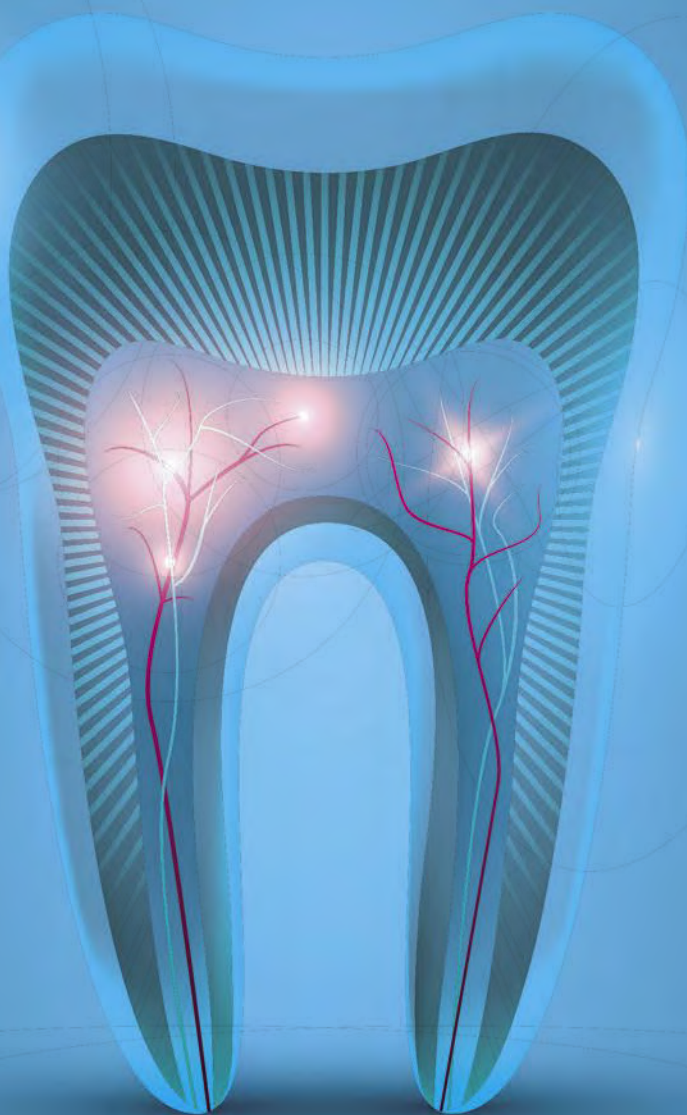


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What does it mean to be an NHS practice? Well, that's a good question ...

The headline here last edition was *Lockdown: an opportunity taken?* It was a nod to the notion that the past year had been an opportunity for people to make the kind of long-term changes that normal daily life does not allow. Take up yoga. Learn how to podcast. Subscribe to *MasterClass* and sing like Christina Aguilera¹. Undertake a fundamental reform of the oral healthcare system in Scotland. That kind of thing.

If the evidence of 'The Summit', the Scottish Dental Association's impressively run webinar held last month, is anything to go by then we are all as guilty of watching a year drift by our living room window, while simply trying to stay well and stay employed.

The webinar featured Cynthia Pine, Professor of Dental Public Health at the Institute of Dentistry, Queen Mary University of London, Professor Phil Taylor, Dean of Dental Surgery at the Royal College of Surgeons in Edinburgh, and Tom Ferris, Scotland's Chief Dental Officer (CDO).

This is not to malign Professors Pine or Taylor, who respectively gave thoughtful and thought-provoking presentations. Nor the CDO. It can't have been easy for him to watch the chat function scroll by – peppered with calls for Prof Taylor to be made CDO – and maintain a cheery disposition.

What was slightly deflating, however, was the frequent use by the CDO (Mr Ferris, that is, not Prof Taylor – hereafter known as 'The People's CDO') of: "It's a conversation we need to have." More than a year ago, a good deal of work had already been done by him, his team and others in the profession on the so-called 'New Model of Care' that would herald an end to 50 years of 'drill and fill', and usher in a new era of disease prevention. We would all benefit from an 'oral health risk assessment', a personal 'care pathway' would be agreed, with a 'treatment toolbox' to hand, and – fundamentally, for the profession – the Statement of Dental

Remuneration would be replaced with a more appropriate financial model. Working groups had been established, a colourful flow-chart drawn, and a timetable more or less agreed.

But then, as the CDO (Mr Ferris, not ...), told the webinar, there was a pandemic. He conceded that, a few months in, he did not conceive that the temporary financial support measures put in place at the time would still be operational a year later. But, as he added – and you can't really argue with him on this point – "We are where we are."

Indeed. I never did take up yoga, or learn to podcast, and my *MasterClass* subscription runs out this month.

As I remember the timetable, the detail of the New Model of Care would have been agreed by now; in time for a presumably convinced SNP-led Government to go into an election on its promise (among other pledges). Early adopter practices might have gone live towards the end of the year. There would have been a period of evaluation, and then possibly the beginnings of a full roll-out by the end of 2022. Now, as we report on page 24-25, it's just about finding "a more sustainable interim financial support process for practices and dentists".

After that, the CDO told the webinar, there can be "a conversation". Lots of them, in fact. I counted 16 mentions of "a conversation" in his presentation, but have pared them down to three for our report. What does it mean to be an NHS practice? That is one of the conversations to be had. Fairly fundamental. A good place to start.

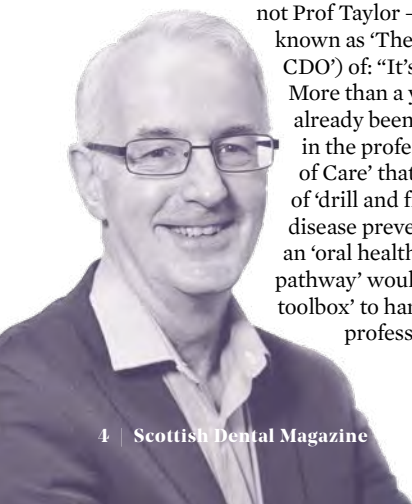
As well as lots of conversations to look forward to, there were also a few straws in the wind from other speakers. Here's one from The People's CDO: "Should

we be training as many dentists as we do?" That is, might it be better to train more dental hygienists and therapists? Another straw; fluoridation of the water supply. Actually, not so much a straw in the wind, but more a bale of hay rolling across the field in a storm; such is the evidence to support its implementation.

We cover all these issues, and more, in this edition. I wonder where we will be by next spring?

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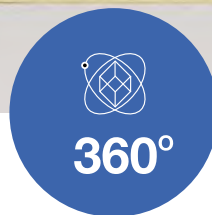
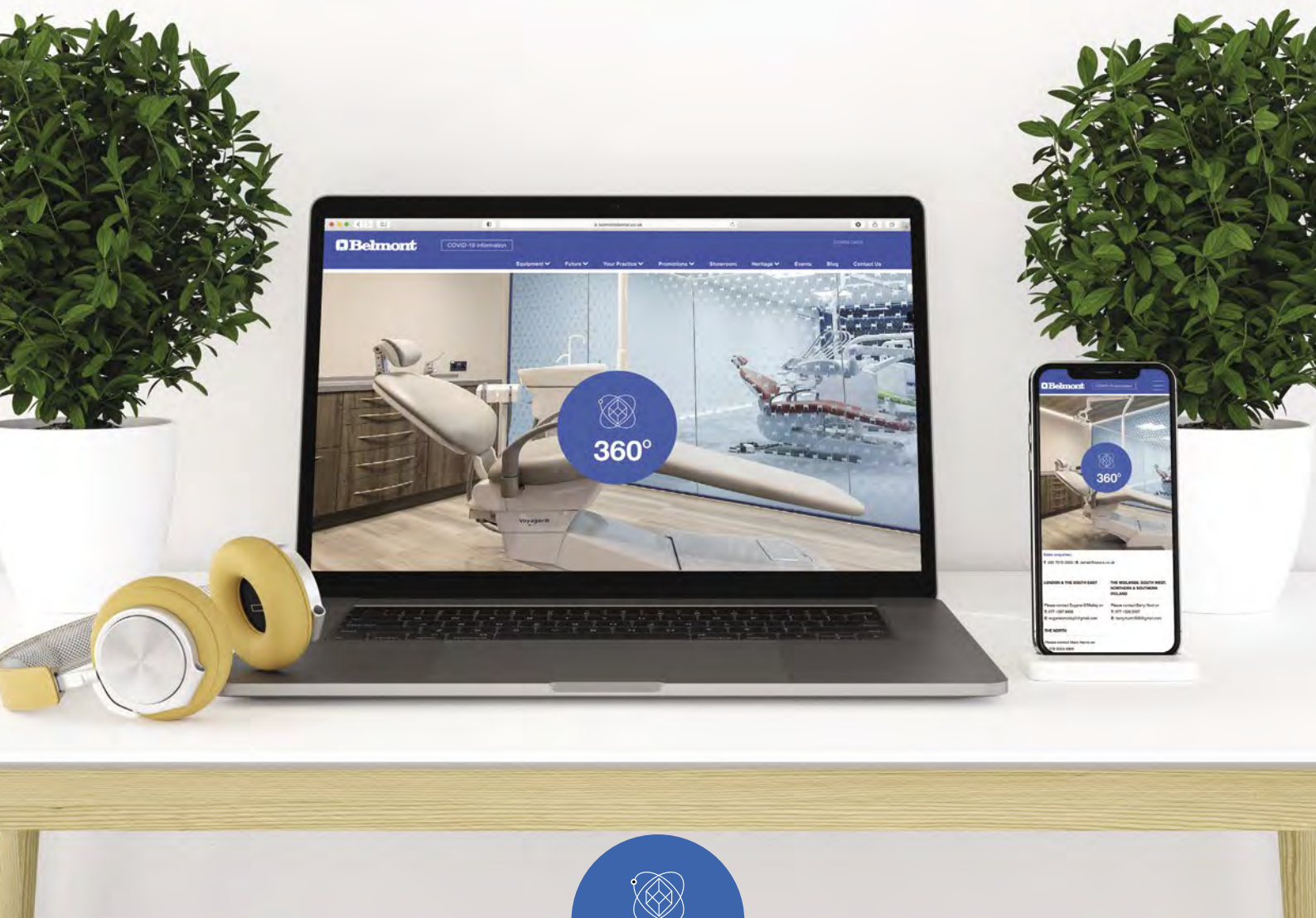


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Admit the problem

And reach out to the profession for opinions on the way forward

Everyone I meet says the same thing. We're in a rut; Groundhog Day. Lockdown 2.0 has been hard for everyone. But, there's now some hope. The vaccination roll out is happening and, despite some supply issues, two million people have been vaccinated in Scotland so far. We have stages from the Scottish and UK Governments indicating a way out.

However, I have grave concerns about dentistry. Since our small change of funding process and PPE supply in November, we have heard only that the measures of activity were not to be introduced until June instead of March due to the second lockdown. That was, until the last full week of March.

A letter from the new Minister for Public Health and Sport, Mairi Gougeon, mentioned the previous suggested measures of activity which were paused. It also mentioned a continued intention to move to a New Model of Care. It suggests there will be a medium-term financial change for 2021/22. It says the chief dental officer (CDO) will be in a position to provide details in the summer. It doesn't give any indication of a way forward in terms of clinical treatment.

On Friday 19 March, at a Scottish Government briefing, the Health Minister suggested that dentists were able to work at pre-pandemic levels. The BDA have asked for clarification of this statement, as the profession is entirely unaware of a change of this magnitude. Throughout all of this, the CDO has not communicated with dentists. The silence surrounding any further expansion of dental services and how the profession is likely to move towards normality should be no surprise. Throughout the pandemic, the Scottish Government has communicated changes in dentistry with the public at the same time as

the general profession. It is frankly ludicrous that our profession has not been given an ability to plan, in any way, for the care of our patients. I am grateful for the financial support. I understand that it was never meant to last this long, and the Government will need to create some more structures to cope with longer term support.

Once again though, we are being told that this is to allow us to plan for 2021/22 yet the CDO won't give us more information until the summer. It's impossible to plan for a financial year when you don't get information until several months into that period. Any introduction of activity measures must be related to an ability to expand clinical activity. There has been no mention of how clinical activity can be increased. There seems to be a complete lack of understanding of how clinical activity relates to the restrictions in place and that those restrictions are based on social distancing of patients in practices rather than the procedures which can be done.

Similarly, there is no mention of how they may actually measure activity and how, if we can't perform as much work, it is inevitable that registrations will decrease. We can't see new patients unless we sacrifice the care of our existing patients in favour of getting new patient registrations. We are not in the business of selling mobile phones or insurance and giving our best deal to new customers. We should not be forced into this by measures of registration.

The single most important element which is being forgotten is dental care. It seems the cure, in the case of transmission avoidance measures in dentistry, is getting worse than the disease, if we're talking about dental health. We have done no real dentistry for a year. We're now operating at somewhere between 20-30 per cent. It will be interesting when practices NHS/Private split is

recorded for 20/21. Will there be a huge shift from where we were, in terms of NHS commitment? Will it show that patients are voting with their feet and paying for their care? Will COVID have created a two-tier system which will mean that timeous dental treatment will only be possible privately?

Regardless of NHS/Private split, the volume of care which is normally required cannot be delivered with the current SOPs by the current workforce in the current infrastructure. Let alone the additional work and complexity of work, which is very likely to be required following such a prolonged period without routine care. So, what are we to do? It is impossible to increase the workforce or infrastructure quickly or in such a volume that would meaningfully allow dentistry to provide the throughput as before. The cost of this would be astronomical and the timescales involved huge.

I wonder if this is this reason for the silence. Is the realisation of the impossibility of continuation of COVID measures and the lack of any idea of how to deal with the problem the reason? Or is it simply that those who are dealing with this most difficult of situations don't have the courtesy to reach out to the profession at large and admit the problem they have? Can they not ask for help; gauge opinions on how to move forward? I have alluded before to my grave concern for what happens when normality resumes. My bigger concern is now that normality may not be being considered as an option. That a New Model of Care is in some way going to incorporate processes currently in place to manage a pandemic which is coming under control through vaccination. Is dental care and its delivery going to be sacrificed on the precautionary principle? How are we going to care for all those who rely on us?

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New Dean appointed at Dundee's School of Dentistry

Professor Philip Preshaw has been appointed as the new Dean of the School of Dentistry at the University of Dundee.

Professor Preshaw was previously Professor and Chair of Periodontology in the Faculty of Dentistry, National University of Singapore. He received his dental degree from the University of Newcastle upon Tyne in 1991 and his PhD in 1997. He is a registered specialist in Periodontics and is a Fellow of the Royal College of Surgeons of Edinburgh.

His main research interests are investigations of the pathogenesis of periodontal disease, and links between diabetes and periodontitis. He was Assistant Professor in Periodontology at the Ohio State University, USA. He lectures frequently, has co-authored two clinical textbooks in periodontology, and has numerous publications in peer-reviewed scientific journals. He has been awarded a UK National Institute of Health Research (NIHR) National Clinician Scientist Fellowship, a Distinguished Scientist Award from the International Association for Dental Research, and a King James IV Professorship from the Royal College of Surgeons of Edinburgh.

"I want to thank Professor Mark Hector for his leadership of the School over the last decade, during which time Dundee has enjoyed a reputation as one of the top dental schools in the UK," said Professor Iain Gillespie, the university's Principal. "Mark has recently worked tirelessly, with colleagues and external stakeholders, to mitigate the impacts of the COVID pandemic on dentistry and secure support for our students at a very difficult time."



Mairi Gougeon, the Minister for Public Health and Sport

Government urged to back fluoridation

Scotland's health boards should be supported in beginning process, says BDA

A RENEWED call for fluoridation of the public water supply has been made to the Scottish Government. It came in a letter from the British Dental Association (BDA) to Mairi Gougeon, the Minister for Public Health and Sport.

"The public health crisis caused by the pandemic, along with the pressure on healthcare services, means that investment in prevention is now essential," said the BDA. "We therefore reiterate our call to the Scottish Government to support the introduction of local water fluoridation as a cost effective, evidence-based preventive measure where practical and clinically appropriate."

The BDA said that data published by Public Health England (PHE) show a 52 per cent reduction in dental caries for five-year olds in deprived areas. Return on investment analysis by PHE says that for every £1 invested, it saves more than £12 after five years and £22 over 10 years. "Water fluoridation implementation is a matter for local NHS Boards, but we urge the Scottish Government to provide a clear lead on this issue, along with investment to help facilitate its introduction where applicable," it said.

Robert Donald, the chair of the BDA's Scottish Council, told *Scottish Dental*: "It is no longer a subject for debate. The evidence is clear that water fluoridation is both safe and effective. With the disruption to Childsmile during the pandemic, fluoridation, which is complementary to Childsmile and not a replacement for it, would still have been benefitting our children. It could also benefit the dental health of not only children, but the rest of the population, adolescents, working age people, and also the elderly by preventing root caries."

David Conway, Professor of Dental Public Health at the University of Glasgow, added: "As we recover from the COVID-19 pandemic, it is right that we look again at all options to improve the population's health and oral health. So, yes, fluoridation of the water supply should be on the table. The evidence base is strong on the population benefits of water fluoridation. I would be supportive of reviewing the evidence, the cost-benefits, the practicalities, and feasibility – modelling impact on oral health and oral health inequalities. [It's] very important that local communities are engaged with and their views and opinions sought"

In February, the UK Government announced its intention to take control for fluoridation of the water supply in England and Wales away from local authorities. Later this year, the results of a seven-year prospective cohort study of the effect of a new water fluoridation scheme in Cumbria are due to be published¹.

At the Scottish Dental Association's Summit last month, Professor Phil Taylor, Dean of Dental Surgery at the Royal College of Surgeons in Edinburgh, asked: "Is water fluoridation back on the table?" He cited the work of Andrew Rugg-Gunn, Emeritus Professor at Newcastle University and founder of the World Health Organisation's Collaborating Centre in Nutrition and Oral Health, which has charted how fluoride has transformed oral health over the past 70 years.

However, Professor Taylor added: "But maybe in Scotland it would only be effective in the central belt."

¹Turn on the tap, page 32.
¹www.catfish-study.org/

Gum disease linked to COVID-19 complications

Establishing and maintaining periodontal health may play a role in recovery from the virus, report suggests

COVID-19 patients are at least three times more likely to experience complications if they also have gum disease, according to research published in the *Journal of Clinical Periodontology*, the official publication of the European Federation of Periodontology (EFP). The study of more than 500 patients with COVID-19 found that those with gum disease were 3.5 times more likely to be admitted to intensive care, 4.5 times more likely to need a ventilator, and almost nine times more likely to die compared to those without gum disease¹.

Blood markers indicating inflammation in the body were significantly higher in COVID-19 patients who had gum disease compared to those who did not, suggesting that inflammation may explain the raised complication rates. "The results of the study suggest that the inflammation in the oral cavity may open the door to the coronavirus becoming more violent," said Professor Lior Shapira, EFP president-elect. "Oral care should be part of the health recommendations to reduce the risk for severe COVID-19 outcomes."

Periodontitis, which affects up to half of all adults worldwide, causes inflammation of the gums and, if left untreated, the inflammation can spread throughout the body. COVID-19 is associated with an



inflammatory response that may be fatal and the study investigated the relationship between periodontitis and COVID-19 complications. It was a nationwide case-control study conducted in Qatar, which has electronic health records containing medical and dental data.

The study included 568 patients diagnosed with COVID-19 between February and July 2020. Of these, 40 had complications (intensive care unit [ICU] admission, ventilator requirement, or death) and 528 did not. Information was collected on gum disease and other factors that might be associated with COVID-19 complications including body mass index (BMI), smoking, asthma, heart disease, diabetes, and high blood pressure.

Data was also obtained on blood levels of chemicals related to inflammation in the body.

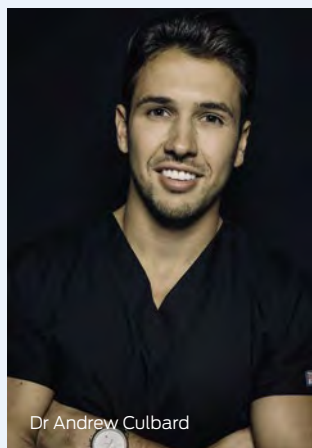
Of 568 COVID-19 patients in the study, 258 (45 per cent) had gum disease. After

adjusting for age, sex, BMI, smoking status, and other conditions, the odds ratios for COVID-19 complications in patients with gum disease, compared to those without gum disease, were 3.67 (95 per cent confidence interval [CI] 1.46–9.27) for all COVID-19 complications, 3.54 (95 per cent CI 1.39–9.05) for ICU admission, 4.57 (95 per cent CI 1.19–17.4) for ventilator requirement, and 8.81 (95 per cent CI 1.00–77.7) for death.

"If a causal link is established between periodontitis and increased rates of adverse outcomes in COVID-19 patients," the authors stated, "then establishing and maintaining periodontal health may become an important part of the care of these patients."

¹Association between periodontitis and severity of COVID-19 infection: a case-control study <https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13435>

SDC appoints clinical director



Dr Andrew Culbard

SCOTTISH Dental Care Group has appointed Dr Andrew Culbard BDS (Gla) MJDS PG Dip Orth, as Clinical Director for Cosmetic Dentistry, Orthodontics and Facial Aesthetics. Dr Culbard was an associate at Advanced Dentistry in Hyndland from November 2018, having returned to Glasgow from cosmetic practice in Dubai. Since joining Advanced Dentistry, he has transformed the promotion and provision of both orthodontics and dental/facial aesthetics. Andrew has a wealth of orthodontic experience, completing more than 300 aligner and fixed orthodontic

cases and is currently an Invisalign platinum provider. Supporting his clinical interests, he has recently completed a postgraduate diploma in clinical orthodontics (2020). "I am delighted to be joining a forward thinking and innovative dental group, whose values for the provision of clinical excellence and outstanding patient care are at one with my own," said Andrew. "Personally, this is a huge step in my own career and I'm excited to bring my energy and experience to help ignite the growth of SDC Group." SDC has a national dental

coverage which will include 18 dental clinics by the summer. Dr Philip Friel, Group Clinical Director, Dr Philip Friel, said: "As SDC Group continues to expand and progress, we aim to maintain our comprehensive NHS offering together with private treatments where these options exist. We are seeing more and more interest in short term orthodontic options in conjunction with tooth whitening and less invasive bonding procedures. Andrew is well placed to advance this across our group of practices given his knowledge and experience in this area."

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Dentists lead antimicrobial resistance fight

Penicillin V reemerges as first-line antibiotic in dental infections

DENTISTS are leading the way in the fight against antimicrobial resistance in primary care settings in Scotland, according to a report. The Scottish One Health Antimicrobial Use and Antimicrobial Resistance (SONAAR) in 2019¹ report highlights that 82.9 per cent of all antibiotic use in 2019 occurred in the primary care setting, with dental accounting for 7.2 per cent of antibiotic use in primary care. The report, written by Scottish Antimicrobial Prescribing Group (SAPG) members William Malcolm, Pharmaceutical Adviser and Clinical Lead for the SONAAR Programme, and Dr Julie Wilson, Lead for the Antimicrobial Resistance programme, found that the rate of antibiotic use by dentists has reduced by 17.7 per cent since 2015.

Professor Andrew Smith, chair of SAPG's dental stewardship subgroup and Professor of Clinical Bacteriology, NHS Greater Glasgow and Clyde, said that while dentists are making progress in the reduction of unnecessary antibiotic prescribing, there is still a long way to go in tackling this major public health issue.

"Antibiotic prescribing by dentists in primary care in Scotland has been steadily decreasing year on year since 2015, which is a positive step in the right direction.

"However, there is evidence that the majority of drug resistant infections in Scotland originate in the community, so optimising antibiotic use in primary care is a major target for antimicrobial stewardship in Scotland. Although dental antibiotic use

is reducing, we must continue to work hard in this area. Antibiotic resistance poses an urgent threat to human health, with some infections becoming more difficult or even impossible to treat."

A focus for SAPG this year will be on promoting the re-introduction of phenoxymethylpenicillin as an alternative to amoxicillin, as the first-line antibiotic in dental infections, and appraising national data and the evidence base for antibiotic course duration in dental infections.

'Back to the Future?', page 43

www.hps.scot.nhs.uk/publications/hps-weekly-report/volume-54/issue-46/sonaar-fourth-annual-report-published/



Antibiotic disc diffusion testing for oral streptococcus from a dental abscess, see page 43

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As John Maloney, GC Director/ Country Manager UK, Ireland and South Africa, remarked: "GC's focus on health and a strong sense of corporate social responsibility are driving forces behind the development of our core products, as well as new products such as fibre technology, minimally invasive dentistry and digital dentistry - with an over-riding emphasis on prevention and education as the best ways to protect oral health into the future." www.gcdental.co.jp/100thsymposium

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Government opens talks with practice owners

Invitation comes amid warning of 'exodus' from NHS

AN ORGANISATION representing practice owners has received an invitation from Scotland's health minister to open talks with government officials.

The Scottish Dental Practice Owners (SDPO) group was formed in the early days of the pandemic last year, amid concerns from some in the profession that their interests were not being represented. At the time, Tom Ferris, the Chief Dental Officer, said the only body the Scottish Government recognised as representing the profession was the British Dental Association.

A spokesperson for the SDPO told *Scottish Dental*: "It seems incredible that there has never before been a group to represent practice owners. Pharmacy owners are directly represented to government, so are opticians, but somehow dental practice owners have been ignored. This has to change. Dental practice owners make huge investments to provide facilities for NHS dental care. The service would cease to function without the support and cooperation of practice owners, but our contribution to Scotland's health and economy has been under-valued."



The group launched formal membership at the beginning of last month and appealed to practice owners across Scotland to join. "The greater the formal membership of the group, the greater our influence will be," said the spokesperson. "The SDPO's committee firmly believes that the voice of Scotland's practice owners should be heard, and that acting collectively, practice owners are a powerful stakeholder."

"SDPO group seeks to unite practice owners for the improvement of Scottish dentistry. The Scottish public and the dental workforce stand to benefit if dental practices are valued and well-resourced in fulfilling our important public health role. This is a critical time for the dental sector, with practices facing multiple challenges. NHS practice owners are operating on reduced funding, many have unfairly lost support payments as a result of associate movements, and the future of the service is extremely uncertain."

Commenting on the invitation to talks from Mairi Gougeon, the Minister for

Public Health and Sport, the spokesperson said: "We welcome this development and hope it marks the beginning of an improved relationship between practice owners and the Scottish Government."

The group plans to regularly poll members on key issues and to present the collective opinion of the group to the media and to politicians. In a recent poll on its website, only 10 per cent of respondents said they would be willing to return to the pre-pandemic "low fee/ high output model of care delivery".

More than 85 per cent of respondents believed that pre-pandemic working conditions were bad for both their physical and mental health, with similarly high numbers expressing concern that NHS remuneration does not allow staff to be adequately rewarded for their skill and commitment.

Its next poll, running on its website from the beginning of April, is on the loss of support payments as a result of associates leaving.

'Be careful what you wish for', officials warned

PRACTICE owners in Scotland are preparing to leave the NHS and operate as wholly private care providers in increasing numbers, according to an anonymous blog post on the website of the Scottish Dental Practice Owners group.

Some owners have already converted to the private sector while others are contingency planning, with independent plan providers reporting a surge in enquiries, it is claimed. Practice owners are "preparing to protect their businesses if new NHS terms are not attractive or sustainable, or if the current 'holding strategy' is left in place for too long," it says.

The writer cites an anecdote relating to a government official and a representative of a dental organisation sharing a journey on public transport. The government official, apparently jokingly, asked: "How bad do we have to make NHS terms before you guys will leave?" The author of the blog post continues: "Although said in jest, maybe the position we're in now, is the tipping point the government official speculated about."

"Years of government indifference to growing problems within the profession, a failure to modernise the service, chronic under resourcing and a complete lack of concern for the wellbeing

of dental workers are long standing problems. But now beleaguered NHS practice operators face further challenges," they write, listing a series of pressures and concerns.

"So, perhaps the hypothetical threshold for an exodus from the service has been reached. But what of the good ship NHS Dentistry? Perhaps the response to the government official should have been 'Be careful what you wish for'. If practice owners walk away from the NHS, it will create a public health crisis to which there will be no ready solution. Accessible dental care in communities will fall away."

"The PDS [Public Dental

Service] do not have the resources to pick up the slack. Overworked GPs [general practitioners] will not appreciate having to manage significant numbers of dental emergencies on a daily basis. Have the government and the CDO [chief dental officer] given thought to the implications across society of the collapse of NHS dentistry?"

