had a detrimental effect on the dental health of all vulnerable groups across the island." His comments coincided with the launch by the NHS oral health improvement team in Shetland of a Facebook[1] page and, during Mouth Cancer Action Month in November[2], an initiative which saw Lerwick Town Hall illuminated in blue, the health campaign's signature colour. "The team is so enthusiastic and knowledgeable, getting the message across effectively and with fun," he added. Last month, Scottish Dental caught up with some of the team on Shetland.

Morag Mouat, oral health improvement team leader, is responsible for the *Childsmile*, *Caring for Smiles*, *Open Wide* and *Smiles for Life* programmes. A dental hygienist, she works in clinic two days a week. "I travel to satellite clinics, both require a ferry crossing," she said. "There are some interesting trips in winter!" Because of the pandemic, Morag has not been in clinic since March last year. It was "all hands-on-deck", supporting staff and devising ways to continue their work.

Morag did her dental nurse training in Edinburgh before coming home to work for the then community dental team. "I was fortunate to be involved in the fluoride research project in the isles in the 1980s. Professor Ken Stephens, from Glasgow Dental Hospital, was the lead and through this my interest in prevention grew." Morag completed a hygiene course at Glasgow before returning to Shetland to launch

The Shetland oral health team, during Mouth Cancer Action Month

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a preventative programme. She worked in practice and joined the Public Dental Service, assuming her current role in 2016.

"I have seen how oral health has improved since my first days of dental nursing," she said. "I'm aware that projects we start may not see the benefits until many years in the future. Oral health was always a poor relation of medical health and I hope that during my time in this job I have worked hard in making sure it is included in all aspects of care.

"During the pandemic I've tried to do the best I could in the ever-changing situation; supporting staff and encouraging them to think outside the box on how we can deliver oral health messages with new barriers in place. For the Childsmile team, who are used to daily interaction with children, this was a massive change. Once we settled down and Teams came into the equation, they started to brainstorm on how they could reach children and particularly vulnerable families."

Morag added: "Some staff enjoyed working at home, others not so! Once we get back to normal we will look at how we can make this work. We have all become more au fait with technology. We looked at setting up a Facebook page for a few years, but this time has allowed the team to set it up and keep it updated. The team, from being nervous about appearing in front of a camera, have embraced it. I'm really proud of them."

Her aims for 2021? "To make sure staff are well and feel supported. I fear coming out of this pandemic may be more difficult than going into it – a bit like staggering towards your holidays and then ending up with a heavy cold. Getting back into schools will be a major part of our year for the Childsmile team. I know they can't wait to be able to engage with the children again. Personally, this is a time to look at how we engage with vulnerable, non-engaging families. This has always been a challenge and although Near Me has been a success we have to understand digital poverty and not everyone has, or wants, the ability to connect to us."

Michelle Sinclair is a senior dental nurse tutor and oral health educator. During the pandemic, she participated in webinars provided by allied health professionals and the Near Me video consultation team to explore the use of online appointments for Childsmile Community and (dental) Practice (CSC&P) appointments. Michelle hosted weekly appointments, mainly for children from six months to two and a half years. "This is the age group who have had the least oral health input as they have not started nursery or school," she said. Older siblings can take part and, said Michelle, they have "engaged with the Near Me process, being honest about their oral health regimes". The frustrations of IT and lack of in-person contact aside, there are benefits to online appointments, she said. They are less prone to cancellation if a child is unwell, or the weather is bad, and even if the child becomes distracted, parents remain engaged and welcome the opportunity to discuss their child's health. Michelle said she found online appointments less bureaucratic, allowing more time for rapport-building, discussion and advice. "Usually, by the time the paperwork is complete in a normal clinic setting, children have lost patience," she said. "Online, we are able to get on with the appointment immediately." Michelle is collaborating with researchers from Dundee University's School of Dentistry on using observational analysis to evaluate Near Me appointments for potential permanent incorporation, into the standard Childsmile, Community and Practice appointment system, already well established in Shetland.

Angela Hopwood is an oral health improvement nurse who works on all aspects of Childsmile, as well as liaising with other health professionals and working with vulnerable groups. "A small, but important, part of my role is in the delivery of local interventions for the national oral health and homelessness project, Smile4Life," said Angela. Shetland does not have a rough sleeping population per se, but there are people not in settled accommodation.

"Routine dental care is an important part of building self-esteem and improving mental health, and supporting a return to education and employment, which are important parts of the route back into safe and settled accommodation," said Angela.

With the help of specialist colleagues, Angela has developed an autism and learning disability Patient Communication Passport for Shetland's dental service. It allows clinical teams to be briefed on a patient's needs before they attend, improving compliance in treatment and reducing missed or delayed appointments. She has also developed sensory aid boxes for dental settings, for patents with autism or learning disabilities and people with dental anxieties.

"Raising awareness around mouth cancers has been a huge driver for me," said Angela. "We have always held campaigns in Shetland to raise awareness. We include mouth cancer awareness in lessons with secondary school pupils and more people are aware of mouth cancers, not just locally but across the country, thanks to the Oral Health Foundation's campaign." She added: "The plan for 2021 is how we deliver programmes under restrictions. We have concerns when schools are closed in regard to the content of snacks at home and the potential for children to graze rather than have break times. This could impact on oral health. Near Me appointments will go a long way to reach families and encourage positive behaviours, but we are mindful that it is going to be motivated families engaging with us so finding new ways to target hard-to-reach groups is to me paramount."

[1]www.facebook.com/oralhealthimprovementshetland
[2]www.dentalhealth.org/bluewednesday

Team views

CLARE BALFOUR is an oral health support worker and extended duties dental nurse who, in normal times, visits and supports nurseries and schools with the Childsmile programme and fluoride varnish visits.

"From working many years ago as a dental nurse and seeing the poor state of children's teeth, it made me want to help make a difference. Due to hard work by staff – both dental and in educational establishments, as well as by parents – NDIP results have shown the children here now consistently have among the best teeth in Scotland," she said.

"I would like to keep that trend continuing and keeping parents engaged and appreciating how important good oral health is for all and why." Clare has begun training in Near Me consultations and is looking forward to holding Childsmile appointments online.

"The consensus so far is that parents have been finding the appointments very useful, so we hope to build on that," she said.

Elizabeth White is also an oral health support worker who, pre-pandemic like Clare, visited nurseries and schools across Shetland. "Childsmile has greatly improved the oral health of children in Shetland over the past 10 or more years – we have been successful in getting to see every nursery-aged child in Shetland for toothbrushing and oral health education – and the aim is to ensure this continues. Hopefully we will be able to get back into nurseries and schools in the not-too-distant future."

Colleagues Niki Madai and Zdenka Mlynarikova both highlighted the benefits of thinking differently about how to engage people. Niki commented: "While the pandemic meant face-to-face appointments and visits couldn't go ahead, it's pushed me to be more creative. Being able to reach people through Facebook has been a huge success. We aim to keep enrolling children, even if we can't visit them, and to find new ways of encouraging people to pay attention to their oral health."

Zdenka, who is also studying music, agreed: "Creativity seemed to be a way forward in everything we have done, using our spare time effectively to learn new skills, such as video editing or social media insights.

"The Facebook page has been quite a success so far, and our two-minute tooth brushing song and video was shared by many health-related organisations within the isles and sent out to schools and nurseries, which we believe had positive impact on children's oral health."

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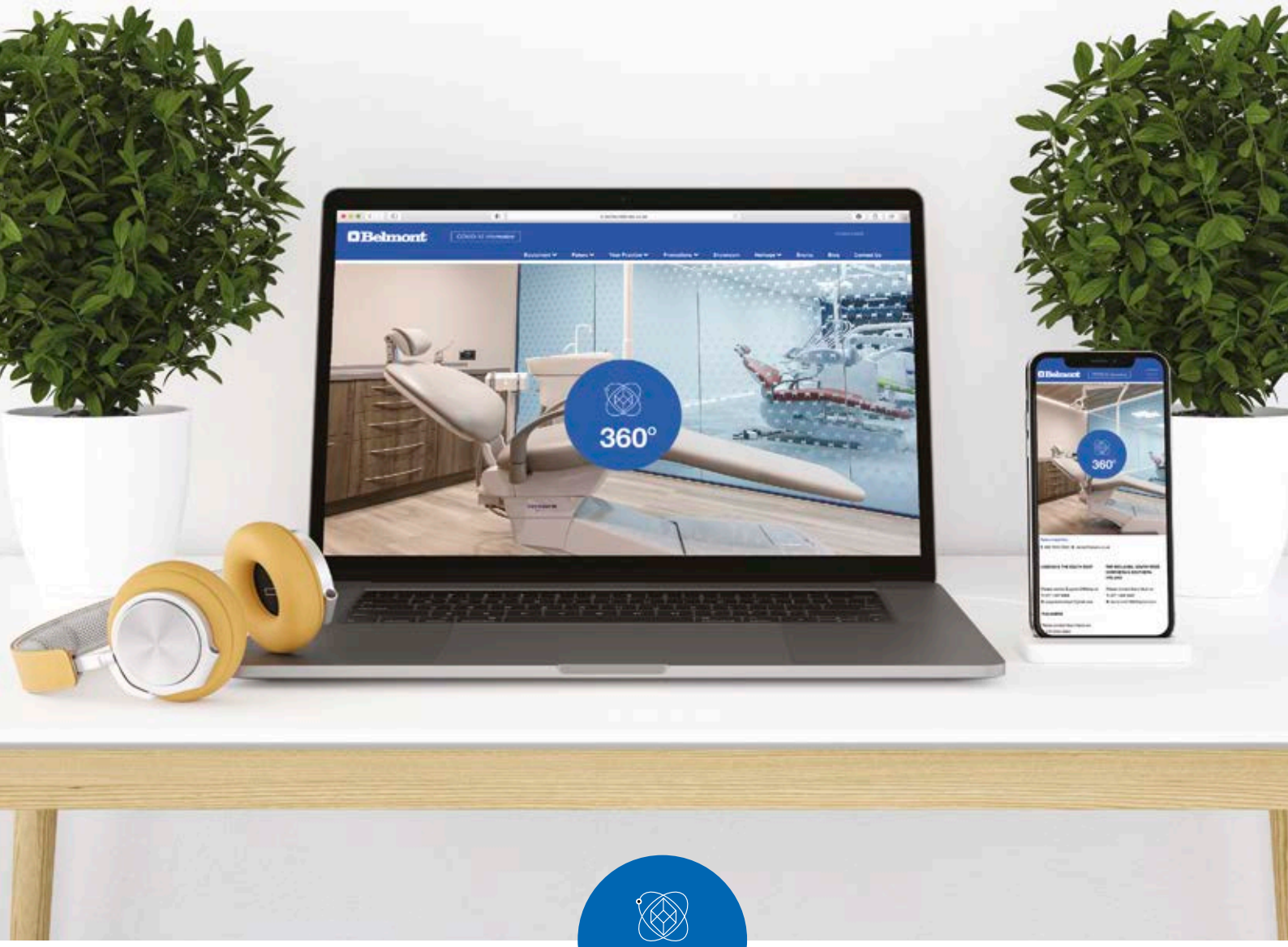

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Creating H.O.P.E from challenge

Collaboration between a dental school and designers has led to a low-cost 3D-printed device allowing students to practise key skills remotely or socially-distanced in class

WORDS
CLEMENT SEEBALLUCK, WITH
TUNG HIN LAU AND DESMOND MANANGAZIRA

Two thousand and twenty was certainly a trying year for our profession. Virtually all aspects of dentistry encountered unique challenges as we approached uncharted territory; lockdowns, social distancing, aerosol generating procedures and furlough. At times, we think it is safe to say we all felt much the same as that first day at dental school, a heady mix of uncertainty and a drive to ultimately become immersed in patient care. Married to a General Dental Practitioner, and my own work as a clinical lecturer in dentistry, it became apparent to me how varied were the challenges we all faced. However, the solutions to these challenges all had a common theme: innovation.

Problematic as 2020 proved to be, it could also be viewed as a catalyst for change. I stress catalyst rather than instigator. Dentistry, both in training and practice has always been an adaptive profession, striving to improve. The events of the past year merely accelerated and guided change.

I have witnessed countless examples of innovative solutions implemented by colleagues for dental training over the past year as universities have shifted towards a blended online and practical approach. It is unsurprising, given the dedication we all have to the profession, but nonetheless impressive.

I will detail here the development of H.O.P.E. - Home Operational Practice Equipment (if you have a good acronym, you are halfway there). This is a device that has the potential to allow students to practice key skills from home or remotely for a minimal cost. The development of this was accelerated throughout 2020 and it proved to be quite useful in meeting some of the unique challenges we encountered.

The problem

I have been interested in the integration of remote teaching and the early development of skills applicable to a broad range of dental procedures. Students learn skills at their own pace; as a student, I witnessed first-hand that a 'one size fits all' curriculum did not always work well. Students experienced genuine anxiety when they took a little longer than their colleagues to develop a clinical skill such as undertaking a composite restoration, perfecting the form and function.

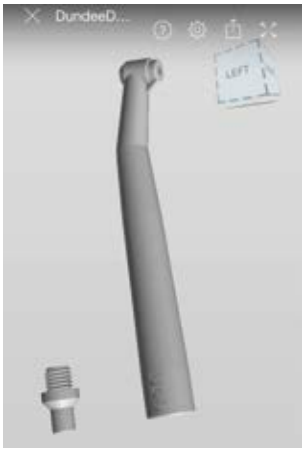
Developing skills in a safe environment is key for dental training. However, with limited simulated training resources, students don't always get the time they need to practice and develop their skills.

Figure 1 The initial equipment set up used for the early skills development exercises

These problems have been exacerbated in the past year. Capacity of training spaces has been greatly reduced to accommodate social distancing guidelines, with the inevitable consequence of students having reduced hands-on experience.

The opportunities to practice and 'self-discover' have also been negatively affected. Additionally, as teaching moves to more online formats, there is less opportunity for impromptu informal discussions between the trainees and trainers.

> "A PEN SIMULATED THE ANGULATIONS OF A HANDPIECE TO INSTILL BASIC PRINCIPLES OF INSTRUMENT ERGONOMICS"



All this before we even consider the reduced clinical experience.

Sparking the novel approach to the challenge

I was fortunate to have been teaching during the transition in the Dundee Dental School to the new 4D Curriculum. I had the opportunity to work on the development of a new early rotary instrument clinical skills course. This course was designed using modern educational principles, and executed with less conventional exercises, some of which required the creation of new equipment.

It was in 2018 that the initial concept of instrument analogues was implemented. The first iteration was a pen that simulated the angulations of a handpiece to instill the basic principles of instrument ergonomics in early year students. This was fabricated using expired denture acrylic in a silicone mould (Figure 1).

Using a mirror for indirect vision, students would use these pens to navigate mazes created by my colleague, Roddy Milne. Although the course was positively received, production times and cost were an issue. There was also the limitation of working on a flat surface rather than matching dental arch contours.

There were really two serendipitous events that occurred in the development of our equipment. Later that year, the University of Dundee opened a new Creative Space within the main library, where staff and students could work with several crafts, including 3D modelling and printing. Here I met Richard Parsons, CIO Director of the Library Learning Centre.

We discussed the overall concept and together explored CADCAM for streamlining the equipment and creating a prototype that could be printed. This had a number of advantages over simply creating moulds. We were able to create a design that could be modular and adaptive, with an internal screw thread (Figures 2 and 3).

(Left) Figure 2 the final 3D rendered redesign of our "training pen"

(Right) Figure 3 The Printed version of the pen being used with our revised exercise sheet

(Left) Figure 4 Initial concept for baseplate with features to accommodate Indirect vision and positioning exercises

(Right) Figure 5 initial print out of device. This was a single component print, with limited application.

The second event that really accelerated this project would be the first nationwide lockdown due to the COVID-19 pandemic. Thus, several factors combined to create the perfect environment for collaboration and creation: a silver lining in the midst of some rather dark clouds.

How it developed

With the stay-at-home order in effect, the idea of a cheap alternative to a phantom head that could be used by students at home or isolating seemed more relevant than ever.

I collaborated with a former dental student, Yu En Cheah, to convert my concept drawing into an initial 3D prototype. I had worked with Yu En on several teaching resources when he was an undergraduate and had every confidence in his resourcefulness.

We quickly created an initial prototype file and (Figure 4) printed for testing (Figure 5). It was around this time that we started collaborating with Alasdair Napier, a colleague at the renowned Duncan of Jordanstone College of Art and Design at the University of Dundee. For the past year, he has provided invaluable advice regarding 3D modelling development and committed printing resources towards the production of rapid prototypes, and ultimately the final product.

However, the most surprising collaboration, that lead to the final product, was with our current undergraduate students. We must always remember that our students come to the course with unique talents and an eagerness to shape their education. They also have the most contemporaneous insight into their training needs.

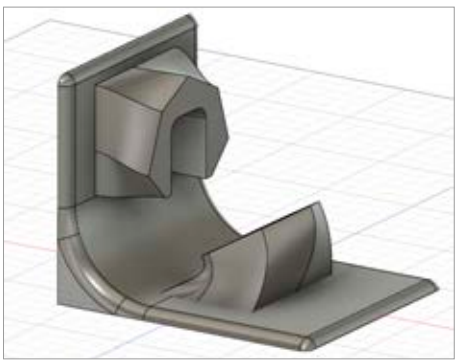
Tung Hin Lau and Desmond Manangazira had some experience in creating and printing 3D models. I was amazed at how quickly they adapted and developed these skills for this project. Tung was working at home from an apartment in Hong Kong at this uncertain time, with limited access to computer resources

Even with these constraints, he was able to produce incredible designs within short time frames. Their dedication and commitment, to say the least, continues to impress me.

It was important that we made our goals realistic. The functionality of any training activity, undertaken outwith a clinical skills laboratory, cannot require suction, rotary instruments and pressurised air or water.

Furthermore, safety considerations regarding potentially unsupervised activities must be considered; particulate generating and cutting exercises were not practically viable as these would require close supervision and access to costly equipment and air compressors and high-volume suction.

