

ESSENTIAL KNOWLEDGE FOR DENTAL PROFESSIONALS IN SCOTLAND

# Scottish Dental

JUNE 2021

RRP £5.50

## Toothy Tigers

Dental students' initiative to promote  
good oral health among children





# Immediacy for All

## Why Neodent for Immediacy?

### GRAND BENEFITS FOR YOU AND YOUR PATIENTS

The pandemic has brought increasing challenges to everyone – specially to autonomous professionals like dentists. Doctors and clinic managers have been adapting to provide safe treatments to patients, while worrying about the clinic's profitability. In such times, providing a treatment that requires fewer visits and surgical steps is not only convenient, but it also safeguards your patients and it keeps your overhead costs in check. These benefits, together with an increasing demand by patients to have their smile immediately restored, both aesthetically and function-wise, will bring an opportunity for your clinic to differentiate itself and keep a long-term business health.



### SCAN & DOWNLOAD!

48 clinical cases & 15 must-watch  
webinars on Immediacy by Neodent





## ENSURE YOU CONTINUE TO RECEIVE SCOTTISH DENTAL MAGAZINE

Sign up to receive email notifications from *Scottish Dental* magazine, including the latest issues in digital format, news, and Show updates.

Visit [WWW.SDMAG.CO.UK/EMAIL-SUBSCRIBE](http://WWW.SDMAG.CO.UK/EMAIL-SUBSCRIBE)

- 04** Editorial
- 07** Insider
- 09** News

### FEATURES

- 24** The growth in private care plans
- 28** Celebrating Vermilion's 10th anniversary
- 34** Practice recovery and remobilisation
- 36** CDO quizzed on where next for dentistry?
- 40** Report from the annual Scottish LDC Conference
- 42** Launch of CGDent - bringing the dental team together
- 44** The Glasgow graduate rebuilding dentistry in Mosul
- 46** Making mental health a priority
- 47** Running Scotland update
- 48** Dundee's Toothy Tigers

### MANAGEMENT

- 50** Never let a good crisis go to waste
- 52** Dental managers take the floor

### PROFESSIONAL FOCUS

- 54** Advisers and suppliers
- 72** Meet the Professionals
- 78** Product News



**Scottish Dental**

**CONNECT**  
ENGAGEMENT IS EVERYTHING

**MANAGING EDITOR**  
David Cameron  
david@connectmedia.cc

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

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

**DESIGN**  
Scott Anderson

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

**EDITORIAL BOARD**  
Tony Anderson  
Roger Currie  
Ulpee Darbar  
Dr Michael Davidson  
Toby Gillgrass  
Professor Mark Hector  
Professor Richard Ibbetson  
Gordon Morson

Peter Ommer  
Andrew Paterson  
Professor J Mark Thomason  
Dr Donald J Thomson  
Professor Angus Walls

© Connect Publications (Scotland) Ltd  
The copyright in all articles published in *Scottish Dental* magazine is reserved, and may not be reproduced without permission. Neither the publishers nor the editor necessarily agree with views expressed in the magazine.  
ISSN 2042-9762

## Accounting, tax and virtual finance director services for Dentists

We are flexible, approachable and responsive business and financial advisers who will treat your practice as our own and your success as our priority.

To find out more on how we can help you visit [maco.co.uk](http://maco.co.uk)

©Martin Aitken & Co Ltd 2021-22.



**martin aitken**  
accounting | tax | finance

**maco**  
ACCOUNTING + FD SERVICES

## As a patient, I just don't get it

**H**ere's my Nye Bevan anecdote; the founder of the NHS once bought my mum a fish supper. I remember, as a child, her telling me and her specific use of the phrase "fish supper". Which is odd, given she was born in Murton, County Durham, where her father was a miner and a local councillor. Or perhaps not. Possibly fish supper is a phrase commonly used in the North East of England. I don't recall. Sweet and sour chicken and fried rice was more my thing as a teenager growing up in Durham City; more effective, come the end of an evening, at absorbing previously consumed pints of beer. Or possibly it was because of a family affinity with Scotland (see 'Cross-contamination laddie'). Anyway, I digress. On the occasion of the fish supper, Bevan was in Murton campaigning on behalf of my grandfather.

What I had not known, shamefully until quite recently, was that Bevan – and Harold Wilson – resigned from the Labour Government in 1951 because their colleagues forced through a proposal to introduce prescription charges and fees for dental and optical care. Now, here we are today, with the SNP's manifesto commitment – and the new Scottish Government's policy – to scrap the patient charge for NHS dental care. What can possibly go wrong? Plenty, according to the profession. As we report in this edition (see page 9), scrapping the charge – which currently subsidises the provision of dental care by around £75m – coupled with the increased demand from patients, caused by lifting this barrier to access, would require between £90m and £100m in funding. This is according to an analysis presented at the annual conference of Scottish Local Dental Committees (LDCs) and an estimation by the British Dental Association (BDA).