"The stakes are high, and time is limited. Practice owners will not tread water indefinitely. The conditions are ripe for an exodus from NHS practice. The CDO and Scottish ministers need to decide if that's really what they want."

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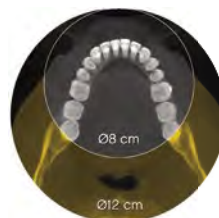
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Practice sales market 'still bouyant'

National figures published as implant pioneer announces deal with Clyde Munro

THERE has been 'very little' reduction in practice values due to the pandemic, according to the latest figures published by the National Association of Specialist Dental Accountants and Lawyers (NASDAL).

Damien Charlton, Chair of the NASDAL Lawyers Group and partner at Ward Hadaway, said the practice sales market was "still buoyant" and that the past few months had been "a whole lot busier than many might have expected". He said: "From March 2020 until June 2020 there was a hiatus as society was locked down. Then, volumes of practice sales picked up quickly and NASDAL members saw a particular surge earlier this year."

Publication of NASDAL's annual sales market, practice profit, and pay benchmark figures coincided with the news that Clyde Munro had made a "breakthrough acquisition" with the acquisition of its 50th



Dr Duncan Robertson and his team

practice, Fairmilehead Dental Practice & Implant Centre in Edinburgh, founded and led by implant pioneer Dr Duncan Robertson.

Dr Robertson, who will also become a member of Clyde Munro's clinical development team focusing on growing the group's expertise in advanced dentistry and implantology across the east of Scotland, said: "Clyde Munro stood out for its ambition to

provide a network of Scottish-based family dentists, each given the support to provide the very best dental care while retaining their individual character."

After graduating from Edinburgh University in 1983, Duncan worked at the city's Dental Hospital and also completed a doctorate in oral medicine in 1989. He went on to launch his practice in 1993 and for the past 17 years has specialised in implants – even inventing a crown-to-implant connection in 2012 called the Orbital Connector.

Kirsty Dace, Chief Development Officer with Clyde Munro group, said: "Fairmilehead is the perfect addition for Clyde Munro. It is growing, trusted by its patients, has a hugely talented team and mirrors our ethos for delivering the best possible dental care to its local community."

Joel Mannix, Business Agent at Christie & Co, who handled the sale, said: "Thanks to all involved, it took just eight weeks from the offer being accepted to actual completion. With record interest levels received and the rapid timescale achieved for the purchase, this reflects the huge buyer appetite in the Scottish dental market at present, where demand outstrips supply."

'NHS profits continue to fall', page 28

'Part of the family', page 68



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Proposal to reform 'fitness to practise' process welcomed

Defence union pushes for a GDC that is 'more agile and efficient'

PUBLICATION of long-awaited government proposals to streamline the way healthcare professionals are regulated, has been welcomed by DDU, the specialist dental division of the MDU.

Commenting on the UK Government's consultation, 'Regulating professionals, prospecting the public', John Makin, head of the DDU said: "For many years the DDU has been calling for the GDC [General Dental Council] to be given the powers necessary for it to be a more agile and efficient regulator. Many of the proposed reforms are centred around changes to the fitness to practise procedure. Being investigated by the regulator is stressful for dental professionals, so any reforms that can deliver a fairer and swifter process have the potential to be positive.

"While the GDC is not included in the first priority group for regulatory reform, we nevertheless note the government's continued stance that it favours a reduction in the number of healthcare regulators. An independent review has been set up to examine this. The DDU is clear: we strongly believe that the GDC should remain the dedicated regulator of dental professionals. We will be making this point throughout these consultation exercises.

"These are complex issues, so we will be considering the fine print carefully and responding to the consultation on behalf of members."

A spokesperson for the GDC said: "This is an important piece of work and we are encouraging dental professionals and associated organisations to engage with the consultation, the results of which are likely to influence the regulatory landscape for a generation."

In a blog post, Stefan Czerniawski, the GDC's Executive Director, Strategy, said: "Our ambitions to improve the efficiency and effectiveness of dental professional regulation have long been constrained by limits on what



we can do, imposed by the legislation under which we operate. The main problem is that in many areas it is excessively prescriptive: the legislation is both very detailed and very slow and cumbersome to change.

"And that has very real consequences. It means that we cannot always adapt quickly to changing circumstances and that we can't always respond flexibly and appropriately. This is a problem in several areas of our work, but particularly so in relation to fitness to practise where the rigidity of the rules doesn't fit comfortably with the wide variety of circumstances we need to deal with.

"At the core of the approach proposed in the consultation document, there would be much more scope for each of the regulators to set their own rules on the detail of how they operate, balanced by strengthening their transparency and accountability to ensure that those powers were used sensibly. There is a lot of detail in the consultation document about how that would work in practice, covering overall governance, education and training, registration, and fitness to practise."

The consultation is open until 16 June.



**THIS IS AN IMPORTANT PIECE OF WORK
AND WE ARE ENCOURAGING DENTAL
PROFESSIONALS TO ENGAGE WITH
THE CONSULTATION**

Two deputy CDOs to support recovery and change

THE Scottish Government will appoint two deputy chief dental officers (CDOs) later this year to support the post-pandemic recovery of dental services and a programme of change in the delivery of oral health care.

Tom Ferris, Scotland's Chief Dental Officer, is currently sifting through applications for the two posts. "The detail of each portfolio will be determined according to the skills and experience of the successful candidates," said the CDO.

"This is an exciting opportunity at a complex time, when we are both working to stabilise services during a major public health crisis and embarking on a programme of change in the delivery of NHS oral health care.

"The successful candidates will have the opportunity to make a substantial contribution to how we reduce oral health inequalities and deliver NHS dental care for the future."

The deputy CDOs will take a proactive role in working with key stakeholders developing, consulting, testing, implementing and evaluating 'the new normal', according to the job spec. The position of deputy CDO is part of the Dentistry & Optometry Team within the Scottish Government.

"We are looking for two individuals, each of whom will be an excellent team player, and able to work collegially in a strong team environment," said the spec. "We specifically value people with leadership credentials, with experience of managing teams of people, a self-starter able to take a lead role developing and leading policy change in dentistry in Scotland." The successful candidates will be in post for two years initially, with the possibility of an extension.

*The future of NHS dentistry,
page 24*



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Prof L Sennerby | Professor in Oral
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Surgery

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'Are we training too many dentists?'

Profession challenged over number of GDPs compared with dental hygienists and therapists

A LEADING figure in the Scottish dental profession has questioned whether the number of dentists trained should be reduced and the number of dental hygienists and therapists increased.

Professor Philip Taylor, Dean of Dental Surgery at the Royal College of Surgeons in Edinburgh, was speaking during a question-and-answer session at the Scottish Dental Association's Summit last month.

"Perhaps a more fundamental thing, and perhaps a scarier discussion, is should we be training as many dentists? Should we start to train more hygiene therapists? We actually need [them] if we are going to solve the periodontal problem.

"Like the model in some of the states in America, where you have one dentist, you have 20 hygienists or 20 therapists that are working away. They're cheaper to train, they can do



the job perfectly well. And the dentist would be the person doing the diagnostics, making the treatment plan, and doing the more complex treatment.

"Another question is actually, when you qualify as a dentist, should you be able to do all these things? You could do [it] in a modular fashion, where people qualify as a basic dentist, and then add modules onto their career. Very, very controversial indeed. But it's a reality if you want quality dental care."

Professor Taylor's comments coincide with the launch of a new column in *Scottish Dental* by Kyle Anderson, the Scottish Representative for the British Association of Dental Therapists.

Writing in this edition of *Scottish Dental*, Kyle says: "There is a pivotal role that therapists and hygienists can play following the pandemic in practice. Periodontal disease has been linked to health conditions such as diabetes, heart disease and Alzheimer's, and as

highlighted in several recent international and British studies, it could now pose serious risk of COVID-19 complications.

"Therapists and hygienists are best suited to treat periodontal disease and more can be done to prevent the progression of gum disease.

"The treatment for periodontal disease can be carried out without requiring AGPs and is largely based on prevention.

"The hygienist and therapist, if given the opportunity to provide their full scope of practice, could reduce waiting times for appointments with the dentist by triaging and providing treatment under referral or working under direct access."

'The future of dentistry'; page 24
'The role of the dental therapist post COVID-19'; page 33

Abhi Pal elected first President of CGDent

ABHI PAL has been elected as the next Dean of the Faculty of General Dental Practice UK (FGDP) and will become the first elected President of the College of General Dentistry (CGDent). Dr Pal, a member of NHS Education for Scotland's National Review Panel for Vocational Training, qualified in 1987 with honours and distinction from Guy's Hospital, London, and has worked in general dental practice ever since, joining The University Dental and Implant Centre, a mixed NHS and private practice in Edgbaston of which he is Principal, in 1991.

With special interests in dental implantology and restorative dentistry, he is Editor of FGDP's Training Standards in

Implant Dentistry, for which he is currently leading the development of mentoring requirements and was a tutor in Risk Management on the University of Warwick's MSc courses in implant and restorative dentistry for seven years.

He joined FGDP in 1997, becoming active in its West Midlands division as a tutor and examiner for the MJDF, and later being awarded the Diploma of Fellowship. He was elected to represent the region on the National Faculty Board in 2014, was re-elected in 2017 and 2020, and is Chair of the FGDP Professional Affairs Committee, and a Senior Member of the Faculty Academy. In addition, he represents the Faculty at

meetings of Health Education England's Advancing Dental Care Stakeholder Forum and is involved in the development of a GDP career pathway for CGDent.

Dr Pal is one of the authors of the FGDP-CGDent guidance, Implications of COVID-19 for the safe management of general dental practice, and has played a leading role in developing the Faculty's international relationships, most recently organising a joint webinar on dental practice during the coronavirus pandemic in conjunction with the dental associations of Kenya, Sri Lanka and Nepal. He is a Fellow of the Faculty of Dental Surgery of the Royal College of Physicians and Surgeons of Glasgow, has a

Postgraduate Award in Medical Education from the University of Warwick, and holds the Membership in General Dental Surgery qualification of the Royal College of Surgeons in Ireland.

Elected for a three-year term, he will be inaugurated as FGDP(UK)'s eleventh and final Dean on 25 June 2021, succeeding Ian Mills. He will become the first elected President of the College of General Dentistry, succeeding the Honorary Founding President, Nairn Wilson, upon the transfer of the Faculty to CGDent. It is intended that the transfer will take place on 1 July, though membership of CGDent is already open to all dental professionals.

Align unveils new scanner series

Featuring dedicated AI chip and new AI-based features

ALIGN Technology has announced the availability of the iTero Element Plus Series, which expands the company's portfolio of iTero Element scanners and imaging systems to include new solutions that serve a broader range of the dental market.

The new iTero Element Plus Series builds on the success of the award-winning iTero Element family and offers all of the existing orthodontic and restorative digital capabilities doctors have come to rely on — plus faster processing time and advanced visualisation capabilities for a seamless scanning experience in a new sleek, ergonomically designed package. Available in both cart and mobile configurations, the iTero Element Plus Series offers increased flexibility and mobility. The mobile configuration makes the power of the iTero Element Plus Series portable with a medical grade, compact mobile scanner solution that

delivers the same high-quality images as the cart configuration.

"We are committed to meeting doctors' evolving needs and designed the iTero Element Plus Series to help them provide the best clinical care for their patients, increase practice growth, and easily integrate digital scanning and imaging into their clinics as a core part of their digital workflow," said Yuval Shaked, Align Technology, senior vice president and managing director, iTero scanner and services business.

"With more than 20 years of innovation in digital orthodontics and dentistry, including intraoral scanners and digital workflows, we are focused on bringing the latest technology to doctors and their patients. We engineered the iTero Element Plus Series with the latest computing power, a dedicated AI chip, and new AI-based

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DATES FOR YOUR DIARY

Note: Where possible this list includes rescheduled events, but some dates are still subject to change.

14 APRIL

BDA West of Scotland AGM

Online
www.tinyurl.com/nzxa58eb

15 APRIL

BDA Dundee & Perth

Bruce Strickland Webinar
www.tinyurl.com/2dh4kjjx

23 APRIL

Glasgow Oral Surgery Symposium

Online
www.rcpsg.ac.uk/events/GlasOralSurgerySymp

17 MAY-17 JUNE

National Smile Month

www.dentalhealth.org/national-smile-month

24-25 MAY

ICSOM 2021

Online
www.tinyurl.com/epnk2uv6

12 JUNE

Annual Conference of LDCs

Online
www.ldcuk.org

18 JUNE

Dental Care Professionals Study Day, RCSE

Online
www.tinyurl.com/y26s8u7n

26-27 JULY

Dental Health Forum

CTF, Manchester University
www.10times.com/e11s-rx6x-gs52

10 SEPTEMBER

Dental Care for People with Cancer

Online
www.tinyurl.com/yyav7myx

26-29 SEPTEMBER

FDI World Dental Congress

Sydney
www.world-dental-congress.org

1-2 OCTOBER

ITI Congress UK & Ireland

EICC, Edinburgh
events.iti.org/congressuk-ireland

12-14 NOVEMBER

BSP Conference

The Royal College of Physicians, London
www.tinyurl.com/yyh2bcq3

3 DECEMBER

FGDP(UK) Scotland Study Day

Updates on treatments for perio and endodontics.
Glasgow Science Centre
www.fgdpscotland.org.uk/book-glasgow-study-day

**POSTPONED
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www.badn.org.uk/Public/Events/National-Dental-Nursing-Conference.aspx
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www.efp.org/europerio/

24-25 JUNE 2022

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www.sdshow.co.uk

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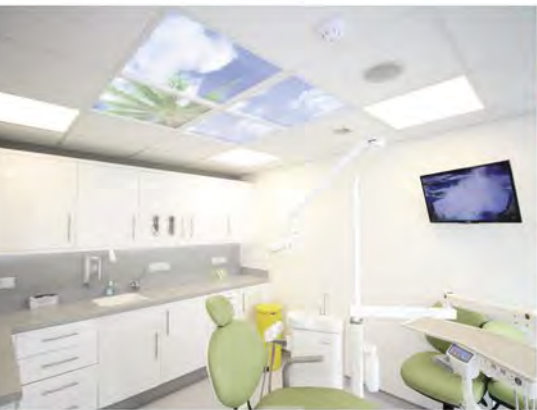
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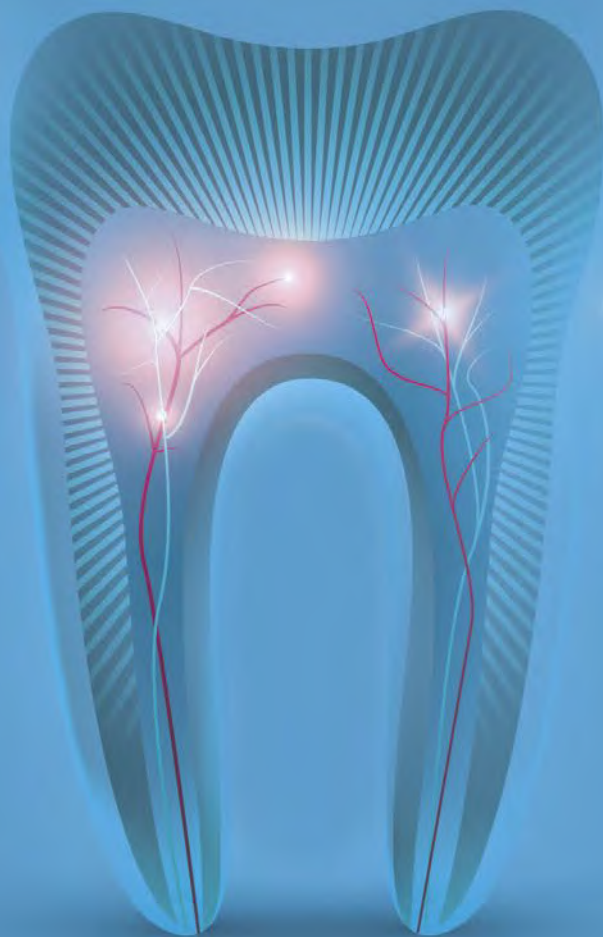
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The future of NHS dentistry

With oral health inequalities likely to be exacerbated by the pandemic, Scotland's CDO has posed the question: 'What does it mean to be an NHS committed practice?'

“In this pandemic, we've all been faced with the stark consequences of health inequalities,” said Professor Cynthia Pine, Professor of Dental Public Health at the Institute of Dentistry, Queen Mary University of London. “The imperative going forward is how do we reduce health inequalities?” Professor Pine was speaking last month at ‘The Summit’, an online event organised by the Scottish Dental Association to discuss the future of NHS dentistry which attracted more than 350 participants.

Speakers included Tom Ferris, Scotland's Chief Dental Officer (CDO) and Professor Phil Taylor (see News, p20), Dean of Dental

Surgery at the Royal College of Surgeons in Edinburgh. Presentations were also delivered by Dr Brendan Murphy, principal dentist at Appletree Dental Care in Glasgow, and Cameron McLarty, principal dentist at Bute Dental Care in Rothesay (see full report online*).

Professor Pine reviewed the evidence on tooth decay among children in Primary 1 (aged four to five). In 2008, only 42 per cent of children from the poorest communities in the first year of school had no obvious tooth decay, compared with 73 per cent of the same age children from the most affluent homes. Ten years later, after the introduction of the Childsmile programme, each percentage had improved, to 56 per cent and 86 per cent, respectively. “The programme has resulted

in a considerable benefit to both groups,” said Professor Pine. “But the most worrying thing about this is that the difference in caries prevalence between the most and least deprived communities in 2018 is virtually the same.”

The professor also highlighted the lack of engagement of children from deprived areas with the NHS dental healthcare system, despite lifetime registration. One in five children from the most deprived areas has not been seen by a dentist for at least two years (compared with one in 10 of children from the least deprived areas). “The concept of lifetime registration has many advantages,” she said. “However, I don't think we can take it as equivalent to lifetime registration with a doctor. As we know, medical attendance is

largely symptom-led; that is the opposite of what we would want from dentistry. A publicly funded healthcare system should have a focus on addressing these inequalities in health and in healthcare uptake.”

At the other end of the age spectrum, said Professor Pine, as adults are retaining an increasing proportion of their own teeth, they will need “considerable maintenance and complex care”. Overall, she said, the care of young and old will require a workforce comprising a mix of skills; more dental nurses and therapists dealing with simple procedures and a clear requirement for dentists to focus on complex care for older adults.

Professor Pine also raised the issue of recall intervals. Are those attending every six months, who do not necessarily need to, reducing capacity for those in greater need who are not attending? In the most deprived areas, 38 per cent of adults have not attended a dentist for at least two years (compared with 27 per cent in more affluent areas). “What should a publicly funded system provide for patients? How do we put patients at the heart of what we’re doing?” asked Professor Pine, adding: “There’s a gap between registration and participation. If we’re going to improve health, we need engagement.”

Figures from 2018 show that 5.1m people in Scotland are registered at a dentist, but 1.5m have not been seen in the last two years. “This is pre-COVID,” she said. “So, by definition, that can only have got worse.”

Professor Pine said that in addressing the issue of the Statement of Dental Remuneration (SDR) it should be asked whether participation should be incentivised specifically to reduce oral health inequalities. Even before COVID, she said, the Oral Health Improvement Plan proposed a system that supports preventative care and that an oral health risk assessment should form the basis of more structured recalls and a simplification of payments.

Acknowledging Professor Pine’s reference to the Oral Health Improvement Plan, Tom Ferris, the CDO, commented: “That document could almost be of the 1970s, it just seems such another era – that pre-COVID era feels so long, long ago. It’s another world, another planet. So, I think we need to be mindful that while there are lots of good things in it – things have moved on.”

The CDO said the consultation process had shown that the public was not clear what exactly is meant by NHS dentistry. The description provided by dental teams might vary from practice to practice. “I think if they understood the system that they were in, perhaps they would engage with it more, and they would seek care more regularly,” he said.

He highlighted two of the plan’s recommendations; that there should be a new contract, a ‘new model of care’, and that the issue of governance should be addressed. The new model of care proposed comprised four main elements: an oral health risk assessment (OHRA), a prevention and periodontal care pathway, an NHS treatment ‘toolbox’, and a new system of remuneration. “In terms of governance, we felt that the Scottish Dental Practice Board was a bit anachronistic, that there were also various agencies involved

in governance and that it all needed to be streamlined,” he said.

Pre-pandemic, that streamlining process had begun, as had the development of the OHRA and discussions on the care pathway. But that work stopped with the pandemic. “Roll forward a year, and where are we? I don’t want to make this a post-mortem on the past year; it should be a recognition of where we are now and where we want to go. There are clearly now issues beyond what we were addressing; some very immediate, that we need to resolve,” he said. Ventilation was a key issue and addressing the reduction in patient throughput.

Other issues included the currently reduced NHS income, as well as unregistered patients and the lack of incentive for practices to take them on. “We also need to find a more sustainable interim financial support process for practices and dentists,” he said.

“While we stood up support measures almost overnight a year ago, I did not think that in a year’s time I would be here talking about financial support measures.” The CDO cited the issue of maternity pay (subsequently addressed in a Ministerial announcement later last month) and of people joining a practice or moving to a new one, where financial support is an issue.

“In terms of the systemic concerns that the pandemic has thrown at us, I think we need to be quite clear now going forward,” said the CDO. “What are our expectations of an NHS committed dentist? What is an NHS committed practice? I don’t think it’s about having 500 registered patients of whom so many actually pay an NHS charge; I don’t think that’s a measure of commitment at all.

“We need to have a dialogue about what that means. Are you a small business, and it’s about profitability, or are you an ‘anchor institution’ within your local community? You’re there with the GP, with the pharmacist as a core part of the healthcare delivery system for the local population? I think, ideally, it is a bit of both. We need to have that conversation.

“We need to have clarity over the role of the private sector. Our experience over the pandemic is that there hasn’t been a particularly smooth relationship between NHS and private dentistry. I am not anti-private sector at all, but I think need to be clear about where they’re positioned within our community. The patient charge is something that we have to have a

conversation about, especially if we move to a more preventive based system. If we can’t get rid of the patient charge altogether, will the public value prevention enough to pay for it? That’s a question we need to speak to the public about. And, unless you are exempt, the burden of the patient charge falls most on those with the least disposable income.”

The public, he said, had made clear to him and Ministers their feelings about what they perceived as a two-tier system, exacerbated by confusion over the governance of entirely private, of entirely NHS, and of mixed practices. That issue should have been addressed when Health Improvement Scotland took over governance of entirely private practices, he said, but “we are where we are; it is something we are going to have to address”.

The CDO indicated that he would prefer to move to an arrangement where instead of more than 3,000 bespoke contracts with individual dentists, there were instead around 1,100 practice-level contracts. “However, the behaviour of a very small number of practices towards their associates, their assistants, and their team, gives me pause for thought. But it is a conversation we need to have.”

Other issues to be addressed, he said, were the influence of corporates and the need for the Government to retain a direct link to dentists, the increasing role of technology, the need to have more intermediate, specialised, services available on the high street and, as mentioned by Professor Pine, a better skills mix.

“So, what I would say is that there needs to be a longer-term discussion about the future dental contract in Scotland and that there are five key principles we need to be clear about; that contract must be preventative, there must be a new model of care delivery, it must be accountable to both the patient and the NHS – with clarity over private dentistry’s place – and it needs to be deliverable.

“It needs to be simple, easy to understand both for the profession and the public, so that we can make clear the NHS offer to the patient. It needs to be coordinated between primary, intermediate and secondary level care. And it needs to be sustainable, both for practices to ensure their long-term survival and for the Government to ensure that it is affordable.”

**For the full SDA Summit report see: www.sdmag.co.uk/2021/03/25/sda-summit*



THE FUTURE DENTAL CONTRACT IN SCOTLAND NEEDS TO BE SUSTAINABLE, BOTH FOR PRACTICES TO ENSURE THEIR LONG-TERM SURVIVAL AND FOR THE GOVERNMENT TO ENSURE THAT IT IS AFFORDABLE”

TOM FERRIS

Gap year

Examining the impact of COVID, the deferral of dental school graduations – and Brexit – on the profession

WORDS
WILL
PEAKIN

More than 1,250 dental and dental hygiene/therapy graduates enter the workforce every year, from UK and Irish dental schools. But in February it was announced that graduation for students at Dundee and Glasgow Dental Schools had been deferred until summer 2022, with all current year groups repeating the 2020-21 academic year.

Graduation for students in final year at Aberdeen was deferred until Christmas 2021 and all other students will repeat the 2020-21 academic year. Confirming that students would continue to receive financial support for the additional year of study, Mairi Gougeon, the Public Health Minister, said: "This difficult but necessary decision by Scotland's dental schools will be extremely disappointing news for dental students across the country." A week later, Universities Scotland said that the country's dental schools would not be accepting new students this September. All applicants interviewed for places this year will still receive a final decision on their interview by 20 May, but any offers made this year will be for a deferred start date of September 2022. Dental schools in other parts of the UK plan to offer a student intake in 2021, according to the Dental Schools Council.

A council spokesperson said: "Dental schools are working with the regulatory and training bodies to ensure students meet the competencies required in order to graduate and begin foundation training. However, due to the impact and variation of disruption, the timeline for this will differ between different regions and countries."

But what will be the impact in Scotland on those, formerly, final year students and, crucially, on the profession in the coming years? Professor Mark Hector, who stood down as Dean of Dundee Dental School in March (see page 10), said that all theoretical teaching had been delivered during the academic year but practical work, including clinical, "has been severely curtailed."

He added: "There has been a focus on final year BDS and BSc (OHS) to start clinics. They have done a little from November to December but in January NHS Tayside stopped all elective surgery, including dentistry. Clinics restarted in early March and we are now scheduling all clinical students through the clinics. However, capacity issues and social distancing means we are operating at less than 30 per cent of normal activity."

Clinical work, especially aerosol generating procedures (AGPs), are being undertaken in full PPE and in custom made 'pods' which have their own filtered air supply and in excess of 12 air changes an hour. As reported in the last edition of *Scottish Dental*, these pods have been installed in Dundee – and are now in Glasgow. "They are a great success," said Professor Hector, "in that they mitigate against the design of the dental hospitals where, traditionally, there is no active air management."

He said: "Academic work continues online using a blended approach. All assessments are likewise online. This has been difficult as our students are not necessarily in Dundee but scattered across the globe. So teaching is a blend of synchronous and asynchronous events – and exams have to be open for 23 hours to allow students to have good access in daytime hours."

Ultimately, continuity of training from entry to dental school to completing vocational training will be uninterrupted, he said, maintaining quality and patient safety requirements. Students will lose a year's income, "but I believe this is a small price to pay."

The impact on the profession going forward of any disruption to graduation and student intake this year will be minimal, said Professor Hector, but "much bigger effect will result from Brexit, with fewer EU dentists applying to work here and many EU dentists returning home."

Professor Angus Walls, Director of the Dental Institute at the University of Edinburgh, said that while face-to-face didactic teaching remains suspended, clinical skills training resumed last September, alongside clinical activity for both undergraduates in hygiene and therapy and post-graduate students, but at a reduced level of activity.

The move to online didactic teaching appeared not to be an issue for undergraduates, he said, who welcomed the ability to study outside traditional school hours. Likewise, overseas students could continue their studies. But 'hands-on' activity – such as AGPs – "remain a challenge," with the delivery of care modified according to the four nations guidance. In this setting, the intense supervision of students has allowed a "more focused educational experience," he said, but results in a different style of education which will "complicate the attainment of competence as a 'competent

beginner', as stipulated by the GDC (General Dental Council)."

Professor Walls said that the wider impact on the profession will not be just as a result of the disruption to graduation, but also from – as indicated by Professor Hector – the effect of Brexit.

"There will be a significant shortage of Associates as a consequence of both the lack of supply from people completing dental foundation training and from people moving into national dental core training from primary care practice in greater numbers than normal – and from a reduced number of dentists moving to the UK from Europe," he said.

"This will have its greatest effect in the parts of Scotland that, historically, rely on EU dentists most heavily – so, places like Dumfries and Galloway, Borders, Highland and Grampian although increasingly Lothian as well. The pattern of disruption will last for a number of years with an impact that will be most dependent on patterns of EU dentist movement."

“
THERE WILL BE
A SIGNIFICANT
SHORTAGE OF
ASSOCIATES”

PROFESSOR ANGUS WALLS



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NHS practice profits continue to fall

But there was better news for Associates with an increase in fee income and net profit

WORDS
WILL
PEAKIN

Last month saw NASDAL – the National Association of Specialist Dental Accountants and Lawyers – hold its annual press conference; this year, virtually, at the BDIA Dental Showcase. Many Principals, Associates and team members, along with the media, joined what was an enlightening event with five presentations and an interactive Question & Answer session.