We decided to focus on three key concepts that would provide good



foundation for early year dental students:
• Restoration of dental arches and tooth anatomy;
• Rotary instrument ergonomics;
• Operating with indirect vision.

The key principle for this was modularity. This allowed us to facilitate any custom attachments, provided they fit the connector. This would also allow for more exercises to be carried out on a universal baseplate, reducing the materials needed for production and saving on space.

Design of base plates for the maxilla and mandible were first sketched out from imagination. These were then re-imagined as 3D objects, utilising software programmes including Rhino, Fusion 360 and Meshmixer. We completed multiple revisions until the desired form was created. Key considerations included:
• Technical limitations;
• Environmental impact;
• Practical application;
• Future implementation;
• Cost and time to print.

3D printing technology, though revolutionary, has some key limitations that needed to be factored in at the design stage. One of the main factors when considering the design was the limitation of using flatbed printers in the production of models with undercuts. All components needed to be designed to cater for the tolerances that our available printers had for predictably and reliably producing undercut angles. There are many different types of printers and having a detailed knowledge of those available is crucial.

> “SYNERGISTIC COLLABORATIONS WITH OTHER DISCIPLINES HAVE GREAT POTENTIAL TO YIELD EXCITING OUTCOMES”

It became apparent that it would not be possible to print the base model as one unit. The universal connector needed to be printable with the facilities available and suitable for use by students without training. Drawing on classic joinery techniques, used for years in carpentry, we planned all connectors and joints with clear paths of insertion, while also maximising rigidity and retention.

The final streamlined design was formed with angles, simulating the degree at which the mouth would be positioned with a patient semi-recumbent in the dental chair. Tolerances were calculated so that no overhangs would be produced, and the overall shape would print out without the need of support material.

Prototypes of the entire device, as well as specific component joints, were printed and tested for ease and reliability of use. To allow a margin of freedom, spaces had to be made for easier movement and less resistance between female and male joints in the device linking base connectors and modular components.

Exercise components were created by stitching models together in Cura, another software programme, allowing print quality to be retained for exercises that required detail. This created the potential for incorporating 3D scans of dentitions into our models. Other areas of consideration when designing this model were the limitations and strengths of the printable materials available. Different materials such as polylactic acid (PLA) or Acrylonitrile Butadiene Styrene (ABS) plastic had different 3D printing properties. Some had better properties for reproducing fine detail, yet possibly lacked the strength required for a connector joint. Over and above this, we needed to choose materials that were able to be decontaminated in accordance with changing guidelines.

As a result of all these collaborations, we have now produced a base model set that can easily be adapted for various functions (Figures 6 and 7).

Where we are now

We had a fully functional model by October 2020 and printed a limited run of 22 units. Although the initial plan was to produce designs for a home kit, these devices have now been used in a variety of practical classes within the Dundee Dental

Left to right

Figure 6 Our current model: Here we can see that this is made of several interlocking components. The modular design allows for numerous attachments

Figure 7 An example of a student working from home undertaking a tooth carving exercise

Figure 8 An example of how a lecture theatre has been repurposed as a hands-on skills training space

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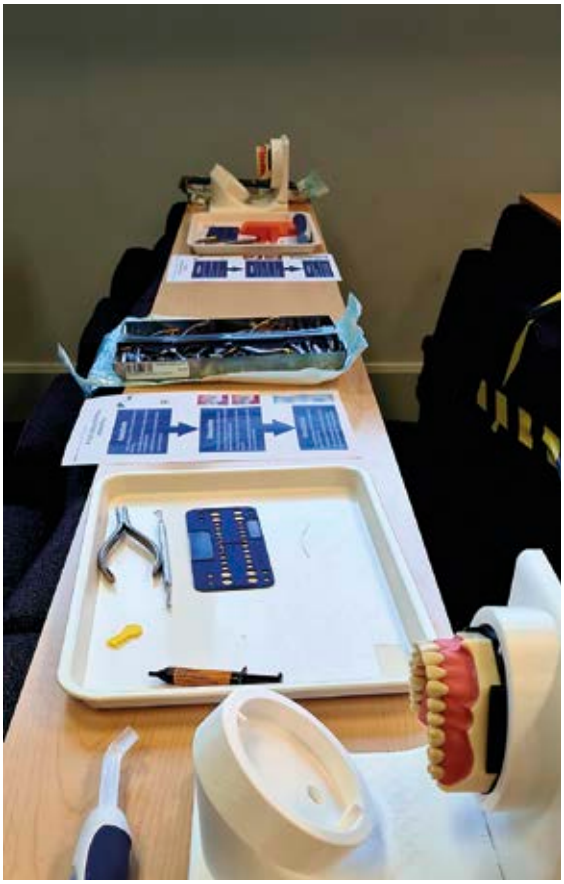


School. Eighteen of the units were set up in a lecture theatre that now lacked the space for social distancing to serve in its original function (Figure 8). This allowed us to teach classes outside of our clinical skills laboratory, increasing student 'hands-on' training, as well as reducing the pressure on the valuable, yet limited teaching space. Classes were run for both second- and fourth-year students. The second years reconstructed teeth using modelling clay and practiced the application of fissure sealants. Additional attachments were made to facilitate a fourth-year undergraduate orthodontic clinical skills course, which was run entirely in our repurposed teaching space (Figure 9).

Another application of this equipment became apparent as the year progressed. In the previous issue of *Scottish Dental* magazine, our colleague Professor Grant McIntyre detailed how he won an incredible battle with COVID-19. On leaving hospital, Grant was keen to strengthen his skills and return to work as soon as possible.

Figure 9 The unit set up for undertaking an orthodontic training course

Figure 10 Example of a take-home kit, demonstrating how easy it is to customise for bespoke exercises

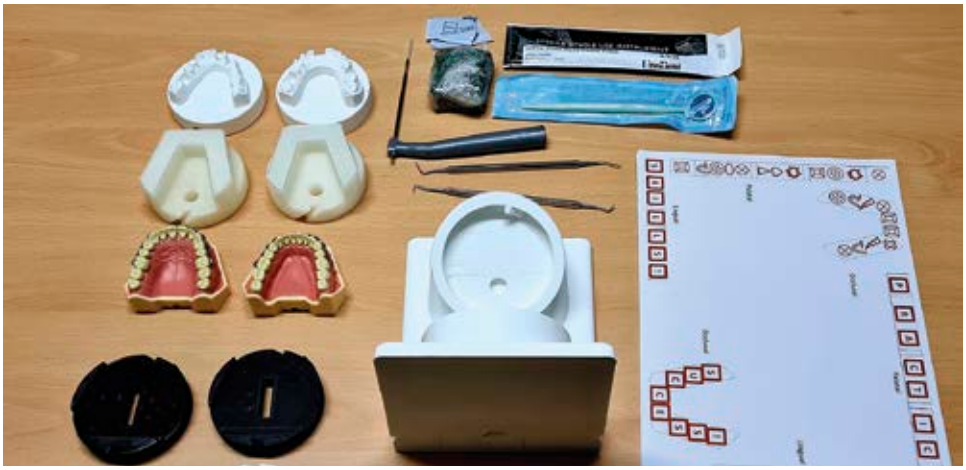
> "WE ARE STILL DEVELOPING DESIGNS AND LOOKING INTO POTENTIAL APPLICATIONS. I AM INTENDING TO UNDERTAKE RESEARCH TO VALIDATE ITS EFFICACY AS AN EDUCATIONAL TOOL"

This is obviously a very different situation to that of the novice student. We were able to rapidly combine complicated malocclusion scans with our connectors to allow for custom exercises. A kit was produced and delivered (Figure 10). Shortly thereafter, we received very positive feedback from Grant, giving us a truly unique insight into another potential use of H.O.P.E. for clinicians looking to regain practical skills after a long break from the profession.

The road ahead

The potential for all this is quite exciting. By focusing on creating the 3D printable STL files, units can be produced anywhere with access to printers. The cost per complete unit with models for various exercises is minimal, at around £30 for the set. Individual exercise modules can be produced for about £2 each. We have the potential to collaborate internationally. It is reasonably straightforward for dentists with CADCAM skills to produce custom attachments. Our colleague, Richard Boyle, demonstrated this by developing a set of models with teeth missing for our students to 'restore'. Our overarching principle is collaboration for the benefit of our future colleagues. It would be entirely possible to create an STL repository with a myriad of custom exercise modules.

We are still developing designs and looking into potential applications. I am intending to undertake research to validate its efficacy as an educational tool. The times are calling for change in how we approach training and education. Synergistic collaborations with other disciplines have great potential to yield exciting outcomes. This project would not have been possible without the support we had both from the Dental School and from the wider university. We must embrace all the tools at our disposal and look at these changes as potential enhancements rather than substitutions.



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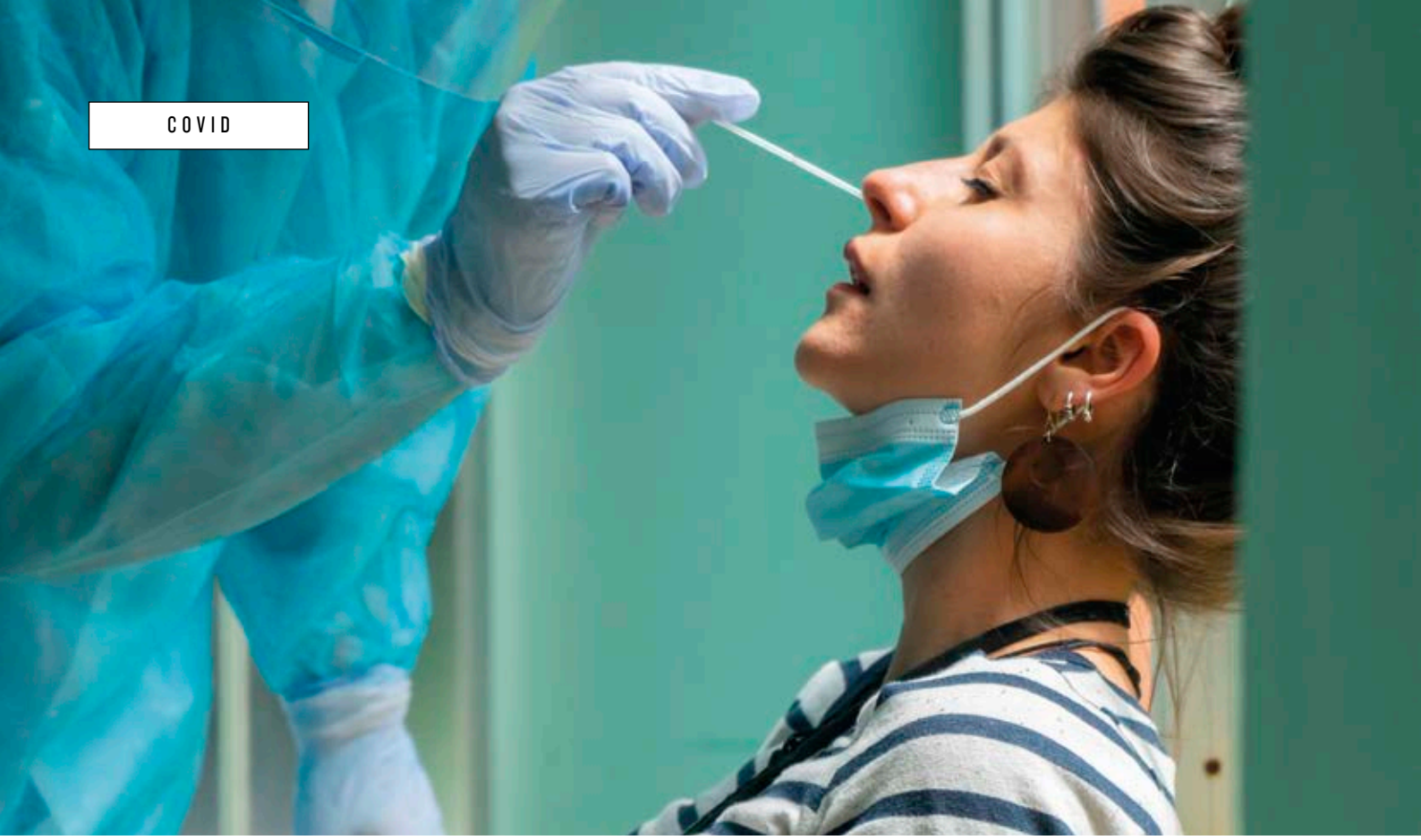

Practice test + trace

WORDS
WILL
PEAKIN

Dental settings are a valuable location for public health monitoring, a new study has shown

"It is very exciting for dentistry to be part of a general public health initiative and could perhaps pave the way for us to be involved in surveillance of other diseases and infections in the future," says Callum Wemyss, a specialty registrar in oral surgery and honorary clinical teacher at Glasgow Dental Hospital and School. "Dentists have also had a significant role in the vaccine programme by becoming peer vaccinators. I think, at times during the pandemic, dentists have felt forgotten about by policy makers. The involvement of dentists in both the surveillance programme and vaccine programme are just two examples highlighting the importance of dentists in healthcare."

Callum was reflecting on his participation in a COVID-19 surveillance programme conducted in hospital and public dental services, and a small number of general dental practices, between August and October last year. The programme was the subject of a study published in January. It aimed to investigate SARS-CoV-2 infection in dental patients in order to "inform community surveillance and improve understanding of risks in the dental setting".

The study outlines how 31 dental care centres across Scotland invited asymptomatic screened patients over five years old to participate. Following verbal consent and completion of a sociodemographic and symptom history questionnaire, trained dental teams took a combined oropharyngeal and nasal swab sample using standardised VTM-containing test kits. Samples were processed by the Lighthouse Lab and patients informed of their results by SMS/email with appropriate self-isolation guidance in the event of a positive test.

Over a 13-week period just over 4,000 patients, largely representative of the population, were tested. Of these, 22 tested positive for SARS-CoV-2. The positivity rate increased over the period, commensurate with uptick in community prevalence identified across all national testing monitoring data streams. All positive cases were successfully followed up by the national contact tracing programme. "To the best of our knowledge this is the first report of a COVID-19 testing survey in asymptomatic-

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screened patients presenting in a dental setting," said the authors.

"The positivity rate in this patient group reflects the underlying prevalence in community at the time. These data are a salient reminder, particularly when community infection levels are rising, of the importance of appropriate ongoing infection prevention control and PPE [personal protection equipment] vigilance, which is relevant as healthcare team fatigue increases as the pandemic continues. Dental settings are a valuable location for public health surveillance."

David Conway, Professor of Dental Public Health at the University of Glasgow's Dental School and Honorary Consultant in Public Health at Public Health Scotland, one of the study's authors, noted: "This is part of the Public Health Scotland COVID-19 enhanced community surveillance programme in dental settings, which is informing understanding of and response to COVID-19. The findings have important implications for dental teams to remain vigilant with regard to enhanced PPE and IPC guidelines – and this is particularly important as teams fatigue, as the pandemic continues."

For the dental teams taking part, it was an opportunity to explore the suitability and value of dental settings in wider healthcare applications. Callum graduated from the University of Glasgow in 2015 and completed his vocational training at Coia & Associates in the city's Partick. He spent four years core training in various specialities and hospitals across Scotland, concluding with a year working at Dumfries and Galloway Royal Infirmary, before starting his specialty training last September. It was there that he was asked by his clinical lead if he would like to be responsible for the project within his department.

"At the time, I was also starting an MSc in Patient Safety and Clinical Human Factors and I thought this would link in well, especially since it involved implementing a new system," said Callum. "This quickly led to me submitting a proposal for a hospital-wide quality improvement project with the aim of increasing the number of swabs carried out. I met with a team of other dentists at Glasgow Dental Hospital on a weekly basis to discuss progress and plan what we could do to drive change."

It quickly became clear there were a number of barriers to implementing such a project within a dental setting, especially a large secondary care centre, said Callum. "Initially, very few tests were being carried out within the hospital," he said. "Surveillance was something we, as dentists, were not too familiar with. Clinicians are often very focused on the clinical task at hand and we found at the start that many would forget to invite their patients to participate. Interestingly, we did find that the majority of patients were very happy to be part of this project when invited. Some would even offer themselves to be re-tested if they were back for another appointment.

"It was tough to begin with – after several weeks we managed to significantly increase the number of swabs being carried out through staff engagement and training. We spent a considerable amount of time investigating the perceived barriers in implementing and taking part in a surveillance project. This included distributing questionnaires to both dentists and nurses in the dental hospital. We are currently writing up a report on this and we hope to submit this for publication in the near future. I especially enjoyed watching the teamwork displayed from our dental core trainees who took on a significant role in testing patients."

Callum was clear about the overall benefits of the programme: "[It] will provide a plethora of information about the role of asymptomatic carriers in the transmission of the virus. It will also help to inform the profession of the risks posed by treating asymptomatic patients."

Among the general dental practices that took part were some of those owned by the Clyde Munro group. Jacqui Frederick, the group's clinical director, was in discussion with Orkney Health Board and the national swabbing team: "It emerged that our practice distribution could allow for quick involvement in some other health board areas and the Clyde Munro senior management team were very supportive of our practices assisting where possible."

The limits on personnel interacting made initial co-ordination of the programme across practices a challenge, but the appointment of Mary Smith, Senior Clinical Support at Clyde Munro, who has experience of multi-site projects, to lead the group's involvement allowed for implementation across health board areas. "We had a very positive response from our dentists, and it was very much welcomed by our patients." Jacqui added: "As the virus and science evolves, processes will as well. I am not sure where population swabbing will sit in this, [but] it has proved that routine dental visits are a suitable, and patient-convenient, touchpoint for this type of intervention."