Is the Government going to faithfully replace that £75m funding of NHS dentistry and top it up with another £25m to meet the increased demand (and that's without even taking into consideration the increase in demand caused by deteriorating oral health experienced during the pandemic)? "A hae ma doots," as my mum might have said (ok, possibly that's stretching it a bit). Scepticism aside, if only it was that simple.

Before we were so rudely interrupted by the pandemic, the Government had been working on its – increasingly infamous – 'new model of care' which was intended to replace the then existing Item of Service funding model with one that rewarded prevention of disease, not treatment. As I have written previously, it's difficult to discern what work – if any – has been done on this during the 12 months-plus of lockdown.

As we also report in this issue (see page 36), Tom Ferris, the Chief Dental Officer, and his team are currently working on the first part of SNP commitment on dentistry, to remove dental charges, within 100 days, for care leavers and young adults. The

second – free care for all NHS patients – is to be delivered over the lifetime of the parliament; that is, five years. He said they were "mindful" of the potential for increased demand, even initially with care experienced patients. "In terms of the free dental care," he said, "in my mind that's tied up with the new model of care that we were hoping to do. There's probably no point in having two major policy changes over the course of the Parliament – 'let's make dentistry free and then let's completely change the system of how we deliver dentistry'. Our view is part of that system reform will bring in a new, preventatively focused, patient centred dental system that is free at the point of care, and we'll do both things together."

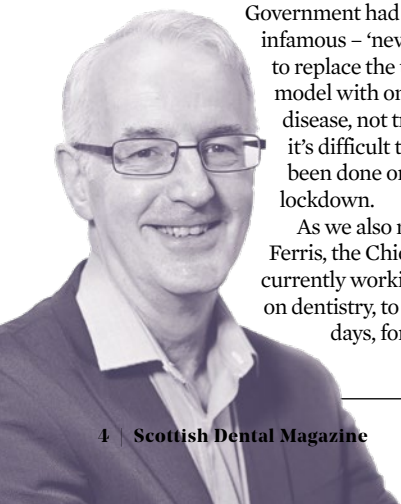
And we could be talking five years.

As *Scottish Dental* went to print, there was a warning of "flaws" in the Government's plans for interim tiered support arrangements (see page 18). It is understood that the Government currently plans to use Item of Service (IoS) as the sole measure of activity in the forthcoming arrangements. It is said that using IoS as the sole measure of activity will force young patients to the back of the queue, widening the gap in dental health inequalities and increasing the likelihood of life-threatening and avoidable general anaesthetic procedures. Using IoS, as the sole measure of activity also does not take into account the administrative demands of the new Standard Operating Procedures. In all, it is claimed that NHS dentists effectively face a pay cut of up to 45 per cent.

In my naïve moments, of which there are many, I wonder why – and this is speaking from the perspective of a patient, rather than the editor of a dental journal – NHS dentistry is provided by what are effectively small businesses (and, increasingly, corporates). I get that an entrepreneurial approach can help meet demand where the state might be too bureaucratic and slow to respond. A community needs a practice, or an additional practice? Go for it. Young, aspiring practitioners fulfil their ambition and communities are well served with a mix of NHS and – if they can afford it – private care. But then other times, I just don't get it. Why is NHS dentistry not provided across Scotland by well-funded – and leading edge in their expertise – practices, that are purely NHS? If there remains a demand for purely private care – as there is in general health provision – that's fine.

Of course, that's probably a step too far for those currently tasked with formulating the long-term model for NHS dentistry. There are currently around 1,100 mixed practices in Scotland. What would it cost for all but say, 100, to be fully funded by the NHS? Considerably more than the 'missing' £100m that the profession is currently concerned about, obviously. As I write this, Friday evening is approaching. I may have a beer, or two. And a fish supper; perhaps its alcohol absorption properties are equal to sweet and sour chicken after all.

*'Editorial, Scottish Dental, June 2020*





## Implant referrals

We are delighted to accept referrals for:

- Single or multiple implants
- Full mouth implants and same day teeth
- Sedation
- Bone grafting and sinus lift
- CBCT imaging
- Digital planning
- Oral Surgery

All patients will be returned to their original dentists for future treatment and we'll send you a report on all treatment carried out. We pride ourselves on great communication with patients and referring clinicians.

## Our Surgeons:



**Philip Church**  
BDS DiplImpDent RCS (Ed)

GDC 103165



**Clive Schmulian**  
BDS DGDGP (UK), MGDS, FFGFP (UK),  
DiplImpDent RCS, Dip ConSed, FDS RCS (Ed)

GDC 68815



# TIME TO SWITCH



## NEW Ti-Max Z95L

Select between mist or jet spray at the flick of a switch with the world's first two way spray technology. When extra safety is needed the water jet provides maximum protection while still offering optimum coolin, then when conditions allow switching back to mist is a breeze.

No equipment modification is needed, put the control back in your hands.