This year's event reflected the challenge of the past 12 months in its title, 'State of the Nation': an online gathering dealing with a wide variety of dentally related financial and legal matters. After being welcomed by Nick Ledingham, of Morris & Co, Specialist Dental Accountants and Chairman of NASDAL, the conference heard the latest goodwill value statistics announced by Alan Suggett, specialist dental accountant at UNW and NASDAL Media Officer. These are normally produced on a quarterly basis

but due to the pandemic, the latest figures covered the four months that ended 31 January 2021.

Against what many may expect, the latest period showed very little price reduction due to the pandemic. As with the last survey (which covered the period from 1 April to 30 September 2020), in NASDAL members' experience, there have been only limited price reductions but considerable lengthening of the process. "It certainly does show that the UK dental practice sales market is not the dystopian nightmare that some commentators have suggested," commented Suggett.

Benchmarking statistics

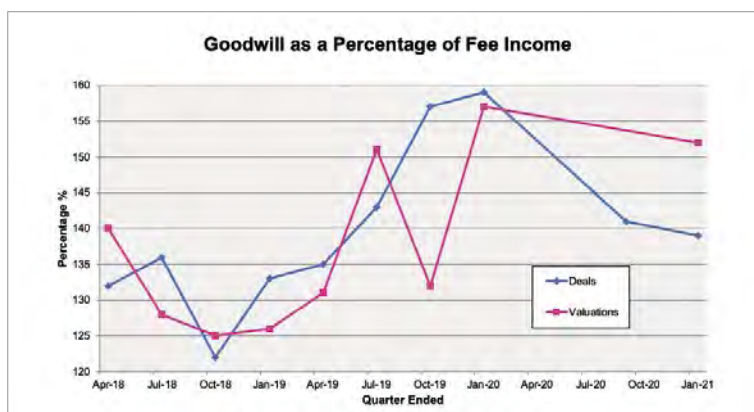
Continued fall in NHS practice profits but better news for Associates

Ian Simpson, Chartered Accountant and a partner in Humphrey and Co, presented the Benchmarking Statistics for the year 2019-2020. The NASDAL benchmarking statistics are published annually in March and reflect the finances of dental practices and dentists for the most recent tax year. The NASDAL figures provide a detailed picture of dental practice finances, sourced directly from dentists working privately and in the NHS. They are immensely useful but this year, as the period in question only ran until March 2020, they have limited information to share about the effect of the pandemic. However, they do make interesting reading.

Some of the key points from this year were:

- A continued fall in NHS practice profits – this is perhaps as NHS practices tend to be more Associate led
- A slight fall in net profit across the market as a whole
- Better news for Associates with an increase in fee income of 3 per cent and increase in net profit of 2 per cent
- Practice expense ratios stayed very consistent with previous years

Figure 1



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About benchmarking

NASDAL, the National Association of Specialist Dental Accountants and Lawyers, was set up in 1998. It is an association of accountants and lawyers who specialise in acting for and looking after the accounting, tax and legal affairs of dentists. It is the pre-eminent centre of excellence for accounting, tax and legal matters concerning dentists. Its members are required to pass strict admission criteria, and it regulates the performance of its members to ensure high standards of technical knowledge and service. The NASDAL benchmarking statistics are published annually in March and reflect the finances of dental practices and dentists for the most recent tax year. The NASDAL figures provide a detailed picture of dental practice finances, sourced directly from dentists working privately and in the NHS. The figures published by Public Health England's Information Centre later in the year reflect the income of NHS dentists only. NASDAL's designation of practices as either private or NHS reflects that 80 per cent of business income comes from that source. The sample size is 650 principals and limited companies, and 600 associates.



THE UK DENTAL PRACTICE SALES MARKET IS NOT THE DYSTOPIAN NIGHTMARE THAT SOME COMMENTATORS HAVE SUGGESTED"

ALAN SUGGETT

PRACTICE ACCOUNTS

AVERAGE TOTAL FEE INCOME PER DENTIST

Figure 2	NHS PRACTICE	PRIVATE PRACTICE
Year ended March 2018	169,615	244,577
Year ended March 2019	178,389	240,971
Year ended March 2020	191,746	240,049

PRACTICE ACCOUNTS

AVERAGE NET PROFIT PER PRINCIPAL

Figure 3	ALL PRACTICES	SINGLE HANDED	WITH ASSOCIATE(S)
Year ended March 2018	131,388	100,806	138,184
Year ended March 2019	134,387	106,520	140,202
Year ended March 2020	129,178	110,594	133,371



Simpson said: "Overall, we have seen results similar to the previous year with a small impact of COVID-19 in Feb/Mar 2020. Net profit of a typical dental practice fell back to £129,178 from £134,387 in 2019 and both NHS and Private practices saw a reduction in profit (NHS – £116,284 in 19/20 down from £124,475 in 18/19; Private – £133,192 in 19/20 down from £140,591 in 18/19). Only mixed practices bucked this trend with a small rise from £132,940 in 18/19 to £134,342. What the figures will show for the year of the pandemic is conjecture at this point, but we certainly find ourselves in a very different landscape now from a little over a year ago."

NHS Quarter 4: meeting the targets

Alan Suggett then returned to discuss what has happened (in England), since the beginning of January in terms of Q4 targets and needing to achieve 45 per cent of pre-pandemic activity measures to avoid any financial penalties by way of 'clawback'. He identified two key issues that were affecting practices. "First and foremost, my concern is for a small but significant number of practices that will be unable to hit the threshold of 45 per cent of UDA contract amounts and how that 'cliff edge' will affect them. The fact that many NHS practices are already hitting this target is great but

irrelevant to those that cannot."

"Another, perhaps unconsidered, consequence of the Q4 rules is pay cuts of more than 65 per cent for some self-employed dental associates who carry out NHS work. During the COVID 19 crisis a very important measure of financial protection has been given to NHS associates as so far, they have been paid in full. Q4 rules brought this to an end for those associates who work in practices which cannot hit the 45 per cent UDA threshold.

"I feel that a fair compromise is quite simple – remove the 'cliff edge' at 36 per cent. I worry that without this change, a small percentage of the total NHS contract holders could be in real trouble. In addition, the associates who work in those practices could suffer a pay cut in excess of 65 per cent."

He added: "There will be no material change in circumstance between 31 March and the following day and therefore I would be surprised to see any movement from the 45 per cent figure."

Practice sales market: 'Still buoyant'

Damien Charlton, Chair of the NASDAL Lawyers Group and partner at Ward Hadaway, then discussed the practice sales market over the last year. As Alan Suggett had already referred to, this was a whole lot busier than many might expect.

ASSOCIATE ACCOUNTS

KEY ASSOCIATE FIGURES

Figure 4	FEES	PROFIT
Year ended March 2018	86,310	68,155
Year ended March 2019	85,524	69,324
Year ended March 2020	88,005	70,514

HISTORY OF PROFITS

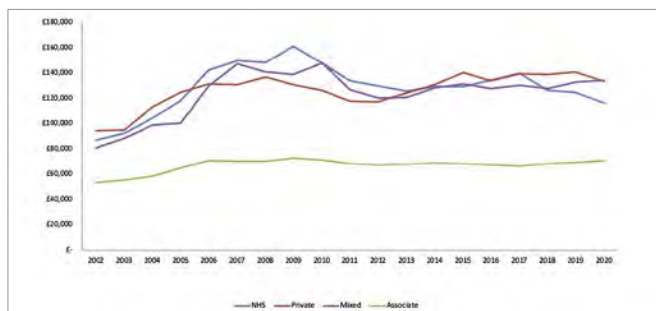


Figure 5

What the pandemic did do was slow the entire sales process. Charlton said: "From March 2020 until June 2020 there was a hiatus as society was locked down. Then, volumes of practice sales picked up quickly and NASDAL members saw a particular surge earlier this year as many sought to avoid a potential Capital Gains Tax increase in the Budget that as it turned out, didn't materialise."

"To illustrate the added time now involved, it can take up to 20 weeks for the CQC to register a new partnership allocation! As we move forward, it seems that those buying practices are having to go so in more of a 'blind' fashion than is traditional. Even though a practice has been successful in the past, the new world that we find ourselves in, means it is no guarantee of future prosperity."

The future

What the end of furlough will mean for our economy

The final presentation was delivered by Heidi Marshall, who is NASDAL Secretary and heads up the dental team at Dodd & Co Chartered Accountants. Marshall had the unenviable task – even more so in these times – of considering what may happen in the coming

months. She covered a wide range of areas including Q1 percentages, clawback and the 'Zoom Boom' of dentistry. She also shared evidence of mixed practices taking the decision to leave the NHS as they are finding that the numbers no longer add up.

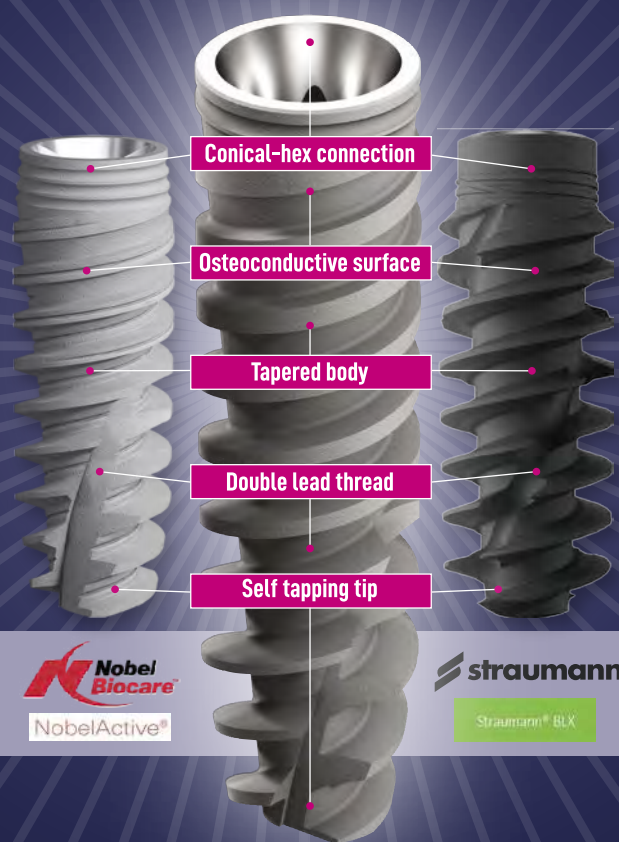
Charlton focused on the end of furlough and said that September will see a real reckoning in many sectors. "I think that we will see the true impact of what the end of furlough will mean for our economy. Potentially hundreds of thousands of people could find themselves out of work and that will certainly mean a reduction in enquiries for elective dentistry but perhaps even the more regular care too?"

Nick Ledingham, of Morris & Co, Specialist Dental Accountants and Chairman of NASDAL, concluded: "I am pleased to see that the UK dental sector has reacted to the challenge that COVID has provided in a typically robust fashion, but it has been a tough 12 months for many, and the future is still uncertain. Now, more than ever, it is important that dental practices take specialist advice so that they can understand and react to changes in their business situation."



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Turn on the tap

The Scottish Government has been asked to consider fluoridation of the water supply – again. The evidence in its favour is overwhelming, say proponents, and COVID makes its consideration all the more urgent

WORDS
WILL
PEAKIN

In 1957, the 'Fluorine Consultative Council' convened in Dublin for the first of 15 meetings, culminating in its recommendation the following year that the public water supply in Ireland should be fluoridated.

Fluoridation was introduced to Dublin City in 1964, and Cork City the following year. By 1970 most of the major cities and towns in the Republic had fluoridated supplies and today 71 per cent of people in Ireland have access to fluoridated water. Between 1961 and 1963, a baseline national caries study was conducted; representative samples of five- to 16-year-olds were examined in each of the 26 counties in the Republic. High caries levels were recorded; for example, the mean decayed/missing/filled teeth (DMFT) for 15-year-old children was 8.2.

The Department of Health established a unit at University Dental School, Cork, in 1965 which conducted a number of studies on dental caries and fluoride in the late '60s and early '70s. A survey of a random sample of four- to 11-year-old school children in Cork City in 1969 showed that caries levels among children were substantially lower than those recorded in the 1961 baseline study. A national survey of children's dental health in 1984 showed a substantial decline in the prevalence of dental caries both in fluoridated and non-fluoridated communities, and the reduction was considerably greater in the fluoridated communities. In 2002, a 'north-south' survey showed a substantial decline from 1984 in dental caries in both fluoridated and non-fluoridated communities in the Republic, and in the non-fluoridated population of Northern Ireland. However, the decline

was substantially greater in the fluoridated communities. There was an increase in the prevalence of dental fluorosis in the Republic between 1984 and 2002, particularly in lifetime residents of fluoridated communities, prompting the Government to approve a reduction in the level of fluoride added to the water supplies and the introduction of guidance to reduce the ingestion of fluoride toothpaste in early childhood.

Today, Ireland's Expert Body on Fluorides and Health is of the opinion that "there continues to be overwhelming evidence that water fluoridation significantly benefits dental health". In January this year, researchers at Manchester University noted that "the most fundamental component of any population-wide caries-prevention strategy is sugar reduction through the use of upstream policy levers". However, they concluded, "with any highly prevalent chronic disease, the social and biological causal pathways involved are complex and action at multiple levels is required. Fluoride is highly effective at preventing caries and its use over the last 50 years has transformed dental health."¹

With the UK Government having announced its intention at the beginning of this year to take control over the decision of whether to fluoridate the water supply away from local authorities, the position of the Scottish Government will come into focus. "The public health crisis caused by the pandemic – and the resulting long-term pressure on health services – means that investment in prevention is now essential," said Dr Robert Donald, chair of the British Dental Association's Scottish Council. He told *Scottish Dental*: "My view is that fluoridation of the water supply in Scotland is no longer a subject for debate. The evidence is clear that [it] is both safe and effective. With the disruption to Childsmile during

the pandemic – fluoridation, which is complementary to Childsmile and not a replacement for it, would still have been benefitting our children. It could also benefit the dental health of not only children, but the rest of the population, adolescents, working age people, and also the elderly by preventing root caries.” In March, the BDA (Scotland) wrote to Mairi Gougeon, Scotland’s Minister for Public Health and Sport, reiterating its call to the Scottish Government “to support the introduction of local water fluoridation as a cost effective, evidence-based preventive measure where practical and clinically appropriate”.

David Conway, Professor of Dental Public Health at the University of Glasgow, said: “Despite major improvements in recent years, the dental health of the population of Scotland remains a challenge. For example, just over one in four children aged five have dental decay and 45- to 54-year-olds have, on average, 10 filled teeth. There are also wide inequalities in the burden of dental disease with those from poorer backgrounds having greater levels of dental decay.

“And as we recover from the COVID-19 pandemic, it is right that we look again at all options to improve the population’s health and oral health. So, yes, fluoridation of the water supply should be on the table. The evidence base is strong on the population benefits of water fluoridation. I would be supportive of reviewing the evidence, the cost-benefits, the practicalities, and feasibility – modelling impact on oral health and oral health inequalities. [It’s] very important that local communities are engaged with and their views and opinions sought.”

A consultation on Scotland’s Oral Health Improvement Plan was launched in the autumn of 2016. A summary of responses stated: “A large number of respondents commented that NHS dentistry needs to focus on prevention going forward, suggesting that this will help to address oral health inequalities” Respondents recommended consideration of public health measures, such as a sugar tax and water fluoridation. But when the Plan was published in 2018, it said: “Although we recognise that water fluoridation could make a positive contribution to improvements in oral health, the

practicalities of implementing this means we have taken the view that alternative solutions are more achievable.”

Dr Donald said: “Scotland currently sits in a bizarre and strangely shameful position. I find it bizarre that the Scottish Government accepts that water fluoridation would benefit oral health in Scotland yet refuses to even try to introduce it. Health is a devolved issue and indeed the legislation enabling water fluoridation is entirely different between Scotland and England. However, the contrast between Holyrood and Westminster is stark on this issue. With dental decay rates in Scotland still higher than in England, Holyrood would be failing its population, especially its child population, by not supporting further measures to boost the progress made by Childsmile.”

Dr Donald believes the Scottish Government should ask each of the 14 health boards to undertake a feasibility study of water fluoridation for their populations. “It’s bizarre that health boards have not even been asked to find out if it is feasible to introduce water fluoridation for their populations. The Government should be funding feasibility studies. The water supply in Scotland should be fluoridated where practical and appropriate for local public health needs. It is a safe and effective public health intervention as part of a package of measures to improve dental health.

“The technical requirements for adjusting the level of fluoride are simple and the necessary legislation is already in place. I do accept that there may be a challenge to win over public opinion on this issue, but the Scottish Government has shown that it is willing to take on difficult challenges to help improve the health of the people in Scotland with the introduction of minimum pricing for alcohol. Banning smoking in public places was also an early public health measure introduced in Scotland before the remainder of the UK. I would urge the Scottish Government to show the same boldness on water fluoridation.”

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“

SCOTLAND CURRENTLY SITS IN A BIZARRE AND STRANGELY SHAMEFUL POSITION”

DR ROBERT DONALD

Scottish Representative for the British Association of Dental Therapists

Kyle Anderson

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badt.org.uk

The role of the dental therapist post-COVID-19

THE COVID-19 pandemic has had a devastating effect on the delivery of health services across the board. Dentistry is trying to regain its footing and get back on track, fighting through backlogs of patients who were receiving treatment when the pandemic hit in 2020 and those who required their regular examinations.

The infection risk posed by aerosol generating procedures (AGPs) has meant that dental services are still being disrupted and restricted. Many dental therapists and hygienists are still facing hardship, with severe disruption to their usual working practices prior to COVID-19.

There is a pivotal role that therapists and hygienists can play following the pandemic in practice. Periodontal disease has been linked to health conditions such as diabetes, heart disease and Alzheimer’s, and as highlighted in several recent international and British studies, it could now pose serious risk of COVID-19 complications.

Therapists and hygienists are best suited to treat periodontal disease and more can be done to prevent the progression of gum disease. The treatment for periodontal disease can be carried out without requiring AGPs and is largely based on prevention.

The therapist and hygienist can aid patients by explaining the importance of oral hygiene and what the implications can do for the patient’s oral and general health. They can work with the patient to increase their individual oral hygiene through advice and practical lessons, such as toothbrush instruction, fluoride advice, interdental cleaning, dietary advice and treating risk factors for periodontal disease appropriately.

The prevention advice not only would prevent gum disease but also carries, which has seen a rise throughout the pandemic. This could be carried out in the surgery or online by taking advantage of many of the online virtual conference platforms. The NHS Near Me app would be the ideal tool to host digital consultations with patients for prevention treatment.

The hygienist and therapist, if given the opportunity to provide their full scope of practice, could reduce waiting times for appointments with the dentist by triaging and providing treatment under referral or working under direct access.





WELLBEING

1. Full body reach for the sky



2. Side bend either way



3. Full forward fold to touch the floor

Get into the 'stacking'

HABIT OF

Hand washing, note writing, PPE changing –
now it's time to add a full body stretch to your routine

WORDS
ANDY
WHITE

Back, shoulder and neck pain are common occurrences within the dental profession and, if they aren't addressed, can be debilitating throughout all areas of your life. How can you address these issues daily? You can't change your job or the positions you need to sit in to carry out your work. However, you can change what you do in the rest of your day. This simple process can help you address tightness and create a habit which will last longer than your pain.

So how do you do it?

Well, you add the following full body stretch into an already regular routine. This is called habit stacking (for more on this, read the book *Atomic Habits*¹). Without thinking about it you already have pretty specific routines. For example, once you finish with your patient you will have a routine that includes hand washing, note writing and PPE changing.

All you are going to do is add one repetition of the stretch shown in the photos into the section straight after one of the phases in this routine – note writing, for example.

- **Start with a full body reach for the sky (1)**
- **Side bend either way (2)**
- **Return to the middle**
- **Then a full forward fold to touch the floor (3)**

If you do this after every patient, you'll be doing 20-30 stretches a day.

Over time, you can stack a second movement on top of the first to hit a slightly different muscle group (more in future editions). Try it today and see how you get on!

Dr Andy White is chief executive of Physio Focused, supporters of Running Scotland 2021.

www.physiofocused.com/

Instagram and Facebook: @physiofocused

¹ jamesclear.com/atomic-habits



Running Scotland 2021

As you may have read in the last edition of *Scottish Dental*, four dentists plan to run the length of Scotland this September in aid of Scottish mental health charity SAMH.

Running Scotland 2021 training is in full swing now and don't the boys (pictured) know it. Paddy succumbed to a few weeks of low volume training after a flare up of his Achilles but is now back hard at it. Derek is currently resting after picking up tendonitis in BOTH feet! Ryan, not wanting to miss the bandwagon of attention, decided now was the time to have a hernia repaired. As *Scottish Dental* went to print, he has a few weeks of no exercise ahead to recover before lacing up the trainers again.

On the other hand, Stuart, their vintage runner, has powered on throughout – showing off his prowess by completing running challenges as part of his training. First was his 4x4x24 challenge (running four miles every four hours for 24 hours), and the during March he undertook a Run the Date challenge (1 March run 1km, 2 March run 2km - and so on right till the 31 March).

Running Scotland is already testing these gentlemen runners, but they will be more than ready come September. Follow them on Facebook (www.facebook.com/RunningScotland21/) and Instagram ([runningscotland2021](https://www.instagram.com/runningscotland2021/)) for regular updates - and drop them a line if you want to get involved.

The team is eternally grateful to all the sponsors (www.runningscotland.com) and for all the generous donations to SAMH (www.justgiving.com/fundraising/runningscotland2021).

Remember: 'One run can change your day; many runs can change your life'.

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*www.sdmag.co.uk/2021/02/10/dentists-runningscotland-samh

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- Education
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Gillian Nevin, Assistant Postgraduate Dental Dean at NES, explains: "At lots of different points in our professional careers we need a helping hand. Keeping on top of professional standards and best practice demands dedication at the best of times, and it's been a really hard year for everyone."

"At NES, we previously offered a range of support for people under different titles – Return to Work/ Keeping in Touch, TRaMS (Training, Revision and Mentor Support) and Mandatory Training. By bringing these together under one banner – NEST – we hope to make it easier for people to see what's on offer, and to access the support we can provide."

"It's not just about Mandatory Training – although that is one of the things we deliver – we're here to provide informal advice,

mentoring, and other help so you can keep on top of things. So, why not drop us a line and we can discuss your needs?"

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Since October 2016, those applying to join the dental list in Scotland for the first time and those who have had a period of absence from a list of twelve months or more, need to complete Mandatory Training.

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NEST Level 3

Dental registrants early in their careers or new to Scotland often need support. That's why we offer mentoring or shadowing. We can tailor this to people's individual needs or supplement registrants' training following specific requests from Health Boards.

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For further information on NEST or to enquire about support please contact: NEST@nes.scot.nhs.uk or see <https://www.nes.scot.nhs.uk/our-work/dentistry/>

Long-serving LDC secretary retires

Maggie Fulton praised for her unstinting service and support of the profession

Lanarkshire Local Dental Committee is saddened to be losing the services of its longest-serving secretary, Maggie Fulton, after more than 26 years in the role. In line with its established policy of appointing only legally qualified secretaries, Maggie attended her first LDC meeting on 23 November 1994.

Following her days at Notre Dame High School, Maggie went on to study law at Glasgow University, from where she graduated as a

Bachelor of Laws, with Honours, in 1976. After completing her apprenticeship with the well-known Glasgow legal firm of Anderson, Fyfe, Stewart and Young, she went on to work with them for several years, specialising in shipping law and conveyancing, before leaving to bring up her family. Later she returned to work with a legal practice in Paisley.

University honours were not restricted to her undergraduate studies. She was awarded a University Blue for Netball and also played for Scottish Universities. Indeed, she was selected for the GB team but, unfortunately her final exams prevented her from playing the match. It was at university that she met her husband-to-be, and fellow law student, Robert. Two of their children have followed their parents into the legal profession, while the other two have chosen the teaching profession.

After years of dictating her legal letters to the practice's secretary, Maggie says that her first challenge at the LDC was to learn how to take her own notes quickly enough, and how to hone her own skills at computing and typing. She added: "I have forever wondered about the mythical SDR (Statement of Dental Remuneration) and spent a long time grappling with the acronyms and trying to understand the set-up of dentistry throughout Scotland." Suffice to say, she did, indeed, master all of these challenges, to the very grateful appreciation of the LDC members.

Apart from servicing the regular LDC meetings, she was also the treasurer, and her annual accounts have been accorded the honour of 'Maggie's Works of Art' by the LDC's external auditors. She has also

CPD evenings, usually held in the large lecture theatre of Hamilton Fire Station, and which was always well-attended. Most enjoyable of all, though, was the LDC's Annual Dinner, an opportunity to relax and try to not talk about teeth (very much).

In her spare time, Maggie is fully occupied. She is the author of *Maw Fulton's Cookbook*, enjoys writing poetry, wildlife photography, knitting and regular holidays in St Andrews and Menton, in France. Most recently, Maggie has become a grandmother. Poppy's first few deciduous teeth are now erupting, so Granny Fulton will be well-placed, in her retirement, to supervise Poppy's oral health.

Maggie has served the committee and, indeed, the wider profession, with outstanding dedication and efficiency throughout the reign of nine different holders of the office of committee chair, and she leaves with the very grateful thanks of the entire LDC, together with their best wishes for a long and happy retirement.

MAGGIE HAS SERVED THE COMMITTEE, AND, INDEED, THE WIDER PROFESSION, WITH OUTSTANDING DEDICATION





14 April 1941 – 1 February 2021

IN FEBRUARY our industry saw the loss of a truly inspirational and innovative leader. Alex Littlejohn pushed the boundaries of technics and technology for more than 60 years with Dental Technology Services, one of Europe's leading dental laboratories.

Alex served a good part of his apprenticeship by working in the school holidays by the time he was 16 and progressed into working in his father's small lab, as the other alternative was to become a music teacher. Although he joined the business, he continued to study music and gained a teaching diploma from the London School of Music. Incidentally, he was signed by Lloyd Webber (Andrew's father) who was the principal of the London School when he graduated. During this period, he had also obtained final City and Guilds and 4 Advanced certificates but had already decided that teaching children music was not for him.

When he joined the laboratory, the business comprised his father, one technician and an apprentice. Alex expanded the business gradually until his father retired in 1969. He joined the Dental Laboratories Association (DLA), where he served on the council for 20 years and was Vice Chairman, Chairman and Past Chairman and was instrumental in moving the DLA to an association that represented the technicians.

Maybe his entrepreneurial spirit came from his father as, in the early days, maintaining work levels was difficult so they bought a small confectionery business, and he filled the downtime of the laboratory by making snowballs, nougat wafers and cream shells to be sold at the

weekend to the local shops; so, creating future decay to repair.

Alex studied endlessly throughout his career, always striving to be the most knowledgeable in the room, always on the hunt for innovation. To expand the company, he needed to be aware of any new techniques that were coming on to the market in dentistry. To this end he travelled the world, building a network of knowledge and connections that allowed many firsts to be introduced to DTS customers. When metal ceramic restorations came on the market in the seventies, the laboratory was one of the first in the UK to offer these restorations to customers.

In 1984, Alex, along with Malcolm Gill from Yorkshire, discovered porcelain veneers in America and subsequently introduced them to the UK market, then created a consortium of UK labs (TEREC) to allow veneers to become a standard of dentistry today. With the success of the UK group, he founded a sister group in North America allowing close collaboration and laying the foundation of a global business network.

This was the start of adhesive dentistry and through his tireless energy and hundreds of educational courses, single-handedly taught hundreds of dentists new ways of working that seem normal today. Mirage ceramic inlays, Resinbond crowns, Belleglass, Empress and Procera restorations all introduced first by Alex and DTS in the UK. Alex was also integral in bringing the Dundee Replica denture technique to the market, now known globally, along with Equipoise and Saddlelock chrome designs.

In 2004, Alex took another major step forward, installing the first Zirconia Milling Centre. A material never heard of in the UK and now the foundation of all modern crown and bridges. This sowed the seeds of digital dentistry before anyone else, and through his global network of dental partners and friends, founded and developed the Core3dcentres business as the largest independent digital dental manufacturer in the world.

Alex believed education and friendship were the key to a successful and fulfilling life, and to any good business. He hosted hundreds of lectures and courses all over Europe and America, however he never forgot that all business and no pleasure didn't provide loyalty. DTS hosted many amazing, golfing, shooting and even tank driving events that created lifetime friendships. All precision planned to the minute by Alex.

For those that knew Alex, they knew that he had two passions in life, dentistry and golf. He always tried to combine them as much as possible.