"DENTAL VISITS ARE A SUITABLE TOUCHPOINT FOR THIS INTERVENTION"

JACQUI FREDERICK

[1]*SARS-CoV-2 positivity in asymptomatic-screened dental patients*
DI Conway, S Culshaw, M Edwards, C Clark, C Watling, C Robertson, R Braid, E O'Keefe, N McGoldrick, J Burns, S Provan, H VanSteenhouse, J Hay, R Gunson, Dental COVID-19 Surveillance Survey Group
medRxiv 2020.12.30.20248603; doi: https://doi.org/10.1101/2020.12.30.20248603

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Run for your life ... and for others

On 30 September, a team of dentists aim to run the length of mainland Scotland to raise funds for mental health charity SAMH

WORDS
WILL
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Watching too much television can be bad for your health, as we know, even for someone like Stuart Campbell, Specialist Prosthodontist at Edinburgh Dental Specialists, and co-owner, with his wife Cheryl, of Loanhead Dental Practice on the outskirts of Edinburgh. Stuart is not a couch potato; he likes to spend his spare time gravel biking and trail running. Last year, he completed a number of ultramarathons (that's a run longer than the 26.2 miles of a marathon).

During lockdown, streaming services have been a welcome distraction from group chats and worrying about the future of the profession and patients' health. But, like many others, Stuart decided to make the most of his outdoor time. "After doing some lockdown ultramarathons, I was looking for a bigger challenge," he recalled. "Then I watched a programme on Amazon Prime called Running Britain. It followed Sean Conway, a man with a wondrous beard, as he trudged pluckily from one end of the country to the other. From the comfort of my warm sofa cushions, I thought: 'I could probably run Scotland.'

"Great things are not decided suddenly, which is what worries me about this challenge," added Stuart, a note of self-reproach in his voice. "Following a hastily arranged chat with some easily influenced ultra-running dentists, some brainstorming over Zoom and an email exchange with Sean Conway, the idea gained some texture and the decision was made: we are running Scotland."

Stuart and fellow dentists Derek Marner, Ryan Stewart and Paddy Watson plan to run an approximately 441-mile route from John O'Groats to Gretna Green.

Derek recalled: "During the pandemic, Stuart and I reconnected via Facebook and decided to run the West Highland Way. We did it in two stages, six weeks apart, running the first 54-mile section in one go and then the last 43-mile section over a single day's running. Prior to this, the farthest I had run was a marathon - and I had only done that once. From here I think we got the bug and maybe the confidence to challenge ourselves and run further. After a couple of other ultra runs we thought, what better challenge than to run the length of our own country?"

And the exact plan? "To run the length of Scotland together as a group - socially distanced, if still necessary. None of this relay stuff, we'll all be going the distance," said Stuart. "We will be aiming to complete the chilling barbarity of this John O'Groats to Gretna Green route in 10 days, whilst also hoping that Scotland avoids rain-fall for the entire duration. As you might be able to tell, a key part of the plan involves our belief in the reverse-visualisation gambit; openly tempting fate by saying out loud the worst possible thing that might happen – in the hope that somehow it won't.




From left to right
Derek Marner, Paddy Watson, Ryan Stewart and Stuart Campbell

"We are also aiming to have fun, to encourage others to get out and enjoy the great Scottish outdoors, to test ourselves to the limit, to complete the challenge – and then collapse at Gretna Green in a primal-rage type catharsis."

From John O'Groats, they will head to Sutherland and down into Ross County. Taking in Muir of Ord and Drumnadrochit, they will hug the edge of Loch Ness until Fort Augustus. Moving on to Fort William and Ben Nevis, they will join the West Highland Way, down to Glasgow. From there they will head into South Lanarkshire and onto Moffat in Dumfries and Galloway. The last leg of the run will take them from Moffat to the finish line at Gretna Green where, said Stuart, "we hope to find cakes and cushions". They are encouraging anyone in the profession to join them, be it for a few miles along Loch Ness, a segment of the West Highland Way or round a city block in Glasgow.

The other primary aim is, of course, to raise as much money as possible for SAMH, the Scottish mental health charity. "Mental health issues are extremely common among dentists and other healthcare professionals," noted Paddy. "Really, I would just like to help raise more awareness of these issues, encourage people to talk about their struggles We all find running an excellent way to help combat the stresses of our professional lives, but it doesn't have to just be about running – it's about encouraging dentists to find activities outwith their working lives that make them happy and help them switch off. Mental health has really been thrown into the spotlight since COVID and it has never been more of an issue than it is now. We just want to encourage people to look after their mental health and wellbeing. That is why we have chosen the amazing SAMH charity to support during our challenge."

No doubt they'll draw inspiration from the fourth member of the team, Ryan, who – counter-intuitively – has found lockdown to be the saving of him, after growing disillusioned towards the end of 2019. "To be honest, I have been thriving," said Ryan. "I was stuck in a cycle of 'nine-to-six'. I wasn't stimulated in my job and I found myself stagnating and losing motivation only four years after graduation. I moved jobs thinking that would reinvigorate me, which it did, but only temporarily. I've been running regularly for 14 years but towards the end of 2019 I even managed to lose my running mojo and went two months with only a handful of runs instead of my usual six or seven a week, which is completely out of character for me.

"I was starting to try and fill the void with alcohol at weekends, which was just too easy. And so the rinse and repeat of hating work and drinking myself silly at weekends went on. The lockdown came just in time. I started running again as I had nowt else to do. I decided to give up alcohol and that went on for six months - a personal record since my university days! The time during lockdown to reflect made me realise I needed to find my niche. I didn't want to fully return to the NHS grind, so I decided to apply for my MSc and start shifting my career to implants. I was also lucky enough to come across mindset coach Mahmood Mawjee, himself an ex-dentist, and I signed up to his online mindset coaching programme. This really reinvigorated me and my passion for dentistry and for living life to the fullest returned.

"Mahmood pushed me to get myself out there in the public eye. I created a YouTube channel detailing the pathway a young dentist can take to start their implant career. I now post parody/comic videos on my Facebook and Instagram while on my runs – ryanstewart_90 if you want a chuckle – and I achieved a long-time goal of starting my own running club, the Scottish Dental Runners. It has been a huge hit with our profession and we now have regular groups meetings in Glasgow, Edinburgh, Dundee and Aberdeen, with more to follow. I may have found my true calling!"

What do the next few months hold for the team? "Lots of running," said Stuart, "in the rain, wind, snow, dark and going up and down hills. As well as lots of eating and mental preparation. In the words of ultrarunning legend Hal Koerner, multi-day ultra runs are 90 per cent mental strength. The other 10 per cent? That's mental strength too." And what's your ask, of the profession? "Get behind us, follow our progress on social media, share and like our social media content. Check out our website and donate what you can to SAMH. Even come and join up with us for a bit, if we are allowed to do so by then. We really want to encourage the dental profession to run, cycle, or jog along with us . Or come and join the support crew. We need all the help we can get!"

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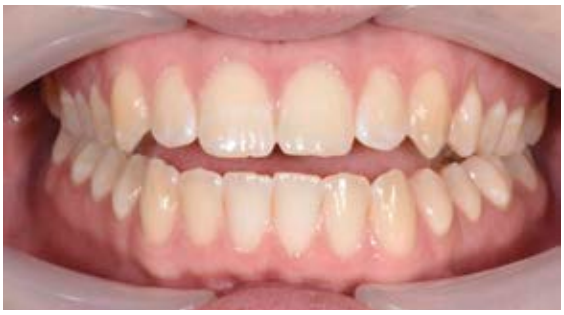
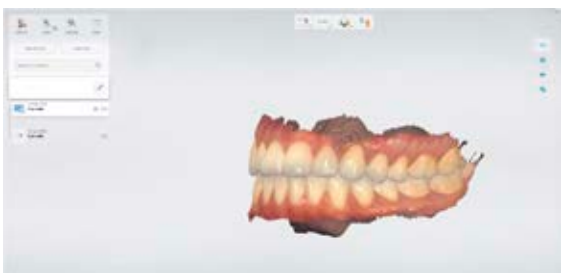
> "WE JUST REALLY WANT TO ENCOURAGE PEOPLE TO LOOK AFTER THEIR MENTAL HEALTH AND WELLBEING"
>
> PADDY WATSON

TOP TIPS for navigating the pandemic

As a keen sailor, Robbie Lawson considers problems and hurdles as something to be 'navigated' by thoughtful planning and consideration, whilst being prepared to alter course if the conditions change unexpectedly along the way



Invisalign open bite case successfully progressed remotely during the pandemic (Pre-treatment)



Pandemic hastened move to a digital flow

As a lifelong reader of *Viz*, I appreciate the simplicity of the 'Top-Tip' format of simple advice to smooth out life's dilemmas. Here are my Ten Top-Tips for navigating the COVID-19 pandemic:

1: Use the 'downtime' productively

Orthodontic practice is busy, time pressured and unrelenting. There is rarely down time for reflection, strategy planning and implementation of new working practices. At Edinburgh Orthodontics, we took the opportunity to move forward with a full restructuring and joined the Portman group, pushing on quickly from embryonic discussions from before the pandemic. We feel that the time involved in discussions, planning and due diligence would have been very challenging to schedule efficiently whilst working at our normal clinical capacity. Other strategy planning was also possible. We were able to get to grips with new practice management software (SfD), consider optimal staff utilisation and plan the route towards a more digital treatment flow.

2: Keep the team engaged

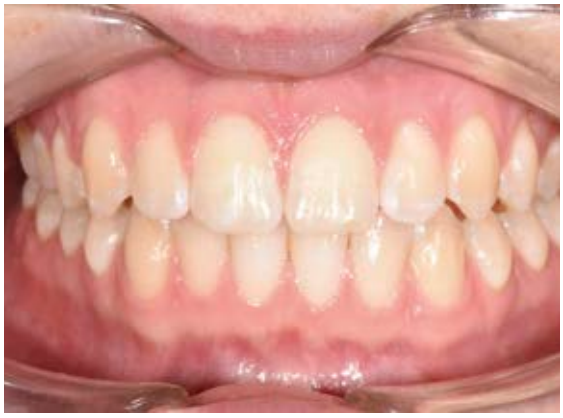
The initial lockdown was an unsettling period for the whole team. We had a rotational skeleton staff in the practice, allowing social distancing, dealing with emergency advice and patient communications. We feel that this maintained team integrity and helped reassure our staff that despite the uncertainty of the pandemic, they all had an essential role in contributing to patient care.

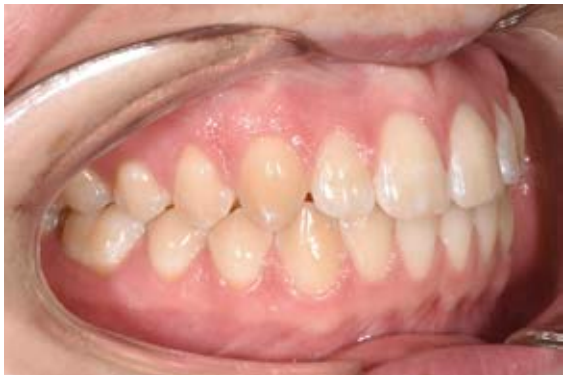
3: Plan, plan, and plan again for remobilisation

My desktop is littered with SOPs. Webinars and discussions with colleagues allowed constant redrafts of procedures, so that when lockdown ended, we could open safely at the earliest opportunity and in the most efficient manner.

4: Engage with the decision makers

At a practice level, conversations with our Dental Practice Advisers and Director of Dentistry allowed more enlightened planning.
At a national level, the Scottish Orthodontic Specialists Group worked tirelessly to ensure that orthodontic considerations were not lost in the pandemic chaos, engaging with BDA, SDPC, CDO and Ministers. We took the view that highlighting problems, whilst suggesting solutions with an openness to positive engagement would serve our group best.
We remain hopeful that we can help shape the post-pandemic structure of orthodontic care delivery.





Invisalign open bite case successfully progressed remotely during the pandemic (Post-treatment)

Mindfulness kittens: Winnie and Fred

5: Engage with your peers

The What's App Ortho Specialist group initiated by Iain Buchanan has been invaluable in sharing thoughts, problems, solutions and offering professional support. It's also been a great source of tooth-related banter, reducing isolation and keeping spirits up. Simple survey-monkey polls have allowed full group contribution in setting priorities and discussing how best to engage with decision makers.

6: Put the patients first

With more than 2,000 patients in active treatment, it was a priority to remobilise as early and efficiently as possible. It has been hard for us, but even harder for the patients who are all worried about their treatment progression. The reduced flow through the practice to allow social distancing has been challenging. We have extended appointment intervals, but despite the uncertainty around the SDR, endeavoured to push cases on towards completion. This has allowed us to see recalls and new patients and commence new cases. Hopefully this patient-centred approach will help cushion the business challenges in the future.

> "CHANGE IS POSSIBLE, NECESSARY AND OFTEN POSITIVE"

7: Ditch the AGPs

To maximise efficiency, we needed to minimise down time. We removed all AGPs from our procedures, introducing self-etching primer, altering protocols to avoid the need for air turbines. Ceramic appliances without fracture risk at debond are preferred (clarity advanced). Quad-helices and palatal arches are removed and replaced with bonded tubes rather than sectioned intra-orally. The micro-etcher is no longer used for lingual bonding.

8: Embrace the digital flow

Lockdown has hastened our drive to digital. Aligner cases could be progressed with a Zoom or Facetime with more aligners sent to the patient. Having digital impressions allowed manufacture of replacement retainers without further patient attendance. Scanning has less risk of 'saliva splatter' in the surgery. Digital study models allow instant visualisation for communication with patients and have greatly hastened the NHS approval process. Speedy approval has allowed removable appliances to be made without a further impression appointment.

9: Reflect

We need to react to ever changing circumstances. We are not doing everything perfectly. Priorities change and processes can be improved. The pandemic has made us step back and appreciate that change is possible, necessary and often positive.

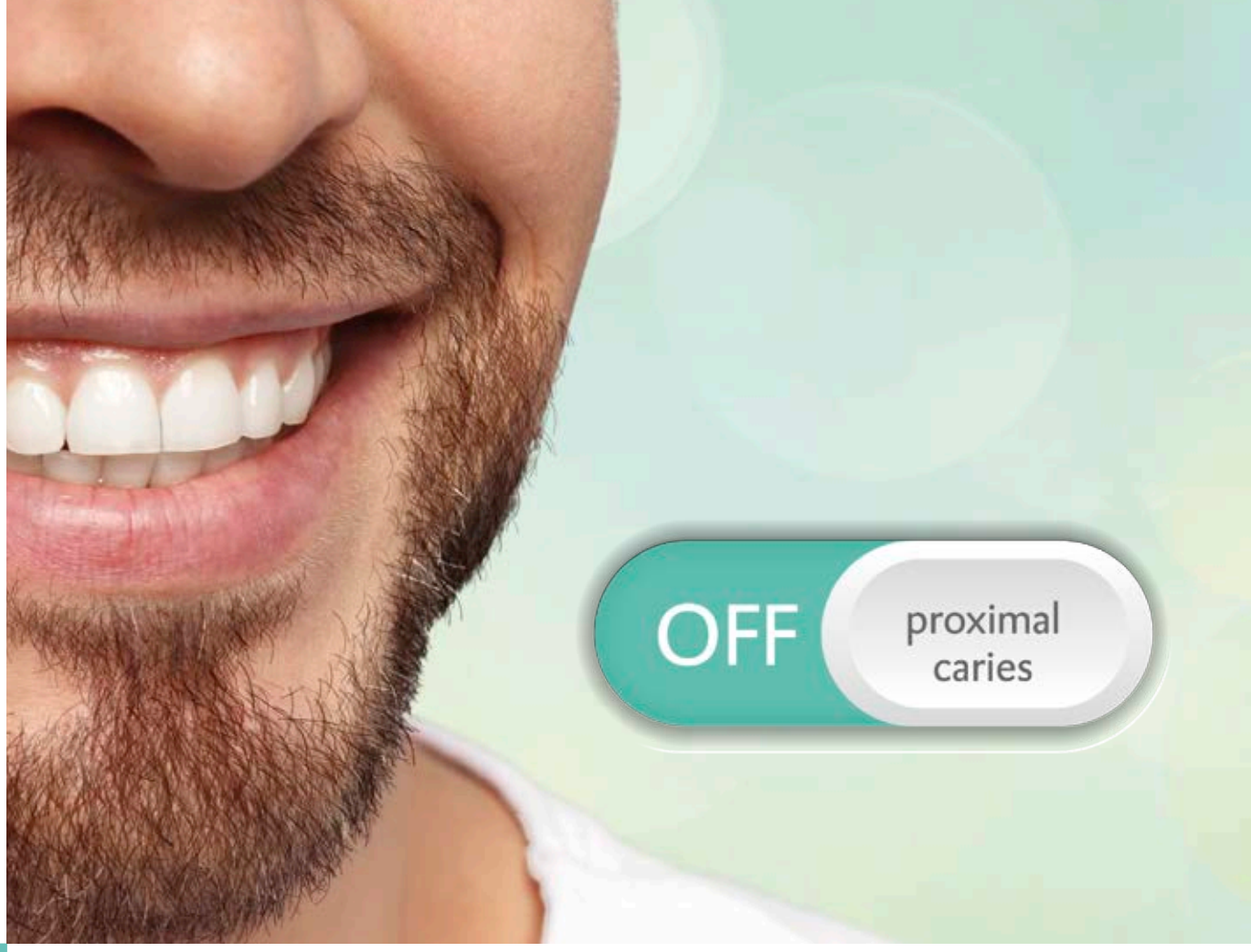
10: Keep the heid

It's been a tough year with limited options to destress from the challenges of navigating the practice through the pandemic. My sailing season was basically cancelled. When rules allowed, surfing and windsurfing proved to be the ideal solo, socially distanced alternatives. Our family were also joined by two kittens, Winnie and Fred. I challenge anyone to feel despondent with a kitten on their lap!

Robbie Lawson is a specialist orthodontist at Edinburgh Orthodontics and was a speaking at the Scottish Orthodontics Conference.

Focus on orthodontics, p69-72.

Trios 3-shape scanner



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NHS Education for Scotland

New approaches to pre-registration dental nurse training

NHS Education Scotland's DCP Workstream Lead outlines the new approach to pre-registration dental nurse training, and the team's rapid digital transformation during the pandemic that enabled continued progression of the programme

WORDS
CAROLINE TAYLOR

The Dental Care Professional (DCP) Workstream within NHS Education for Scotland (NES) is responsible for delivering high-quality education and training for pre and post-registration Dental Care Professionals, Practice Managers and Receptionists, to support the delivery of high-quality dental care.