[nsk-uk.com](http://nsk-uk.com)

Angela Glasgow  
07525 911006





# New model of care?

*Let's stop talking about change and start talking about patient care,  
and what dentistry can do to treat everyone as soon as possible*

I want to get over COVID-19. Not that I've had it. I want us all to get over it. I want to stop writing about it. I'm getting frustrated with the delay to my life and everyone else's. Midway through last month, Glasgow was told it had to remain in Tier 3. The hospitality sector was dismayed once again, and the Delta variant was driving a fresh increase in cases. However, the early information suggested that this variant, although potentially more transmissible, does not seem to lead to more serious illness and the vaccine appears to be useful in limiting its effect. So, are we going to see more stringent restrictions again? If cases are rising, then surely that will be the case?

Or perhaps not: rather than confirmed cases, should we not be asking about hospital admissions, ICU admissions or deaths? In the first flush of the pandemic, we were told we had to stay home, stay safe and protect the NHS. Now, the Nightingale hospitals are being stood down. The vaccine programme has passed 20 million double doses. The only ones left to get the first dose are those aged under 40 and healthy. So, should we not be starting to think about accepting new cases and concentrating on the more serious numbers? Does it matter if we have cases, although controlled, if hospital admissions are controlled and serious illness is suppressed?

At some point the pandemic stops and endemic starts. I'm sure there's a technical line for this, but the real test must be when the collateral damage is worse than the disease. And here we are with dentistry. We are still in the mire of this pandemic and there has been no change since November. We have been told a 'New Model of Care' will be prepared for and that the current financial support is not fit for purpose and will be replaced with a new transitional arrangement. This will allow practices to plan, we are told.

Well, we are now more than six months on. We have no information about patient care, about transitional financial arrangements, about a new Health Minister, about how we are going to care for our patients and the backlog, and about what's going to happen to practices when furlough ends in September. If we can't deal with the communication of some of this information, let alone the detail, then what hope do we have?

We are a profession which is becoming factionalised. The BDA, SDPC, SDA, SDPO, CDO and SG are all acronyms for a lack of communication and consistent thought. I like to think I have a decent handle about what's going on in the profession: I don't. I'm reading

the stuff that's coming out and I see no assessment of the issues, no understanding of the massive unmet need which is growing and will overwhelm us. No understanding of the workforce nightmare we face with a year group delayed and a large chunk of senior dentists waiting for the end of financial support measures to retire. Not to mention the DCPs who are on furlough or the self-employed equivalent who, if there is no change to provide an incentive or ability to work more, could drop from the profession.

All the time we are talking about a 'New Model of Care', Core Service and financial models including salaries. The SNP and new Government have committed to free dental care for all over the course of the next Parliament – without any ability to enhance our capacity to see people. I just don't get it. We are storing up a huge amount of treatment and unmet need, we are facing a serious drop in personnel power and have no clue about when we will be allowed to carry out more treatment for social distancing and probably PPE supply reasons, despite the fact we can queue cheek-by-jowl in Tesco (other supermarkets are available), day in day out.

I use the same argument that the hospitality sector has been using. Shops with little or no control are fine, but a controlled and regularly cleaned environment, like a dental surgery, can't be allowed to open up to more care? Not even mentioning AGPs and ventilation; the PPE donning and doffing, waiting room restrictions, pre-screening and one-way systems killing the throughput we need to see enough people to do our regular tasks. Let alone 14 months of backlog.

The 'New Model of Care' is supposed to change the way we work, to enhance prevention. Now, I'm all for prevention, but that will not address the current need. Is this really the time to be talking about change? Is it really the time to focus our attention on 'New Models', clinical or financial? Regardless of how good bad or indifferent they will be, the profession will take time to adjust to them and throughput will reduce. We can't afford that.

We need everyone's attention focused on treating the patients. When we are still in the midst of a global pandemic, when the finances of the Government will be at their lowest and we have a huge backlog across healthcare, could we concentrate on the real problem? How do we treat the patients we have and how do we deal with the backlog of care that we know will be required? Let's stop talking about change and start talking about patient care and what dentistry can do to treat everyone as soon as possible. We might just save our profession in the process.

# The Aerosol Cannula from Dürr Dental up to 100% aerosol suction volume\*

## Rotatable protective shield

Particularly effective –  
up to 2x more aerosol uptake



## Comfortable design

Easy-grip surface for  
practical working



## Ergonomic shape

Perfect shape  
for low-fatigue work



## Safe protection against infection

Reduces germ-laden aerosol directly  
in the mouth of the patient – with up  
to 100% reduction possible!

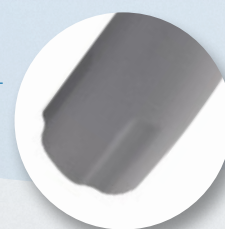
## Autoclavable plastic

Durable, robust and autoclavable  
up to 134°C



## Protect auxiliary air inlets

The best possible protection against  
reflux from the suction system



\*According to in-house tests based on a suction volume of 300 l/min.