He never truly retired from the lab, but he started to dedicate more time to his second home Loch Lomond Golf Club. When Loch Lomond hosted the Scottish Open, he was first to be involved as Chief Marshal, which started his next calling as Chief Marshal in 27 major golf tournaments throughout the UK. His organisational skills and ability to quieten a crowd were legendary.

There are very few people in our industry that have so significantly shaped and changed UK dentistry as much as Alex Littlejohn. A true visionary of his time and sadly missed by many.

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Where art and science collide: the challenges of remote training of anterior tooth aesthetics

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Introduction

The impact that a perfectly restored maxillary incisor can have on a patient must never be taken for granted. Mastering the aesthetic composite restoration is certainly a challenge at the best of times. When teaching this to the undergraduate students, we preface that we will train them in a few sessions how to get a restoration to 80% perfection; They will master the remaining 20% over the course of their career.

Although a common procedure, composite restoration of the anterior dentition incorporates advanced principles. Aesthetics exists perfectly balanced between the scientific and the artistic. Instilling these advanced concepts must be done early in the course; the earlier year students are likely to encounter these far more often than a multi-unit fixed prosthesis. The timing is crucial – too early and the training will seem too abstract; too late and the students will already have ingrained habits from clinical experience. The often lamented and ubiquitously discussed global pandemic forced us to consider the conundrum of how to deliver this course remotely. This article will discuss the low-cost multimedia approach we adopted: areas we felt succeeded, those that need refinement and ultimately the road ahead in translating this already delicate topic to a digital reality. We will detail how parts of this can easily be replicated.

The challenges

When looking at mastering direct composite aesthetics, we can break this down into issues relating to the form and the shade of the tooth within the overall scheme of the dentition. Concepts relating to anterior tooth anatomy, shade selection of teeth using a shade guide, rubber dam isolation, and tips on how to achieve seamless restorations that blend with the tooth all needed to be addressed. Running the course this year

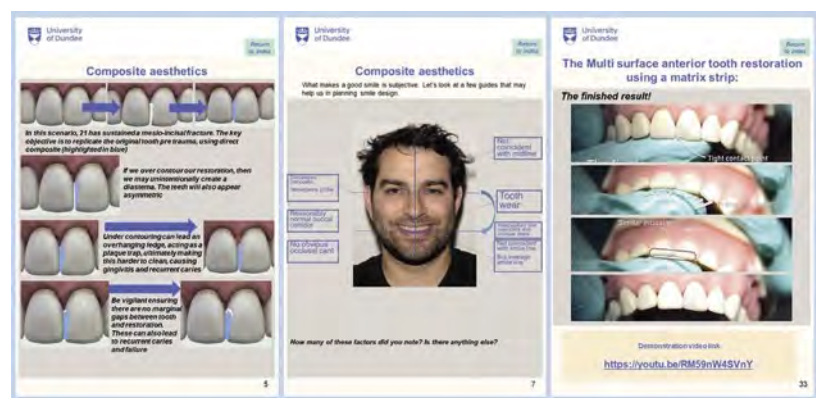


Figure 1

presented the additional challenges of:

- Reduced clinical experience
- Lockdown meant that teaching within our simulated skills laboratory was no longer an option at the time
- How to remotely assess the course material produced by students – the most significant challenge

We looked at the options available and determined a fully remote, blended online and practical approach would work best.

An accessible approach to the theory

We decided universal access was crucial for the subject. Simple instructional videos demonstrating how to prepare and refine a composite were made in collaboration with the students for the previous iteration and housed on YouTube. Part of our ethos is for free information sharing for the benefit of education. All of our videos are available on the Dundee Dental School YouTube Channel (<https://www.youtube.com/c/DundeeDentalSchool>), which is fast approaching half a million views. With regards to the theoretical content, we provided the students with a comprehensive interactive PDF document. Interactive PDFs are universally readable on Android, iOS,

and Windows systems. They are also reliable and relatively small files. Having navigation links incorporated also allows for a user-friendly experience with these large documents. To supplement the theory, we produced a comprehensive array of diagrams, and clinical cases. The outcome was a single resource, incorporating all images, cases, videos and links to evidence. (Figure 1).

Form and function: modernising very old techniques

The practical element of composite aesthetics presented one of the most significant obstacles, but also some significant opportunities. Having a practical, hands on exercise was crucial for contextualising the theory. How best to do this? Well, we need to consider both the restorative and arch analogues.

Table 1

There was no single material that fulfilled our needs. Non-setting modelling clay, used for countless years in tooth morphology teaching, was the closest to ideal. The added advantage is that students could photograph their finished work, dismantle easily and start again, allowing for practice throughout lockdown.

Restorative material considered	Cost	Equipment required	Safety	Surface detail achievable	Modifiable	Realistic	Reusable	Practical
Composite restorative material	Low to medium, high for equipment	Selection of composite restorative light cure. Rotary instruments for finishing	Concerns regarding use of equipment if not with a restricted environment	Yes	Yes. Requires cutting tools once set	Yes. Simulates the clinical scenario accurately	No	No
Wax	Low	Composite shaping tools	Safe. However, concern if heating wax for addition	Yes	Yes. Addition of wax technique sensitive	No	Yes. Requires heat	Medium
Soap	Low	Composite shaping tools	Safe	Yes	Only subtractive	No	Not really	Yes
Plaster for carving	Low	Carving tools	Can generate carious lesions	Yes	Only subtractive	No	No	Really
Hardening Modelling clay	Low	Composite shaping tools	Safe	Yes	Yes, when unset. Limited working time	No	No	Yes
Non-hardening modelling clay	Low	Composite shaping tools	Safe	Yes	Yes	No. However, mimicking properties the plasticine, which does not composite	Yes	Yes. However, student's work is fragile as does not set
Dough	Low	Composite shaping tools	Safe	Difficult and depends on the properties of the dough	Yes, when unset. Limited working time	No	No	Yes

Table 1: Shows our decision-making process for choosing the appropriate material. For both of the following tables, green and pink indicate positive and negative attributes respectively.

Dental arch analogues considered	Cost	Durability	Safety	Surface detail	Modifiable	Realistic	Reusable
Standard manufactured simulated dental arches	For a class of 10, very high cost. Cannot be reproduced if student destroys arch through	Very durable. Can withstand anticipated daily impact	Safe. Easy to disinfect. No concerns	Limited. Teeth are manufactured in two and are therefore generally pre-designed to respond to tooth	Limited. Teeth can be cut out prior to giving to students	Printed with bone. Lack tooth wear, crowning and other features are needed to provide for manipulation. Simulated surface hardness and lack sensation of pressure with contact and overall feel (tongue, touch, etc.)	Yes
Plaster models	Low cost. However time consuming to produce	Highly porous. Not durable with daily impact	Safe. Porous, but easy to disinfect. No concerns	Accurate depending on the impression. Easy to reproduce fine characterisations	Models can be modified and recast. Time consuming technique sensitive	Yes	Not recommended. Models fragile and prone to break down through daily pressure, impact
3D printed models	Low cost after initial equipment cost. Time to print needs consideration	Very durable. Can withstand anticipated daily impact	Safe. Easy to disinfect with appropriate material selection. Printing environment must conform to safety standards	Accurate depending on initial scan and printer settings. A scanned database can be retained without space requirements	Highly adaptable. Mistakes can be corrected easily and diverse range of modifications possible. Initial training on software required	Yes. Possible to enhance realism with staged printing, using materials with different colours and properties	Yes

Table 2: Demonstrates the pathway for choosing how to provide students with a dental arch.

Table 2

Here, 3d printing was a clear choice. This was due to our access however to 3d Printers and the expertise of Alasdair Napier at Duncan and Jordanstone College of Art and design, along with the Richard's in-house dental-specific knowledge. The infinite customisation potential with CAD/CAM work is quite exciting. The task of creating a set of 3D STL (Stereolithography) virtual dental models is nothing groundbreaking. Dundee Dental School has in recent years produced a variety of 3D images and printed models as part of undergraduate and post graduate teaching and learning. This concept did however provide us with an entirely new challenge. Several steps were essential in creating a workable 3D designed model that was a precise representation in its printed form. Step one was to create a set of upper and lower fully dentate STL files. The search for a set of intra-oral scans with a high degree of accuracy

and anatomy was short: A staff member recently donated their own set of DCMs (Digital Imaging and Communications in Medicine format), files for the project. From the scans, a set of 3D virtual models were constructed using 3 Shape Dental Design software 2020™ (Figures 2 and 3).



Figure 2

Stage two was to integrate the carious lesions on each of the individual posterior and anterior teeth. This is a two-step process. The unaltered STL



Figure 3



Figure 4

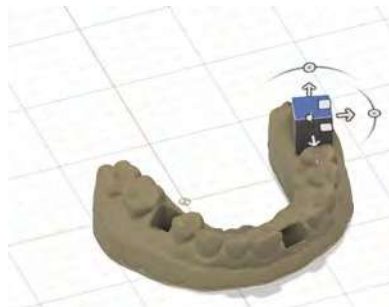


Figure 5

file is imported into the open-source software MeshLab. Once the file is imported into MeshLab it can be saved and exported as an OBJ (Wavefront OBJect). The benefit of converting the format from STL to OBJ allows the user to use several possible applications for detailed and free form manipulation of the 3D objects. For this project Sculpttris: 3D Modeling Software™ was utilised to sculpt life like carious lesions in each zone of dentition that was required for the learning task (Figure 4).

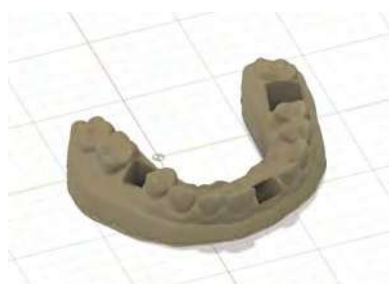


Figure 6





Not only did we want to ensure that the 3D models were an accurate representation of carious lesions within the natural tooth structure, but also had the capacity to maintain their accuracy when moving forward into their printed form. Stage three A second set of models were required for this task. As before the standard process of scanning and creating the 3D virtual models was employed.

However, for this set of models it was essential to remove a recess roughly the size of a natural tooth within the model. This would allow the students to place blocks of clay. Autodesk Fusion 360™ software was used (Figures 5 and 6, previous page). Index lines were finally added to the models to assist students in establishing occlusion at home in the absence of an articulator (Figure 7). The Stage Three models were ultimately



Figure 7

used. The result was a hybrid exercise taking the principles of a tried and tested tooth morphology training activity and prompting the students to practically apply this knowledge to a real-world case. The exercise could be undertaken safely anywhere by the students at their own pace.

The science of tooth shades: visual decision making through lenses and screens

Tooth shade matching has been discussed for more than 50 years in dentistry and remains a crucial yet often overlooked skill in undergraduate training. Colour is a complex phenomenon and can be subjective and objective. It is dependent on three variables: the observer, the object and the light source and if any of these is

altered that perception of colour also changes. Instilling good shade taking practice is reasonably straightforward in house. There really is no optimum substitute to providing students with a shade guide and a person to assess under natural light. The students were given an exercise to perform in which they were to guess the shade of teeth from photographs with a Vita shade guide pasted onto the slide as a reference. Several photographs of teeth under different lighting were shown. Some photographs were of the same dentition, either using different lighting, cameras, or having the teeth wet or dry. Students and teaching staff predictably chose different shades for the same teeth due to the difference in conditions. This highlighted the effect of the environment on determining teeth shades – a barrier for our intended teaching, but an important lesson, nonetheless. In a practical setting, students would position the patient upright in the dental chair with the patient's mouth at eye level to the student and scan the shade guide to ascertain value, chroma and hue. Online teaching does not allow for students to see the dehydration process prior to tooth preparation until they have their first patients sitting in the chair in front of them.

Assessing the trainee's work

Our last hurdle in designing a remote learning activity was to assess the students' finished work. Simply asking questions would suffice for the theory, shade taking achieved by displaying multiple images to choose a shade on specific teeth, and practical application of knowledge through clinical case scenarios.

Assessing the practical exercise, however, was an interesting conundrum.

With a stay at home order extended, the initial plan for students to return the models for review was not possible. We therefore had to consider online alternatives. Any platform would need to allow for student anonymity, be user friendly, readily accessible and free for end users. We elected to use Padlet, with submissions anonymised between students, but identifiable to the trainers. The students were instructed to upload standardised photo views. We allowed students, including senior years to peer appraise the submissions leaving comments (Figure 8).

Where we are now

As we encounter a sea of ever-changing obstacles, we are forced to reassess and adapt our training methods, exploring all resources available. The myriad of innovations arising must not be discounted when we return to a more a traditional environment. Online teaching allows for a more interactive discussion with drawings, questions and answers at our trainee's fingertips. This suits some trainees more than others.

This course stretched the boundaries of blended learning within the confines of limited time frames and budgets. We have, however, not validated our new approach yet and ultimately do not know how effective our interventions will be in developing these skills. Only time will tell. It is apparent this approach will not replace experience of clinics, or simulated laboratories – these activities will come in due course.

Nevertheless, it may be that this supplemental training will trigger a change in the way our trainees approach aesthetics, prompting them to consider this earlier in their planning, ultimately producing a better outcome for the patient. That is, after all, what this is all about.

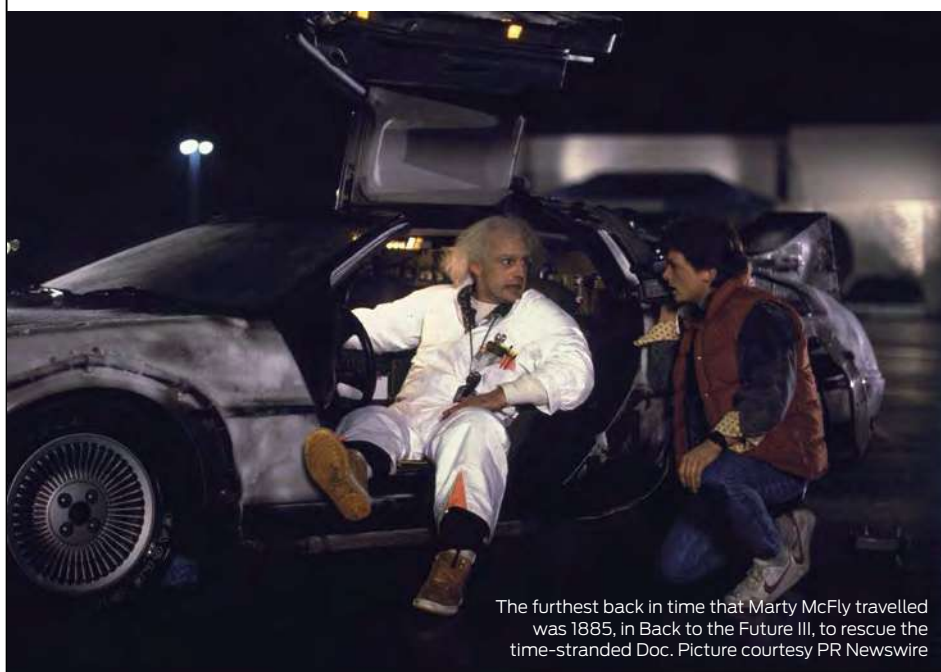


Figure 8

Back to the future? Phenoxymethylpenicillin as a first line antimicrobial agent for acute dento-alveolar infections

Andrew Smith¹

¹Professor and Consultant Microbiologist, Glasgow Dental Hospital & School; Director, Bacterial Respiratory Infection Service, Scottish Microbiology Reference Laboratory, Glasgow; President, Scottish Microbiology Association; Chair, Scottish Antimicrobial Prescribing Group – Dental.



The furthest back in time that Marty McFly travelled was 1885, in *Back to the Future III*, to rescue the time-stranded Doc. Picture courtesy PR Newswire



Abstract

Historically, phenoxymethylpenicillin (penicillin V) was the first-line antibiotic for acute dentoalveolar infections in the UK. During the 1990s, broad-spectrum antibiotics were considered superior and penicillin V was gradually replaced by amoxicillin. The adverse effects of broad-spectrum agents on the gut, respiratory and genito-urinary flora and impact on antimicrobial resistance (AMR) were less well recognised than they are today. The Scottish Antimicrobial Prescribing Group (SAPG) has recently concluded that, from a stewardship perspective, penicillin V is preferable to amoxicillin as first-line therapy for acute dento-alveolar infections.

Introduction

Before we go back in time, the debate on the choice of antimicrobial used must not be confused with the importance of

surgical drainage in the management of dental abscesses in the first instance by using local measures, such as, extraction or drainage, with removal of the cause where possible. Antibiotics are only required if immediate drainage is not achieved or in cases of spreading infection (significant extra-oral swelling, cellulitis, trismus) or systemic involvement (fever, sepsis).

Discussion

The furthest back in time that Marty McFly travelled was 1885, in *Back to the Future III* to rescue the time-stranded Doc. The British Dental Journal (BDJ) was established in 1872, with the first description of the use of penicillin in the BDJ by AG Kirby in 1945 describing a case of ulcerative stomatitis treated with penicillin¹. This was followed in 1946 with a publication by AB MacGregor on the indications for oral penicillin². Amoxicillin was patented by

Beecham in 1964, with the first report listed in the BDJ in May 1981 on its use as prophylaxis against streptococcal endocarditis (no authors listed)³. It is difficult to determine from the literature when or what precipitated the switch from penicillin V to amoxicillin in general dental practice. In the late 1980s a study by MA Lewis et al., at Glasgow Dental Hospital, described the presentation and antimicrobial treatment of acute orofacial infections in general dental practice and highlighted that the majority of dentists (46–62%) preferred a five-day course of penicillin V for bacterial conditions other than acute ulcerative gingivitis⁴. By 2000, the most frequently prescribed antibiotic used for most clinical conditions in England⁵ and Scotland⁶ was amoxicillin, a pattern that continued in 2020. The switch over to amoxicillin was probably driven by data showing increased blood concentrations following oral dosing





regimens and expert opinion at the time. Interestingly, there are some countries, such as Norway and Sweden, which have still retained penicillin V as their first-line antimicrobial agent for acute dento-alveolar infections⁷.

The increasing world-wide burden of AMR needs little in the way of a reminder, but with increased scrutiny of our daily antimicrobial prescribing practices through antimicrobial stewardship principles it is now timely to re-evaluate the use of the broader spectrum amoxicillin as a first-line agent over penicillin V for the management of acute dentoalveolar infection. The majority of oral penicillins are absorbed, so that they yield peak levels 1-2 hours after ingestion with approximately 60% and 75% absorption following oral administration for penicillin V and amoxicillin respectively⁸. Apart from increased bioavailability there is no compelling clinical evidence that one of these beta-lactam agents is more efficacious than the other for the management of acute dentoalveolar infections. The British National Formulary states: "Phenoxymethylpenicillin is effective for dento-alveolar abscess"⁹ and SDCEP advice is in line with this statement. However, amoxicillin has a broader spectrum of activity and is more likely to have an adverse effect on selection of resistance in the host micro-flora^{9,10}. In terms of other adverse effects there is no data to suggest significant difference between the two antibiotics¹¹.

Penicillin V is most active against non- β -lactamase producing Gram-positive bacteria such as viridans group streptococci, anginosus group streptococci, anaerobes and selected Gram-negative cocci, which are all commonly isolated from acute dento-alveolar infections¹². Gram-positive bacteria inhibited by natural penicillins in general are more susceptible to phenoxymethylpenicillin than to semi-synthetic penicillins like amoxicillin¹³.

Amoxicillin and Pen V have similar activity against non- β -lactamase producing Gram-positive bacteria, but amoxicillin is more active against Gram-negative cocci and members of the family Enterobacteriaceae, such as *E. coli*¹⁴. However, Enterobacteriaceae are not commonly found in acute dento-alveolar infections. Both agents are susceptible to a wide range of bacterial β -lactamases.

Accurate estimations of AMR in bacterial populations isolated from acute dental infections are difficult to obtain and interpret. Even when



clinical diagnostic laboratories receive odontogenic pus for culture and susceptibility testing, laboratory work-up on mixed anaerobic cultures is a challenge to produce meaningful results for systematic surveillance (a long-standing source of frustration for those of us that work in clinical microbiology). Focusing on an AMR surveillance scheme for patients with severe odontogenic infections requiring hospitalisation should be a logical starting point and a priority for the UK

diagnostic laboratory services. Review articles have reported resistance rates of bacteria from acute dental infections vary between 9-54%¹². The AMR data is confounded by changes in bacterial taxonomy, methods of susceptibility testing and breakpoints (definitions of resistance) used. On the plus side, we do know that the anginosus group streptococci, a frequent isolate from acute dental infections, are invariably sensitive to penicillin V and amoxicillin (at present!). Beta-lactamase production by Gram-negative anaerobes, such as the *Prevotella* species, is of concern but a significant presence would negate the actions of both penicillin V and amoxicillin.

Conclusion

One of the key principles of antimicrobial stewardship is to limit unintended harmful consequences of antimicrobial use. Scottish prescribing guidance now advocates penicillin V as the first-line antimicrobial agent if required for the management of acute dento-alveolar infections¹⁵. The recent FGDP prescribing guidance¹⁶ now follows this principle advocating narrow spectrum antimicrobials as first line, it is now timely for other national and international prescribing guides to move forward and update their antimicrobial stewardship principles along similar lines.

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Paediatric caries management post-COVID-19

Dr John Walsh

Specialist in paediatric dentistry and orthodontics and Director of the specialty programme in paediatric dentistry at Hamad Medical Corporation (HMC), Qatar

Abstract

A discussion of the current challenges that COVID-19 treatment presents to paediatric dentistry treatment with particular reference to early childhood caries. I consider the new protocols that have been developed and refined and identify whether these new treatments will be utilised for the duration of COVID, or will indeed be incorporated into existing caries management post-COVID.

Discussion

When we were first alerted to COVID-19, dentists were flagged as being a high-risk healthcare profession. However, probably because of the assisting excellent infection control procedures that dentists routinely use, in addition to them rapidly incorporating the new enhanced protocols, to date there has been no reported cases of COVID-19 transmission from dentist to patient or vice versa. In fact, the most recent survey by the American Dental Association¹ showed that fewer than 1 per cent of dentists in the United States have tested positive – none from patient transmission – possibly indicating that dentists carry their infection control knowledge into their private lives as well.

As dentists, we are all extremely well aware of the professional and community precautions necessary to prevent transmission of COVID-19. Dentists are routinely using appropriate PPE in addition to modifying their dental surgeries' physical layout to prevent transmission. The use of defoggers, fallow time, air filtration and ventilation, surface cleansing and patient isolation have become standard practice. Probably the biggest challenge is persuading the public that dental surgeries are safe places when it comes to COVID.

In terms of the peculiarities of COVID-19 infection in children, initial research suggests that COVID-19 disease in children is less severe with only 5 per cent developing dyspnoea and only 0.6 per cent developing more acute respiratory distress syndrome or even more rarely, multisystem inflammatory syndrome, for example

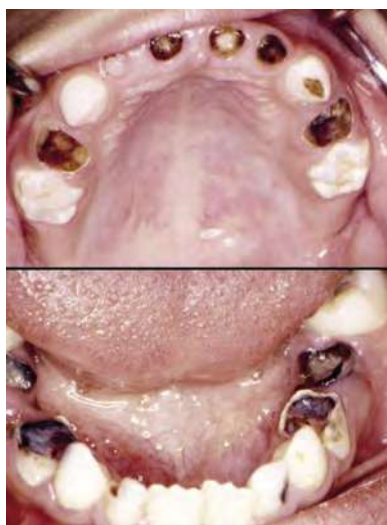


Figure 1

Kawasaki Disease². It was felt that dentists were at less risk of transmission of COVID from children than adults however, some early trends have been detected that the new virus strains in children may have increased transmissibility, so all the precautions still have to be maintained.

The strong initial advice, when COVID was first revealed as a threat, was that when treating children all aerosol generating procedures should be avoided. In effect, this meant that many of the routine procedures that we carry out, for example rubber cup prophylaxis, scaling, restorative procedures involving high speed handpieces, three in one syringes, among many others, were no longer advised. As a result, the choices were either to cease all treatment until the virus was eliminated or to find an alternative way to treat children, decreasing the number of aerosol generating procedures.

Early childhood caries is defined as the presence of one or more decayed, missing or filled tooth surface in any primary tooth in any child under the age of six (AAPD). It represents one of the most common chronic infectious diseases in the world, with very high social costs. Children present with masticatory or spontaneous (pulpitis or abscesses) pain

and difficulty in chewing and speaking, as well as the psychological effects such as a reduction in personal self-esteem (Figure 1).

Traditionally, the treatment of early childhood caries involved instigation of a strong individual prevention program allied to a comprehensive restorative phase. The aims were simply to treat the decay present and to prevent its recurrence. Of course, procedures such as gross caries removal, pulpotomies and stainless-steel crowns all involved aerosol generating procedures so, initially, treatment was abandoned under the revised COVID guidelines.

Over the previous 10 years, some new treatments had evolved for the management of early childhood caries in children in developing countries where the cost of comprehensive care was an obstacle to treatment. The realisation dawned that these treatments might have a role to play in the resumption of treating children within the COVID restraints. The newer treatments that have evolved and can be used in the treatment of early childhood caries are known as Minimally Invasive Treatments. Their attraction lies in the fact that, to a large extent, they are non-aerosol generating procedures and local anaesthesia is not required. There are two broad categories of treatment: non-invasive and micro-invasive treatments.

Non-Invasive

The non-invasive treatments are those that would fall into the preventive spectrum. They would include the use of fluoride varnishes (22000 ppm Duraphat³), applied with a microbrush to susceptible surfaces, and silver diamine fluoride (44000 ppm). Silver diamine fluoride (SDF) is a clear or tinted liquid that combines the antibacterial effects of silver and the remineralising effects of fluoride. Multiple in vitro studies document its effectiveness in reducing specific cariogenic bacteria and its remineralising potential on enamel and dentine⁴. It is applied to cavitated lesions with a microbrush, but with great care not to make contact with any soft tissues as it causes a temporary tattoo





like stain. Of course, the fact that the arrested lesions turn black has to be carefully explained to the child's parent. Its in-vivo mechanism(s) of action are the subject of ongoing research. What is currently understood is that the fluoride component strengthens the tooth structure under attack but may also interfere with the biofilm, killing bacteria that cause the local environmental imbalance that demineralises dental tissues.

Casein phosphopeptides-amorphous calcium phosphate (CPP-ACP) is a bioactive agent with a base of milk products⁵, which has been formulated from two parts: casein phosphopeptides (CPP) and amorphous calcium phosphate (ACP). CPP was produced from milk protein casein and has a remarkable ability to stabilise calcium phosphate in solution and to substantially increase the level of calcium phosphate in dental plaque. CPP-ACP buffers the free calcium and phosphate ion activities, thereby helping to maintain a state of supersaturation with respect to tooth enamel, reducing demineralisation and promoting remineralisation.

Micro-Invasive

The micro-invasive techniques – namely, Intermediate Therapeutic Treatment (IRT), Atraumatic Restorative Treatment (ART), and Silver Diamine Modified Atraumatic Restorative Treatment (SMART) – are essentially three different variations of the same procedure with increasing level of intervention.

For IRT, no attempt is made to remove decay, but high viscosity glass ionomer cement is placed on the isolated teeth in an effort to use the fluoride releasing stabilising properties of the glass ionomer material. It buys the dentist time. ART goes a little further. Decay is carefully removed with a spoon excavator and then high viscosity glass ionomer cement is placed over the carious lesions. To achieve restoration of both aesthetics and caries control the caries is excavated and then the GIC is placed using a Nowak Paediatric crown form. SMART uses the ART, but precedes it with the use of silver diamine application so you get the immediate cariostatic effect which is then supplemented by the GIC restoration of form and contour.

Hall crowns are the final restorative procedure that can be used to maintain a primary tooth in situ. The stated advantage is the absence of any need for tooth preparation, although frequently separators have to be placed and they can be quite painful for a child. In addition, the inevitable overextension

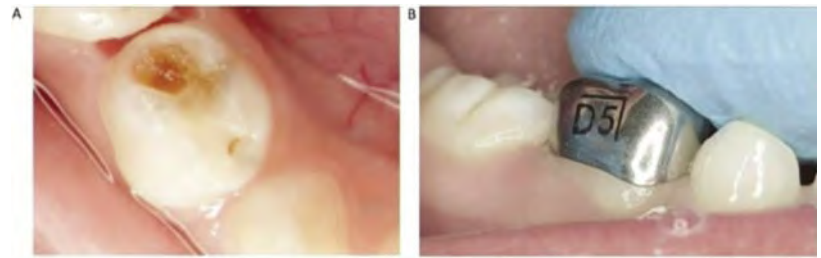


Figure 2

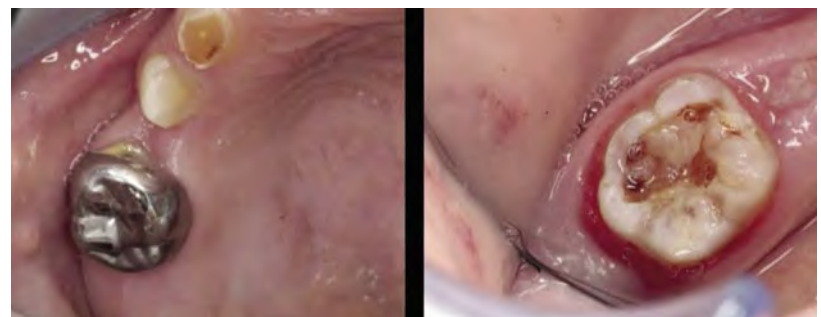


Figure 3

of the crown can sometimes result in potential problems as evidenced by the gingival blanching (Figure 2). In addition, the poor adaptation can result in leakage and recurrent decay in some instances (Figure 3).