Our provision of pre-registration dental nurse training supports trainee dental nurses towards obtaining the Scottish Qualifications Authority (SQA) Scottish Vocational Qualification (SVQ) & Professional Development Award (PDA) in Dental Nursing. Once they complete these qualifications, trainees can register with the General Dental Council (GDC) and practise using the title 'Dental Nurse'.

Modern Apprenticeship in Dental Nursing

In 2019 NES became a Training Provider with Skills Development Scotland (SDS), to provide the Modern Apprenticeship in Dental Nursing. This enabled fully funded places for trainees to undertake the Modern Apprenticeship.

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This modern apprenticeship framework complements our existing approach to providing pre-registration dental nurse training.

Apprentices work towards achieving the assessment requirements for SVQ & PDA in Dental Nursing qualifications, which is required for registration with the GDC. In addition, apprentices need to evidence attainment of the SQA Core Skills Units, (Communication; Information and Communication Technology; Numeracy; Problem Solving and Working with Others). These may have already obtained at school or college or can be achieved throughout the programme.

Collaboration and support

Once registered on the NES programme, the trainee dental nurse becomes a 'Modern Apprentice'. From the offset we provide ongoing support to both apprentices and training practices – employers and practice teams.

Our aim is to develop positive and collaborative relationships to support progression and provide a positive learning experience for the apprentice. This is maintained throughout the programme by regular communication and progress review meetings conducted every 13 weeks. These review meetings provide the apprentice, employer, and training provider (the apprentice's assessor) the chance to meet regularly to review the apprentice's progress to date, provide feedback, discuss any queries, and agree a series of short-term goals towards completion.

Digital transformation

Since March, as a result of the COVID-19 pandemic, all NES education centres have remained closed and staff continue to work from home.

The pandemic required an immediate response to adapt our approaches in how we provide education, training and assessment. The team embraced this positively, rapidly exploring digital options to maintain the progression and support of our learners. Those with experience of digital platforms provided valuable support to start this journey and experiment with new ways of working.

The team has now creatively redesigned educational programmes and assessments utilising digital technologies to create new blended learning approaches. New business support standard operating procedures have been created to support new digital ways of working.

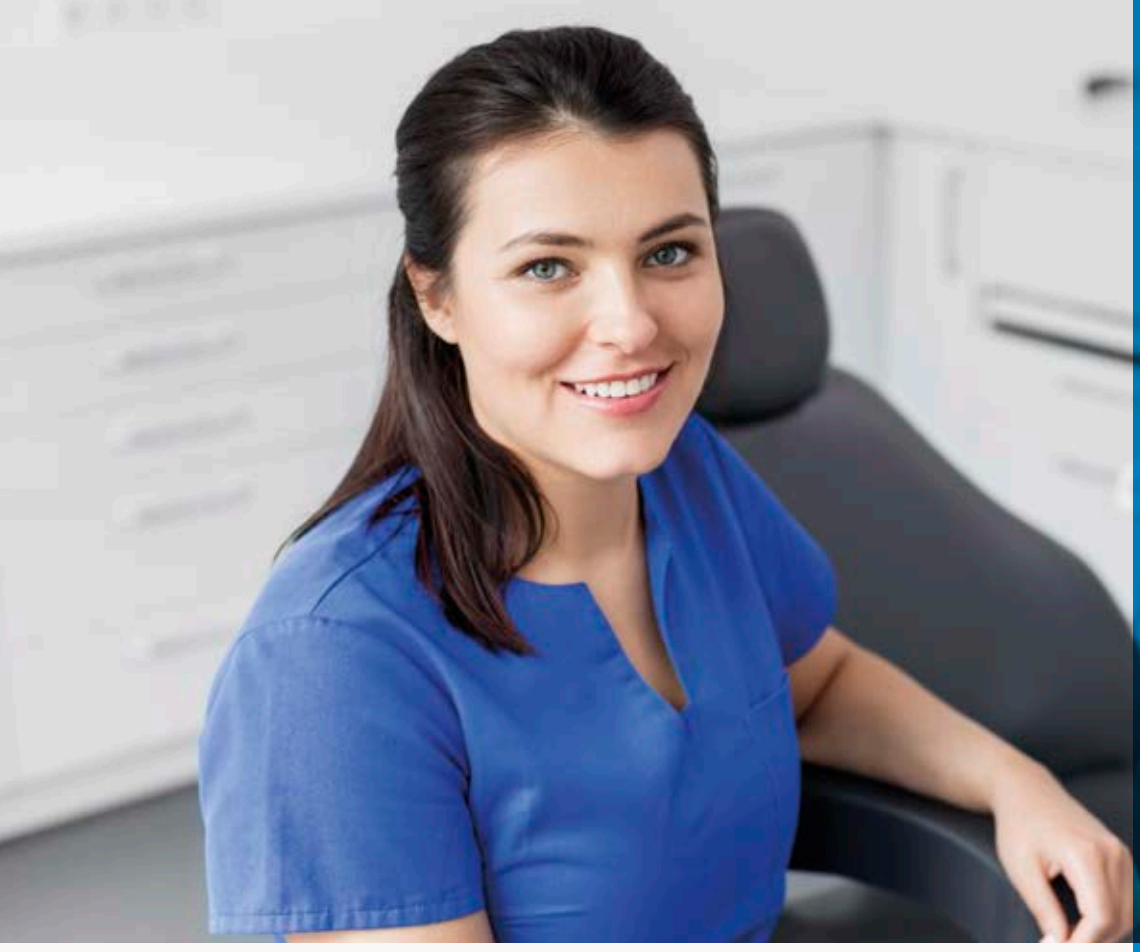
Innovative methods using live video stream and video recordings are now being used to remotely assess performance within the workplace, with secure processes in place for confidentiality and obtaining consent.

In addition, the team has been working closely with SQA to develop further digital assessment resources.

Feedback

Feedback from our learners, employers, and external stakeholders has been very positive:

"It is such unusual times that we are all living through and I personally am very grateful for the support and encouragement I have had from the NES team."



> “THE ONLINE STUDY DAYS HAVE ALWAYS BEEN VERY WELL ORGANISED AND DESIGNED TO RECOGNISE AND UNDERSTAND OUR NEEDS”

“The online study days have always been very well organised and designed to recognise and understand our (students’) needs as we were introduced to distance learning. They incorporated interactive elements and opportunities such as discussions, group assignments and online meetings. These social interaction elements helped to build a sense of community and prevented feelings of isolation during these uncertain times.”

Positive outcomes

Despite the challenges faced during the pandemic, we maintained the delivery of the programme and supported our first cohort towards completion. More than 80 trainees have now successfully achieved the requirements of the Modern Apprenticeship in Dental Nursing and completed their pre-registration training. They have proceeded to register with the GDC and will now embark on their professional career in Dental Nursing.

A further 90 new trainees have recently commenced the Modern Apprenticeship in Dental Nursing. The programme now follows our new blended learning approach, utilising digital technologies, and trainees attend study days via an online training platform.

The Modern Apprenticeship in Dental Nursing provides an excellent, fully funded framework to support pre-registration dental nurse training. The programme creates opportunities for regular communication and collaboration with the apprentice’s workplace to enable a positive learning experience for the apprentice and provide valuable workplace support.

For further information on the Modern Apprenticeship programme check our pages on the Turas learning platform:

bit.ly/NESDCP

New approaches for the future

The pandemic began a rapid digital transformation in the way we provide education and training for dental care professionals. We look forward to continuing to evolve and adapt our new approaches in the future in all the education and training programmes we provide.

Caroline Taylor is DCP Workstream Lead for NHS Education for Scotland. Email at caroline.taylor@nhs.scot

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Tariq Bashir

The co-founder of the Scottish Dental Study Club on repaying the sacrifices of his parents and his love of Dragons' Den

What was your childhood, or earliest, ambition?
From as far back as I can remember I wanted to be a pilot. I have had a few flying lessons and hopefully can get back into it at some point and obtain my PPL [private pilot's licence].

Ambition or talent: which matters more to success?
I don't feel talent is anything without ambition. You need something to drive you. But then what is success?

What is the greatest achievement of your life so far?
Personally: I have two amazing boys with my wonderful wife. Last year was our 10th anniversary; credit to Saimah for keeping everything running and me in check! Professionally: I'm grateful for all my professional achievements, the most recent of which was gaining my Masters in Endo.

In another life, what job might you have chosen?
I was very close to studying medicine at university, and even had a place, but somehow decided dentistry was for me even though it was my second choice for UCAS!

Which professional figure do you most admire?
In terms of dentistry, it has to be Dr John Kois. I haven't met anyone as humble and knowledgeable about dentistry and his passion for teaching is infectious. He is definitely a legend and I have been very fortunate to have spent time learning with him in Seattle.

Who are your heroes?
I would say my parents, as I now appreciate the sacrifices and hardships that they endured coming to a country they didn't know. My dad worked seven days a week, 12-hour shifts–which wasn't unusual for people of a similar background. Meanwhile, my mum brought up me and my four siblings. I find it challenging with just two kids!

What's your biggest extravagance?
I love my cars and I think I have passed that on to my boys who are fascinated by supercars at the moment. My four-year-old is apparently saving up for a McLaren!

In what place are you happiest?
Happiest with my family messing around, having a family movie night and get-togethers with the extended family.

What drives you on?
I always try to do my best at what I am doing, otherwise what is the point? At school and university, I tried hard to ensure my parents' efforts and sacrifices weren't wasted. However, I am now part of a profession I really enjoy, and I always want to know everything I can. I love to learn, and I love to teach. Seeing my delegates grow and flourish is what drives me.

How physically fit are you?
Probably fitter than you think, but still can be a lot fitter! Started to do a bit of boxing recently and really enjoying it!

What would be your *Mastermind* specialist subject?
Capital cities – try me!

What TV show could you not live without?
Dragons' Den, though I do wonder about some of the ideas people come up with! Maybe I should turn up with the Study Club idea!

Finally, 2020 was a challenging year; tell us about how you see 2021
I don't think we can really plan too far ahead, and it just goes to show you, despite what we have planned, God has other plans! However, I really do hope and pray everything settles and we can start to get back to pre-COVID days soon. We had some exciting things planned for Scottish Dental Study Club in 2020, but hopefully we can reveal these this year!

> "I ALWAYS TRY TO DO MY BEST AT WHAT I AM DOING, OTHERWISE WHAT IS THE POINT?

About Tariq

Tariq Bashir graduated from University of Glasgow Dental School in 2005. He held SHO positions in hospitals throughout Scotland before settling at the Visage Cosmetic Dental Clinic in Glasgow. He has been the BACD Scotland representative for the last five years and has sat on the BACD Education Committee. In 2018 he co-founded the popular Scottish Dental Study Club with his wife Saimah, bringing some of the top names in dentistry from around the world to Scotland.
scottishdentalstudyclub.co.uk
tariqbashirdentistry.co.uk

WHAT MAKES A GOOD LEADER?

If you want to be a leader, it's not all about you. It's about all those around you and how you make them feel

[WORDS: SUSIE ANDERSON SHARKEY]

ANDREW CARNEGIE ONCE SAID: "NO man will make a great leader who wants to do it all himself or get all the credit for doing it." So, let's have a look at that statement for a few moments; let's have a think about our leadership styles, qualities and how closely or loosely we match up to that statement.

I don't believe that people are born leaders. I do think that there are those that are born with particular personality traits that lend themselves to leadership but for those who don't possess these traits, there are skills and mindsets that can be acquired to bring out the leadership potential in anyone, if they desire it. Leadership by default means that you will have people who are looking to you for direction, for encouragement, for reassurance, for approval, for acceptance and for so much more. How do you relate to those people? How do you interact with them? How do you make them feel when you are around?

The well-known team-building mantra says: "There's no 'i' in team," and as a leader, you are at the head of the team; the team is not you. The team consists of a number of individuals whether they be few or many, from different backgrounds, different ages, different views and outlooks, and as a leader, one of the responsibilities is to lead the team as one cohesive unit and not sub-divisions of personalities, likes and dislikes. This is where, as a leader, you have to put your own preferences, your own preconceived ideas to one side and look at the bigger picture. What ultimately do you want the team to achieve? And how best can this be achieved? Wanting to do it all yourself and get all the credit for doing it is not the way. You need to get to know your team members and utilise their skills and attributes to bring out the best not just in themselves but in everyone around them. And how precisely do you do this? First and foremost, you need to lead by example. For many years, I worked in leadership roles and I always had one premise; I would never ask any team member to do anything I wasn't prepared to do myself. Leadership is not about 'passing the buck' to someone else when you don't want to do it yourself. Why should someone else want to, have to, do it if you don't want to do it yourself? Leadership should never be "do as I say, not as I do" attitude. You are in a privileged position where in fact you are serving the team rather than them serving you. You should be doing everything in your power to bring out the best in each person, that they flourish and grow under your leadership.... is that happening in your own workplace? If not, what do you need to change (in you) to make that happen?

Another phrase that people often use, and abuse, is 'knowledge is power'. I have seen people in leadership positions misuse this, keep everything to themselves, the team know nothing and thereby they feel they have power over them. As a leader, you will never gain respect if that is the way you lead the team. It is important to communicate with each member, that they know their value as part of the team and that they are providing a meaningful contribution to the end result, rather than being kept in the dark and hoping their efforts are good enough for whatever it is they are working towards, but they haven't a clue what it is! Are you following me? Communicate, communicate, communicate.

So, we've had a look at leading by example, and communication, what other traits are there in good leaders? Well, here's another really important leadership quality: Give your team space. You've asked them to do a job, let them get on with it. You don't have to be checking and double checking that the job is being done. No one likes to have someone (literally or otherwise) breathing over their shoulder while they carry out a prescribed task. You've delegated the task to them. They just want to get on with it, with the premise that if they need your input, you're there for them. Don't micromanage your team. Let them get creative, don't stifle them and put them into your box, the way you do it, the way you say it. Let them find their own box! They will have far more respect for you if they know that this is not all about you, but it's about getting the job done, whether it's in your style or another. In so doing, do hold them accountable. You have entrusted a task to them, and you do expect it to be carried out. A quiet: 'Is everything going OK?' is perfectly acceptable and also shows them that your door is open if they need input and you are aware of what they are doing.

The topic of leadership is vast and varied and we can only scratch the surface in this article. But let's summarise the three points in particular that we have highlighted.

1. **Lead by example**
2. **Communicate**
3. **Give ownership of tasks and don't micromanage**

So, getting back to Andrew Carnegie's quote at the beginning. "No man will make a great leader who wants to do it all himself or get all the credit for doing it." Is this quote written about you?

If you want to be a leader, it's not all about you. It's about all those around you and how you make them feel. It's about laying aside your own ego and giving credit where credit is due. It's about letting someone else have their spot in the sun, when it is evident that they have made an outstanding contribution. It's about setting an example that others want to follow, they feel inspired, they feel enlivened in their contributions, they feel they can do a great job. I'll leave you with this question. "Is that leader you?"

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

DISRUPTORS AND INNOVATORS

Every day brings more chances to evolve: 'Skate to where the puck is going to be, not where it has been'

[WORDS: ALUN K REES]

THE LATE PROFESSOR CLAYTON Christensen's Theory of Disruptive Innovation first came to my attention 25 years ago. Christensen explained that fast-moving disrupters entering the market with cheap, low-quality goods could undermine companies wed to prevailing beliefs about competitive advantage. So far, so good, and of little relevance to dentistry it would appear.

However even this theory was disrupted when new arrivals in markets had offerings that were every bit as good as those offered by so-called legacy providers. The appearance of the new kids on the block in the marketplace expands Christensen's theory in reach and vitality, making it harder for traditional companies to compete.

Two contrasting examples from business come from Gillette and Apple. Gillette introduced the low-cost razor but made the profits on the disposable blades. Apple's iPod is remembered as the music player but was by no means the first. Earlier models were stylish, and the technology worked but, to quote Christensen, "Apple's true innovation was to make downloading digital music easy and convenient. To do that, the company built a ground-breaking business model that combined hardware, software and service." They were the opposite of Gillette's approach; they effectively gave away the blades (the low-margin iTunes music) to lock-in the purchase of the razor (the high-margin iPod).

When I started my dental practice in the late 1980s it was with a set aim to change both the experience and long-term outcome for my patients. At the time I hadn't realised it could be described as disruptive and innovative, but I do remember getting a lot of kick back from what analysts would describe as competitors.

My view, then and now, is that the dental market had room for everyone and that to see someone else entering the market should not cause a ripple of fear. Instead, it should raise your curiosity about what they are doing, how they are doing it and whether it is succeeding?

I chose to start a practice from scratch because it was less costly, it meant that I could share and apply my philosophies and approach from day one and I didn't have to pay for goodwill. Being able to choose where I practiced was also very important. I am not claiming that it was easy, but it was my way.

In the two years leading to my opening, I visited many practices, observed how they worked, trying to establish what they had in common and what made them different from each other. I spent time looking at other industries, from manufacturing to retail, for ideas and inspiration, I was fortunate that family contacts meant I could see behind the scenes of apparently successful concerns to understand how fine the line was between success and failure.

> "I LIKE TO THINK I SUCCEEDED BY PUTTING THE PATIENT FIRST"

I came to realise that several of the key factors that had been emphasised during my associate years in different practices were merely old established practices that had evolved generation on generation. The emphasis and reliance on technology and the "doing, doing" of dentistry had changed little, the tools had got better and faster, and the materials evolved at a pace set by manufacturers. The consumers (patients) were still at the end of the chain when it came to the experience. I could do little to change the equipment and materials, but I could make the experience different and I could try to share my philosophy and beliefs with my patients.

My aim was to do my very best to help people keep their teeth healthy, to help them to control diseases and to prevent those diseases in their children. I like to think that I succeeded by putting the patient at the centre of everything that my team and I did and the important word there is team.

It is obvious that nobody wants dentistry. The benefits – a nice smile, a healthy mouth – are desirable of course, but ask them if they want to spend two hours in a dental chair with their mouth open and see the answer you get. If there was a way of delivering dentistry online, I believe you could charge significantly more for it.