**The Aerosol Cannula reduces aerosol directly where it is produced: in the mouth of the patient.** The features of this globally unique prophylaxis cannula make it a real aerosol cannula – with the large, rotatable protective shield enabling particularly high spray mist suction of up to 100%\*. It also enables particularly ergonomic suction – even without a dental assistant. **For more information please visit [www.duerrdental.com](http://www.duerrdental.com)**





Tom Ferris, Chief Dental Officer, speaking at a Scottish LDC webinar last month

# CDO's time in job 'should be limited'

*Appointment must also be subject to consultation, says the profession*

**THE** post of Chief Dental Officer in Scotland should be for a fixed-term and the profession should be consulted on the appointment, according to motions passed at the annual conference of Scottish Local Dental Committees (LDCs).

"A set term of office would ... show a conscious effort to avoid stagnation of ideas and concepts," said Donald Morrison, of Ayrshire & Arran LDC. In proposing the motion, he said: "Dentistry done well should be a dynamic, evolving, forward looking discipline and rotation of this role could be a better reflection of this. Better succession planning would help moderate direction of policy, reintroducing some checks and balances that will help the profession gain and retain confidence in the office, avoiding the compounding and proliferation of entrenched views."

The conference also heard from Arabella Yelland, also of Ayrshire & Arran, whose motion said the profession should have input into the selection of any future chief dental officer. "In the last year, it has become increasingly apparent that the CDO does not understand how general dental practices operate," she said. "Past and current CDOs have come from the realm of public health."

"While an overall understanding of public health is clearly important to the role, the vast majority of dental treatment carried out in Scotland is in general dental practices by general dental practitioners. We should

have an input into who guides the profession in Scotland. As a profession we should be confident the CDO can understand us and represent the profession to the Government."

The calls for the CDO's appointment to be subject to consultation and for a fixed term came in the run-up to the conference's webinar, *Scottish Dentistry – where next?*, at which the current CDO, Tom Ferris, spoke. He faced questions from delegates over the level and quality of communication with the profession during the pandemic. Ferris responded by saying: "Before the pandemic, CDO letters were relatively rare. We almost only communicated with GPs through PCAs, which are quite technical and may not always have been widely read."

"So going forward, the CDO letter can be used more frequently to help signal changes that are coming, for example the manifesto commitment [by the SNP to scrap the patient charge]." Ferris said that the webinar itself, and others he had spoken at this year, was a format that could be used more extensively. "Harnessing the power of digital, the simplicity of a CDO letter, and the detail of a PCA."

Ferris also acknowledged the way in which the profession learned of important developments, for example via a TV news report, was not always as it should have been. "We learned from that, too," he said.

*Scottish Dentistry – where next?: see page 36*

## Scrapping charge 'could cost £100m'

**THE** SNP's manifesto pledge to scrap the patient charge, and consequent increased demand from patients, would require between £90m and £100m in funding, according to an analysis presented at the annual conference of Scottish Local Dental Committees (LDCs) and an estimation by the British Dental Association (BDA).

Kenny MacDonald, of Glasgow & Greater Clyde LDC, told the LDC conference last month: "The reality is that not only will the Scottish Government have to meet the cost of lost patient charge revenue, approximately £75m, but they will also have to fund the anticipated fresh demand for services."

In 2019, the British Dental Association (BDA) had undertaken modelling work to look at the demand suppression effects that patient charges had in England. When using a multiplier on GDS budgets, said MacDonald, this indicated a potential cost in Scotland of £90m. In a letter this month to Maree Todd, the new Minister for Public Health, Women's Health and Sport, the BDA put the figure at £100m.

The pledge was also raised at the LDCs' annual conference, with a delegate asking Tom Ferris, the CDO, how it will be implemented. He said that the short-term focus was on free dental care for care leavers and young adults, part of the SNP's '100 days' package of commitments, as well as funding for practices to upgrade ventilation, and on an interim model for funding for NHS dentistry as a whole.

But he added: "In terms of the free dental care [for all NHS patients], that's tied up with the new model of care that we were hoping to do. There's no point in having two major policy changes over the course of the Parliament – i.e., 'let's make dentistry free and then let's completely change the system of how we deliver dentistry'. Our view that system reform will bring in a new, preventatively focused, patient centred dental system that is free at the point of care, and we'll do both things together."

# More than half dentists 'emotionally exhausted'

*Study also raised concern at unprompted disclosure of suicidal thoughts*

**A SURVEY** of dental trainees and primary dental care staff in Scotland has found that more than a quarter of respondents displayed symptoms of depression, and more than half rated themselves as "emotionally exhausted".