Conclusion

So, we now have additional treatments in our repertoire that can significantly help in the treatment of children during the COVID era. But the question is, which of these will still be used post-COVID? While the evidence suggests that many of them are successful, albeit in short term studies, we nevertheless have to be vigilant that the attractive

simplicity of the techniques does not become an excuse for compromise in the standards of treatment that children deserve.

In summary, my opinion is that when you look at the excellent protocol that is currently outlined by Stefano Cianetti⁶ and then consider which of these techniques will continue to be used post-COVID, I predict that we will continue to use the preventive techniques he outlines but the micro-invasive techniques will be rationalised to the use of the SMART techniques going forward. Conventional stainless steel crowns with appropriate local anaesthesia will continue to be the gold standard.

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ONE YEAR ON....

With the introduction of the vaccine and the slow easing of restrictions, we are on our way out of a long dark tunnel

[WORDS: SUSIE ANDERSON SHARKEY]

IT HAS NOW BEEN A FULL YEAR since we started living with COVID-19 restrictions. These restrictions have had an effect on every single person in the UK, in some shape or form. For some, the effects may actually have been positive e.g., for the first time in perhaps many years, people have been forced to slow down and live life at a much more conservative pace, which in turn they have found to be very beneficial for both their physical and mental health. For others, it has been a time in which these forced times alone, forced downtime, forced time to stop have taken a huge toll on their mental health, something which will not be fully appreciated until perhaps years later.

We are invariably creatures of habit and when those habits have to suddenly change, and our meeting with our pals, weekly outing to the cinema, a pint with the lads down the pub, a date night out with the missus disappear overnight, we can be left with a feeling of emptiness, loneliness and even feeling bereft. At this point I feel I have to confess; although we would consider these feelings normal, my confession is that this really hasn't been my own personal experience of lockdown. As I analysed why this was so, I realised that it's not down to one thing in particular, it's down to a combination of factors, which all pulled together, have given me a rather more positive experience of my personal journey in lockdown. So, what are those combinations of factors that have given me a contentment and a willingness to sit this out, knowing that it will come to an end?

Well, firstly, I did keep telling myself that very thing, that yes this will come to an end; it is a phase in our life, difficult though it may be (and for some, more difficult than others) and that phases do come and go. Whether it be a week, a month or a year or more, this too shall pass.

Secondly, I do feel I have been blessed with a 'cup half full' rather than 'cup half empty' view of life. There is no doubt that having a positive attitude and outlook to

life does cover a multitude of sins, either of my own or others! I don't bury my head in the sand, but I realise and accept that there are some things in life that I just cannot change and therefore there is absolutely no point in getting annoyed, worried, frustrated about it.

Thirdly, throughout furlough, my boss along with many thousands of companies made use of the furlough scheme so although I wasn't working, I was still getting an income. I cannot begin to describe how big a burden was lifted from my shoulders when I heard about the furlough scheme. I think everyone will agree it has made a huge difference to how we have coped throughout furlough, having an assurance of money coming in. This for literally millions of people has been an absolute Godsend in such a time of uncertainty. It has kept food on the table, a roof over heads and is one less thing to have to build into the equation "how do I get myself and my family through this?"

Fourthly, I decided to use this downtime to keep myself busy which hugely helps our mental health. I had a massive declutter of my attic and worked my way down until I ended up outside in my garage. My home never looked so good! This kept me physically active as well as lightly mentally engaged, both of which were a huge help. This in turn extended to my garden, to such a degree that a greenhouse is on order and my family are expecting great things from me this coming season. I also went back to studying and after many months of online study and handing in assignments I gained a Diploma in Interior Design, a passion I have held for a long time but never had the opportunity to pursue.

Fifthly, I rediscovered my passion for walking. I have always loved walking, but busyness of life just got in the way and I

had forgotten how much I enjoyed a good long walk. Being off for so long, and the Government's encouragement for us to exercise every day, I go out in sunshine, rain, hail and snow, but where I tend to draw the line is when the wind is very high as it makes things so much harder! I now aim to walk at least 1,000 miles in 2021

and so far, I'm on track to do that. I

took part in a charity sponsored walk back in October and was delighted that my team of four completely smashed our target time and time again.

I realise we are all built differently, our circumstances are different, our family life is unique to each of us, and it's not a case of 'one size fits all'. I do realise

there are those who have struggled desperately through incredibly challenging times, but perhaps there is a point or two that you may be able to take away from what I have said and be able to apply it to your own life.

Recently I watched a superb Ted talk, *What I learned from 100 days of rejection* by Jia Jiang. Maybe you feel your life is just one big rejection just now: disappointment after disappointment. I recommend this as a great 15-minute watch. Much of what he says can be applied to both business and personal life and I'm sure you will find it a very interesting and inspiring watch.

Whether you may feel you have or have not coped with the past year, remember that this too shall pass. Sooner or later the sun does come out again. With the introduction of the vaccine and the slow easing of restrictions, we are on our way out of a long dark tunnel and one day we will be back out into the sunshine.



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

BELOTERO®

A case study of perioral rejuvenation using multiple products in multiple tissue planes to deliver natural looking dynamic results.

Dr Simon and Dr Emma Ravichandran, Aesthetic Practitioners

Introduction

Aesthetic medicine is evolving rapidly owing to a better understanding of facial anatomy, senescence and product rheology.

Over the last 15 years we have seen a shift in our practice, moving away from simple line filling and towards a holistic rejuvenation approach of the ageing face as a whole. We can now achieve natural looking dynamic results without our patients having the appearance of having had 'work done'.

In this case study we will share with you our current approach to perioral rejuvenation. We have developed this approach through our experience of treating patients within our Clinetix chain of clinics, as well as from our global teaching and training. For the first time ever we offer you a video of the entire treatment journey of this patient via the QR code below. We hope you enjoy reading and watching Ashley's journey.



Scan the QR code to watch the video of Ashley's complete treatment

Ashley's complaint is that her lower face looks old, she has smokers' lines although she has never smoked and her lips are thin. She has a history of 10 years of sunbed use, is currently on a topical program of AHA's and retinol and has previously had toxins and dermal fillers. Her anticipated outcome is a rejuvenation of her perioral area.

Our diagnosis for Ashley is that she has skin changes due to chronic sun exposure, senescent changes greater than expected with age and a mild class 2 skeletal base with a retrognathic chin.

Our plan is to use dermal fillers to augment her chin and reduce the appearance of her class 2 skeletal base, reposition nasolabial and sublabial tissues, volumise the body of lips, and restructure the dermal integrity of the

vermillion border, nasolabial line and perioral rhytids.

Assessment; resting and animation

While senescence is unavoidable, genetics and environmental factors also play an important role in the presentation of signs of ageing by our patients. Assessment is an important part of treatment planning for a successful treatment outcome. We should listen to the patient's concerns and anticipated outcomes; however we should also have a systematic approach to assessing the face and each subunit of the face, in this case the perioral region. Ashley shows loss of volume in the nasolabial folds, body of the lips, oral commissures, sublabial areas, marionette areas, prejowl sulcus, mental crease and chin. Her chin is slightly retrognathic and there is mild asymmetry of the upper lip. On animation we see loss of integrity of the vermillion border and perioral rhytids.

Ashley's chin

Treatment of Ashley's chin will improve the projection of her lower face, affecting her profile, jawline, the dimpling of her skin and her whole perioral area. Whilst the ideal width of her chin should be equal to her intra-cantal distance, subtle differences to the tapering or curvature of the chin can be made depending on the volume and pattern injected. For Ashley we use a three bolus technique, a superior 0.4ml bolus of BELOTERO® Volume¹ on the Pogonion (most anterior point) of the chin and two inferior boluses 1cm each lateral to the Gnathion (most inferior point) of the anterior chin. A 27G unprimed needle is advanced until bone is contacted, an aspiration is performed and the boluses slowly injected. BELOTERO® Volume¹ is the product of choice because of its cohesive lifting capacity.

Ashley pre-jowl and marionette and mental crease

Correction of prejowl hollowing may be considered part of the anterior jawline treatment. It is important to replace the volume in this area and to transition between the lower lateral face and the chin.



Step 1

2 small boluses of BELOTERO® Volume¹ are placed along the inferior margin of the mandible in the prejowl hollow. A 27G unprimed needle penetrates the skin until contact with bone is made. After a negative aspiration, 0.2mls of BELOTERO® Volume¹ are deposited. The needle is moved 0.5cm anterior and a second bolus of 0.2mls is deposited.

Step 2

A 23G trochar needle makes an entry point for our primed 25G 1.5 inch cannula to enter into the subcutaneous fat. The cannula is advanced towards the oral commissure and a thread of 0.025mls of BELOTERO® Intense² is laid down with a retrograde technique. The cannula is repositioned medially and inferiorly and multiple threads of BELOTERO® Intense² are deposited next to one another to make a strong support network under the skin. The cannula can reach across to the midpoint of the mental crease. Several small strands of BELOTERO® Intense² restructure the mental crease.

Sublabial support

Downturned oral commissures are a disliked aspect of perioral ageing, with patients complaining of a sad resting appearance. The descent of the oral commissures is multifactorial and results from a combination of loss of lift from the facial tissues above, and loss of support from the facial tissues below. Ashley shows early oral commissure descent. We replace support below by injecting a small 0.05ml bolus of BELOTERO® Intense² below the oral commissure under the lower lip. A 27G 0.5 inch unprimed needle is placed through the dermis and into the subcutaneous fat. An aspiration is performed before the bolus is deposited.

Ashley lips

The lips are made up of three distinct tissues: the upper and lower labial skin, the unique vermillion border and the specialised mucosa of the vermillion. Natural rejuvenation of aged lips requires

skill, using multiple products and treating multiple tissues on multiple planes.

Step 1

For Ashley we begin with restructuring the vermillion border. We use BELOTERO® Balance³ for this indication because of its low viscosity and Cohesive Poly-densified Matrix (CPM) technology⁴. A primed 30G needle is advanced along the vermillion border intradermally. The filler is placed with a slow retrograde technique. The subsequent injections are a needle length away from the last injection point. Small deposits of 0.025mls of BELOTERO® Balance³ are placed with each pass. The filler can be seen and felt with the non-dominant hand immediately after injection but integrates quickly with the vermillion border tissue, lifting where lifting is required, and delivering a smooth natural restoration of structure. The entirety of the upper and lower vermillion border, including the cupid's bow are treated. A total of 0.6mls of BELOTERO® Balance³ is used to restructure and define the vermillion border.

Step 2

The next step is volumisation of the vermillion. BELOTERO® Intense² is a highly elastic product that also demonstrates resistance to 3 dimensional deformation, making it ideal for placement in this area. For each quadrant, a 23G trochar needle is placed through the dermis of the vermillion border close to the oral commissure. A primed 25G 1.5 inch cannula is placed through the entry point and advanced under the submucosa of the body of the lip. The cannula is advanced towards

the midline of the lip and thin strands of 0.05mls of BELOTERO® Intense² are placed with a retrograde technique. The cannula is repositioned, and subsequent threads of filler can be placed superiorly or inferiorly as required to create the volume and shape required. More filler is placed medially than laterally to maintain natural shape to the lips. A total of 1ml of BELOTERO® Intense² is used for vermillion volumisation.

Ashley Nasolabial lines

The nasolabial lines are one of the first treatments aesthetic practitioners learn how to perform and are still a commonly requested treatment from patients. Our current understanding of the development of the nasolabial folds and lines is a combination of reduced local bony support from the anterior maxilla and subcutaneous fat atrophy, and an inferior medial descent of the midface tissues. Treatment should address both issues in combination depending on individual patient need.

For Ashley, early development of the nasolabial lines can be improved by addressing the subcutaneous volume loss and the dermal integrity of the overlying skin.

Step 1

A 23G trochar needle makes the entry point for our primed 25G 1.5 inch cannula to pass into the subcutaneous fat. The cannula is advanced through this fat, as close as possible to the dermis towards the alar rim. Threads of 0.05mls of BELOTERO® Intense² are laid down in a retrograde fashion. Repositioning of the

cannula and repeated advancement of the cannula allow fine threads of product to restructure this fold. More product is placed superiorly than inferiorly to maintain the natural appearance. Cannula placement of product in this region should reduce the risk of trauma and bruising, maintain the superficial depth of product placement and reduce the risk of an intravascular injection into the nasolabial artery.

Step 2

We overlay our subcutaneous filler with an intradermal BELOTERO® Balance³ which is specifically designed for injecting in the superficial reticular dermis using the blanching technique.

A 30G needle is placed through the skin at the lower point of the Nasolabial line at an angle of less than 10 degrees. The needle is advanced through the skin and then a 0.025ml linear thread is slowly deposited. We continue to treat the line by advancing superiorly one needle length at a time.

Perioral lines

The personal smokers' lines were treated with a superficial blanching serial puncture technique. A 30G needle is introduced into the dermis, at an angle of about 10 degrees to the skin. A small bolus is placed to efface the wrinkles and the needle withdrawn. The process is repeated along the length of the wrinkle. Typically a "flat blanching" will be seen at the injection point, that indicates the pressure applied to the loop arterioles of the dermis. This blanching resolves after a few minutes.

Summary

A total of 6mls of BELOTERO® was used for this treatment. 2mls BELOTERO® Volume¹, 3mls BELOTERO® Intense² and 1ml of BELOTERO® Balance³. We have created a natural looking rejuvenation by replacing volume lost at each tissue plane with a product that has rheological qualities that match the tissue that it is replacing, resulting in a smooth and untreated look both at rest and in dynamic movement. At her 2 week review, Ashley was delighted with her treatment.



"The treatment has really restored my self confidence, I love it!"

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Adverse events should be reported. Reporting forms and information for United Kingdom can be found at www.mhra.gov.uk/yellowcard. Reporting forms and information for Republic of Ireland can be found at <https://www.hpra.ie/homepage/about-us/report-an-issue/mdlur>. Adverse events should also be reported to Merz Pharma UK Ltd by email to UKdrugssafety@merz.com or on +44 (0) 333 200 4143.

A TOP TEN

Some advice from outside the world of dental

[WORDS: ALUN K REES]

SOMEONE ASKED ME RECENTLY FOR ten pieces of advice from things that I had learned in dentistry. Instead, I chose advice from people who had influenced, supported and encouraged me but who came from outside the dental world, but whose lessons were transferable. The individuals concerned were all successful in their own fields, they included family members, professional advisers, friends and, of course, patients.

1) You are never in quite the right place. If you wait for conditions to be perfect, for all your stars to align or for the market to feel absolutely right you will never start. You can always find a very good reason not to make a decision to start something and the world is full of those who found those reasons. The minority are the ones who took action and made things happen.

2) If you make a promise, make sure you can deliver. The old saying, “under promise and over deliver” still applies. Every link in a delivery chain must be sound; just hoping that the post office will return laboratory work on time is not enough. Telling the patient that their teeth will be shade A1 after two weeks or that their veneers will be ready for the wedding and then letting them down will be remembered for all the wrong reasons.

3) Get your foundations right before you advance. Whether it is a business plan or a treatment plan do not depend on shaky foundations, be ready and prepared to take one step sideways or even backwards when you need to and always know what that step will be. The more you ensure the groundwork is right the less chance there will be of failure. Sometimes the shorter journey is around.

4) “How can I help you?” The greatest way to start and continue a conversation is with these five short words. No matter if it is a new or an existing patient, a team member or even a company representative with a new product. Discover the reasons for their answer. You were given two ears, two eyes

“

**BAD RUNS DON'T LAST
BUT NEITHER DO GOOD
ONES, TREAT HIGHS AND
LOWS JUST THE SAME**

and one mouth for a very good reason, use them in that ratio.

5) Respond doesn't react. In any situation, allow a pause, often just a second or two to consider your response. Firing from the hip or allowing your first reaction to happen can lead to your losing control of situations. Even if you are rattled and upset, retain your dignity; as George Bernard Shaw said, “Don't wrestle with pigs in mud. The pigs will love it and the mud sticks and stinks.”

6) Beware bright shiny objects. Your customer/client/patient is there for life; so treat them that way. Everyone buys different things for different reasons and their needs and wants evolve over time. Having a business where you focus and depend upon selling the bright shiny objects of high cost instant dentistry to transactional consumers means you are likely to miss out on the less glamorous but ultimately more reliable relationship business.

7) My long-time accountant always encouraged me to, “Do the right things, for the right reasons, with the right people.” He also taught me that I should not tolerate any actions or people that were not in line with what I knew to be correct. When our son was born he said to make sure that every day when I eventually went home, I could tell him honestly about my day with a sense of satisfaction in time spent well.

8) Keep things as simple as possible, but

no simpler. If you have an idea be able to explain it in a few short sentences. Whether you are starting a business or talking to a patient about a treatment plan make sure that your words can be understood and the other person is clear about the “why”. The greater the complication, the greater the chance of misunderstanding and of failure and disappointment.

9) My uncle Dave started a manufacturing engineering business in 1979 just as Mrs Thatcher was taking a scythe to that sector. He taught me three important things. The difference between gross and net, “it isn't what you take; it's what you keep that matters”. That cash flow is vital for business survival and that I was fortunate to be in a market where everyone was a potential customer, “they all have teeth or want the benefits of teeth”.

10) Finally, my mother-in-law, bless her memory, shared two things via her daughter. Other people may well be having a bad day, facing their own personal challenges and are still trying to put a brave face on things so give them some leeway. Bad runs don't last but neither do good ones, treat highs and lows just the same and be ready for the next peak, trough or wipe out, because it will happen.

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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GROWTH WILL BE BACK - AND YOU CAN GIVE IT PURPOSE

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

[WORDS: RICHARD PEARCE]

THE EXTREME UNCERTAINTY OF the past 12 months is obviously unsettling for most parts of the population. But, as always, it helps to have a view on how macro events will unfold and a basic plan about how to navigate your own way through.

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

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

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

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

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

Wealth = holidays (weeks per year) + income (monthly cash) + equity (sale consideration).

“

**WITHOUT INNOVATION,
MANY PRACTICES WILL
STRUGGLE TO REBUILD AND
BE READY FOR THE NEXT
PERIOD OF SIGNIFICANT
ECONOMIC GROWTH**

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

Dentistry now has a unique opportunity to aim to integrate into the evolving societal, wellbeing model. The pandemic has put health and wellbeing at the centre of daily discourse. Just yesterday, the news could only talk of government initiatives to attempt to

tackle the obesity crises in the UK (due to its demonstrated links to increased rates of mortality of COVID patients).

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

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

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

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TO INFINITY AND BEYOND

A winning formula of tried and tested protocols is behind a rising star among dental practice groups

One month into lockdown last year, Chris Barrowman, the founder of Perthshire-based Infinityblu Dental Care and Implant Clinic, announced that he had bought and rebranded a fifth practice – Alyth Dental Care – which, along with his original practice in Pitlochry, opened 13 years ago, and acquisitions in Dunkeld, Crieff and Auchterarder over a three-year period from 2017, brought the number of patients under the care of Infinityblu to more than 20,000.

Chris started Infinityblu Dental Care & Implant Clinic by opening a squat practice in Pitlochry in 2007, then repeating the success of the Pitlochry practice with a second squat in neighbouring Dunkeld in 2017. He followed up the growth of the practices by purchasing a practice in Crieff and one in Auchterarder 2018, then most recently acquiring Alyth in 2020.

One year on from lockdown, and Infinityblu's expansion continues; not with an

additional practice as such, but with a move in Auchterarder from a basic single surgery and reception location, to a newly refurbished three-surgery property nearby, with a stylish and airy reception area, surgery, OPT and decontamination rooms downstairs, and upstairs two surgeries, an office and staff room.

"Our single surgery practice in Auchterarder has always limited growth, with appointment lists being back-to-back all day every day, leaving very little room for booking in higher value treatments within an acceptable timescale for patients," explained Chris. "It was always my intention to relocate this practice to increase the chair number and allow us to spread the patient list between providers, resulting in being able to offer new patients appointments within a matter of weeks and have spaces in the appointment diary to book higher value treatments in as a priority."

The purchase and refurbishment process

had plenty of up and downs. Chris initially had secured a B&B property to refurbish across the road from the current practice, however, after six months of legal this fell through at the final stages. Luckily, another property came up further down the main street; planning and building warrant was passed during the legal work stage, and work was due to commence early 2020. However, COVID lockdown put a stop to the refurbishment the day it began. Thankfully, this restarted again in September, with the refurbishment from a delapidated residential property, to a three-surgery practice over the following six months.

"I had a refurbishing budget of £179,000, including 5 per cent contingency. However, as expected, there were a few unseen extras, worse dry rot than expected, new staircase required, removal of a dangerous chimney, plus a few increased specs at the final stages, so I went over the budget by approximately £30,000 to a total refurbishment cost of £209,000. Dental chairs, x-ray units, suction, compressor, OPT etc, added dental equipment costs to approximately £80,000. However, now, we've all the space and three surgeries to expand and grow our Auchterarder practice without space and time limitations.

"Our first three weeks have been incredible. The interest in the new practice from existing, past and new patients has been overwhelming. Social media campaigns and sharing our 'now open' posts has created a lot of interaction and certainly getting the town talking," said Chris. "Social media really is one

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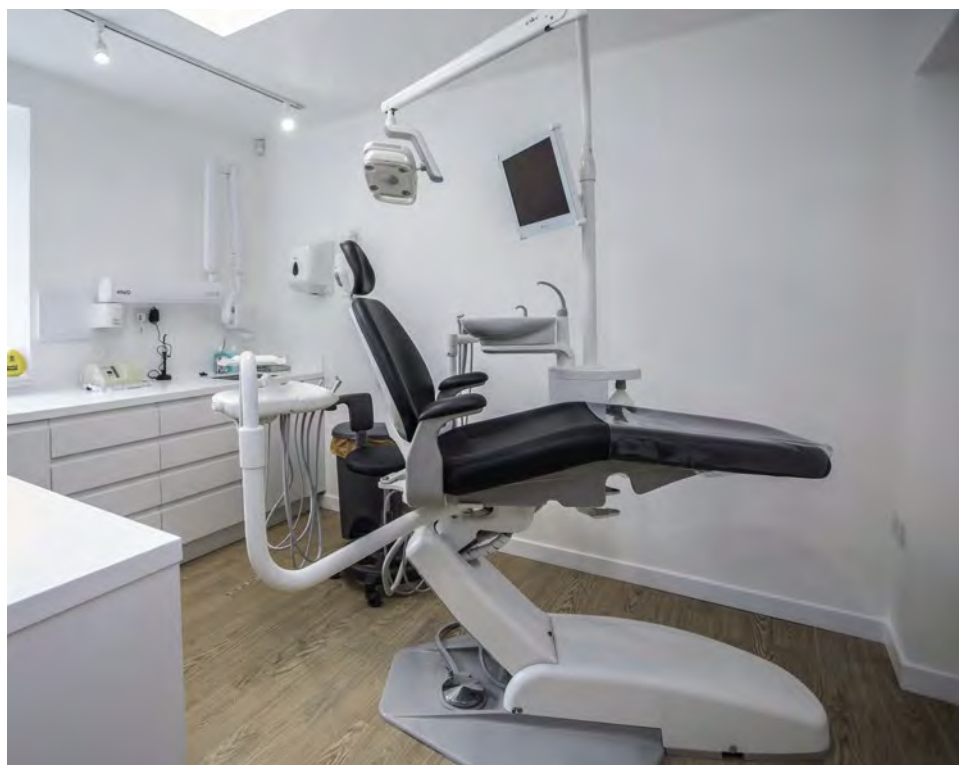
OUR INVESTMENT IN STAFF, QUALITY PATIENT ENVIRONMENTS AND HI-TECH EQUIPMENT ENABLES US TO OFFER INNOVATIVE TREATMENT OPTIONS WITH OUTSTANDING LEVELS OF CARE”

of the most powerful marketing tools we use for all practices. However, I've also taken the traditional tried and tested method of a door-to-door distribution by Royal Mail, which will get our Infinityblu newsletter through the letterboxes of 28,000 doors next week in the Auchterarder and surrounding area, which should keep enquiries at a high level for a good while to come."

As mentioned previously, Chris set up Infinityblu Dental Care as a squat in 2007, with the goal of creating a practice on his own terms, putting patient care at the heart of the treatment. Rooted in the local Pitlochry community, the multi-award-winning practice continues to offer patients a warm welcome and a place where they can access excellence in dental care.

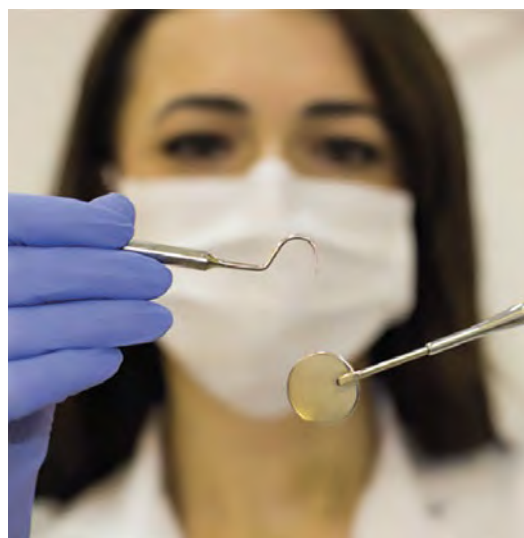
He qualified in 2001 from Dundee and has since created a group of dental practices that is highly respected amongst his peers and patients, locally and nationally. His interests clinically cover all aspects of dentistry, from general dental and oral health care through to cosmetic and dental implant procedures, and despite still working regularly in some of the practices, still finds plenty of time to work on the business.

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environment and in hi-tech dental equipment enables us to offer innovative treatment options, together with outstanding levels of care, to develop specific treatment plans designed round each individual patient's needs," said Chris.

"Above all, we believe in making all our practices a friendly, welcoming, customer-focused environment that our patients will feel comfortable and have confidence in. We like to think our name reflects our ethos," he added. "We believe in helping our patients through the whole dental journey, giving them the confidence to look ahead, smile and enjoy the view – a sense of calm 'infinity'. And we pride ourselves on keeping the environment relaxed and welcoming – think a restful, beautiful 'blue'."

As he explained: "Infinityblu is the essence of my belief in how dentistry should be practised. I want all my patients to be able to access the latest procedures and the highest quality of dental care provided with a customer-focused approach."

With 15 dentists working across the five practices, and more than 60 staff overall, Chris has created a highly regarded dental brand across Perthshire. "Our people are our most valuable asset," he said. "Our teams at our Infinityblu practices are fantastic, and we wouldn't be as successful and popular as we are without them. They're such caring, talented and customer service focused individuals, and their attention to detail for our patient's needs is amazing. Their passion and dedication for Infinityblu is infectious. Every day this team come into work, they care for each other, they care for the patients, they ooze passion for Infinityblu,

and work like a tight knit family. That's what makes this work."

The growth of the group looks to continue. In March this year, Chris bought another commercial property in the village of Killin, lying 35 miles north of Callander. "Killin is always an area I've been keeping my eye on, as I see the potential catchment area. This property came up at auction and luckily, I was successful in the highest bid. We're currently getting plans drawn up for a two-surgery practice, hopefully submitting plans over the next few weeks. After starting up two squat practices, I always said I'd never do it again as it really is a hard shift getting the financials to stack up from an income versus expenditure perspective. It honestly can take up to 10 years to be financially secure. However, I've learned a lot over the years from my mistakes, so I'm keen to play around with this and make it work financially from day one and see if we can make the squat model work again for Infinityblu."

"What's fantastic about the business is the team behind it," said Chris. "The management team I have behind me play a pivotal role in the business and growth of the businesses. I couldn't have achieved what I have without them. It's really all about the team you have and by creating an organisation structure who know their roles, it's allowed the growth to happen, and by putting the same replicated systems and processes that have worked endless times in the past into a new venture or acquisition, it becomes a predictable recipe for success. Without this structure and support it wouldn't be possible to achieve what we have."