One benefit of the COVID pandemic has been the increase in video consultations, especially but by no way exclusively for cosmetic care and aligner reviews. Having a team member engage in a face-to-face consultation with a potential new patient via Zoom has generated interest and significant business. Checking on progress of patients rather than insisting that they travel has proved a bonus.

The opportunity to innovate has not gone away, far from it. Every day brings more chances to evolve. As the great ice hockey player Wayne Gretzky said: "Skate to where the puck is going to be, not where it has been." To do that you have to understand the game, and never stop looking and learning.

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.

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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 those 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 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.

> "THERE ARE 101 WAYS TO BE SUCCESSFUL BUT MANAGEMENT REPORTING IS WIDELY AGREED TO BE A KEY INDICATOR OF FUTURE SUCCESS"

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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Honorary Senior Research Fellow, University of Glasgow Dental School

LAETITIA Brocklebank worked at Glasgow Dental Hospital and School for almost 30 years and made many contributions to the radiology specialty and to teaching. She 'officially' retired from her post as a Senior Clinical Lecturer/Honorary Consultant in Oral Radiology in 2015, only to return part-time about 10 months later. This continued until July 2020, when she was appointed as Honorary Senior Research Fellow at the University of Glasgow. Her untimely passing brings great sadness and there have been hundreds of messages of condolence sent to the University and the Dental Hospital from her friends around the world.

Laetitia Mary Finlay was born in 1952 in Beckenham, Kent, the daughter of John and Jane Finlay (née Hepburn), both of whom were Scottish. Her parents were strong role models. Her father was in the legal profession and rose to be a High Court judge. Her mother became Vice-Chairman of the UK's Equal Opportunities Commission.

At 18, Laetitia started as an undergraduate dental student at Guy's Hospital, London. She graduated BDS (University of London) in 1975, but after two years she was attracted to undertake postgraduate studies in dental radiology. When, in the 1970s, Professor David Smith took over the Department of Dental Radiology at King's College Hospital, one of his early projects was to set up a master's degree to train dentally qualified people to supply the needs of dental radiology departments worldwide. Laetitia is remembered as a delightful, intelligent and highly motivated student. She gained her MSc in 1978.

In the summer of that year, Laetitia met her future husband, Malcolm Brocklebank. They married in July 1980. After her master's degree, Laetitia did some teaching at Guy's and clinical work at Greenwich Hospital, but hoped to find a substantive position. Fortuitously, a new Dental School had opened in Hong Kong and a head of the radiology department was being sought. Despite an initial reluctance to apply, Laetitia was encouraged by her husband and by Professor Smith to do so. She took up the post in 1981. In Hong Kong, Laetitia became involved in forensic dentistry, codeveloping an identification method based on superimposition of a radiograph of the skull of an unknown person over a photograph of the possible match. She worked with the Hong Kong police to identify bodies, including in murder cases.

In 1984, Laetitia became a Fellow of the Royal Australasian College of Dental Surgeons (FRACDS), a qualification seen as essential for consultant-level status. It was during her time in Hong Kong that the Diploma of Dental Radiology (DDR, as it was called then) of the Royal College of Radiologists (RCR) was established in the UK, along with the associated training programmes. It must have been a challenge for Laetitia to obtain this qualification while working abroad, but she obtained the DDR in 1988.

Although she had enjoyed her position in Hong Kong, Laetitia moved to Scotland in 1989, taking up a post at the Edinburgh Dental Hospital and School. Unfortunately, the School was scheduled to close soon afterwards. She continued to live in Edinburgh, but moved to the University of Glasgow as Clinical Senior Lecturer in Oral Radiology. Her time there is recalled by students with affection for her style of teaching and as a mentor.

In 1996, Oxford University Press published her textbook *Dental Radiology: Understanding the X-ray Image*. She also produced a steady output of journal papers, focusing on clinical aspects of radiology. She developed a clinical service at Glasgow in videofluoroscopy

Laetitia was a consistent contributor to the British Society of Dental and Maxillofacial Radiology (BSDMFR), joining in 1978. After her return from Hong Kong, she resumed her active membership, presenting numerous clinical case reports and other presentations. None of us who were peers of Laetitia will forget her clear voice and measured style of lecturing. Her service to the Society was recognised when she served a term as President from 1997-99. She was an enthusiastic attendee of IADMFR meetings and submitted a successful bid to host the IADMFR Congress of 2001 in Glasgow. She was also a supporter of the development of a new European Academy of Dentomaxillofacial Radiology (EADMFR) in the early 2000s.

Around the same time, Laetitia developed a relationship with a new partner, Professor Paul van der Stelt. She spent time in the Netherlands with him and made great efforts to learn some Dutch. They travelled widely together, both for pleasure and as part of their mutual involvement in EADMFR. They were founding committee members of the organisation; Laetitia became Treasurer and Paul became Secretary, lending their considerable professional experience to the establishment and success of the new Academy. Their contributions were recognised by both being granted honorary membership.

Laetitia was awarded the Fellowship in Dental Surgery from the Royal College of Physicians and Surgeons of Glasgow in 1993, but it will be for her support of the Royal Odonto-Chirurgical Society of Scotland that many will remember her. She rarely missed a meeting from joining in 1990 and served as its president from 2003-04. Her support for dental and maxillofacial radiology in Scotland was second to none; all the current consultants in Scotland, and others, benefitted from her dedication as a trainer over the years. We will miss her as a friend and colleague.

While her professional contributions were invaluable to the specialty of dental and maxillofacial radiology, it is her personal qualities that we remember with special fondness. On professional and personal levels, Laetitia was a mentor for numerous staff and students throughout Scotland. Her passion inspired many dentists whom she trained to become radiologists. Her kindness and friendliness to others was exceptional. Socially, she breathed charisma into a room at our DMFR gatherings at home and abroad. She leaves many happy memories behind. We will all miss her vivacity and good humour.

Laetitia Brocklebank: Born 9 June 1952 and died on 4 December 2020.

Author: Keith Horner, incorporating valuable contributions from her friends and colleagues Malcolm Bishop, Malcolm Brocklebank, Jackie Brown, Elizabeth Connor, Peter Hirschmann, Douglas Lovelock, Brian O'Riordan, and John Rout. Full version: www.sdmag.co.uk/2021/01/06/obituary-laetitia-brocklebank

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The importance of psychological factors for dental teams during COVID-19

Dr Koula Asimakopoulou[1], Dr Heather Buchanan[2]
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This article is abridged with the authors' permission. The full advice was developed with the support of the British Psychological Society, and was published by the Faculty of General Dental Practice UK and College of General Dentistry, available at https://www.fgdp.org.uk/guidance-standards.

Psychology can help dental teams with the unique challenges posed by COVID-19. We can do this by providing evidence-based recommendations to support wellbeing in dental teams, ensuring patient adherence to safety measures and dental advice and advising on new ways of working informed by psychological science.

Why it is important to support dental teams now?

The COVID-19 pandemic has presented unique challenges for dental teams. In view of the numbers of patients attending, the challenges of social distancing and the close working proximity to the upper respiratory tract, there is a perception that dental practices could pose a potential threat for COVID-19 transmission

Restrictions on the provision of dental care throughout the UK during the early stages of the pandemic only heightened concern around the potential risks. This has been compounded by a plethora of conflicting information, which has led to considerable anxiety and stress for many members of the dental profession. Dental practices have high standards of infection prevention and control and adapted protocols to ensure premises continue to be a safe environment despite the threat of COVID-19.

Dental professionals are considered to be at higher risk of exposure, specifically when carrying out aerosol-generating procedures (AGPs), eg, when using ultrasonic scalers and high-speed handpieces on potentially infectious patients[1]. Although the risk of transmission from this route is considered to be extremely small[2], new protocols have been introduced including enhanced personal protective equipment (PPE), implementing a fallow period following AGPs and promotion of procedural and environmental mitigation measures[3,4].

In addition to the new standard operating procedures, dental teams may also face the challenge of treating patients who may be anxious about the risk of infection. This may be compounded by existing dental anxiety and concerns about oral health generally and COVID-19 more specifically.

Dental teams have managed unprecedented changes in their practice to respond to the pandemic. Psychology can offer support and guidance for the dental team, and patients, in key areas. These are separate but inter-connected.

Challenges and advice based on psychological evidence

Challenges have been identified in recent research[5], through application of psychology behaviour change models, and from dentist consultation. These are outlined[6], alongside advice based on psychological evidence.

Policy and guideline considerations

The pandemic has impacted how dental teams work, how they think and feel about work and on how they relate to patients. Clear policy guidance is required for dental teams that addresses these thoughts, emotions and practical concerns practically and psychologically.

The development of this document was supported by the British Psychological Society (BPS) COVID-19 Behavioural Science and Disease Prevention (BSDP) Taskforce, in partnership with the BPS Division of Health Psychology (DHP), the Faculty of General Dental Practice (UK) and the College of General Dentistry.

For specific advice on actions that may be relevant to your practice, consult the source document (tinyurl.com/y3aqtmxa)

FURTHER READING & RESOURCES

www.sdmag.co.uk/wp-content/uploads/2021/01/Dentistry-during-COVID-19-Psychological-advice-Dec2020.pdf

Email: communicationsdhp@bps.org.uk with the subject title 'COVID-19 Dentistry' www.bps.org.uk/member-microsites/division-health-psychology

BPS COVID resources: www.bps.org.uk/coronavirus-resources

WHO guidance on dealing with stress: apps.who.int/iris/rest/bitstreams/1276043/retrieve

Mental resilience principles: www.gskhealthpartner.com/en-gb/news-events/covid-19/anxiety-detail-page

FGDP members can access support from a trained counsellor by calling 020 7869 6221 / www.fgdp.org.uk/news/helpline-service-available-fgdpuk-members

Confidental: Call freephone 0333 987 5158, 24 hours a day / www.confidental-helpline.org

The Dentists' Health Support Trust: Call 0207 224 4671 / dentistshealthsupporttrust.org

BDA Benevolent Fund: Call 020 7486 4994 / www.bdabenevolentfund.org.uk

Mental Dental: Private Facebook group to support dentists in crisis / www.facebook.com/groups/1521725241212609

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3. COVID-19: infection prevention and control dental appendix, Public Health England (2020): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_dat a/file/928034/COVID-19_Infection_prevention_and_control_guidance_Dental_appendix.pdf

4. Implications of COVID-19 for the safe management of general dental practice - a practical guide, Faculty of General Dental Practice UK and College of General Dentistry (2020): https://www.fgdp.org.uk/implications-covid-19-safe-management-general-dental-practicepractical-guide

5. Nibali, L., Ide, M., Ng, D., Buontempo Z, Clayton Y, Asimakopoulou K. (2020). The perceived impact of COVID-19 on periodontal practice in the United Kingdom: a questionnaire study. Journal of Dentistry, 102: 103481 doi: 10.1016/j.jdent.2020.103481

6. www.sdmag.co.uk/wp-content/uploads/2021/01/Dentistry-during-COVID-19-Psychological-advice-Dec2020.pdf

IWT – NO.1 FOR END-TO-END PROJECT MANAGEMENT

From IT and networking to dental chairs, furniture and imaging, they provide dental solutions at your service

Successful dental practices require the perfect blend of ergonomic design, functional equipment and adaptable IT infrastructure. IWT provide industry-leading solutions for dental practices of any size and at any stage in their development.

IWT don't just work for you, they work with you – before, during and after installation and implementation. The company's partnership philosophy offers you full optimisation of your practice, your equipment and your workflow, allowing you to retain maximum focus on your patients.

From singular installations to their full end-to-end project management services, including building works, plumbing, electrics, flooring, dental chairs and bespoke cabinets in metal or wood, they are experts in identifying and fulfilling your needs and expectations.

Whether working with a fledgling NHS surgery or a large private practice, IWT's established relationships with leaders and vanguards of dental equipment, and their experience in delivering excellence throughout the industry, allows them to offer you cutting edge innovation and complete practicality, no matter the budget. IWT provides your business with the best framework and equipment for the task at hand, and the expertise to make it work for you – effortlessly.

IT and networking

IWT offer a comprehensive selection of fully project-managed IT services with end-to-end installation, including server-based networks, email systems, multi-monitor surgeries, cloud-based backups and disaster recovery, business phone systems, audio/visual installs, live surgery seminar cameras, waiting room digital signage, telephone systems, websites and home-working solutions.

The company creates partnerships with clients, gaining a thorough understanding of your business and expertly tailoring the solution around your specific requirements. This partnership is complemented by IWT's preventative maintenance methodology; they check in regularly, making visits to clients to provide hands-on customer support for their systems and progressive training for their staff, ensuring their IT infrastructure is working at maximum efficiency and in line with their needs.

Dental chair supply

Dentistry requires extreme precision and dexterity, so your equipment should be designed to work for you. IWT partners with trusted, industry leading vendors of chairs and dental furniture to ensure the success of your practice. Working with innovative, practical and established dental chair manufacturers such as Stern Weber, IWT provides chairs fit for any purpose.

The dental chair philosophy is founded on the perfection of a technology modelled around your work; a world of functions that can be personalised to suit your specific operating style and skills. Simplicity and integration ensure a perfect match of efficiency and speed. At the same time, innovation is at the heart, encompassing the integration of multimedia and X-ray diagnosis devices and providing dentists with multiple layers of versatility every single day.

Meanwhile, IWT's dental cabinetry options offer you control over dimensions, colour, base configuration and cabinet finish, providing your surgery with contemporary and hard-wearing furniture you can rely on. No matter your specialisation or operating style, IWT can provide you with the perfect dental furniture for your patients' comfort and an enviably fluid workflow.

This quality service also extends to transformation of your reception and waiting areas.

Imaging supply

For the past 18 months, IWT have been delivering Planmeca's digital dentistry solutions, the perfect partnership to offer you all the planning, support and training to help you every step of the way on your digital dentistry journey.

The Planmeca range consists of a wide choice of world-class 3D CBCT X-ray machines which feature Planmeca's unique pioneering Ultra Low Dose protocol and the world's first Correction Algorithm for Latent Movement. Planmeca CALM™ digital portfolio also consists of a range of advanced intraoral X-rays and chairside digital impression solution PlanFIT, featuring the jewel of the crown, intra-oral scanner Planmeca Emerald.

IWT have access to Planmeca's dental mobile showroom PlanDemo, where you can experience the complete digital workflow in the comfort of your practice surroundings. Available to book at a time that suits, it's the perfect tool to introduce you to the world of digital dentistry.

Project management

IWT specialise in providing end-to-end project managed solutions. When carrying out dental surgery or full practice renovations, they provide a comprehensive solution second to none.

Project management includes installation of all equipment, plumbing and electrical works, down to final decoration of the new area. They provide all services to complete the fit-out, which removes the stress of the refurbishment from all practice staff.

High client retention is testimony to their dedicated team of expert technicians and excellent service response call-out times.

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SHOULD I SELL TO A BODY CORPORATE?

If you are thinking of selling direct to a corporate, says Martyn Bradshaw, there are a few things to consider before taking the plunge

Despite there being some 'household' names in corporate dentistry there are a multitude of smaller corporates, often owned by dentists with 10, 20 or 30-plus practices. Having access to both the smaller corporates as well as the larger will give you more choices and may give you a better price or terms.

DOES SIZE MATTER?

Most body corporates will not entertain smaller practices as, financially, they have to work as 'associate-led' models. For example, a £300,000 turnover practice with £150,000 of associate fees and £100,000 of fixed costs, lab and materials, would only give an 'associate-led' profit of £30,000. Such practices are better suited to an owner occupier who is seeking to work in the practice and would not be paying half of the associate costs – as they would be generating the income personally. Most corporates are looking at annual turnover of £500,000 or greater, although it is mainly the profit (EBITDA) that is being considered.

These practices may also appeal to private buyers who may offer a better price or cleaner terms, although once getting to a certain size (say £2,000,000), it is questionable whether a private buyer (purchasing their first practice) can afford them.

WHAT PRICES ARE BEING PAID?

Interestingly, body corporates will generally pay the same multiple of EBITDA for NHS or private practices, which is not the case for smaller practices being purchased by owner occupiers. Corporates are generally not concerned how the income is generated (i.e., through the NHS, by dental plan or as private fees per item) but are more focused on the profitability.

However, it should be noted that the calculation of the multiple is as important (if not more) than the multiple itself. Where someone approaches a corporate themselves, they may realise they need to add a cost for them working as an associate (let's say £90,000) and this gives them the correct associate-led EBITDA (earnings before interest, tax, depreciation and amortisation), correct? No! There are many other adjustments required when undertaking this calculation. If, for example, they amount to £60,000 and we use a seven multiple, the difference in value is £420,000. Some adjustments include lowering personal items and tax reducers, while others bring the practice costs back to national averages – and must be undertaken by an experienced valuer.

It is not the responsibility of a body corporate to tell you about all of the items that should be adjusted, and it would often not understand the practice well enough to make them in any case. Therefore, I urge any prospective seller not to go it alone. Corporates are familiar with the process and you need the same level experience on your side.

WOULD I HAVE A TIE-IN?

Good or bad, the body corporate is likely to want the principal to remain as an associate post-sale. This can often be advantageous for principals who are 'cashing in' on their value but are not quite ready to stop dentistry or retire. Therefore, the fact that the practice is being sold to a body corporate (running an associate-led model) means they are still required as a dentist and have job security without the worry of selling the dental practice when they do decide to retire. For those principals who do not wish to carry on, a tie-in will be a burden and they are likely to want it to be the minimum possible. The terms of the tie-in can often be negotiated but will largely depend on the specifics of the practice.

Martyn Bradshaw is a director of PFM Dental, one of the largest professional advisory firms for dentists, including; sales and valuations, financial advice and accountancy.
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DO THEY GIVE ME ALL THE MONEY UP FRONT?

This depends on a number of factors. If the principal has agreed to stay, let's say for four years, what protection will the body corporate require? Most will ask for a retention or a deferred payment of the sale price on the principal staying. Thus, if the practice was valued at say £1,000,000 and the body corporate asked for 20 per cent to be deferred this would mean £800,000 of the sale price would be paid upfront with £200,000 deferred. At the end of each year, £50,000 (£200,000/4) would be paid based on the principal staying at the practice and at the end of the four years they will have achieved the full £1,000,000 sale price.