The study<sup>1</sup> by St Andrews University's School of Medicine, Dundee University's Dental Health Services Research Unit, and NHS Education for Scotland, said: "Primary care staff felt less prepared for managing their health, coping with uncertainty and financial insecurity compared with their trainee counterparts. Depressive symptomology was rated higher than reported community samples. Burnout was indirectly implicated and a major path from trauma to burnout was found to be significant in primary care staff."

One respondent, a GDS dentist, wrote: "This survey has highlighted the despair, hopelessness and uncertainty I feel for my future and ability to cope with such a shocking and uncontrollable change to my financial and working situation. I have suicidal thoughts on a daily basis, but the only reason I am able to function is the business bounce back loan I have [which] my new accountant told me was available."

Researchers had not included a question on so-called 'suicidal ideation' in their survey, carried out between June and October last year, so were unable to provide a quantitative comparison with other similar studies, but they noted: "The non-solicited volunteering of

this disclosure in the free-response comments of our survey gives cause for concern."

Publication of the study was cited at the launch last month of a new initiative to encourage all dental workplaces to make mental health wellness a priority. The Mental Health Wellness strategic steering group was formed through the Dental Professional Alliance, to co-design, develop and maintain a framework that "encourages and enables all dental professionals to act in a timely, appropriate, and safe manner when identifying mental health wellness issues in the workplace."

The framework calls for a 'mental health wellness lead' to be appointed in every dental setting "with an underlying ethos that early intervention and safe signposting is paramount".

Roz McMullan, Chair of Probing Stress in Dentistry in Northern Ireland, said: "No one should feel alone or unable to talk to someone at work and for this very reason, this call to action asks decision makers and line managers to adopt this cultural change to mental health wellness in the dental workplace and commit to the recognised training pathway."

*A call to action: page 46*

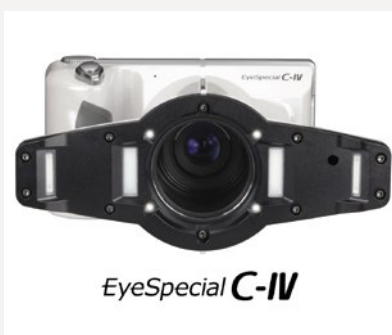
*'Exploring the Effect of the COVID-19 Pandemic on the Dental Team: Preparedness, Psychological Impacts and Emotional Reactions*

## The dental camera for your practice or laboratory

Creating professional photo documentations after only a short learning curve? No problem – with Shofu EyeSpecial, the dedicated dental camera. The EyeSpecial has everything your dental practice or laboratory really needs. It possesses smart special features, is easy to operate, reproducibly takes excellent images, and its use can be delegated to your assistants without any 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. And the integrated flash system provides the optimal light, irrespective of the ambient light conditions.

Just like its predecessor, the new EyeSpecial C-IV has special shooting modes for ease of use and quicker results. Thanks to the autofocus feature, you can concentrate on subject and shutter or, even better, delegate photo documentations to your assistants. The camera now offers a video feature for case documentations in "motion pictures" and an optional cross polarizer, allowing you to look inside a tooth without any light reflections.

Would you like to learn more about the new EyeSpecial C-IV? Please view or download the product brochure at <https://www.shofu.de/en/produkt/eyespecial-c4-uk/>. Please contact the Shofu UK office on 01732 783580 or sales@shofu.co.uk. See [www.shofu.co.uk](http://www.shofu.co.uk), for further details.





New series.  
Fresh narrative.  
Next level.



Coming Soon

 **Belmont**  
belmontdental.co.uk

# Oral health ‘may prevent’ severe COVID-19 disease

*Hypothetical model may provide a rationale for understanding why some develop COVID-19 lung disease and others do not*

**THE** potential for healthy gums to reduce the severity of Covid-19 disease is outlined in a paper published in the Journal of Oral Medicine and Dental Research.

The paper follows evidence published earlier this year in the Journal of Clinical Periodontology, the official publication of the European Federation of Periodontology (EFP), that patients with Covid-19 were three times more likely to experience complications if they also had gum disease. Gum disease, also called periodontitis, is a common condition affecting up to half of all adults worldwide.

The authors compiled existing evidence to propose a pathway by which the severe acute respiratory syndrome coronavirus (SARS-CoV-2) is transmitted to the lungs, where it causes Covid-19 lung disease.

They suggest that the virus enters the



body through the upper airways (nose and mouth), collects in the saliva in the mouth and enters dental plaque under the gums. It then crosses the gums into the blood vessels, where it travels to the arteries in the lungs – rather than travelling to the lungs via the airways.

The biological basis for this route of infection is outlined. In addition, the authors put forward the idea that diseased

or damaged gums could weaken the mucosal barrier in the mouth and allow the virus to more easily enter the bloodstream.

“If confirmed, this hypothetical model may provide a rationale for understanding why some individuals develop Covid-19 lung disease and others do not,” states the paper. “It would also fundamentally change the way Covid-19 is managed, providing a new line of exploration into treatments targeted at the source of the viral reservoir, the mouth.”