"In the last six months, I've been contacted by other practice owners who have had enough with the day-to-day running of their business, or have been demotivated with years of stress and strain, to see if I have an interest to purchase their practice or integrate what we've achieved in Infinityblu into their practices. Currently, I'm in talks with a couple of vendors in this situation. I'm confident we can acquire or establish a practice and integrate all the processes and protocols that we have created and implemented in our other Infinityblu practices and create the Infinityblu growth, ethos and environment predictably in any practice."

Chris is also brainstorming and exploring the possibility of franchising Infinityblu or creating 'Infinityblu in a box', so there are certainly exciting times ahead for the team and patients of Infinityblu.



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WHAT'S BEHIND THE SHARP RISE IN SCOTTISH DENTISTS LEAVING THE NHS?

Louise Bone is a Regional Support Manager for the Practice Plan Group.

Across the UK there has been an increase in the number of dentists looking to leave the NHS, and in Scotland those numbers are higher than ever. Practice Plan's managers explore this spike in practices moving to private

The last year has been an extremely uncertain time for NHS dentists across the UK, with many left wondering whether their future lies in the NHS or in a private setting. This has coincided with a marked increase in the number of practices enquiring about moving away from the NHS, with the sharpest rise of all coming in Scotland. Practice Plan's Sales and Marketing Director, Nigel Jones, caught up with Regional Support Manager, Louise Bone, to talk about this boom and what the future of dentistry could look like north of the border

NJ: Across the UK there has been an increase in the number of dentists looking to leave the NHS, and in Scotland those numbers are higher than ever. When did this spike in practices moving to private begin?

LB: It all started after the first lockdown hit and since then it has been a crazy 12 months. We had a few practices getting in touch following that first lockdown and then it began to snowball in June, after dentists were given just one month's notice to return to work. Many were quite rightly unhappy about the short time frame and the way they were told, and that has led to the number of enquiries continuing to grow.

The response by the profession has been phenomenal in terms of the number of practices wanting to talk about a life outside NHS dentistry. I've not experienced anything like it.

NJ: What are some of the reasons these dentists have given you for wanting to leave the NHS behind?

LB: There has been a mix of reasons because no two practices are the

same; however, I've noticed some consistent themes.

Many dentists have been unsettled in the last year; they've been left feeling exhausted, fed up and many have told me that they're just purely existing day to day. A lot of practices said that they can't sustain their business because the NHS model in Scotland relies on the volume of patients, which currently isn't possible because of regulations around fallow time. Others have felt let down and disheartened by the messaging that was put out during the pandemic and how the public were told about the re-opening of practices before they actually were.

On the flip side, the pandemic has given dentists some time to re-evaluate their working life and consider what they want their futures to look like. Many have questioned whether they want to return to seeing 40 patients a day, or whether there is a better, more balanced and more enjoyable way of doing their dentistry.

NJ: It sounds like you've been offering a lot of guidance to dentists over the last 12 months. What are the most important things you'd say to a dentist who is considering the move to private?

LB: The first thing I convey to them is how important it is to get the practice team on board from the start. I help them with this by going into the practice and having that conversation, and I also put them in touch with others that have made the conversion and know all about the process.



Nigel Jones is the Sales and Marketing Director at Practice Plan

Then I take them through a checklist of things to consider before the conversion process has started, which includes getting private fees correct, being fully transparent with patients, and being sure to spell out the benefits the change will bring – so it's an easy decision for the patients to make in staying with the practice as it moves to private provision.

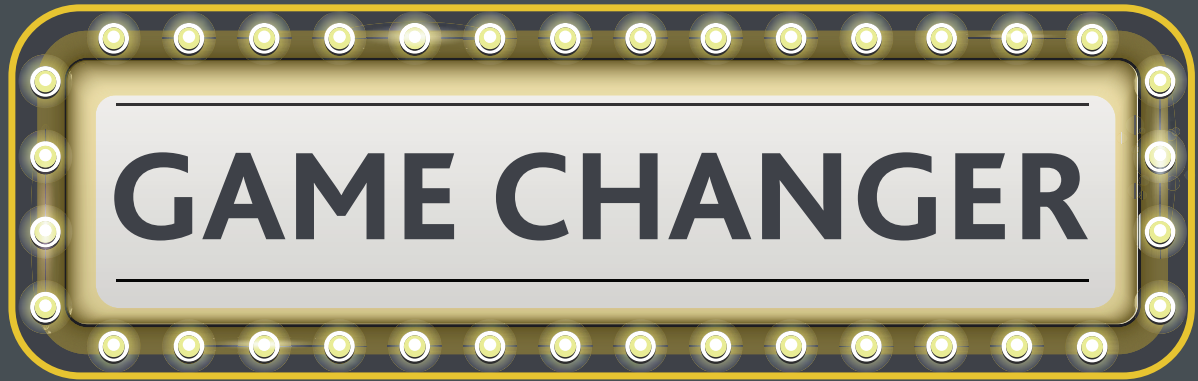
NJ: And finally, does this spike in dentists wanting to convert to private show any sign of stopping?

LB: At the moment we are noticing that it is still a lot busier in Scotland, so not it doesn't show any sign of stopping.

And I think the continued uncertainty around the NHS in Scotland will only lead to this busy period we're having continuing for some time yet.



Practice Plan is the UK's leading provider of practice branded patient membership plans and is widely seen as a go to provider of support for NHS dentists looking to move away from the NHS to private practice. www.practiceplan.co.uk



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PRACTICE SALES – MARKET UPDATE

Martyn Bradshaw discusses how Covid 19 has impacted on the dental practice sales market and whether now is a good time to sell

Covid-19 understandably put a temporary stop to many practice sale transactions as the epidemic unfolded in the UK throughout early spring in 2020. However, with the reopening of practices in July, albeit with certain restrictions, how has the market for practices fared and is this a good opportunity to sell?

HOW ARE PRACTICES VALUED?

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

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

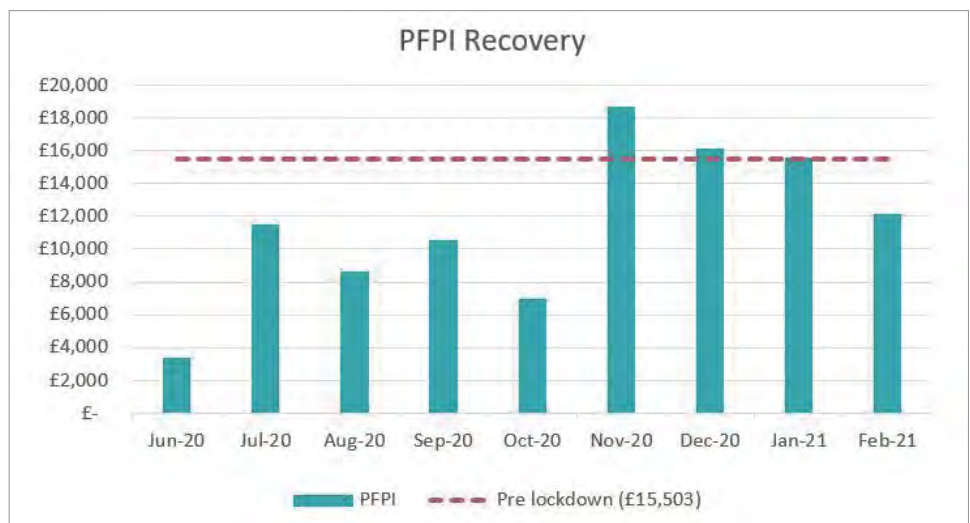
Therefore, at present all valuations that we undertake are representative of income details for the twelve months to February/March 2020 and the multiples that we are using are the same as they were pre-Covid. We will evidence the income post lockdown so that buyers can be reassured how the income has recovered since re-opening. But in essence the value of the practice will be the same (see chart).

TYPE OF PRACTICES

It would be a reasonable assumption that the NHS practices are achieving good levels of interest due to the continued support from the NHS. However, we are also seeing an increased level of interest in private practices also and as vendors of all types should be reassured that the market is good.

BUYERS & DEMAND

Maybe surprisingly there has been an increase in the number of associates looking to buy a dental practice evidenced by those registering for details of the practice we sell.



We believe that these associates want to ensure that they have the security going forward. Whilst some Corporates continued to look and offer on practices during the lockdown, several paused transactions for a certain time. All are now back in the market, which also includes the smaller lesser-known Corporates, with some Corporates now trying to catch up for as their expansion plans are behind.

As such are seeing a significant increase in the demand for practices.



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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“
WITH THE RECOVERY
WELL UNDER WAY, WE
ARE NOW ABLE TO SAY
THAT PRICES ARE NOT
AFFECTED AS FEARED
”

BANKS AND LENDING

Whilst the Corporates are often funded by private equity (PE), individual buyers still require banks to support their purchase. Thankfully banks with specialist healthcare lending departments still see dentistry as a 'safe' sector to lend to and as such most are happy to support the financing of dental practice purchases. We are still seeing some banks offering 100% loans.

SUMMARY

There is certainly more demand for dental practices that there was 18 months ago (before Covid 19) and the values being achieved are at least the same. Care needs to be taken when calculating the value, specifically to exclude the recent dip in income. An experienced valuer and sales agent will make these amendments. Bank valuers increasingly ask for more information, meaning that any vendor trying to go it alone may struggle to achieve the best price.

With the recovery well under way, we are now able to say with some conviction that prices are not affected as feared. Practice owners who were considering a sale pre-Covid should be confident that their plans can resume without financial loss.

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ONE YEAR ON – ARE WE BOUNCING BACK HIGHER?

It is more crucial than ever to ensure you surround yourself with advisors who have your best interests at heart

Remembering with clarity my words in June last year – “four months can feel like a lifetime in these novel times” – I did not think that this point in time I would be reflecting back over a full year inside a pandemic. Back then we were wondering what the future of dentistry in Scotland would look like after the ‘dust settled’.

With the rapid roll out of the vaccine programme continuing, the confidence in the population is forecasted to improve in the weeks ahead, and it feels like some genuine optimism about a return to a form of normality is finally in sight. Despite the restrictions on clinical practice, we are seeing

a significant demand for cosmetic dentistry, partially as a result of increased disposable income and anecdotally due to the impact of the public seeing their smiles over Zoom and seeking enhancement.

I speak from the heart when I say I am proud of the difference we have made together in the Scottish dental sector over the last year. Working with our clients and the wider Scottish dental sector to answer questions that were in the forefront of our minds back then has been a challenge but more so a pleasure. Questions such as: how should Associates be remunerated/structured; should you remain committed to the NHS or is now the time to convert to full



Victoria Forbes
Director,
Dental Accountants
Scotland
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private provision; do you even want to continue with dentistry; is this a time for investment, and so on.

We continue to support our clients and the wider Scottish dental sector every day of the week (including the weekend!). It is more crucial than ever before to ensure you surround yourself with advisors and team members who understand you and have your best interests at heart.

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

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RECOVERY, OPTIMISM, AND ENCOURAGING OUTLOOK FOR THE 2021 DENTAL MARKET

Sentiment is very positive and reflective of activity seen in the market in Q1

The lockdown in March 2020 led to an almost instantaneous reduction in dental market activity but, as the profession came to terms with the pandemic, and the path to reopening practices became clearer, buyers re-engaged. To get a perspective on how operators have fared and to hear their views on 2021 business activity, we interviewed a cross-section of corporate and independent practice owners and published the results in our 'Dental Market Review 2020/21'* report. We found:

- Operators were pleasantly surprised at the speed of recovery in demand for private dentistry;
- Operators reported that some NHS patients were electing to receive private treatments as a result of lengthening

waiting lists and appointment times;

- 35 per cent of owners said they now have higher private revenue than before COVID-19, confirming the very quick bounce back from June 2020 when practices re-opened;
- 85 per cent of owners questioned believed that revenue will have fully recovered by the end of Q2 2021.

This operator sentiment is, overall, very positive and reflective of the activity seen in the market in Q1. Going forward into Q2, we believe demand will remain strong for larger general private and mixed practices, particularly those in suburban locations with an established and loyal patient base.

These will still attract strong competition amongst corporate and group buyers. Smaller practices have also seen a surge in



Paul Graham
Head of Dental,
Christie & Co

demand from first-time buyers which suggests associates were looking for greater security through practice ownership.

Specialist practices will continue to be in demand, although buyers may be sensitive to the effects of any economic downturn on high end treatments and adjust deal terms accordingly.

We are also likely to see buyers being more discerning when it comes to the physical size and flow within the practice environment, and 'COVID-19 compliance' will add a new element to practice purchases.

If you're interested in buying or selling a dental practice, want to hear more about the Scottish dental market, please get in touch: paul.graham@christie.com

* christie.com/dentalreview



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“Christie & Co's understanding of the dental world is extraordinary... despite the history of the pandemic in the UK and the enormous difficulty that practices have encountered, they brought 10 interested parties to the table and I made the best choice once I had met the buyers and discussed their objectives and goals for my practice. I would like to thank Christie & Co sincerely for their support, quality of service that they so willingly provided me during the most important event in my practice history, and also the friendship that has arisen over the last year.

W D ROBERTSON - FAIRMILEHEAD DENTAL PRACTICE, EDINBURGH

If you are thinking of selling your practice in 2021 and beyond, please get in touch with your local dental specialists for an initial conversation:
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DENTAL PROFESSIONALS NEED TO PREPARE FOR THE NEW TAX YEAR

The end of the 2020/21 tax year is fast approaching, and with so much uncertainty about the year ahead – after what's been the strangest year we have all ever lived through – getting your taxes in order early will provide you with some clarity on what your tax liability will be for the year ahead.

The 2020/21 tax return, and tax liability, is due with HMRC by the 31 January 2022 – but why wait until the last minute and find yourself having to scramble around to find the funds?

In March 2020, dental practices had to stop seeing patients, except for emergency

treatment, which led to unprecedented revenue loss across the sector.

Getting your tax return completed as early as possible can give you plenty of time to set aside enough funds to pay the liability and avoid paying any unnecessarily high payments on account (POA) in July.

Where POA are due for 2020/21, these are based on the 2019/20 profits before COVID-19 took hold.

Based on those figures, you might have quite a high POA to make in July this year, unless you opted to reduce this when preparing your tax return knowing your income would be lower.



Anna Coff
Assistant Manager
EQ Accountants
E: anna.coff@eqaccountants.co.uk
T: 01307 474274

Getting your tax return prepared early means you will pay the correct amount in July which could also help with the cashflow of your dental practice.

In the lead-up to 5 April, it is also important to remember that if you received any government support in the form of the Self Employment Income Support Scheme (SEISS), then this income is taxable and should be reported on your tax return along with all of your other income.

If you would like more information or advice regarding your personal tax return or reducing payments on account, please get in touch with Anna Coff.

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For further information please contact:

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We understand that situations may not always go as expected and practices may need to adapt their plans and direction.

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STEADYING THE SHIP

Managing staff in a practice sale or acquisition

Having a happy workforce is incredibly important to any dental practice. The more the staff enjoy their work, the more likely (hopefully) the practice will be a success story. A practice which sails along with employees who have a strong work ethic and are passionate about delivering high standards of patient care is what every principal hopes for.

But what happens when the ship changes direction? The most common scenario in which this might happen is when a practice changes hands. The staff often get anxious when they hear that a sale is in the offing. In particular, they wonder whether they will actually have a job when the sale occurs. Will the practice change and be less enjoyable to work in? Will their salary and other terms and conditions remain the same? A number of fears can flash through the minds of the staff, and it is an area which we are regularly asked to advise on when acting for either a buyer or a seller of a practice.

In the main, employees shouldn't however be concerned when their practice is sold. They are protected by a set of regulations known as the TUPE regulations. In broad terms, these regulations provide that the employment of the staff is protected, and they are entitled to transfer to the employment of the purchaser with their terms and conditions of employment and their

service history intact. So, things such as their salary and holiday entitlement should remain unchanged. Their original contract of employment will not change either – and so whatever their contract was with the seller will become the contract with the purchaser.

All of this doesn't mean that staff won't worry, but they should be reassured that their position isn't prejudiced.

There is a process to follow in terms of the TUPE regulations, which gives the staff information regarding the change of principal and reassures them that their jobs are secure. Done well, that process can greatly assist in ensuring a smooth transition for the staff and the practice as a whole.

That is the purely legal answer. In reality, on some occasions (thankfully few and far between in our experience) the purchaser wants to make some changes in relation to the staff. They might want to make some structural changes, such as changing working hours (perhaps starting to open on Saturdays or doing an evening surgery). In more extreme cases, they may think that the staff levels are too high and might wish to consider redundancies.

Our advice in those scenarios is quite straightforward – don't do it. The reason stems from the regulations, which protect the employees. Any changes around the time of a practice sale are contrary to the provisions



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of the regulations and may lead to the employee being automatically treated as having been dismissed unfairly (regardless of how fair a process may have been followed to deal with the staff). That brings all of the usual consequences of an unfair dismissal, including the potential of an employment tribunal claim being raised, damages being awarded, etc. There is also potential for both buyer and seller to be responsible for such damages, which isn't generally a satisfactory outcome for anyone.

If a purchaser is insistent that they wish to make changes, then we generally suggest that these be proposed at some time in the future, after the purchase has been completed. Whilst a purchaser may feel that having to wait is not ideal from their perspective, putting some distance between completion of the purchase and the staff changes is much safer. Any changes will require a degree of consultation with staff, which is a subject in its own right, and that process needs to be handled carefully.

So, the sale of a practice doesn't mean that the ship will sink. With some careful navigation, the sale and purchase can be completed without anyone jumping overboard, leaving the purchaser with a happy workforce who will help with the continued success of the practice going forward.





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- ▶ Buying or selling a practice
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- ▶ Practice incorporation
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COLLABORATE, AND GO FROM STRENGTH TO STRENGTH

Collaboration means better clinical outcomes for patients. For your practice, a commitment to unity and to working together is what will keep you thriving. Collaboration between the practice team is key, because every participant in the patient's journey – from the person who takes the first enquiry, to the dentist who delivers the treatment and the hygienist who helps them maintain the results – is crucial to success.

Modern patients are becoming more consumer minded, seeing dentistry as something worth investing in and shopping around for the best options. This is likely to increase post-Covid, as people appreciate how important good health is, so nothing less than excellence will do. If just one element of their experience isn't up to standard, it can bring everything else down. It's like buying a product you're generally happy with because it does what you intended it to do and was good value, but mediocre customer service means you'll think twice about purchasing from that company again.

COMMUNICATION SUPPORTS COLLABORATION

When everyone is working in harmony to support one other, that margin for patient dissatisfaction narrows. Practices that best weathered the pandemic storm were those that kept on communicating; with each other, so any problems could be acted on immediately, and with their patients too. But don't forget the dental laboratory. To patients, they may be an "invisible" part of the process, but they are fundamental to collaboration and to your success. A great laboratory is worth its weight in gold and skilled technicians who are up to date with the latest techniques, and are using cutting edge technology, will produce high-quality

products to guarantee satisfaction and help your practice to grow its reputation.

When you maintain a good relationship with your laboratory to support a collaborative approach, you can avoid misunderstandings, mistakes and remakes. The quality of care is maximised when dentist and technician communicate well, when they share ideas and knowledge, and have a mutual understanding of what each patient expects. A collaborative relationship supports predictability, accuracy and long-term results. As soon as the laboratory receives your impression, they start creating the restoration with the "end" in mind – and a patient's journey should always begin by determining the destination, so you can plan the best way to get there, efficiency and ethically, and with minimal chair time.

This goes back to how crucial unity is right now. Whatever our role, we are all working to one end – to raise levels of oral health in the population. That means engaging patients and offering exceptional and good value care, so they are motivated to attend the practice regularly and understand the behaviours needed to keep any treatment beautifully maintained. We must all be on the same page, collaborating to achieve the best results.

Your laboratory will support you to deliver the minimally invasive yet enduring restorative treatments that modern patients find so desirable. Elective dentistry, to restore function and/or create an aesthetically improved smile has never been more popular. How can practices enhance collaboration with laboratories and dental technicians? As well as communication in the traditional sense – although "traditional" now means video calling, as well as emails and phone calls to keep in touch – the materials you use will be the means by how you can optimise the exchange of information.



Nicolas Coomber
COLTENE National
Account &
Marketing Manager

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email info.uk@coltene.com
or call
0800 254 5115

MATERIALS AS A MEANS OF COMMUNICATION

Select impression materials with the laboratory in mind so that technicians will also love working with. When a laboratory receives a high-quality impression that is detailed and accurate, they will enjoy creating a prosthesis that is strong, beautiful and that fits – a stunning and functional product that can avoid a costly remake, or a result that isn't accepted by the patient. This is collaboration at its best – you make their life easier, and they will go above and beyond to support you in your endeavours to deliver upgraded, excellent dentistry.

For stunning impressions, AFFINIS™ from COLTENE is the perfect material for all your laboratory fabricated impressions. It is favoured not just by dentists, but also by dental technicians. Dentists have reported laboratory comments that AFFINIS™ makes drag and void easy to pick up, and clear margins simpler – heavy body Black Edition offers particularly good readability when used with gold or silver coloured AFFINIS™ PRECIOUS. The material is also comfortable in the patient's mouth, with dental nurses finding it predictable to work with too; it provides the ideal basis for effective teamwork.

Outcomes can be improved with collaboration and communication. For example, if you offer your laboratory accurate information with quality impressions, everyone benefits – dentist, patient, technicians, also your practice and the laboratory as a whole. When a truly collaborative approach is favoured, treatment planning is better, efficiency is improved, and predictability and success are supported. In this new era for dentistry, standards must be kept sky-high, to exceed expectations and this is what collaboration will help you to achieve.



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- David Herd, Lead Clinician at Bupa Dental Care Glasgow



Recognising ambition and hard work

For any dentist who has built up their own practice, the prospect of selling up can be both daunting and unsettling.

Clyde Munro approaches every potential acquisition with this firmly in mind – as it is vital to understand how much ambition and hard work has been invested into building up a successful practice.

Indeed, running and maintaining a dental practice over many years can feel like so much more than “business” – staff and patients are often more like family and friends, while being steeped in a practice every day makes it a calling, rather than “just a job”.

Increasingly it is business realities which are prompting the decision to sell. Dentists are feeling pressures like never before – greater regulation, ongoing professional development and an ever more demanding HR burden.

All this is set against a backdrop of sustained economic uncertainty since the 2008 crash, through austerity to Brexit and the pandemic.

What Clyde Munro offers addresses all of these points.

Principal dentists who want to be sure their staff and patients will not be negatively impacted win on several levels. Practices which join Clyde Munro keep their name and hard-earned local identity – reassuring for employees and patients alike.

The group also offers vital backroom support in terms of HR, finance and clinical development, as well as the negotiating and buying power which comes with scale.

Suddenly that vital new piece of equipment is within reach, the clinical team are supported to achieve their CPD and the burden of management is lifted, allowing far greater focus on patient care – the real passion for both clinicians and support staff.

Some who are selling up want to retire or pursue other interests, while others want to keep on treating patients and helping nurture the next generation. With its scale and reach, Clyde Munro can accommodate whatever the selling dentist wants to do next.



LONG-ESTABLISHED PRACTICE BECOMES PART OF CLYDE MUNRO FAMILY

Group now has practices in all of Scotland's cities, as well as throughout rural areas, including Orkney, Aberdeenshire, the Highlands and the Borders

A thriving family dental practice established in 1964 has become one of the latest to be acquired by Scotland's largest dental group – which saw off more than 30 other suitors to secure the deal.

F J Murphy Dental Clinic in Bishopbriggs has had just two principal dentists – Frazer Murphy and his father before him, Jack Murphy – and is the longest-running practice in the Glasgow suburb, developing a stellar reputation serving many generations of patients. Now it has joined the Clyde Munro Dental Group, as part of an investment programme that has taken the Glasgow-based group to 47 practices and more than 400,000 patients.

To ensure a smooth transition Frazer will be staying on as an associate, focusing on clinical care while the buyout has secured the future of the seven-strong team. Frazer, 58, who stays just outside Bishopbriggs where he has raised his grown-up family, is delighted to have finalised the new partnership,

which he believes will benefit the practice's 3,000 NHS and private patients.

He said: “It's no secret that the running of a dental practice requires a great deal more paperwork than it once did. Having Clyde Munro come in to take over that management will allow me to focus on patient care again.

“Pleasingly, we had no shortage of offers, but from the outset Clyde Munro has been interested, engaged – and upfront. This process is something I'll only go through once in my life – and it was very reassuring. Now the focus for me is to work with Clyde Munro to ensure patient care is the best in class and that we can invest in ways that bring maximum benefit to our patients.”

Clyde Munro is dedicated to Scotland and to ensuring its practices retain their identity and character while receiving extensive support and investment. The practice is one of six practices acquired by Clyde Munro in recent weeks and it now has practices in all

of Scotland's cities, as well as throughout rural areas, including Orkney, Aberdeenshire, the Highlands and the Borders.

Kirsty Dace, Chief Development Officer with Clyde Munro, said:

“This is a close-knit community and a well-established, welcoming practice that is testament to Frazer and his team. Clyde Munro takes great pride in keeping the heart of each family practice as we invest in latest techniques, training and technologies that will benefit customers over the coming years.”

Clyde Munro was founded by Jim Hall in 2015 with the acquisition of seven practices. Since then, it has enjoyed rapid growth through acquisition. Its ambition is to become Scotland's “local dentist”, operating an expanding network of family dentists across Scotland, with each devoted to providing the best dental care, while reflecting the needs and character of its community.

clydemunrodental.com

SELLING UP?

Let Clyde Munro
take care of business.

**If you're thinking of selling up
and aren't sure of where to
turn - think Clyde Munro!**

We understand that an important decision like this shouldn't be taken lightly. As Scotland's 'local dentist', Clyde Munro are best placed to help keep you focused on the end game – supporting you, your team and your practice throughout this journey.

OUR PRACTICE ACQUISITION PROCESS IS LED BY YOU – AND IT STARTS WITH A SIMPLE, CONFIDENTIAL CONVERSATION. **CALL US TODAY AND LET'S TALK.**

We make the
selling process
**smooth and
stress-free.**

We **support and
empower** you
and your staff
throughout the
transition.

We **build value**
with career
development
and improved
treatment options.

We respect your
brand identity
and integrate it
carefully.



CLYDE MUNRO
DENTAL GROUP

Clyde Munro Dental Group

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IWT – INDUSTRY LEADERS IN END-TO-END PROJECT MANAGEMENT

Providing IT and networking to dental chair packages, dental furniture and imaging solutions -
IWT provide exceptional dental solutions to enhance your practice and daily work routines

Dental practices require a blend of ergonomic design, functional dental equipment, and adaptable IT infrastructures. At IWT, we provide industry-leading solutions for dental practices of any size and at any stage in their development.

IWT do not just work for you, we work with you - before, during and post installation and implementation. Our partnership philosophy offers full optimisation of your practice, your equipment and your workflow, enabling you to focus maximum attention on your patients. From single surgery installations to end-to-end managed services, including building works, plumbing, electrics, flooring, dental chairs and bespoke cabinets, we are experts in working with you and your team to identify your specific requirements and deliver your vision.

IWT have long established relationships with leaders and vanguards of dental equipment supply, and our experience in delivering excellence throughout the industry allows us to offer you cutting edge innovation and complete practicality regardless of budget. We strive to provide your business the right equipment, supported by our expert advice and exceptional customer service.

IT and networking

IWT offer a comprehensive range of IT hardware, coupled with fully project-managed installations, to include server-based networks, email systems, multi-monitor surgeries, cloud-based backup and disaster recovery, business phone systems, audio / visual installs, live surgery seminar solutions, digital waiting room signage, VOIP telephone systems, websites and remote working solutions. We pride ourselves in creating partnership relationships with our clients, gaining a thorough understanding of your business and expertly tailoring solutions around your specific requirements. This partnership is complemented by our preventative maintenance methodology; we ensure regular client engagement to provide hands-on customer support for all equipment and progressive training for staff, ensuring

your IT infrastructure is working at maximum efficiency and in line with your needs.