SPEED OF SALE

One main advantage with body corporates is that they are often quite good in getting the deals done in a timely manner. They do not need to spend weeks raising finance or worrying about small matters which may concern a private buyer. In our experience, the process can often be completed in as little as four months.

HOW DO I ACHIEVE THE BEST DEAL?

With any prospective practice sale, it is generally best to have as many offers as you can in front of you, with the price they will pay and the terms of the deal – only then can you be reassured that you are entering into the best deal. But, corporate buyers have vast experience and I urge vendors not to go it alone – get good advice and professional support to ensure that everything is considered for your benefit. My experience is that this can leave clients tens of thousands of pounds better off.

Read full article here: pfmdental.co.uk/should-i-sell-to-a-body-corporate

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DOES YOUR PRACTICE HAVE BUSINESS INTERRUPTION INSURANCE COVER?

The long-awaited judgement by the Supreme Court on the Financial Conduct Authority's (FCA) business interruption test case was delivered on 15 January 2021, allowing the appeal on behalf of policy holders. This completes the legal process for impacted policies and means that thousands of policyholders will now have their claims for coronavirus-related business interruption losses paid.

Coronavirus has caused substantial loss and distress to businesses in the healthcare sector, and many are under immense financial strain to stay afloat, having seen most of their turnover and profits all but disappear over the past 10 months. Along with the announcement that there will be continued funding for PPE in General Dental Services until the end of June 2021, the ability to submit a business interruption claim could provide additional funds and working capital required for dental practices to weather the next few months.

With businesses often paying significant insurance premiums, the ability to submit a claim for interruption losses with the hope of it being paid out makes the process more positive. The information required for the claim will vary from policy to policy but from our experience the following is required:

- Actual and (pre-loss) profit and loss account on either monthly, quarterly or annual basis.
- Re-calculated prepared forecasts on a monthly, quarterly or annual basis based on actual earnings.
- Detail of monthly fixed costs (payroll, rent, etc).
- Detail of Government support (grant, loans, furlough and rate relief) received to date.
- Detail of NHS receipts

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The above list is not exhaustive but highlights the level of detail many insurance providers request before they evaluate any claim. Accurate and up-to-date accounts and bookkeeping information will be crucial in establishing your case and therefore you should speak with your relevant advisors to position your practice in the best possible place to make a robust claim.

Although the ruling doesn't ensure your claim will be successful, we would recommend you contact your insurance company or broker to discuss your policy. We expect most insurance companies will be inundated initially, and in some cases you may not get the response you want. However we suggest you remain persistent and discuss with your professional advisors on how best to proceed.

If you'd like our advice or assistance before submitting your claim, please get in touch with Louise Grant.

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You can count on their knowledge in offering all types of flooring and wall covering solutions

Calton Floors are easily the first choice when considering safety flooring and hygienic wall coverings for your reception and surgery.

Calton's reputation as a contractor stems from their work experience spanning more than 60 years. During this time, they have consistently provided reliable and prompt services to all their commercial clients throughout Scotland and beyond. With a warehouse in Livingston, they cover as far north as Perth, south to the Borders, east to Eyemouth and west to Greenock.

The company's professional fitters have between 10 to 30 years of experience and continue to deliver exceptional results. All of Calton's workers are directly employed and no work is subcontracted out, thus keeping all work within their control and to the levels of quality their customers expect.

They have undertaken projects for a range of properties, including dental practices and other healthcare locations. The unique variants of flooring supplied by Calton are excellent options.

The flooring is manufactured using a combination of silicon carbide, quartz and aluminium oxide throughout the entire wear layer. As it is used, it keeps delivering the same level of slip resistance and confidence for the lifetime of your installation.

The nature of these surfaces also helps to prevent the build-up of bacteria and germs such as COVID-19. This is a very real concern from a sanitary point of view, especially when dealing with dental surgeries during the current pandemic. The good news is that a wide variety of styles and colours are available, so it is easy to find the most appropriate design for your dental surgery and office area.

Calton aims to carry out projects seamlessly, from start to finish, without compromising on quality. Drawing on Calton's years of experience, you can count on their knowledge in offering all types of flooring solutions and their team of professionals carrying out all installations to the highest standards.

www.caltonfloors.com

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>
> PETER BUCHAN, CLINICAL DIRECTOR, NO9 DENTAL PRACTICE, UPHALL

PLANNING FOR RETIREMENT – PRACTICE OWNERS

Think ahead, plan each step and consider what retirement will look like

Perhaps more so in these unusual times, many people in all walks of life look forward to the point when they can step off the career conveyor belt and walk off into the sunset (assuming that lockdown is over by then) to enjoy what will hopefully be a long and happy retirement with family and friends. Dentists are no different. While your career and patient care are very important to you, most get to a natural point when retirement beckons.

But planning for retirement shouldn't start on the Friday that you are due to finish up. In particular, for practice owners, there is a need to plan ahead from a much earlier stage and to set out the various steps to reach retirement, and what retirement will look like on a number of levels.

Firstly, as a practice owner, you have built up your practice over a number of years. If you were to assess what your financial position will be like in retirement, the value of your practice is likely to be a very important aspect. So how are you going to realise that value? You won't magically be presented with a cheque as you walk out the door, so you need to think ahead to turning your practice value into cash through a sale.

You might intend to sell your practice to one of your associates. If you do, make sure that they are up for that (not always a given) and that they are likely to be able to finance the acquisition. Sales to associates still happen of course, but they are much less common than in the past. When your intended retirement date is approaching, get the more detailed discussions and legal process underway early (perhaps the year before), so that you have comfort that it will come together with the desired timeframe.

If a sale to an associate isn't on the cards, then you will need to find another buyer, most likely using a dental sales agent. Research the agents so you can find the right one. Ask them for their thoughts on your practice value and how they will go about marketing it. Once again, this process won't happen overnight, so planning ahead is advisable, giving you the benefit of making decisions in your own time without feeling that you are under pressure to sell.

Selling the practice is one thing. If you also own your surgery premises, you have a decision to make on whether to sell that too. Some practice owners prefer the idea of selling the premises along with the practice itself. It certainly, under current tax rules, brings a better tax outcome than if you were to sell the premises at a later date, as you may have more tax to pay on the later sale of the premises, depending upon when it is sold. Having said that, retaining the premises and leasing it to the buyer will give you a recurring rental income which may be attractive to you. Whichever route you go down, you should consult your accountant so that you are fully aware of the tax implications.

We've talked about sale and retirement as one and the same. Of course, some don't necessarily want to stop working when they sell the practice. They may like the idea of realising their practice value but working on for a period, allowing them to potentially wind down work commitments over a period of time, and also have a continuing income as an associate. If that is your intention, make sure that this is made clear to any potential buyer. You should also consider fully whether continuing to work is really a good idea. Going from being the boss to being an associate can be a difficult transition. It works for some but not for everyone. That may depend upon who the buyer is, but you should give the subject some very careful thought.

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Assuming that you have reached the point of sale, there are a few practical but very important aspects to address:

- **Tax** – having sold, you will in most cases have a tax liability to pay in relation to the sale proceeds. Make sure that you get your accountant's input on how much that will be, when it will be payable, etc.
- **Financial advice** – the sale will have created an amount of cash. You will want to ensure that you put it to work for your future. Some of it may be spent on things like home improvements, a special holiday, etc, but beyond that you would wish to have financial advice on how to invest the proceeds.
- **Wills** – having converted your practice value into cash, your Inheritance Tax position will have changed considerably. So get advice from your lawyer, and think about whether your current wills (if you have them) are suitable for your current circumstances and family structure.

While all of these steps take time, with careful and timely planning you can hopefully set yourself up for the relaxing retirement you have dreamed of.

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IS THIS NEW YEAR TIME FOR A FRESH START?

We might be working in incredibly challenging times but that doesn't mean we shouldn't be taking stock of where we are and looking ahead to what we can achieve in the future

At the time of writing, we move in to 2021 after an incredibly challenging year for the Scottish dental sector. I sincerely hope that 2020 has not caused you, or your practice, too much pain as we continue to navigate the adverse impact of COVID-19.

Traditionally a new year can be a time for reflection and goal planning. I suggest practice owners should take the opportunity at this point to think about the year ahead. While much remains out of your hands, that should not be taken as an excuse for inertia.

When was the last time you shined the light in the eyes of your practice performance? There is no doubt that you are trading in a period of unprecedented change and challenge so without question any incremental gains available, however small, should be grasped by reviewing where you could improve.

There are lots of ways to review your practice, and regular readers of my column will know we are strong advocates of ensuring you track performance, using carefully designed and targeted key performance indicators (KPIs.) Other ways to run the rule over your practice can range from financial benchmarking, mystery shopping, patient surveys and team surveys. All of which have some really valuable potential insights into your operations and should be considered on a periodic and systematic basis without doubt. However if you are time poor and unsure where to start with your focus in the new year, it may be time to undertake a health check on your practice.

E: james@dentalaccountantsscotland.co.uk
Book a meeting with James @: https://meetings.hubspot.com/james832

With our years of in-depth experience gained from working with high performing practices and transforming some underperformers, we have developed our own health check processes.

I'd love to help you run the rule over your own practice performance and would be happy to offer some free insight into your results and future planning.

It's clear that the strength of your practice in these challenging times will provide opportunity during the recovery phases, so I urge you to do all you can to improve.

Good luck. Let me know if we can help.

BELOTERO® Lips Shape is designed to add volume to the body of the lip and BELOTERO® Lips Contour definition in the vermilion border.

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M-BEL-UKI-0937 Date of Preparation January 2021

Using the BELOTERO® Range

Dr Paula Mann provides an overview of the BELOTERO® dermal filler range and explains why she uses the products to create predictable, harmonious results[1,2] tailored to her individual patient needs.

Why do you choose the BELOTERO® range?

I have been using **BELOTERO®** for the last five years with great results for my patients. For me, the difference is in the way the **BELOTERO®** range is created. For full face natural rejuvenation it is really important I can address the changes within the different tissue layers. The **BELOTERO®** range provides me with a rheologically-tailored portfolio, with each filler having its own unique benefits at varying injection depths. I can treat patients as individuals, not with a one size fits all approach. It is also vital to me that I use a filler with evidence of an established safety profile. I am confident in my choice as research has shown the **BELOTERO®** range of fillers demonstrate little or no immune inflammatory response in the tissue.[1,3]

Why is rheology so important?

BELOTERO® hyaluronic acid (HA) dermal fillers are the only fillers available to UK and Ireland practitioners manufactured using the patented Dynamic Crosslinking Technology (DCLT), leading to a Cohesive Polydensified Matrix (CPM). The resultant monophasic gel has variable densities of crosslinked HA. This gives excellent tissue integration as the filler will respond to the different areas of interstitial volume loss.[4] For myself and my patients this is seen as a natural, smooth correction. By manipulating the three main important rheological properties (cohesivity, elasticity and plasticity), **BELOTERO®** has created a portfolio of fillers which are optimised in the superficial, subcutaneous and deep dermis or supraperiosteal layers.

How does this influence your use of the BELOTERO® range?

A filler with high cohesivity can integrate into the tissue without dispersing during movement, giving a smooth, precise result. In my opinion, fillers with high cohesivity such as **BELOTERO® Balance** and **BELOTERO® Lips Contour** are perfectly suited to the vermillion border and fine lines.[5,6] Here the product will easily flow through a 30G needle and I can inject precisely in the superficial to mid dermis to create sharp definition or correction. Importantly, due to its excellent tissue integration will help prevent migration into the surrounding tissues.[7]

BELOTERO® used in combination or alone helps me achieve a natural looking, long lasting result

In those patients who have fine superficial lines, such as crow's feet or on the décolletage, I inject **BELOTERO® Soft** directly into the superficial to mid-dermis. With its slightly lower concentration of HA and very high cohesivity it has the effect of 'airbrushing' imperfections and providing rehydration.[8] **BELOTERO® Intense** and **BELOTERO® Lips Shape** are the most elastic of the range. This is essential in very dynamic areas such as the lips, nasolabial folds and marionette region. I use a cannula or 27G needle to place these in the deep dermal tissue to augment and revolumise the lips and smooth deeper lines. Its elasticity makes it resistant to the shearing and compressive forces it encounters; it will project and volumise, while giving a beautiful, natural looking result.[9]

When restoring deeper volume loss or improving contour in 3D, such as the temples, cheeks and chin, I need a filler which is highly plastic to enable shaping and moulding. However it must be sufficiently elastic for lifting the tissues and maintaining a natural result in facial expression.

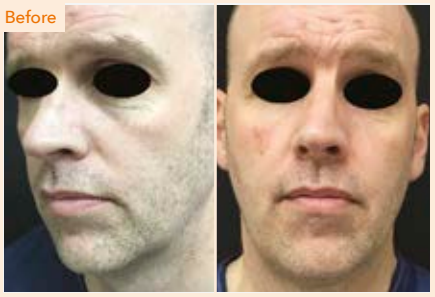
BELOTERO® Volume has a combination of both properties.[9,10] To create a balanced, restored facial shape I prefer to inject this filler onto the periosteum of the cheek bone and chin using a 30G or 27G. In the sub-SMAS and deep subcutaneous layers of the anterior mid-cheek and sub malar areas, I would use a cannula for creation of smooth flowing contours and natural features. More recently, Merz launched **BELOTERO® Lips Shape** and **BELOTERO® Lips Contour**. These are the same formulations as **BELOTERO® Intense** and **BELOTERO® Balance**, respectively. Together, 0.6ml of Shape and Contour are a lip enhancement duo, designed to address the age-related changes in the two different lip tissues. Both myself and my patients absolutely love this combination treatment. I explain that together these fillers act like lipstick and lipliner.

Case Study: BELOTERO® full face rejuvenation

This 50-year-old male patient was concerned about looking tired and old, and wished for a rejuvenating result that maintained his masculine features but would not be noticed by his peers.

Presentation

Full face analysis revealed global volume loss. In the temples this formed an hourglass appearance and contributed to lateral brow ptosis. There were fine static lines in the forehead and orbital region. There was also significant volume loss in the midcheek area leading to a more significant lower lid cheek junction, nasolabial folds and flattening in profile. Loss of support at the oral commissures and fine perioral lines led to a 'sad' appearance and there were obvious marionette folds. The chin was retroclined when compared to the nasal projection and the gonial width was narrow, creating an imbalanced proportion compared to the overall facial length. Following discussion with the patient, including benefits and risks, he consented to an initial treatment plan focussing on correction of fine lines, volume replacement and creating balance.



Treatment

The temples were treated with supraperiosteal injections of **BELOTERO® Volume** 0.5ml per side, while the right and left anterior and lateral mid-cheek were treated using supraperiosteal depot injections of **BELOTERO® Volume** 0.7ml, blended with 0.7ml subcutaneous placement of **BELOTERO® Volume** using a cannula. 1ml of **BELOTERO® Volume** was again used supraperiosteally on the anterior projection point of the mandible to balance the retroclined position of the pogonion. A further 0.5ml of **BELOTERO® Volume** was injected as a supraperiosteal bolus on the gonial angle to create width. A cannula was used in the deep dermis of the more dynamic areas with 0.5ml of **BELOTERO® Intense**, used in each of the nasolabial and marionette folds. This had the effect of smoothing the deeper lines and lifting the oral commissures. Using a 30G needle in the superficial dermis the fine static lines around the lateral orbits of both sides were corrected using 0.4 ml of **BELOTERO® Balance**. Careful analysis and use of the appropriate **BELOTERO®** dermal fillers at the varying levels of need resulted in a natural looking rejuvenation. The patient was delighted and has committed to further treatment and maintenance over the coming months.

The very elastic Lips Shape comes in a 0.6ml syringe and is perfect for natural volumisation of the vermillion. The highly cohesive Lips Contour 0.6ml is a sufficient quantity to inject in the superficial dermis of the vermillion border giving a sharp, more youthful defined border and reduction in perioral wrinkles.[7]

Conclusion

It is essential I can analyse my patients face and have the available tools to meet their needs; rejuvenating in an effective, predictable and natural way. The CPM fillers of the **BELOTERO®** range are not about painting by numbers for a generic look. The products have been specifically created to achieve natural looking, lasting results. I am confident I am using a dermal filler with an excellent safety profile,[10] predictable, harmonious results and high patient satisfaction and trust.[1,2]

Dr Paula Mann qualified as a dental surgeon in 2000. She worked in her own private practice and as a clinical teacher at The University of Glasgow's Dental Hospital. Having introduced non-surgical aesthetic medicine to her clinical practice in 2008, this soon became Dr Mann's main focus. She is now solely committed to the practice and teaching of aesthetic medicine within Clinetix Medispa and Aesthetic Training Academy in Glasgow. Dr Mann joined the team at the Merz Institute of Advanced Aesthetics as a Merz Innovation Partner in 2019 supporting practitioners using the Merz portfolio.
Qual: BDS (Hons)

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M-BEL-UKI-0934 Date of Preparation December 2020

MERZ AESTHETICS

University of Central Lancashire UCLan
Where opportunity creates success

VSSAcademy
continuing dental education

CONVERSATIONS WITH VSSACADEMY – PART 2

UCLan's MSc in Clinical Implantology: Current Postgraduate students reflect on how VSSAcademy (VSSA) supported them through a very challenging year of study and their hopes for the future

CHRISTOPHER NAVARRO

Principal Dentist, Year 1 MSC Student

I chose to study for my implant MSc via VSSAcademy at UCLAN because I had been recommended to by two individuals that I respected and trusted. I was also attracted to the format of a two-year course. The course is extremely organised. They use Microsoft Teams and 'Blackboard' – both online applications to aid online teaching – very effectively. All your lectures, reading material and assignments are there right from the off. You can work at your own speed when and where you want which was very convenient. The lecturers are all very approachable and keen to help. They are all very responsive to questions and emails regarding your assignments. The VSSA/UCLAN team were amazing over lock down. Their quick and effective response to bring all their lectures and exams online was amazing and must have taken a lot of effort. I was very impressed and grateful to be able to complete the first year without any interruption.