The authors add that, if correct, “simple antimicrobial oral healthcare measures could be implemented not only with the aim of reducing the risk of transmission between individuals” but also as “a means of mitigating the risk of developing lung disease, and therefore the most severe form of the disease.”

## S.H. MEHTA pharmacy

**34 ADMIRAL STREET,  
Next to MEDICAL CENTRE  
GLASGOW G41 1HU  
TEL: 0141 429 1884**

**Cosmetics • Toiletries • Perfumes  
Health dietary products • Baby goods  
Patient & medication records kept  
Photographic • Nursing home supplies  
Diabetic and blood pressure meters  
Smoking cessation products\*  
headlice products\***



(\*as per  
NHS Greater  
Glasgow  
guidelines)

**SHOP WHERE SERVICE AND VALUE COUNT**

## Sustainability in dentistry bid

**THE** FDI World Dental Federation has launched a new initiative, with commitments from four founding industry partners – Colgate, Dentsply-Sirona, GSK Consumer Healthcare, and TePe – to lead the charge on sustainability in dentistry.

Over the next two years FDI will work collaboratively with its partners and other key stakeholders to map out strategies and implement solutions to help reduce the environmental impact of dentistry and the dental industry.

The work will lead to the publication of an FDI Sustainability Code of Practice that provides guidelines and objectives for achieving a sustainable procurement and supply procedure, which will be signed by co-signatories across the supply chain.

Environmental sustainability in dentistry is multifaceted and

involves numerous stakeholders. CO<sub>2</sub> emissions, plastics use, waste generation and other environmental impacts are major challenges at all levels of the dental resource supply chain as well as in care delivery.

Reducing the impact of the dental profession on the environment will require action and collaboration from many different actors. The four founding partners are part of a pro-active approach to tackling these environmental threats and developing concerted and far-reaching solutions.

The project will also equip dentists and their teams with a suite of tools and resources to help them improve sustainability in their dental practices, while informing the general public of their role in sustainability in dentistry through improved oral health and making informed decisions.



# THE ACTEON AWESOME FOURSOME



IN ASSOCIATION WITH OUR FIGHT PERIODONTAL DISEASE CAMPAIGN



DIAGNOSE



DISCUSS



TREAT



REVIEW



- Follow the 4 steps of Periodontal Therapy set out in the new guidelines
- Communicate successfully with your patient to improve OH
- Build awareness of systemic risk factors with our fight periodontal disease campaign
- Increase revenue by implementing a profitable workflow

We have the tools and know-how to help you implement effective periodontal workflow and engage your patients for successful outcomes

Call us for a no-obligatory consultation on 0800 038 9840  
or email [info.uk@acteongroup.com](mailto:info.uk@acteongroup.com)

Tel 0800 038 9840 • [info.uk@acteongroup.com](mailto:info.uk@acteongroup.com) • [www.acteongroup.com/uk-en](http://www.acteongroup.com/uk-en)





# Regenerative dentistry 'a step close' with 3D printing

*Exoskeleton of crustaceans, such as crabs and shrimps, used in pioneering process*

**A TEAM** of interdisciplinary researchers at KU Leuven University in Belgium has taken a step closer to being able to regrow teeth from the root using 3D printing.

Dental conditions resulting from trauma and developmental anomalies can often affect developing permanent teeth, particularly in children, leading to tissue or even whole tooth loss. To combat this, dental tissue engineering has arisen as a potential means of repair, regeneration, and even tooth replacement through the fabrication of bioengineered "tooth-root".

In their latest study<sup>1</sup>, the team investigated the 3D printing of chitosan scaffolds derived from animal and fungal sources which could potentially be used in such regenerative dentistry applications in the future.

Despite sizeable strides taken in 3D printing for dental applications such as customised aligners, permanent crowns, and dental implants, regenerative medicine developments for dental applications have

seen less focus. However, tissue engineering and regenerative medicine have recently been explored for the replacement of injured and missing dental tissues with promising results, such as for regenerative endodontic procedures. These procedures aim to repair or replace the inflamed or damaged dental pulp in order to restore vascularisation, immune response, nerve supply and dentin disposition.

According to the researchers, chitosan has attracted attention for dental tissue engineering applications due to its antimicrobial and immunomodulatory properties, in addition to its biocompatibility, biodegradability, and gel-forming ability. Chitosan is derived in part from the exoskeleton of crustaceans such as crabs and shrimps, fungi, or insects.

Two types of chitosan were selected for the study; chitosan of animal origin and fungal chitosan derived from *aspergillus niger*, a common species of fungus that causes black mould. Gelatine powder was

used as an additional polymer, while genipin and 3-glycidyloxypropyl trimethoxysilane (GPTMS) were used as cross-linking agents.

After printing, the scaffolds were investigated for their direct clinical application in cell-free regenerative endodontics of immature teeth to control infections, induce dentine formation and root formation. The researchers also believe their tailored scaffolds could be modified through adding inorganic components such as bioactive glass to promote alveolar bone regeneration.