Dental chair supply

Dentistry requires precision and dexterity, and your equipment should be designed to work for you. IWT partner with trusted, industry leading vendors of dental chairs and dental furniture to ensure the success of our installations. Working with innovative, practical, and established dental chair manufacturers such as Stern Weber, we provide various chair packages for any purpose. Our dental chair philosophy is founded on the perfection of technology modelled around your work. Our chair packages provide a wide range of functionality that can be personalised to suit your specific operating style and skills. Simplicity and integration ensure a perfect match of efficiency and speed. Innovation is one of our key principles, encompassing the integration of multimedia and x-ray diagnostic devices providing our customers multiple layers of versatility. Supporting our dental equipment supplies, we have a dedicated service team who deliver industry leading advice and support ensuring we deal with your service requirements promptly and effectively. We offer comprehensive dental chair and IT support contracts providing you piece of mind for your most valued practice equipment. Our range of 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, we can provide you the perfect dental furniture for a fluid workflow. Our furniture service 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 required training to support 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, we provide a comprehensive solution second to none. Project management includes installation of all equipment, plumbing and electrical works, to final decoration of the new area. We provide every required service to complete all installations to remove the stress of your refurbishment project from all practice staff. Our high client retention rate is of great pride to all at IWT and is testimony to our dedicated team of expert technicians and the exceptional service we provide. 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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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 well 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 lockdown. 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 away 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 was 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

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
Places are limited so book your place today to avoid disappointment!

Email courses@vssacademy.co.uk to book your place.

✉ courses@vssacademy.co.uk | ☎ 020 8012 8400 | 💻 vssacademy.co.uk

This leaflet was compiled in October 2020 and all reasonable care has been taken to ensure its accuracy. We cannot guarantee that the course will be available exactly as described; it may be necessary to vary the content or availability. Material changes will be highlighted in course documentation at the time an offer is made. The full list of options indicated may not all be delivered every year. We hope that you are happy with your UCLan experience; if not we have a complaints procedure in place, please email enquiries@uclan.ac.uk or phone 01772 892400.

Orthodontic Aligners

MediMatch Dental Laboratory offer a competitive option for clear orthodontic aligners. MatchAligners are created using the latest digital technology and manufactured to your prescription using crystal clear, impact resistant orthodontic grade materials.

PRODUCTS AVAILABLE

PATIENT	CASE
• ID: 1021595	• ID: 1021595
• SSN:	• Operator:
• Name: 1021595	• Comment:
• Address:	• Case date: 2021/2/15
• City:	• Case date: 2021/2/15 10:18:47
• Country:	
• Clinic ID:	

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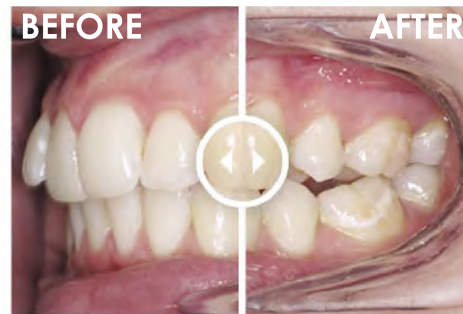
- Full arch upper and lower scan impressions or silicone impressions.
- Silicone or wax bite
- Completed lab prescription form



with MediMatch

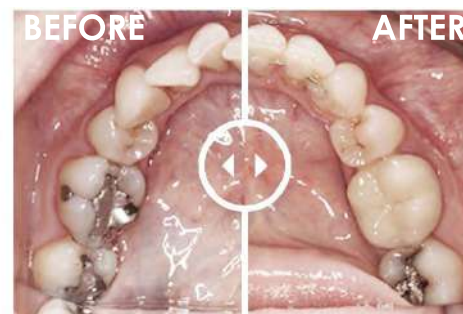
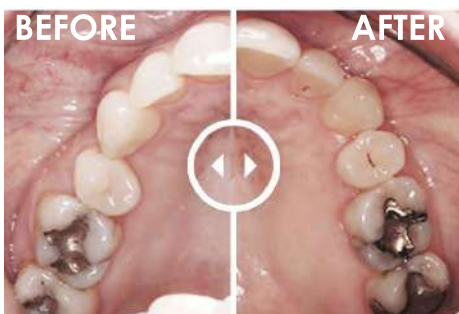


CASE EXAMPLES



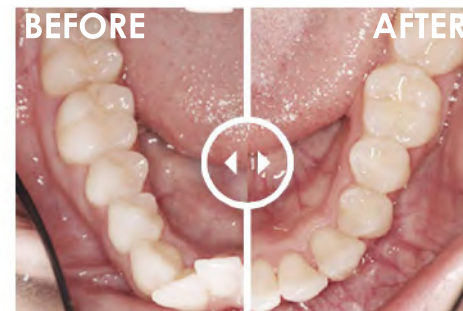
This patient was not happy with their protruding lateral. A combined approach of **MatchAligners** and interproximal reduction was used to successfully treat this simple case.

Treatment time: 3 months



This mature patient suffered from overcrowding on their upper and lower arches. A great result was achieved by using a series of clear **MatchAligners** to rotate and tip the teeth into their new position. In addition to moving the anterior teeth, the upper pre-molars were also removed to improve the patients' bite.

Treatment time: 7 months



A dramatic result for this patient who required a lower anterior tooth to be extracted in order to solve the severe overcrowding.

Treatment time: 9 months

Committed to quality care

Fostering interdisciplinary treatment through collaboration

Recognised dental specialists are committed to providing quality specialty care to patients. They foster interdisciplinary treatment through collaboration with general dentists and other specialists.

Recognising quality in dentistry is an important initiative for the dental industry; celebrating and recognising top performing oral care providers helps bring attention to the need for objective, data-driven methods of measuring quality care in dentistry.

Scotland is home to some of the leading specialists in their field and in this special section we meet some of

those whose skills are helping people improve their health and boost their confidence.

For example, Dr Audrey Kershaw (page 81) qualified in dentistry from Glasgow University in 1987 and was awarded a Fellowship in Dental Surgery from the Royal College of Surgeons of Edinburgh in 1991. She is recognised as a Specialist in Oral Surgery by the General Dental Council.

“Audrey is one of the finest colleagues I’ve had,” says Cameron McLarty, the Principal at Bute Dental Practice. “She’s a great dentist in both a technical and a caring sense. Popular with staff and patients, a real asset to any practice.”

Meanwhile, Andrew McGregor

(page 80) and his team take pride in delivering a first-class service to patients and their referring dentists. The Principal of Park Orthodontics in Glasgow, they offer both NHS and private care and work closely with general practitioners to ensure clinical outcomes are of the highest standard possible.

And writing for this special section, Peter McCallum (page 77), Principal of Central Orthodontics with practices in Stirling and Falkirk, underlines the need for practitioners to be fully aware of a variety of treatment modalities to suit the patient, taking into account their presenting problems, the outcomes desired and their motivation to have an appliance which suits their lifestyle.

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Dr Marialena Cresta BDS MFDS MMedSci M Endo RCSEd, AFHEA

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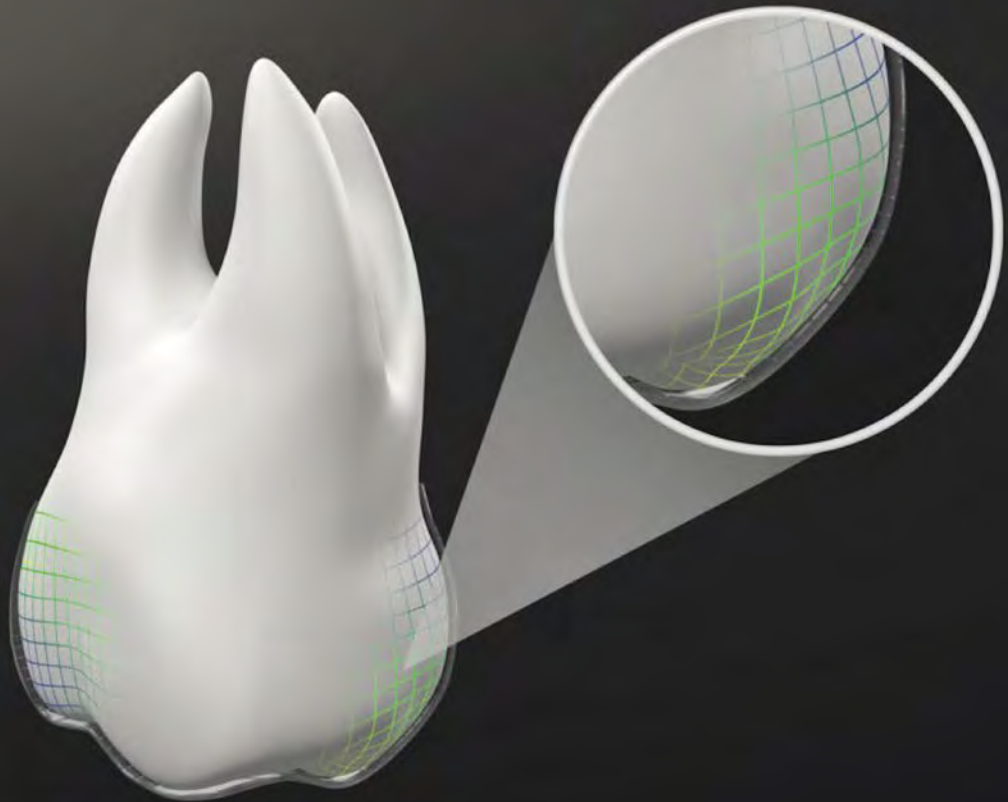
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A FUNDAMENTAL SHIFT

Align Technology has worked hard to improve the predictability of the Invisalign System, most notably with recent innovations such as G8, writes Peter McCallum

Fifteen years ago, I treated very few Invisalign cases. Fifteen years later, I treat very few fixed appliance cases. In that time my orthodontic experience has changed dramatically.

The Invisalign system is developing so quickly, with Align Technology putting huge resources into research and development and improving the appliance, which means that keeping the academic research up to date is a real challenge. Orthodontists are demanding; they require to know how and why appliances work and to be confident in their ability to provide predictable results. Speakers, like myself, need to have an understanding of current evidence and the clinical expertise of treating many patients presenting with a wide range of malocclusions to demonstrate the effectiveness of the appliance.

I am the first one to admit that back in 2005, when I started a few Invisalign cases, the appliance promised a lot but delivered little. Nine years ago, I was asked to join the Invisalign Orthodontic Advisory Board to represent Specialists in Scotland and that marked a real breakthrough for me. The company not only wanted feedback from our

group of Specialists, but they were also informing us on the latest product development and innovations and really took on board what we had to say. What's more, this encouraged all the members of the Board, which was mainly Specialist Orthodontic Practitioners but included Consultants and Academics as well, to share feedback and allowed us to gain deeper understanding of the way the appliance worked, helping develop our skills and techniques.

The biomechanics behind the Invisalign system have changed dramatically in recent years. There was a fundamental shift from it being a displacement driven system to a force driven system. That change has allowed the appliance to move teeth in a way that it was not capable of doing ten years ago and consequently we are able to treat more challenging cases, more predictably, as we develop our techniques. Align Technology has worked extremely hard to improve the predictability of the Invisalign System most notably with recent innovations such as G8.

The specialist community in the UK have a fantastic training programme, are superbly

well educated, demonstrating impressive clinical skills and wonderful abilities for treating patients with fixed appliances. However, clear aligner therapy represents a step change in a different direction, and I have seen many struggling with the concepts of managing treatment through ClinCheck and the delivery of care. Furthermore, the decision to prescribe Invisalign treatment can be challenging when they feel more



“

ORTHODONTISTS ARE DEMANDING; THEY REQUIRE TO KNOW HOW AND WHY APPLIANCES WORK AND TO BE CONFIDENT IN THEIR ABILITY TO PROVIDE PREDICTABLE RESULTS”



confident about delivering a predictable result with fixed appliances. One of my roles is to show what they can achieve.

More recently during the pandemic, most of my Invisalign patients continued to make great progress even when the practice was closed. I offered virtual consultations, so that we could exchange photos, discuss progress, share ClinCheck plans with patients, and often their families, from the comfort of their own home. They felt reassured, they felt engaged and more involved because I was there with them all the way. Now with Virtual Care I keep a weekly check on their progress. I liken it to the difference in pace you achieve when you go for a run in a park alone or with a friend to help encourage your efforts. Simple monitoring and tracking definitely worked as drivers to motivate our patients – it showed me that human contact – albeit via a Zoom link – and increased support was definitely a strong motivator for our and meant that their treatment didn't grind to a halt, like those with fixed appliances.

After nearly two decades, I have been able to appreciate that the Invisalign appliance clearly has an ability it did not have before. For some, the system has almost been written off based on previous experience. However, advances, innovations and product developments that have been introduced over the years have made it a viable orthodontic appliance which has a prominent role, alongside fixed appliances, to play in the delivery care.

I can only re-emphasise the importance of gaining a real understanding of what the appliance can now do. The academic research and evidence behind the treatment, and the clinical knowledge and experience of the practitioner, gained through cases they

have treated, or teaching they have received combine to provide an evidence base to discuss prospective orthodontic care with patients. We are obliged to offer our patients as much information as we can to allow them to form an opinion and make their decision about treatment. As orthodontists we need to be fully aware of a variety of treatment modalities to suit the patient, taking into account their presenting problems, the outcomes desired and their motivation to have an appliance which suits their lifestyle.

Orthodontic demand is there, with patients desiring a treatment that is more visually pleasing and more comfortable. I am pleased to have the chance to pass on some of my knowledge to colleagues soon. I hope they will embrace the appliance and discover, in the slow and measured way that typifies an orthodontist, just what this appliance is capable of.

PETER MCCALLUM
BDS,FDS,DDO,RCPS(Glasg)



Peter McCallum

“
AFTER TWO DECADES, I HAVE
BEEN ABLE TO APPRECIATE THAT
THE INVISALIGN APPLIANCE
CLEARLY HAS AN ABILITY IT
DID NOT HAVE BEFORE”

I have been Practice Principal of Central Orthodontics, since 1989, and run practices in Stirling and Falkirk.

I graduated from Edinburgh Dental Institute in 1983, and worked in various hospital posts, gaining a Fellowship in 1986 from the Royal College of Physicians and Surgeons, Glasgow, before qualifying as an Orthodontic Specialist in 1988.

The majority of my practising years were spent providing NHS orthodontics with fixed appliances. As the practice grew, I developed an interest in treating adult patients. Initially with cosmetic fixed appliances, but also lingual appliances.

Lingual no longer features in my treatment portfolio, however the demand for more aesthetic options was increasing and so clear aligner therapy was an interesting option to explore.

In 2005 I undertook the Invisalign Certification Course, but treated few cases until the potential of the system advanced and the predictability allowed for more comprehensive treatments to be completed. This coincided with an invitation to be on the Invisalign Orthodontic Advisory Board for Align Technology in 2011. Around this time, I was holding Invisalign study clubs in the practice and providing advice to practitioners. I was appointed as a clinical speaker by Align and have now lectured throughout the UK at a variety of events meetings both for Align and at other orthodontic meetings.

I have always enjoyed being involved with orthodontic education in the UK spending many years working on the BOS Conference Committee, with the Scottish Orthodontic Group and Scottish Orthodontic Symposium. I was External Relations Director of BOS developing advice and guidance for orthodontists with the challenge of the Covid 19 pandemic, in 2020. This was a very valuable and interesting experience and I hope we delivered support required to aid our colleagues in practice. It made me focus on my own practice too. I have developed a different protocol for providing Invisalign treatment to help my patients, and the practice, by harnessing Invisalign Virtual Care which necessitated fewer visits to the practice.

My practice is now largely focused on the provision of Invisalign treatments for both adults and adolescents. This side of the practice has grown since 2005, slowly at first but much more over the last few years. I enjoy sharing my knowledge, and enthusiasm, of the Invisalign appliance system. I am interested in all aspects of the clinical application of the Invisalign system from young adults to the older patient with a chequered dental history.

I am always happy for orthodontists and post-graduates to visit the practice to learn about the Invisalign system in the clinic.

invis is your brilliance, enhanced



Our success is built on enhancing the brilliance of orthodontists like you. That includes helping you as a practice owner, in addition to putting cutting-edge technology in your hands and supporting practice staff. Whatever your practice goals, we are there every step of the way to help.

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**Together, we can work to enhance your brilliance,
so you can transform even more smiles and lives**



invisalign

iTero

DELIVERING A FIRST-CLASS SERVICE

Park Orthodontics is a long-established specialist orthodontic practice based in Glasgow's West End

The current owner, Andrew McGregor and his team take pride in delivering a first-class service to patients and their referring dentists.

PATIENT COMFORT CONVENIENCE

Park Orthodontics is situated just off the M8 and Clydeside Expressway near Charing Cross. There is plenty of cheap, on-street parking and public transport links.

Each clinic is single chair, providing security and privacy to patients and their companions.

Furthermore, in a world where face to face contact is discouraged, the practice

utilises remote monitoring software for all their aligner patients. Starting with Virtual Consultations and progressing to Dental Monitoring and Invisalign Virtual Care, patients are able to send images of their teeth on a weekly basis to be reviewed from the comfort of their own home. This has greatly reduced the number of appointments a patient is required to attend during a course of treatment whilst ensuring no reduction in outcome quality.

HIGH CLINICAL STANDARDS

Offering both NHS and private care, the clinic look to work closely with general practitioners to ensure clinical outcomes are of the highest standard possible. This often

www.parkorthodontics.co.uk

manager@parkorthodontics.co.uk

includes joint planning for restorations, prosthetics and implants using digital planning with the iTero scanner.

ORTHODONTIC SUPPORT FOR DENTISTS

The clinic also enjoys working with referring dentists practising orthodontics, providing advice on treatment planning and treatment progression. As their orthodontists are experienced in Invisalign, fixed and lingual orthodontics, there is rarely a problem they haven't encountered!

Referrals and enquiries can be made through the website or via email and of course a good old-fashioned phone call is always welcome!

Park Orthodontics
14 Royal Terrace
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'A SUPERB CLINICIAN'

Refer your patients to Audrey Kershaw at Infinityblu

Dr Audrey Kershaw qualified in dentistry from Glasgow University in 1987 and was awarded a Fellowship in Dental Surgery from the Royal College Surgeons of Edinburgh in 1991. She is recognised as a Specialist in Oral Surgery by the General Dental Council.

She worked extensively around England to gain experience in Maxillo-facial and Oral Surgery hospital posts. Dr Kershaw examines for the Royal College Surgeons (Ed) and has previously examined for the General Dental Council's International Qualifying examination at home and abroad. She has nine peer reviewed publications to her name.

Dr Kershaw came to Dundee in 1998 to take up an Associate Specialist post at Dundee Dental Hospital and School where she was heavily involved with undergraduate student teaching until 2017. She now provides a peripatetic Private

Oral Surgery and IV Sedation service throughout Scotland.

"We approach cases holistically, with the understanding that everyone is different," said Dr Kershaw, "and compassionately, as a team, realising that the case starts on referral and there is so much we can do to reduce anxiety and to make the patient journey memorable for all the right reasons."

"Audrey is one of the finest colleagues I've had," said Cameron McLarty, the Principal at Bute Dental Practice. "She's a great dentist in both a technical and a caring sense. Popular with staff and patients, a real asset to any practice – 100 per cent recommend referring to her or ask her to your own clinic – you won't look back. A superb clinician. She's a good laugh, too!"

"I've referred many difficult cases, as well as several very nervous 'coiled spring'-type patients to Audrey," added Ross McLelland, Principal of Waverley Dental Practice in



Referrals can be made online through the dentist referral form at www.infinitybludental.co.uk/referrals/oral-surgery or by email at dunkeld@infinitybludental.co.uk

Aberdeen. "I was convinced many of them would require sedation, and she managed them all successfully with local anaesthetic alone. Feedback from patients afterwards has always been very positive. As I once said to her: 'I think you must have special powers Audrey, or a magic wand. Whatever it is you do you should bottle it and sell it at premium rates.'"

"We are incredibly lucky to have Audrey as part of our referral team," said Chris Barrowman, Infinityblu's Principal. "She has a very patient-centered, caring and holistic approach to care."

"We accept referrals for oral surgery, oral medicine and IV sedation at three of our practices, in Alyth, Auchterarder and Dunkeld. We also accept challenging cases, and in case of urgent referrals we can offer next day appointments if required. You can be assured your patient will have a safe and successful visit and experience."

We accept referrals for Oral surgery, Oral medicine and IV sedation at 3 of our infinityblu practices in **ALYTH, AUCHTERARDER AND DUNKELD.**

Specialist Oral surgeon Audrey Kershaw 62146 BDS, FDS RCS (Edinburgh)

We are incredibly lucky to have Dr Audrey Kershaw as part of our Infinityblu referral team. Audrey has over 30 years' experience in Oral Surgery, working extensively in Maxillo-facial and Oral Surgery hospital posts, teaching, and more recently at our infinityblu practices accepting referrals internally and externally from surrounding dental practices.

Audrey has vast experience and offers a very patient centred, caring and holistic approach to patient care, and along with our Infinityblu support team, you can be assured your patient will have a safe and successful visit and experience.

We can also accept challenging cases, and next day urgent appointments can be arranged if required. We can offer you and your patients a quick and easy referral pathway and relieve them of their pain, problems, or concerns quickly and professionally.

Services include

- Wisdom tooth removal and Coronectomy
- Surgical extractions
- Soft tissue biopsy and reporting
- Tongue ties release, Frenectomy and polyp removal
- Anxious and phobic patients
- Medically complex patients
- Oral medicine cases
- IV Sedation both surgical and restorative cases



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OUTSTANDING IN ITS FIELD

Why dental practices need Portascanner® COVID-19 – and what does it give that current solutions do not?

THE ISSUE AND SOLUTION

Regardless of the “air quality” within any dental or healthcare setting, minimising the airflow out of it is essential for reducing the risk of airborne contagion spread. One way this is achieved is through minimising the air permeability of a room, another is by negatively pressurising a room which in itself cannot be effectively achieved without a suitably low air permeability value. Minimising air permeability is therefore doubly essential.

Air permeability is defined as the volume of air entering or exiting a room per hour per square metre of room envelope given a certain differential pressure, usually taken to be 50 Pa (Pascals are a unit of measure for air pressure).

Currently, when hospitals monitor the efficacy of their negative pressurisation, they do so using a pressure monitor. This tells hospital staff, providing they are checking it regularly, whether the air pressure in the ICU ward is at a suitable level. If the pressure drops below a certain level, sometimes these monitors are set up to an alarm system. Dental practices could benefit from considering this area to reduce the time between patients.

There are three problems with this:

- One is that the indication of the current pressure is not an indication of future ability to maintain that pressure.
- Secondly, if the pressure does drop, no matter how infrequently, it undermines the ability of the ward to prevent airborne infection spread and the pressure monitors provide no means of addressing that problem. If hospital staff do take action as a result of pressure drops, it is often to employ what might be called a “Patch & Hope” response.
- Thirdly, pressure monitors only measure the air pressure at a localised point in space. If the correct air pressure is found in one part of a room, this is no guarantee that it may be found elsewhere.

The hand-held, ergonomic Portascanner® COVID-19 instrument provides a capability that compliments and goes far beyond what a simple air pressure monitor can do. It allows operators to detect leakage points, meaning that they can be addressed to prevent dips in the required pressurisation which regularly occur. It also quantifies the airflow rate through leakage points and the air permeability of a room, providing surety that the room is sufficiently airtight for the FPE (Fan Pressurisation Equipment) to operate consistently. Pressure monitors cannot do these things.

According to an independent review¹ by



the Building Services Research and Information Association(1), reducing the air permeability of an isolation suite has a number of distinct benefits:

- A degree of passive protection is provided against contamination to or from adjacent areas.
- The ventilation system is able to be balanced and commissioned correctly.
- The pressure stabiliser can be specified accurately and can operate correctly.
- During fumigation, less fumigant will escape to adjacent areas.
- In the event of fan failure, the walls will become the first barrier against infection.
- If the leakage through the fabric is too high, the design supply and extract airflow rates may not be sufficient to pressurise the rooms or for the pressure stabiliser to operate correctly. Making up for high air permeability by increasing supply and extract flow rates is not considered desirable. A better option would be to achieve lower air permeability.

A dental practice and other healthcare settings are therefore far safer in terms of risk of infection spread, if the air permeability of its envelope can be quantified and if crucial leakage points can be identified and repaired. It is for this reason that Coltraco Ultrasonics won the right to a competitive government grant to innovate in this area and for this reason too that the end product has been independently declared outstanding in its field.

HELPING DENTISTS BUILD RESILIENCE AND SECURITY

The Portascanner® COVID-19 is based on the technology of our

Generating an air permeability value for an entire room

award winning globally recognised Portascanner® WATERTIGHT, an ultrasonic watertight integrity monitor used by our Royal Navy, which has been re-designed specifically for our hospitals and dentists. It aims to reduce the spread of airborne disease by inspecting rooms for any leakage and establishing the negatively pressurised airflow rates that, unless identified can place staff and patients at risk.

A December 2020 study on Covid-19 and air contamination indicates that 56 per cent of air samples taken from hospital hallways and 24 per cent from hospital bathrooms, have high levels of coronavirus (JAMA Network Open). Samples from ICU rooms were more than twice as likely to be positive, at a rate of 25.2 per cent compared to 10.7 per cent for non-ICU rooms. There is evidently a pressing need for the virus to be contained. In order to reduce the spread, hospital ICU wards rely on negative-pressurisation, and only when this state is achieved, can there be a reduction of airborne infectious diseases. NHS hospitals and dental practices have ‘infection targets’ and Portascanner® COVID-19 help them achieve these.

WHAT IS THE SOLUTION?

Our Portascanner® COVID-19 brings a non-invasive answer to this ‘patch and hope’ measure, and with minimal training, allows dental and healthcare personnel to locate and then quantify the leaks in rooms. The user can calculate the air flow rate through these leaks, generating an air permeability value for an entire room which the user can compare against the required value for negative pressurisation. Quantifying the extent of the leak, or the air

Goes far beyond what a simple air pressure monitor does



permeability rate, is crucial to ensuring negative pressurisation in order to help prevent the spread of disease.

GO ABOVE AND BEYOND COMPLIANCE

According to BSRIA, the air permeability of a negatively pressurised isolation ward must not exceed $2.5\text{m}^3/(\text{h}\cdot\text{m}^2)$ at a reference pressure of 50 Pascals. It is this value that is used in the reporting feature of the Portascanner® COVID-19.

The user can provide evidence of the maintenance programme, through the camera feature, and with the tap of a finger, export a test report, all in one small portable instrument. Each leak is therefore marked and quantified in terms of the air flow rate, and its contribution to the total air permeability. This is then calculated and compared to the threshold value, whilst the cross-sectional area of the leak is also recorded.

No third party is required, and all the user has to do, is a quick test, scanning any possible leak sites with the receiver, whilst the generator is directed at the structure from the opposite side. Any peaks in the received intensity should be marked as a leak for potential investigation and remedial measures undertaken if necessary. A full test is then carried out to decipher the leak size. Sufficient airtightness is required to facilitate good ventilation and filtration practices, so that 'safe working' conditions be achieved, which is at the heart of improving the 'health' of a building. This simple instrument can be used regularly by in-house maintenance teams when required, with no disruption, enabling leaks to be detected and remedied as they occur.

OVERCOMING A GLOBAL PANDEMIC

Coltraco Ultrasonics have proudly developed Portascanner® COVID-19 from our rich heritage in Naval ultrasonic technologies to monitor watertightness in warships and submarines. At the beginning of 2020, we were predominantly a two-market sector company. However, in March we realised the vulnerability that this posed, and the possible opportunity for change. So, through great diversification we are now a multi sectoral one, working across 28 different sectors, delivered by an exclusive global distribution network.

One of these new sectors that we are most proud to support, is the Healthcare sector. During the coronavirus crisis, Coltraco Ultrasonics worked tirelessly to fulfil a UK Government-funded COVID-19 emergency technology requirement in June 2020, to design the Portascanner® COVID-19, which we have now successfully done, with our first prototype completed in 20 weeks, created by a team of British physicists working at the cutting edge of compartmentation integrity.

WHY WE DESIGNED PORTASCANNER® COVID-19?

In June 2020 the Government invited us to support their Emergency COVID-19 Technology award and design this unique solution. During the height of the pandemic, every Thursday evening the moving sound of Clap for Heroes would resonate, as we all applauded and showed our appreciation for our NHS. 2020 highlighted just how much we rely on our unique healthcare system.

At Coltraco Ultrasonics, we were simply fortunate enough that we could put our heads together, and realise that we could play our small part in supporting our NHS, from within their very walls. This Emergency

Covid-19 Technology grant enabled us to develop a technology to assist with problems relating directly or indirectly to this pandemic. We realised we could contribute to the prevention of the spread of airborne pathogens, and thereby significantly reduce the contamination between wards, which also includes harmful substances such as bacteria, gases, chemicals etc. In our research we have been able to measure to a high accuracy holes as small as 0.5mm in diameter, which would be almost invisible to the naked eye.