NAVEED HUSSAIN

Associate Dentist & Graduating MSc Student

Learning via VSSAcademy was a very flexible way to obtain a MSc. The online learning plus timetabled teaching spaced well apart, meant very little time way from practice and therefore very little loss of income. The Academy provides an e-learning environment with videos, revision sessions and recorded feedback sessions. You have access to a great calibre of lecturers with vast experience, including Fadi Barrak who is a fountain of knowledge. The Academy team are lovely people who are accessible, helpful and supportive. If you're looking for a flexible pathway to a MSc, with little time on campus and self-directed learning, this is a great option for you.

NEMARIQ AL HINAI

Associate Dentist, Year 1 MSc Student

Despite the interruptions with the COVID-19 pandemic and the limitations on accessing real patients, I still enjoyed my first year of the VSSAcademy MSc. I was pleasantly surprised by the amount and quality of work that has been put in to ensure we get the best theoretical knowledge in dental implants. I prefer the online lectures now. I like how I can watch the recordings, stop and rewatch when it is convenient to me, and still get the chance to ask questions on catch up webinars. The critical appraisal course is also well put together and complements our learning needs for evidence-based practice. Fadi and his team are all approachable and I can feel their efforts to make sure everyone is comfortable with the modules and any needs are addressed appropriately. The course is consistent with ITI teachings and I feel it is a great way to start your dental implant learning, knowing that it fits in with a wider international peers consensus.

GRAINNE MCCLOSKEY

Principal Dentist, MSc Year 1 Student

Lockdown changed our mode of learning and it was impressive how quickly the Academy moved to online webinars and a new mode of teaching. We had short, live lecture style webinars on Saturday mornings, based on recorded sessions which we could do at our own pace and if we had any questions, we could email them beforehand. I found this very useful as sometimes questions occur after a lecture when it's too late to ask them in person or you forget to ask. I have always found Fadi, Ann and Alan very approachable and supportive; they are willing to listen to any concerns and address any issues.

RADHIKA BAIREDDY

Principal Dentist & Graduating MSc Student

I previously completed first-year MSc Implantology at UCLan, where Fadi Barrak was the head of Implantology. I wanted to learn from the expert. Fadi is a skilful and knowledgeable tutor. He is approachable and a great guide. When I heard about his Academy, I was happy to continue my MSc with them. My learning at VSSA has completely met my expectations. Manoj, my clinical tutor, was excellent and easy going. The online support was fantastic too, including presentations. Being advised of the recommended articles to read was handy as implants is a big topic. There is a vast amount of information available and it is easy to get lost. The online support through Microsoft Teams during lockdown was helpful. The Academy team were also well organised and responded to emails promptly. The clinical guidance while placing implants was excellent. And the clinics were well organised with quality equipment provided. During my preparation for the exams, Fadi was supportive and provided prompt guidance through email. The Academy provides ongoing online support after the MSc is finished and this is useful for clinicians like me who have started their journey of placing patients' implants.

UCLan and VSSAcademy are now open for applications for the intake of this popular two-year part-time MSc course, commencing September 2021 in Glasgow. Interviews will commence in early 2021 on a first come first served basis.

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

University of Central Lancashire UCLan

In collaboration with VSSAcademy continuing dental education straumann botiss biomaterials Prestige Dental Technically first class

MSc Clinical Implantology

2 years, part-time | Glasgow | September 2021

The world of dentistry continues to change. Patients have increasing expectations and there is more that Dentists can do to meet their wishes and needs. The future is bright for the dental practitioner with enhanced skills working either within the National Health Service or privately. Dentistry is moving towards the establishment of local clinical networks where the dentist possessing additional skills can look forward to a career with greater professional rewards. With the ever-increasing emphasis on the delivery of high quality in primary care, completing one of our postgraduate MSc degrees will allow you to play a strong role in provision of dental treatment in the future. UCLan's Dental Implantology programme provides the busy General Dental Practitioner with a part-time educational route to acquire the skills and knowledge required to undertake more complex and interesting cases in practice. This programme focuses on contemporary practice, evidence-based principles and systems to ensure an optimal outcome for both the patient and practitioner.

Course delivery - This course is made up of virtual classrooms, live webinars and contact days that take place mostly on Saturdays in Glasgow. Clinical supervision days take place at our Regional Training Centres throughout Scotland.

Course Overview

Module DX4016 Clinical Implantology Year 1.
MSc course introduction followed by 13 days of lectures and hands-on tutorials:

Date TBC:	MSc Course Induction. Live webinar.
16 Oct 2021:	Treatment planning and case selection. Contact day.
13 Nov 2021:	Basic sciences for Implant dentistry. Live webinar.
4 Dec 2021:	Implant Design, biomechanics. Live webinar.
8 Jan 2022:	Surgical skills for Implant dentistry. Contact day.
5 Feb 2022:	Occlusion. Live webinar.
26 Feb 2022:	Restoring Implants. Contact day.
18 & 19 March 2022:	Lab procedures & Digital Workflow in Implant Dentistry. Contact days and recorded lectures. Day 2 will take place in a local laboratory.
9 April 2022:	Bone Defects. Live webinar.
30 April 2022	Case Presentations. Live webinar.
14 May 2022:	Complications and their management & Revision. Live webinar.
4 June 2022:	Cadaver course. Contact day.
To be completed by 1 March 2022:	CBCT Masterclass. 2 days, consecutive. Both days are comprised of online modules in virtual classrooms.

Module DX4017 Utilising the evidence base – completed online

Module DX4016 End of year Assessment
Date TBC.

Complete 5 Clinical days - supervised clinical practice.
You will assess and plan appropriate treatment for patients. Includes: case assessment and treatment planning, including use of radiographic stents and CBCT.

Module DX4026 Clinical Implantology Year 2.
Complete 10 Clinical days - supervised clinical practice. Includes: case consultation, implant placement, GBR procedures, restoration, follow up.

Module DX4027 Research Strategy. Prepare and submit a 8,000-word clinically orientated research project, which may take the form of a mini systematic review.

Final examinations.

PLEASE NOTE THAT ALL WEBINARS ARE PRECEDED BY RECORDED LECTURES AND LONG QUESTIONS FOR DISCUSSION.

Course Fees: £31,960 payable in instalments over 2 years

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Looking ahead with optimism

After a tough year, 2021 now presents fresh opportunities for dental labs

According to the Office of National Statistics, there are approximately 7.9 million patients who have been unable or unwilling to see a dentist during the pandemic. This suggests that there will be around 470,000 additional complex treatments required in 2021 for patients who were unable to access their dental practice.

"This year should bring about a defining moment in our profession," said Steven Campbell, president of the Dental Labs Association. "Sadly, we have lost dental labs as well as losing dental technicians to other industries; given this, however, we should be in a position where demand has the potential to outstrip capacity in some areas, particularly for NHS dentistry."

He added: "With the introduction of a number of successful vaccines, we can finally look forward with some optimism after a very difficult year. As patients become more aware that dentistry is back open for business and start to feel more comfortable about attending their local dental practice, inevitably work will steadily increase."

The challenge, Steven said, is how the sector reacts: "Do we recognise the worth of our skills at a time when the wider dental profession is preparing itself for the impact of not supporting dental labs financially over the last nine months?"

He said: "2020 was out of our hands for much of the year, but the opportunity coming in 2021 is well within our control. I hope that we will work collectively to ensure that we make the returns we all deserve on the investments that we have made."

Over the following pages of this special section, we bring you some of the leading dental labs - such as **APlus**, one of the most technologically advanced dental laboratories in the UK, **MediMatch**, representing advanced technology and high quality, **Leca**, dedicated to top quality products and excellent customer care, and **Mango**, 'where precision meets art'.

A Plus Dental Laboratory
www.apluslab.co.uk
Tel 01382 833438

Dental Products from the Professionals

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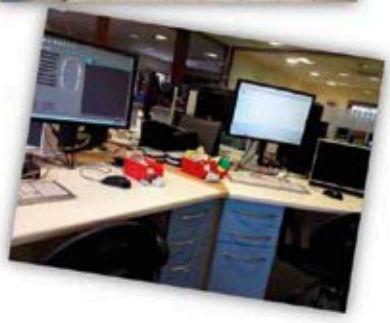
- 3D Resin Printing
- Straumann Platinum Accreditation for all implant solutions as well as many other systems
- Lab to lab, send us your stl files
- Createch Implant Solutions
- Full range of E-max products from press to cad
- Crown & Bridge bonded and metal free options
- Ivoclar BPS
- Valpast flexible dentures
- Bredent range of flexible options
- Chrome cobalt
- In house surgery for hire
- Seminar/meeting room
- Free daily pick-up and deliver service from Edinburgh to Elgin, with free postal 24Hr tracked service outwith
- Technicians GDC registered
- All work fully guaranteed



TELESCOPIC DENTURE PROTOCOL

Below we follow a step by step guide to producing a telescopic denture from start to finish, produced by MediMatch.

STEP 1 (1st surgery visit)

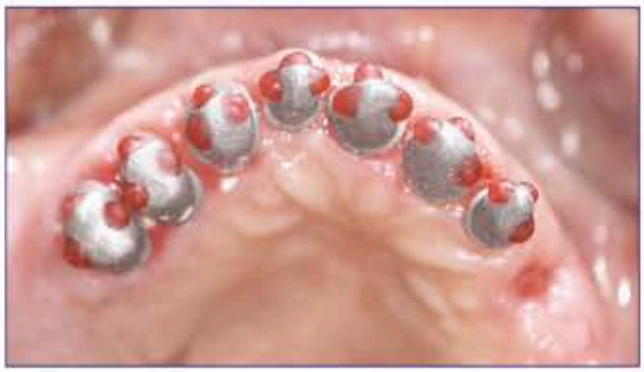
- Take upper and lower full arch silicon impressions.
- Send impressions to the lab.

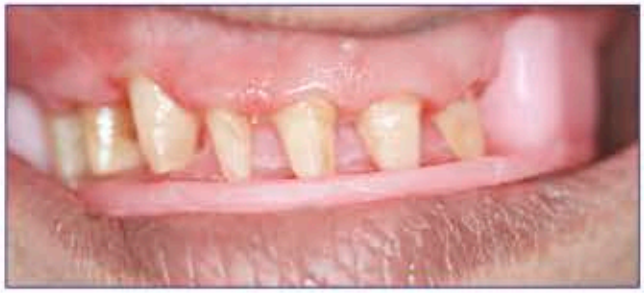
STEP 2 (in lab)

- Cast models.
- Make upper primer (inner crowns) for telescopic denture.
- Make upper wax bite block.
- Make upper special tray with holes.

STEP 3 (2nd surgery visit)

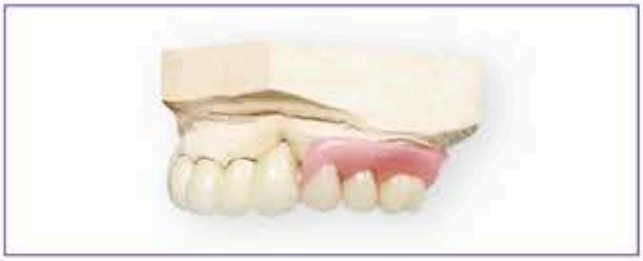
- Try primer crowns in the patient mouth (inner crowns).
- DO NOT CEMENT ANYTHING AT THIS STAGE.
- Record the bite using wax bite enclosed.
- Take silicon pick up impression of the inner crowns using the special tray enclosed.
- Send the impression for the attention of lab manger to ensure impression is casted in the correct manner.





STEP 4 (in lab)

- Cast model.
- Make secondary crowns on top of the primers enclosed.
- Make upper metal frame with acrylic teeth set up in wax.
- Weld the secondary crowns to the frame. Build up the secondary crowns in composite.

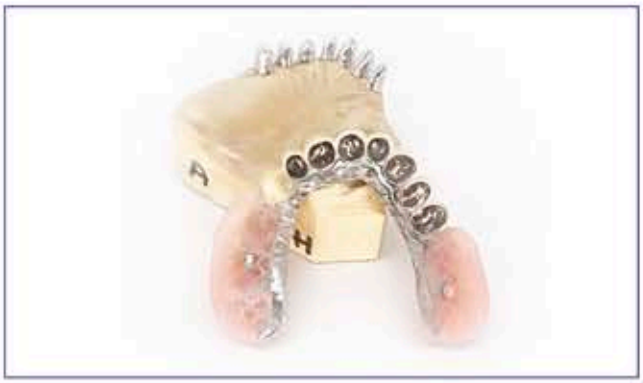


STEP 5 (3rd surgery visit)

- Without cementing anything at this stage, try the fit of the frame with the inner crowns in the patient's mouth.
- Ensure to check the fit and shade.
- If you need any adjustment (to the frame design) let the lab know at this stage.
- If you are pleased with the aesthetics send the work back to the lab to be finished.
- It is very important not to lose any components and not to cement anything at this stage.

STEP 6 (final in lab)

- Finish the upper frame in veined acrylic.
- Send everything back to the surgery.

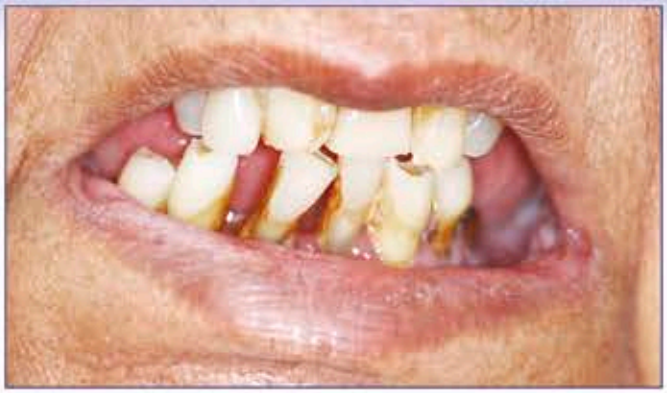


STEP 7 (final surgery visit)

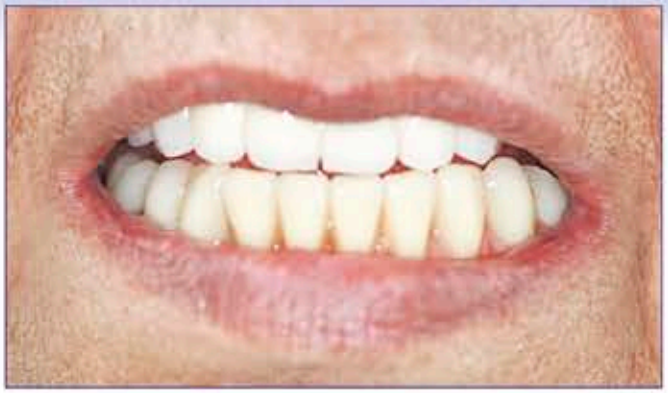
- Ensure all crowns/primers are attached to the frame and place everything in the mouth at the same time. Cement only one or two primers at a time, repeat this process until all primers are cemented.

MediMatch DENTAL LABORATORY

NUMBER OF SURGERY VISITS: 4
NUMBER OF TELESCOPIC CROWNS: 7
TOTAL PRICE: £1,874.50 (upper only)



BEFORE



AFTER

INDICATIONS FOR A TELESCOPIC DENTURE

Patient has:

1 - Few remaining or unfavourably distributed abutment teeth.
2 - Extensive caries or poor contour on abutment teeth that therefore need to be covered by crowns.
4 - Advanced periodontitis.
5 - Abutment teeth that are not parallel, making path of insertion difficult to find.
6 - Oral cancer.
7 - Undergone occlusal reconstruction.
8 - Poor manual dexterity.

ADVANTAGES

- **Good Retention and Stabilization.**
The great retentive force is a result of the accurate contact and tight fit between the inner and outer crown surfaces.

- **Retention**
Occlusal forces transferred through the long axis of abutments is achieved because the crowns surround the abutments.

- **Common Path of Insertion**
This can be easily created as the inner crowns surround the abutment.

- **Easy to Keep Clean**
As the denture can be removed, this allows an effective home oral hygiene regime. The excellent fit of the inner crown of the abutment may protect the tooth from caries.

- **Aesthetics**
The double crown technique is more aesthetic than a conventional denture as there are no visible clasps.

- **Ease of Repair and Adjustment**
Telescopic dentures can be easily repaired, even when an abutment has been lost.

DISADVANTAGES

- **Length of Completion**
The fabrication contains complicated clinical and laboratory procedures, which can result in the treatment period being long and increased costs.

- **Retentive Problems**
The retention of the denture can only be evaluated after cementation of the crowns. The repeated removal and insertion of the denture will eventually decrease the retentive mechanical force as the metal wears.

- **Cervical Caries**
If the crowns do not accurately cover the whole of the abutment and the patient has poor oral hygiene, cervical caries may occur.

- **Extensive Follow up Required.**
Technical failures may occur such as loss of cementation, loss of facings, fracture of artificial teeth, and fracture of framework or denture base. Therefore, regular appointments for assessment and maintenance is necessary to prevent failures.

WHY ORTHODONTIC RETENTION IS MORE LIKE THE VIETNAM WAR AND NOT AT ALL LIKE THE 1975 FA CUP

In 1968 General Westmorland asked US congress for an additional 260,000 army personnel to assist the 200,000 soldiers already in Vietnam, *writes specialist orthodontist Dr Raj Jabbal*. The American public finally realised something was wrong and that despite the politicians saying otherwise they were not "winning the war". Six years later, after the fall of Saigon, the Americans left and communism spread across the country. In the same year, Alan Taylor took West Ham to win the FA Cup 2-0 against Fulham.

Game theory is a unique life philosophy where there are two types of games, one finite and the other infinite. Finite games have known rules, a set number of players and a time limit, like football. While infinite games have no time limits, there can be multiple players and there are no such rules. Business is an example, so is raising a family or being in a relationship. Nobody wins in business, there is no stopwatch to halt activities for a party at the end. There is no cup for being a good dad or a best wife. The problem arises when finite players meet infinite players at the same game. In the Vietnam War the finite player was the US, thinking they could smash the opposition and destroy them. Whereas the infinite game-thinking Viet Kong fought a war of attrition, destroying American morale and resources. Normal orthodontic stability usually requires patients to wear a fixed and/or removable device for a set time. In any social healthcare system retainer review appointments have time limits, (resources) similar to the Americans in Vietnam. Sometimes patients who need more of an occlusal review prior to or at the end of treatment are subject to a cursory static intra oral examination without mounted casts, etc, which would cause problems with resources. Understanding dynamic occlusal review is fundamental to stability and retention.