The team now intends to focus on obtaining a deeper understanding of stem cell and immune cell behaviour in response to the scaffolds, in order to optimise their application in dento-alveolar tissue engineering.

*<sup>1</sup>3D printing assisted fabrication of chitosan scaffolds from different sources and cross-linkers for dental tissue engineering: [www.ecmjournal.org/papers/vol041/vol041a31.php](http://www.ecmjournal.org/papers/vol041/vol041a31.php)*

## Mydentist deal done

**IDH** group – which runs Mydentist – announced that Palamon Capital Partners will buy the remaining shares in the business from The Carlyle Group. Mydentist says the buy-out will provide fresh investment to support the company's future plans, as well as provide the management team with greater control of strategy.

The existing team will remain to guide IDH through the next stage. This includes Mydentist's

clinical directors, who support practices and clinicians in their provision of patient care. Mydentist has a network of almost 600 practices, including 40 in Scotland, making it the largest provider of NHS dentistry in the UK.

Tom Riall, chief executive of IDH Group, said: "This is a great outcome for Mydentist, our clinicians, our practice teams, and our patients. Building on our long-term partnership with the

NHS, this transaction will give us the fresh investment that we need to pursue our exciting plans for the future. And to focus more than ever on helping patients access the affordable care they need and supporting our clinicians to build the careers they want."

Nyree Whitley, group clinical director of IDH, added: "Having led our clinical leadership team for the last four years, I am hugely excited about the

opportunities this new ownership structure will provide to continue improving care for patients. As well as supporting clinicians across Mydentist to grow their careers.

"The management team – including our leading clinical directors – are more in the driving seat than ever. They can continue to listen to clinicians, act on their feedback, and build on the success we have seen over the last few years."



# BECAUSE YOU CARE ABOUT YOUR PATIENTS TRUST THE ORTHODONTIC CLINIC

" Thank you for your kind referrals "



WE WELCOME YOU!

The Orthodontic Clinic is delighted to receive new referrals and welcome patients to our city centre clinic in Golden Square, Aberdeen.

We're a multi-award winning specialist clinic and have a dedicated clinical team led by Dr Lisa Currie, a Consultant Orthodontist with over 20 years experience. We truly care about our patients and aim to deliver great orthodontic results with high levels of customer service, so you can rest assured that your patients are in safe hands. We provide all types of orthodontic appliances, including Invisalign, Incognito, self-ligating varieties, and also provide anti-snoring treatments using mandibular repositioning appliances.

We see both adults and children, both private and NHS patients and we are happy to provide specialist advice for any cases that our dental colleagues may require. The ambience is airy, relaxed and comfortable with beach-themed concepts throughout.

The Orthodontic Clinic is proud to have gone from strength to strength since 2014 when it was bought over by the current directors. Our reputation and professionalism is something we pride ourselves on and we're humbled that our hard work has been acknowledged in the awards we have won. It's our aim everyday to show our patients and our dental colleagues that we want to give the best care that we possibly can. The Orthodontic Clinic - trust us to take care of your patients to create those perfect smiles.

Dr Lisa Currie



#### Scottish Dental Awards 2019

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

#### Private Dentistry Awards 2019

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

#### The Dentistry Awards 2019

- Winner **Best Patient Care Scotland**

## THE ORTHODONTIC CLINIC

21 Golden Square, Aberdeen AB10 1RE • 01224 611633 • GDC No. 72073 & 242628

[www.theorthodonticclinic.co.uk](http://www.theorthodonticclinic.co.uk)



Highly Commended **Best Practice Scotland** (The Dentistry Awards 2019) • Highly Commended **Best New Practice (North)** (Private Dentistry Awards 2019) • Highly Commended **Best Practice Principal (Lisa Currie and Ivin Tan) (North)** (Private Dentistry Awards 2019) • Highly Commended **Best Patient Care (Scotland)** (Private Dentistry Awards 2019) • Highly Commended **Best New Practice** (Dentistry Scotland Awards 2019) • Highly Commended **Best Private Practice** (Dentistry Scotland Awards 2019) • Winner of **Best Team Scotland** (The Dentistry Awards 2018) • Winner of **Best Employer** (Dentistry Scotland Awards 2018) • Winner of **Best Team** (Dentistry Scotland Awards 2018) • Winner of **Employer of the Year Award** (Elevator Awards 2018) • Winner of **Employer of the Year Award** (Scottish Dental Awards 2018) • Winner of **Best Dental Team** (Scottish Dental Awards 2017) • Highly Commended **Best Employer** (Dentistry Scotland Awards 2017) • Winner of **Health & Wellbeing** (Life With Style Awards 2017) • Winner of **Most Improved Practice** (Dentistry Scotland Awards 2016)



# Zoom boom amid DIY warning

*Heightened interest in ortho tempered by warning over direct-to-consumer fad*

**FIGURES** from The British Orthodontic Society (BOS) have revealed a surge in adults seeking orthodontic treatment since the start of the pandemic. With close-up video conferencing the new work norm, people have become more conscious of their teeth. More than three quarters (84 per cent) of orthodontists reported an increase in adult patients.