Coltraco Ultrasonics have 30 years' experience of designing and manufacturing world leading ultrasonic equipment and have been able to apply our technological expertise in this area to provide a unique and optimal solution to a new critical problem in our world.

Applying ultrasonics to this new application has never been done before. This will allow the first means of reliably and conveniently testing a key requirement for effective negative pressurisation. We are proud to be able to present a solution, to improve air quality and protect our NHS's staff and patients against the spread of airborne diseases, such as SARS-CoV-2, and wish to offer this to the dental practices to ensure safety across all healthcare settings.

Whilst this past year has proved an insurmountable obstacle to overcome for so many, there is now light at the end of the tunnel, that through innovation and collective unity, we can all come together and rebuild stronger than before.

REFERENCES

(1) <https://www.bsria.com/uk/news/article/air-permeability-in-isolation-rooms/>

NEW PORTASCANNER® COVID-19



**REDUCE COVID-19
SPREAD IN DENTAL
PRACTICES**

INFECTION CONTROL

Maintenance is critical as a study showed 56% of air samples taken from hospital hallways contain high levels of coronavirus (JAMA Network, 2020).



AIR FLOW SOLUTION

Use the brand new handheld ultrasonic Portascanner® COVID-19 to find leaks in dental rooms, calculate air flow rate and generate air permeability value.

SAFETY FIRST

Protect staff & patients with safe technology

ACCURATE

Find leaks, flow rate & air permeability value

EASY TO USE

Save time and cost with quicker method

GRANT-FUNDED

UK Government COVID-19 Response Grant



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COLTRACO
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Introducing aesthetic practitioner and trainer, Dr Paula Mann

Paula shares her journey in aesthetic medicine, from her beginnings as a dental surgeon and joining the multi award-winning team at Clinetix, Glasgow, to becoming a Merz Innovation Partner and winning the Rising Star award 2019.



I absolutely love going to work in the morning and I know that is not something that everybody can say. Sometimes I can't believe that 20 years have passed since I left university and started out my life as a dentist. Time flies, as they say, when you are enjoying yourself, and I really have.

Perhaps this is inspiring to some, and hopefully in particular to other dental surgeons who I believe are in an excellent position to experience the enjoy and satisfaction that incorporating aesthetics can bring to both you and your patients.

The early days

After completing a degree in Dental Surgery at Glasgow University in 2000, I worked as a house officer in maxillo facial surgery, passing my MFDS RCPS exams to ensure I was making the correct steps in my post-graduate training.

After two years, I decided to focus on restorative dentistry in general practice and began work as an NHS dental associate. I sat further exams, this time the MFGDP RCPS, which I felt was more useful for progression in a practice setting.

To be suddenly under pressure in a busy NHS practice after the slower pace of vocational training was a very steep learning curve, and, of course, part of my learning came through my mistakes. As any young professional knows, some days are hard. But I took what I could from my bad days and tried to turn them into positives.

Being my own boss

I wanted more choice and freedom to do things my way, from the hours that I worked, to the materials that I used and the treatments I could offer my patients.

After eight years, one marriage, two dogs (very drooly boxers), twins (one of each) and a huge bank loan, I purchased my own private practice. With hard work,

some tears and lots of support from my fantastic family and team, we went from strength to strength.

I had to quickly learn a whole new set of skills – staff management, business, marketing and accounts, to name just a few. I enjoyed being my own boss and the patients really noticed the difference in their care. However, I did not enjoy a lot of the administrative and compliance tasks that came with it. I quickly learned to delegate and hire support staff who not only did these jobs a lot better than I did but allowed me to regain a little balance in my home life.

Discovering aesthetics

It was at this time that I became interested in facial aesthetic treatments. I felt, and still do, that the skills that dental surgeons have, from communication, examination and treatment planning, to carrying out practical procedures, are a solid base from which to hone further complimentary skills and techniques. I had a cohort of established patients who were looking for maximum results. I could see that being able to improve and balance, in particular the facial zones, would be extremely satisfying to myself and my patients when combined with dental rehabilitation.

The first step was a foundation course. I was nervous about offering my patients a completely new treatment. After carrying out thousands of dental procedures, I had settled into a comfort zone. I started slowly and carefully, not trying to make a profit, just trying to do it well. I took my time getting to know products and techniques and immediately noticed how much my patients wanted to attend for these treatments. It is lovely to treat patients who really want to be there!

At first, I ordered in products as I needed them. I could consult my patients, order

by prescription from the pharmacy, and it was there in 24 hours for the treatment. I also kept a little product in stock for any unplanned changes. In the early days, I separated my aesthetic time from my dental time, starting just one morning a week. This meant I could focus on one discipline at a time and maintain flow in my thoughts. Over time this bothered me less and I was happy to mix up my clinical day, making the time in clinic varied and enjoyable.

Cold feet

Demand increased and I attended more courses and as many conferences as I could. But something surprising happened. The more I learned, the more evidence I gathered with respect to complications, the more fillers appeared on the market, the more apprehensive I became. I also had a couple of difficult patients and that led to a crisis of confidence.

I have spoken to many practitioners over the years who have similar stories. Often aesthetic practice can be isolating. Many practitioners work alone or with others without the same expertise. My advice would be to seek support from respected, successful, ethical practitioners. In my case I felt that if I could ensure I was as knowledgeable and skilled as possible I would be doing the absolute best for my patients. I wanted to consolidate my existing knowledge and further invest in my own training.

I found this support in my friends Emma and Simon Ravichandran. We had all gone to university together and over the years they had established the renowned Clinetix Facial Rejuvenation Clinic and Aesthetic Training Academy in Glasgow. Spending time with knowledgeable, innovative and highly motivated practitioners reaffirmed my interest in aesthetics. I repeated all of my training from basic through to advance with their

training academy. My resilience and confidence were restored. I had many new contacts and learning sources where I could continue my development. I have not looked back since.

Growth

Over the course of the next 10 years my clinical work became more focused on non-surgical aesthetic treatments. My dental practice was growing and I was able to employ another dentist to free up some time. This allowed me to accept an opportunity to join the team one day a week with Clinetix. Being in a multidisciplinary clinic with an expert team opened my eyes to many more aspects of aesthetic medicine and I was able to offer my patients a much more holistic approach to ageing and facial rejuvenation.

Around the same time, I worked as clinical teacher in Glasgow dental hospital and school giving me some experience in teaching. Therefore, when I was asked to join the faculty at the Aesthetic Training Academy where I myself had learned so much, I jumped at the chance.

At first I was nervous, the academy has set very high standards, however, one of the best ways to learn is to teach! I thoroughly enjoy interacting with the delegates. I remember exactly how it feels to start on an aesthetic career and can support and mentor those on their journey.

Leaving dentistry behind

Life was now becoming a little too busy and I felt the time was right to sell the practice. In 2018 I took the plunge and moved solely into aesthetic medicine. It was the busiest and brilliantly challenging year yet. With the support of the team at Clinetix, I quickly increased clinical hours and with monthly teaching sessions at the aesthetic training academy there was no looking back.

Interesting and exciting opportunities came my way and my presence within the aesthetic industry grew. I appeared on stage presenting and injecting in London and at home in Glasgow and attended conferences all over Europe – a complete change from my days extracting teeth!

Having used Merz products for many years, I was introduced to the Merz Pharma education development

team and was given the opportunity to work with this company as a Merz Innovation Partner (MIP). I had made an independent choice to use Merz products based on their science, ethics and clinician support and I was delighted to be part of their team.

Merz Innovation Partners (MIPs) support clinicians by teaching the science and clinical techniques giving users confidence while encouraging natural and anatomically respectful results.

A big change has been moving Merz teaching to online webinars. The team worked really quickly creating fantastic slides and educational videos and along with the other MIPs all over the UK we presented these all through lockdown. I was surprised to find I was more nervous online than in front of a live audience, the worry of WiFi and my colleagues being so far away added an extra stress, however, everyone embraced it and with the need for continued education and support we are ready to do more in 2021.

At the end of a busy year the icing on the cake was to be awarded the My Face My Body award of Rising Star 2019. The presentation was virtual, so there was no glamorous award ceremony to attend but it was amazing to receive an award in recognition of the work I had done to this point and it gave me the confidence to keep moving forward. Of course, these accolades are not just personal. Without the support of dedicated team, it would just not be possible.

Currently my days are busy and enjoyable. My time is split between the clinic and the Aesthetic Training Academy. After the last lockdown it was great to get back to seeing patients and getting started again and I look forward to that again this year.

I tend to spend longer on discussing and planning than the treatment itself. It is time well spent, allowing the patient to make the right decision, understand their unique needs and appreciate the need for maintenance going forward. Being as prepared as possible helps prevent future problems and sleepless nights.

Aesthetics to me is patient centred, natural, appropriate treatments. Not a day goes by that I don't appreciate the fact that each patient has chosen

to see me. No matter how simple a procedure may seem, I try to do it as well as possible. Knowing my patients really well, making them feel more confident, while remaining true to themselves is so important. If I had to pick a favourite treatment, I would choose mid-face volume replacement using a combination of products at different layers to give a really natural, long lasting result.

It is hard to imagine what I would do if I hadn't started my working life in dentistry. It allowed me to enjoy my life in and out of work, offered experience in different environments and eventually to run my own private practice. Each step made sense and lead me to where I am today.

I am very happy. I do a job I love and have managed to create some work-life balance. I now have time to spend with my husband (same one), kids (now 13 years old) and my dog (just one drooly boxer). I am looking forward to the next 20 years, and I really do love going to work!

Top tips for a successful aesthetic journey

- Make a plan and find ways to get there. Don't remain where you are unhappy or can't be your best, make changes.
- Invest in training. Knowledge is power, to offer our patients the safest and most efficacious treatments lifelong learning is vital.
- Get your team on board. Involve them in training and the process. This will benefit you and your patients and add to the enjoyment
- Self-audit, self-assess and seek feedback. Clinical practice doesn't always go to plan. If you are experiencing a repeat problem, find a solution or a way to do it better next time. You only get better by improving on your errors. No one is perfect learn and move on.
- Be honest with yourself, your patients and with others. Only work within your comfort zone, ask for help if needed, support colleagues where you can and pass on what you learn.

To register to **Merz Aesthetics Clinical, Business-focus and Health & Wellbeing webinars** go to

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Adverse events should be reported. Reporting forms and information for United Kingdom can be found at www.mhra.gov.uk/yellowcard. Reporting forms and information for Republic of Ireland can be found at <https://www.hpra.ie/homepage/about-us/report-an-issue/mdiur>. Adverse events should also be reported to Merz Pharma UK Ltd at the address above or by email to UKdrugsafety@merz.com or on +44 (0) 333 200 4143.

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sdcg group

Established in 2016, Scottish Dental Care Group is continuing to expand, and we need outstanding dentists to join our thriving practices. Most of all, we're looking for dentists who want to change the way dentistry is perceived. To shift the conversation from fear to anticipation. Lack of trust to confidence. Pain to comfort. So-so to out of this world. We want our patients to look forward to seeing you.

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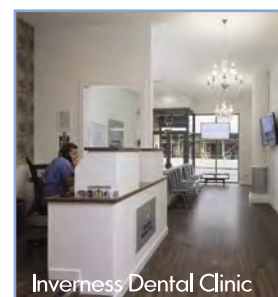
In addition to state-of-the-art dental facilities with well trained and remunerated teams, full clinical freedom and mentoring and career development advice, we also have incentive packages worth £4,000 to new recruits who commit in our rural clinics.

WHAT DO OUR ASSOCIATES SAY?

"Since coming to work with SDC group I have been very impressed by the team ethic. There are many clinicians with different skill sets who work together to provide the best in patient care. From implants to dentures, periodontics to aesthetics and orthodontics to endodontics. It is great to know that you can pick up the phone and work together on a case with some clinicians who are at the top of their game. The administrative support is tireless, proactive and very efficient. Glad to be part of the team."

- Craig MacDougall, Principal Dentist, Bishopton Dental Clinic

If you are interested in a confidential discussion and more information about our associate opportunities, please contact a member of our management team today.



Inverness Dental Clinic

Christopher Friel
Operations Director
christopher@sdcggroup.co.uk

Philip Friel
Clinical Director
philip@sdcggroup.co.uk

Louise Fletcher
Operations Manager
louise@sdcggroup.co.uk



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> AIRFLOW MAX

TAKING AIRFLOW TECHNOLOGY TO THE MAX!

With the launch of the brand-new AirFlow Max from EMS, clinicians are able to offer their patients maximum efficiency, comfort and safety when performing guided biofilm therapy (GBT).

Guided biofilm therapy is a systematic, predictable solution for dental biofilm management in professional prophylaxis using state-of-the-art airflow technologies.

AirFlow Max's revolutionary design incorporates Guided Laminar AirFlow Technology, a precise synergy between air, powder and water that achieves this new level of safety, efficiency and comfort for patients and clinicians.

The laminar flow reaches the treatment surface in a smooth, accurate and focused linear pattern to maximise powder use and visibility.

In addition, the ergonomic design with slimmer grip and reduced weight enhances ease of use and clinician comfort.

Award-winning hygienist, Faye Donald, commented: 'Having got my hands on AirFlow Max, which patients report feels gentler and does the job in a minimally invasive way, I'm delighted.

"The other thing very much worth noting is that AirFlow Max has a reduced aerosol; obviously, that's pertinent in terms of Covid-19 and keeping everyone in the practice virus-free.'



If you would like further details about what EMS Dental has to offer dental professionals in the UK, please visit www.ems-dental.com

> DENTAL CARE



LET'S START THE CONVERSATION

Addressing the issue of childhood tooth decay will involve some difficult conversations with parents and carers. Oral-B has worked with the University of Leeds to develop a range of material to help dental professionals address the issue in a positive, non-judgmental way, which will help foster on-going good oral health habits amongst children. Establishing tooth brushing and healthy eating in early childhood is a strong predictor of oral health in adult life.

The material is available to download on Oral-B's professional website, www.dentalcare.co.uk. There's a range of age specific leaflets for those who prefer hard copies for patients to take home. Alternatively, those wanting a digital format can download one of several videos, which include guidance and tips for cleaning, explaining why baby teeth do matter, and the importance of healthy eating.

To find out more visit www.calcivis.com or call 0131 658 5152

> ALIGN TECH

NEXT GEN SCANNING & IMAGING

Align Technology, Inc. has announced the availability of the iTero Element Plus Series, which expands the company's portfolio of iTero Element scanners and imaging systems to include new solutions.

The new iTero Element Plus Series of scanners and imaging systems builds on the success of the award-winning iTero Element family and offers all of the existing orthodontic and restorative digital capabilities doctors have come to rely on – plus faster processing time and advanced visualisation capabilities.

Available in both cart and mobile configurations, the iTero Element Plus Series offers increased flexibility and mobility. The mobile configuration makes the power of the iTero Element Plus Series portable with a medical grade, compact mobile scanner solution that delivers the same high-quality images as the cart configuration. The iTero Element Plus Series of solutions offer restorative and orthodontic digital workflows with:

1. Enhanced visualisation for optimised patient experience, with higher brightness for clearer and more vivid images, and a fully integrated 3D intraoral camera;
2. Faster, seamless scanning: 20 percent less waiting time for scans to process;
3. Future AI-based features.

The iTero Element 5D Plus imaging system includes NIRI technology, which aids in the detection of interproximal caries. The iTero Element 5D Plus Lite imaging system allows for easy NIRI activation via a software upgrade. The iTero Element Plus Series cart configuration is commercially available in the United Kingdom. The iTero Element Plus Series mobile configuration is expected to be available pending regulatory approvals on a market-by-market basis.



Information about the iTero Element Plus Series can be found at www.itero.com

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- Winner **Leadership Award** (Lisa Currie and Ivin Tan)

Private Dentistry Awards 2019

- Winner **Best Referral Practice (North)**
- Winner **Best Team (Scotland)**

> COLTENE AFFINIS



IMPRESSION PERFECTION WITH COLTENE AFFINIS™

AFFINIS™ from COLTENE allows clinicians to create beautifully accurate impressions.

The benefits of AFFINIS™ include excellent flow properties even in moist environments, excellent readability, an ideal working time and over 98% perfect reproduction of marginal contours. Also, AFFINIS™ impression material is fully autoclavable, without the loss of its various properties.

Part of the premium AFFINIS™ range is BLACK EDITION, a tray material that reaches with gold or silver-coloured AFFINIS PRECIOUS. The unique pigmentation vastly improves visuals by reducing light diffusion, allowing the lab to create well-fitting impressions the first time around.

AFFINIS™ has pushed back boundaries – add it to your restorative materials today.

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If you're making a recommendation of root canal therapy, the only thing a patient might want to know is, "Will it hurt?"

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The range includes HyFlex™ EDM files, for all cases, whether straightforward or complex situations. Available in different sizes, each one offers up to 700% more fracture resistance than other similar solutions. For retreatments, the REMOVER file will mechanically clean away obturation material, no solvent required.

When you choose COLTENE, you can reassure your patients that there is no need to worry as it will be high-quality, high-value treatment, performed with their comfort in mind.



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

> ENDOPERFECTION



VARYFLEX® – PUTTING YOU IN CONTROL OF ENDODONTIC TREATMENT

VaryFlex® from Endoperfection® is a new and exciting range of endodontic files that offers amazing value without compromising on quality and is simple to use. Indeed, the files have incredible flexibility due to the heat-treated nickel titanium (NiTi) alloy and a 11mm shank, which is shorter than usual, making working with VaryFlex® very comfortable and easy.

Speaking about his enthusiasm for these new files, Endoperfection® founder, Charlie Nicholas, commented: "I am passionate about all dentists gaining access to correct training and advice in relation to performing routine endodontics, as well as learning further skills to carry out more challenging cases."

He continued: "Last year saw the launch of Endoperfection®, the first UK rotary file manufacturer. With our unique file systems, we now have a market leader in file design and a company ethic that can truly enthuse dentists striving to deliver unsurpassed levels of treatment for their patients."

For further information, please visit endoperfection.com

> ENDOPERFECTION



NEW PARTNERSHIP HERALDS EASIER ENDODONTICS FOR GDP'S

Are you looking for files that put you firmly in control of endodontic treatment? Then look no further!

Now available exclusively through Wright Dental, Endoperfection's VaryFlex® files offer amazing value without compromising on quality and are simple to use.

For example, the files have incredible flexibility due to the heat-treated nickel titanium (NiTi) alloy and an 11mm shank, which is shorter than usual, making working with VaryFlex® very comfortable and easy.

Commenting on this exciting new relationship, Nigal Rutter, Wrights' Corporate and Specialist Product Manager, said: "We always look to partner with the best in proven innovation to support our customers who strive so very hard for their patients, and VaryFlex® embodies exactly that."

He continued: "Endoperfection is the first UK designed rotary file system, and its ethos is to enthuse dentists striving to deliver unsurpassed levels of treatment for their patients. That meshes perfectly with what we want to achieve, too."

For further information, please visit www.wright-cottrell.co.uk/new-endoperfection-files-range



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> 3M KETAC



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Ketac Universal Aplicap Glass Ionomer Restorative from 3M helps practitioners to achieve speedy results because it is a self-cure, one-step placement solution.

Plus, as there's no need for steps such as conditioning, coating or light-curing, you can streamline your restorative procedures. Add in the fact that Ketac Universal Aplicap Glass Ionomer Restorative from 3M is easy to place and sculpt and continually releases fluoride for up to two years after placement and you can see why it will soon become a star product within your workflow.

Find out more today.

For more information, call 08705 360036 or visit www.3m.co.uk/Dental 3M representatives remain contactable by phone or via video conferencing

> TRYCARE

IN A SPHERE OF ITS OWN!

Tokuyama are the only composite manufacturer to use patented spherical filler particles within their composite materials. Each variant utilising spherical particles of different diameters to maximise their optical and physical properties for the desired indication.

In addition to optimised optical properties resulting in enhanced aesthetic restorations, Tokuyama's spherical filler particles offer other significant advantages compared with the irregular shaped filler particles used by all other manufacturers. They are quicker and easier to pack into nooks and crannies, reducing the risk of voids; easier to sculpt and carver, producing enhanced morphology of the final restoration; and a much smoother surface finish which has a natural high sheen.

Tokuyama's development of spherical filler particles has culminated in Omnichroma, the world's only colourless universal composite.

It is the only universal composite that can match every tooth colour no matter what shade of white.

In addition to all the inherent advantages associated with Tokuyama's patented spherical filler particles, employing Omnichroma within your practice means freedom from time-consuming and subjective shade-matching procedures.



For more information contact your local Trycare Representative, call 01274 885544 or visit www.trycare.co.uk

> TRYCARE



ADIN IMPLANTS ARE "THE OBVIOUS CHOICE" FOR MARCOS

Marcos White, owner of award winning The Courtyard dental practice in Huddersfield, Government Advisor on Digital Dentistry and Course Leader for the Digital Growth Webinar Program, is also one of the UK's leading advocates of Adin implants.

When asked why he uses Adin implants he said: "I have been placing and restoring implants for over 10 years now. For the last seven years I have committed to only use digital intraoral scanning to restore all my implant dentistry. When I was looking for an implant system to best complement my approach, I sought out simplicity. I was looking for a concise implant portfolio that covered the most commonly needed implants sizes. I was also looking for a simple restorative platform – so that I wouldn't have to buy, or be confused by, a multitude of scan bodies. I found all that in the Adin system. A single restorative platform across all their implant widths and lengths. Which means I need a single scan body for every implant I ever place."

To find out how Adin implants can help you visit the Trycare website www.trycare.co.uk/adin

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SIMPLIFY YOUR DIRECT AND INDIRECT WORKFLOWS

With so many primers, adhesives and cements on the market, restorative treatment can become complicated.

So why not simplify and streamline your workflow with RelyX Universal Resin Cement and Scotchbond Universal Plus Adhesive from 3M Oral Care?

In combination, these two products from 3M eliminate the hassle and confusion of multiple primers, adhesives and resin cements, giving you a simple solution that offers outstanding results.

With added benefits such as easy excess clean-up and an improved syringe design reduce cement waste by up to 70%, this combination is your key to making restorations easy.

It's no surprise that RelyX Universal Resin Cement from 3M was recently given a 99% clinical rating from The Dental Advisor. Find out more today.

3M, RelyX and Scotchbond are trademarks of the 3M Company.



For more information, call 08705 360 036 or visit www.3M.co.uk/RelyX-Universal

> ENDOPERFECTION



ACCESS ENDO SUCCESS WITH VARYFLEX

Precision-built and created in the UK, EndoPerfection's VaryFlex® files offer amazing value without compromising on quality and are simple to use.

For example, the files have incredible flexibility due to the heat-treated nickel titanium alloy and a 11mm shank, which is shorter than usual, making working with VaryFlex very comfortable and easy.

They can be used in much the same way as some other, popular files out there, however file creator, EndoPerfection, believe very much in the importance of ongoing training and supporting clinicians in their endeavours.

EndoPerfection is excited to announce the re-start of its face-to-face, hands-on courses around the UK: <https://endoperfection.com/products/hands-on-rotary-endo-training>

So, following the success of the online training in the last year, there are now also opportunities to enjoy this form of training.

Alongside movies demonstrating quick and easy tips for rubber dam placement and using VaryFlex Reciprocating and Taper files, there are virtual training events using conference call technology. Products are delivered to delegates in advance, so they get a great experience without having to travel.

VaryFlex is available exclusively from Wrights at www.wright-cottrell.co.uk/new-endo-perfection-files-range

> GCEM

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G-CEM ONE gives clinicians the flexibility of being effective in all adhesive and self-adhesive procedures for any type of restorations; from metal-based to resin and all-ceramic inlays, onlays, crowns, bridges and posts. It demonstrates excellent bond strength to enamel, dentin and all indirect restorations.

G-CEM ONE delivers efficient bonding to all retentive preparations in just one syringe. For increased bond strength in challenging clinical situations, such as low retentive surfaces, the optional Adhesion Enhancing Primer (AEP) and its innovative GC Touch Cure feature play an important role. When applied to the tooth surface, the chemical initiator in the AEP accelerates the chemical cure of the cement to ensure optimal bonding. The AEP is easy to apply - no additional light-curing is needed - just apply and air-dry.

G-CEM ONE is simply the one for peace of mind when it comes to all your adhesive requirements. Discover the trusted results of its wide range of indications today.



For more information on G-CEM ONE, contact GC UK Ltd on 01908 218999, email info.uk@gc.dental or visit www.europe.gc.dental/en-GB/products/gcemone

> GUI



A GAME CHANGER IN RESTORATIVE DENTISTRY

G-aenial Universal Injectable (GUI) has changed the composite market since its launch thanks to its practicality, optimal physical properties which are stronger than many paste composites and long-term aesthetics. Its injectable, highly thixotropic viscosity allows excellent adaptation to the cavity walls while keeping its shape during placement, making it possible to directly create the final anatomy while injecting in the cavity. Its strength and wear resistance makes it perfectly suited for use in posterior restorations without capping and in the Injection Moulding Technique (IMT).

GC's unique Full-coverage Silane Coating (FSC) technology improves the coupling between the fillers and the matrix making it injectable and shapeable at the same time. It adapts perfectly to the cavity floor without slumping or sticking to instruments. Thanks to G-aenial Universal Injectable's flexural strength and wear resistance, it's ideal for direct restoration of worn tooth surfaces or the creation of direct veneers using the IMT.

G-aenial Universal Injectable offers easier restorative options without compromising on durability or aesthetics. Now, with the availability of single-use unitips, clinicians can choose the best delivery for their patients and practice.

For more information on G-aenial Universal Injectable contact GC UK Ltd on 01908 218999, email info.uk@gc.dental or visit www.gceurope.com/products/gaenialuniversalinjectable

> SHOFU

SHOFU EYESPECIAL: THE DENTAL CAMERA FOR YOUR PRACTICE OR LABORATORY

Creating professional photo documentations after only a short learning curve? It's no problem – with Shofu EyeSpecial, the dedicated dental camera. The EyeSpecial has everything your dental practice or laboratory really needs. It possesses smart features, is easy to operate, reproducibly takes excellent images, and its use can be delegated to your assistants without lengthy training.

The Shofu EyeSpecial has built-in photographic expertise. The camera relieves users of their worries about ring flash, aperture, depth of field etc and has everything needed to easily take informative patient images – without any specialist knowledge of photography or additional equipment. Thanks to its smart integrated features, the EyeSpecial reliably produces excellent photos, without any time-consuming alignment of flashes or other settings and adjustments.

Like no other camera, the EyeSpecial supports modern hygiene practices in your operatory. The completely smooth camera body can be quickly and thoroughly disinfected between two patients, and menu navigation on the touch panel works properly even when wearing disposable gloves.

This ultralight high-performance camera does not require any heavy accessories. It can easily be held with one hand, freeing the other to hold a cheek retractor or a mirror.

Would you like to learn more about the new EyeSpecial C-IV? Please view or download the product brochure at www.shofu.de/en/produkt/eyespecial-c4-uk



> CARESTREAM



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If you provide many different types of treatment, you need an imaging solution that offers predictable, high-quality results across multiple modalities.

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Not only does this affordable, compact system offer a range of 2D and 3D imaging options, but the premium imaging functionalities and software ensure only the clearest results. This helps to ensure that you require fewer retakes and can accurately move forward no matter the challenge in front of you.

To find out more, please contact Carestream Dental.

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For more information, contact Carestream Dental on 0800 169 9692 or visit www.carestreamdental.co.uk

> CLARK DENTAL

'BEYOND SUPPORTIVE AND HELPFUL'

Dr Fazeela Khan-Osborne sought the help of Clark Dental in the transformation of her Harley Street dental practice in London. Commenting on her experience, she says: "I would unreservedly recommend the Clark Dental team and Matt Rowlingson, in particular, as he was pivotal to ensuring that we were able to complete the renovation according to plan.

"Clark Dental was beyond supportive and helpful, providing solutions to problems as they arose. An imminent CQC inspection was thrown at us when we opened the practice in July 2020 and Clark Dental made sure that we were compliant across the board, issuing our certificates and assisting in many ways to help us pass the inspection with flying colours. Even after we re-opened, the team attended the practice to adjust the new equipment and replace components on existing equipment that had failed during the relocation from my old practice. I couldn't have re-opened when I did without Clark Dental's hard work and co-operation."

DENTAL UNITS TO SUIT YOUR BUDGET

Dr Alexander Vucetic explains why he sought out Clark Dental for a new dental unit: "I'd previously owned a Sirona dental unit that had performed well for over 20 years, which motivated me to invest in an Intego from Clark Dental. I would recommend the Intego if you are seeking a cost-effective system on a budget."

To arrange a showroom visit and explore the wide range of dental units Clark Dental can offer you, call the friendly team now.



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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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PLANMECA