Modern orthodontics need the clinician and patient to be of an infinite mindset. As it is not possible to fully articulate all cases, the patient should understand there is a dynamic end to treatment. In many cases orthodontists cease to tell patients their teeth wouldn't move. When does growth stop? Growth is an enigma. If someone feels they understand it, they are duped. Informing patients their teeth were "content" where they were prior to treatment is important in making them appreciate the complexity of the body.

Psychological stress can change the way teeth knit together; clenching and bruxism can move teeth and break retainers. Transient tongue thrusts can procline teeth and cause cross bites whereas other habits can force open bites and deep bites to manifest. Stability can be better in some cases than others but is never flawless. The end is not when the match is over. It is not like the 1975 FA Cup final. This is why an infinite game theory mindset is needed. If the patient and clinician understand that dynamism is unavoidable, there will be tolerance and sympathy. If the patient is of a finite mindset, and that perfection is perpetual, deviation from the norm is a catastrophe waiting to happen.

Patient Orla (13) and Specialist Orthodontist Roxana Lutic

BEAM GETS YOUNGSTERS' BRACES WORK BACK ON TRACK!

Hundreds of Scottish youngsters, whose braces were put on hold last year, are gearing up for straighter teeth in 2021

Until now, as you know, due to COVID-19 constraints dentists were unable to refer any new NHS patients requiring braces to an orthodontist. However with the Statement of Dental Remuneration (SDR) having re-opened, Beam Orthodontics in Dundee is once again welcoming referrals from dentists, meaning eligible children under the age of 18 can start their free orthodontic treatment.

To prepare for the upsurge in NHS patients, equating to almost one year's worth of pending referrals, Beam is more than doubling its number of NHS sessions within a dedicated NHS clinic incorporating five surgeries. As a result, Beam has increased capacity by around 200 NHS patients each week, a combination of both new and in-treatment patients.

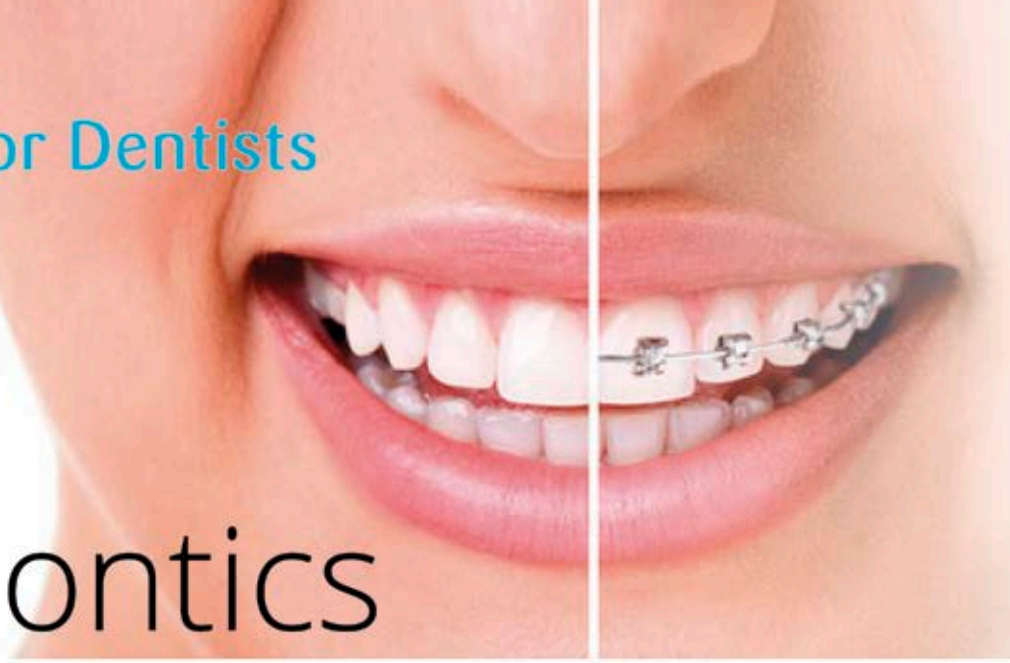
The Beam team, headed up by Ruaridh McKelvey, Principal Orthodontist and co-founder, has been enhanced by the arrival of Specialist Orthodontist Roxana Lutic. Roxana will work alongside fellow Specialist Orthodontist Ruth Fowler, Neil McDougall, a highly experienced dentist with enhanced skills in orthodontics, six Orthodontic Therapists and the practice nursing team.

Meanwhile, joining Business Development Manager Lynne Wilson, Beam has appointed its first-ever dedicated NHS Manager, Neil Brown, who commented, "We pride ourselves on working in partnership with general dentists. We typically receive referrals from over 200 dentists throughout Scotland, a process which couldn't be easier to kick-start, and we're delighted this can resume again. We've been busy preparing for where we are now, by investing in additional staff and maximising our space. What's more, our NHS capacity has never been higher so our younger NHS patients can now start their treatment within our newly dedicated NHS clinic without delay."

Since opening in South Tay Street in 2007, Beam has seen a huge rise in demand for orthodontic treatment, attracting patients from throughout Dundee, Angus, Fife, Perthshire and beyond.

To refer, a patient, visit www.beamortho.com/dentist-referral or request a supply of dedicated printed referral pads. For more information, please contact Beam - telephone (01382) 202604, email smile@beamortho.com or visit www.beamortho.com.

Systems for Dentists



Orthodontics

Orthodontic Software for the Modern Orthodontist

Over the past few years Orthodontics have benefited from a plethora of new innovations, from high resolution digital scanning, additive printing of retainers, remote monitoring, and improvements in aligners. Unfortunately, much of the practice management software supporting Orthodontics has remained static.

To overcome the lack of support for these outstanding breakthrough technologies, **Systems for Dentists** Limited have expanded the orthodontic elements of their software, to bring these innovations directly to your patient journey and remove much of the duplication.

With more than **90%** of specialist orthodontists in Scotland using the solution, **Systems for Dentists** are in a key strategic position to help you streamline your orthodontic business in 2021.

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- Winner **Specialist/Referral Practice of the Year**
- Winner **Leadership Award (Lisa Currie and Ivin Tan)**

Your reps across Scotland

In this special section, we feature some of the leading company representatives who are supporting the dental profession by offering world-class products and services

Whether in-person or on a video call, there may be some familiar faces in the next few pages of our special feature on dental business representatives. Some may be new to you. But they all represent the best dental supply companies in the industry providing world-class products. They encompass the whole spectrum of dental equipment, dental materials and supplies, and dental plans, and come with years of experience in their respective fields.

This special feature aims to give you some insight to who you and your practice managers will be speaking to, their industry background and the services they provide, helping you to maintain leading standards of patient care. These dental representatives can be a tremendous resource to dentists and their teams, helping to explore the best options for choosing equipment, dental materials, consumables or services to improve the efficiency and cost effectiveness of the dental practice.

It's difficult for dental practices to keep up with all the developments in the dental marketplace, particularly in the era of COVID, so dental representatives can provide a valuable service to find out what is new in the industry, and to provide advice on what could help dental teams and their practices going forward.

Dental representatives are keen to develop strong relationships with individual dental practices, so the better they know each dental team the more they can tailor their advice and services to meet the aims of each practice.

They often have wide experience in their respective fields and are ideally suited to provide valuable advice on solutions to dental practice issues, as well as training and after-sales support, where applicable, to make the most of dental practice investments. Read more about the leading business representatives and their excellent products and services on pages 73-76.

GILLIEN'S KNOWLEDGE WILL BE A REAL ASSET TO YOUR PRACTICE!

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Gillien is available for pre-arranged appointments, virtual or in person, at any time to suit you. She is backed up by Trycare's Customer Service Team in Bradford and a warehouse stocked up with over 28,000 product lines – including Dentsply, GC, Kerr, 3M and Perfection Plus, etc, plus Trycare's own market leading and award-winning speciality products from Adin, Biomin, OsteoBiol and, of course, Tokuyama. So, whatever you need to run your practice you can get it from Trycare!

For further information please contact Gillien on 07811 414846 or by email to gillien.duncan@trycare.co.uk, visit the Trycare website www.trycare.co.uk or telephone Trycare Customer Services on 01274 885544.

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JILL previously worked with Nobel Biocare and came to work with Trycare and Adin implants because it was the fastest growing implant system.

Jill has a wealth of knowledge and experience that will be a real asset to your practice. She would love to speak to you to discuss the benefits Trycare can bring to your practice, including all the latest news on product developments, a free trial with no obligation on Adin implants, drape training and much, much more!

Jill is available for pre-arranged appointments, virtual or in person, at any time to suit you. She is backed up by Trycare's Customer Service Team in Bradford and a warehouse stocked up with over 28,000 product lines – including Dentsply, GC, Kerr, 3M and Perfection Plus, etc, plus Trycare's own market leading and award-winning speciality products from Adin, Biomin, OsteoBiol and, of course, Tokuyama. So, whatever you need to run your practice you can get it from Trycare!

For further information please contact Jill on 07816 156736 or by email to jill.hanson@trycare.co.uk, visit the Trycare website www.trycare.co.uk or telephone Trycare Customer Services on 01274 885544.

YOU CAN CREATE THE PERFECT SMILE WITH SDI

SDI | YOUR SMILE. OUR VISION.

Lesley.McKenzie@sdi.com.au
07887 930 923
www.sdi.com.au

Research and development is key to the success of leading Australian brand specialising in superior quality dental materials that are sold in more than 100 countries around the world

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 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.

PAM'S EXPERTISE CAN HELP YOUR BUSINESS THRIVE

MERZ AESTHETICS

Pam Walsh
Account Manager
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@merzaesthetics.uki

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.

YOUR LEADING DENTAL PLAN PROVIDER TEAM IS READY TO WORK WITH YOU

Alan Tumilson
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07823 520 363
alan.tumilson@simplyhealth.co.uk

Heather MacMillan
Business Development Consultant
07818 045 448
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TIMES are uncertain, but there is no need for your business to be. Never has there been a better time to join Denplan, the UK's leading dental payment plan provider. Our local team is ready to work with you on the best options for your dental practice.

With vast experience in the dental industry with leading dental manufacturers, Heather MacMillan is Denplan's Business Development Consultant in Scotland. She has successfully helped many practices join Denplan, part of Simplyhealth and knows the Scottish dental industry inside out. Whether it's mixed or private practices becoming members, Heather has guided them through the process, also delivering our added services including business planning, marketing, bespoke training and clinical support. Denplan also helps practices with clinical, regulatory and legislative support.

Alan Tumilson is Business Development Manager for the region, having spent more than six years at Denplan, supporting practices of all sizes in Scotland and the UK. Together with Heather, he helps dentists take control back of their business, with market-leading support in a constantly evolving environment. With many patients now proactively asking for payment plans there hasn't been a better time to join us – helping both you, your practice and your patients. Contact us now for an informal conversation.

SIMPLIFYING COMPLEX CASES

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Eilidh.watson@southernimplants.co.uk

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SOUTHERNIMPLANTS

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

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

Our clinical support and product specialists in Scotland are Colin Hart, Regional Manager for Scotland, and Eilidh Watson, an MBA graduate from the Stetson University, Florida, USA. Please contact Colin directly for any enquiries relating to the East, including Edinburgh, and Eilidh for the Western areas, including Glasgow.

Southern Implants website: www.southernimplants.co.uk

› COLTENE

"I RARELY NEED TO TAKE A SECOND IMPRESSION"

Jon Portner of Portner Pittack Dental Practice has used COLTENE's impression materials for the last 15 years.

"For accurate crown and bridge work, AFFINIS™ and PRESIDENT™ offer choices – different washes, working and setting times and consistencies. Different colours too, which I am able to mix and match. AFFINIS™ PRECIOUS materials, in gold and silver, have a variable working time, for example. The materials are predictable and easy to handle and my dental nurse Jadeen loves working with them too! I rarely need to take second impressions and the material is well-tolerated by my patients. Likewise, my technicians almost never send impressions back for a retake. As well as AFFINIS™ and PRESIDENT, I like COLTENE's Jet Blue Bite Fast registration material. The specialists at our practice expect nothing less than the highest-quality materials to work with, to deliver exceptional treatment."

For more on COLTENE, visit www.coltene.com, email info.uk@coltene.com or call 0800 254 5115

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Complex treatments don't need complicated technology to confuse things further. Keep things simple with the new CS 8100 3D Evo Edition from Carestream Dental. Combining 2D and 3D imaging modes with ease, this system delivers outstanding image clarity across all modalities.

Furthermore, due to its award-winning compact design and affordable price point, the system is suitable for all practices. Plus, with features such as selectable fields of view, you can diagnose patients safely and tackle tricky treatment challenges such as dental implant planning, endodontics and more!

Please contact Carestream Dental for more information.

For more information, contact Carestream Dental on 0800 169 9692 or visit www.carestreamdental.co.uk For the latest news and updates, follow us on Facebook and Instagram @carestreamdental.uk

› WAGEMATE

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As dentistry adjusts to Brexit, your practice must support smoother workflows during the transition. Payroll is one area where outsourcing will save money and time, leaving you free to focus on other areas of the business.

Whether your practice is large or small, Wagemate is a specialist payroll service that will manage everything. When payroll is in the hands of experts, you will get peace of mind that people will be paid accurately and that you are compliant with HMRC's regulations. Wagemate is dedicated to client relationships and uses the latest technology to deliver a quality service. In a shifting landscape, choose Wagemate, the premium payroll provider.

To better manage your payroll, contact payroll specialists Wagemate today, tel: 03330 102102 or email info@wagemate.com

› 3M RESTORE

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To deliver exceptional patient treatment while maintaining seamless workflows, you need five-star products. Among those available from 3M Oral Care is the Filtek Supreme Flowable Restorative, which recently received a five-star rating from the Dental Advisor following evaluation by an independent panel of experts.

The new syringe has been designed to minimise bubbles and run-on for predictable restorations every time. The delivery system also optimises ergonomics for maximum efficiency, in turn improving user comfort and control for accuracy of placement.

Contact 3M Oral Care to find out more.

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DENTAL ADVISOR
+++++

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

› 3M PROSTHODONTICS

REAL GAME CHANGERS

Dr Akit Patel from Perlan Specialist Dental Centre in Eastbourne shares his thoughts about the new RelyX Universal Resin Cement and Scotchbond Universal Plus Adhesive from 3M Oral Care: "A game changing cement and adhesive that can do it all. I only need one bottle and one syringe for all my direct and indirect adhesive restorative workflows. I was one of the first to test them and they work beautifully. I used the predecessor adhesive for 10 years and have now upgraded to Scotchbond Universal Plus Adhesive from 3M – this is the best glue with ultimate strength, speed and simplicity."

3M Science. Applied to Life

Visit 3M.co.uk/RelyX-Universal to learn more and find out how you can try these products completely risk-free. 3M, Scotchbond and RelyX are trademarks of the 3M Company.

› ORAL B

SENSITIVITY RELIEF

Everyone doesn't welcome crisp cold mornings; those suffering from dental sensitivity can find this time of year challenging to say the least. Experienced by a wide cross-section of the population, most notably when eating or drinking cold or sweet food, or taking a gasp of cold air, sensitivity is caused by nerves which are stimulated in the dentine layer of teeth exposed by, amongst other things, tooth wear or periodontal disease.

Sensitivity is often experienced in conjunction with gum irritation. Oral-B know that strong teeth are built on healthy gums. This was the premise behind the launch of their new toothpaste, Oral-B Sensitivity & Gum Calm. It contains stabilised stannous fluoride, which acts by blocking the dentinal tubules and thus preventing the stimuli causing the painful nerve impulses.

Used regularly it will continue to block the tubules, thereby providing ongoing sensitivity relief. The inclusion of stabilised stannous fluoride also gives Oral-B's Sensitivity & Gum Calm toothpaste an antimicrobial action, which fights plaque and consequently gum problems. The stabilised stannous fluoride will inhibit antimicrobial growth as well as reducing the ability of bacteria to 'stick' to tooth and gum surfaces.

All toothpastes are not the same. Whilst the inclusion of fluoride is a taken, to afford maximum protection, a formulation must contain other proven ingredients that work in harmony together to promote good oral health. Oral-B Sensitivity & Gum Calm is formulated to strengthen teeth and soothe what they are built on – gums!

› BELMONT

GREATER COMFORT, GREATER CHOICE

Belmont chairs are available in a choice of upholstery and for those practices wanting to exude luxury there's the Ultrasoft Pro, which now has an additional eight colours added to the range. As the name suggests, the look and feel of this fabric is lavish and designed with patient comfort in mind.

Within this range are 33 colours, enabling you to tailor your colour choices to the rest of your decor. Whether you want a classic, cool earthy tone, or a warm and vibrant option (if you're big on colour) there's a colour that will suit. New this year (for those in the latter group) is Melon and Rosy Coral. More traditionalists might prefer the calming tones of some of their other new colours such as Agave or Oxford Blue.

Aesthetics obviously need to be matched with functionality, and likewise in this respect, Belmont will not disappoint. You can visit the Belmont showroom to view their chairs virtually. Tours can be taken from any device and you can be accompanied by one of the sales team if you'd prefer a 'guided tour'.

The showroom is still open for visitors, so if you want to feel the difference in upholstery then you can come in person. 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.

For more information contact Stefana (dental@takara.co.uk).

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"IWT have been supporting our practice IT network for many years so we were happy to discuss our new surgery requirements with them. IWT's hands-on approach throughout the purchase process and surgery design through to the end to end management of the new surgery installation greatly reduced any potential disruption to the practice throughout the surgery refurbishment project. In addition to the exceptional service and support we received throughout the surgery works, we have been delighted with the Stern Weber dental unit and the ongoing support from IWT."

Alastair Fraser, Principal Dentist, Greygables Dental

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