"It is interesting to see the rise in demand for orthodontic treatment over the last 12 months," said Anjali Patel, BOS Director of External Relations. "I know from patients I see at my practice that many have become increasingly more aware of their teeth through the 'Zoom effect'. We want to ensure patients are given the very best advice about orthodontic treatment. Tooth straightening can give people the confident

smile they've always dreamed about."

The developing trend comes at the same time as concerns mounts over direct-to-consumer orthodontics; an issue first highlighted by the BOS. The British Dental Association has warned that newly published guidance for patients on the risks of direct-to-patient orthodontics is no substitute for meaningful regulation.

Remote provision – offering patients plastic aligners based on a 3D scan of their mouths or via an impression taken from at-home moulding kits – are growing in popularity but can lead to fundamental changes to a patient's mouth that may be irreversible. The BDA has raised concerns with regulators – the Care Quality Commission and General Dental Council – about this practice since 2019.

The new patient guidelines from the GDC acknowledge vital principles long advocated by the BDA that orthodontic patients need to be fully assessed by a dentist, that direct dentist-to-patient interaction – the basis for informed consent – is essential, and that patients must know the name and registration number of the dentist responsible for their care. However, the BDA said guidance does not offer any clarity on what sanctions the GDC might utilise and how the regulator backs up its assumption that such models of care are "safe for many people".

Dentists have stressed the risk of misdiagnosis and lack of informed consent in the absence of face-to-face consultations throughout the course of treatment. The BDA has seen cases of patients with advanced gum disease that have been provided with these retainers, potentially leading to tooth loss. Dentists have stressed the risk of misdiagnosis and lack of informed consent in the absence of face-to-face consultations throughout the course of treatment.

Last year an investigation into a leading provider by U.S. network NBC revealed a wide range of complaints following treatment, including migraines and nerve damage.



glasgow orthodontics

**When it comes to orthodontics, the quickest isn't always the best but our city centre location means we are clearly the fastest route for your patients to straight teeth.**

For more information Call 0141 243 2635, Email [simon.miller@nhs.net](mailto:simon.miller@nhs.net)  
Glasgow Orthodontics, Sterling House, 20 Renfield Street, Glasgow G2 5AP  
[glasgoworthodontics.co.uk](http://glasgoworthodontics.co.uk)



Simon Miller  
GDC No. 57917  
BDS (Glasgow 1983),  
FDS, MSc, MDO, RCPS



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



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



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



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



Leading the way  
to a new standard

## G2-BOND Universal

The new standard  
of 2-bottle  
Universal Bonding



Combine the simplicity and efficiency of three versatile and compatible materials.

**G-ænial® Universal Injectable**  
Start injecting with our strongest  
direct restorative ever



**G-ænial® A'CHORD**  
The advanced universal composite  
with unishade simplicity



**GC UNITED KINGDOM Ltd.**  
info.uk@gc.dental  
<https://europe.gc.dental/en-GB>

# Government warned over 'flawed' funding plan

*Use of Item of Service will result in an up to 45 per cent cut in pay, claims LDC, even as Government announces funding for ventilation*

**THE** Scottish Government has been "repeatedly" warned of flaws in its plans for new tiered support arrangements. It is understood that the Government currently plans to use Item of Service (IoS) as the sole measure of activity in the forthcoming arrangements, which were due to be announced as *Scottish Dental* went to print.

A spokesperson for Greater Glasgow & Clyde Local Dental Committee (LDC), said: "We have repeatedly highlighted the flaws in this approach, at all levels, but our concerns do not appear to be registering at the top level."

The LDC believes that using IoS as the sole measure of activity will force young patients to the back of the queue, widening the gap in dental health inequalities and increasing the likelihood of life-threatening and avoidable general anaesthetic procedures.

"By only including the financial value of IoS as a measure of activity, dentists will be forced to favour adult patients over children or face severe cuts to their funding," said the spokesperson.

"GDPs are being put in the impossible position of choosing between child dental health and keeping practices afloat. This is wholly unacceptable.

"By way of a short-term solution, we have proposed a temporary SDR fee be attached to all capitation treatment items so that dental activity for young patients carries the same weight as for adults."

In addition, said the LDC, using IoS as the sole measure of activity does not take into account the administrative demands of the new Standard Operating Procedures.

"We cannot be expected to be able to practice safely – screening and triaging patients in line with guidance – without

recognition that this activity now accounts for a far greater proportion of clinical time," added the spokesperson. "We have proposed that an SDR fee is attached to the existing 8,000 codes to represent - in IoS terms - the clinical time spent ensuring the safety of our patients and colleagues.

"To our knowledge, in no other branch of the NHS are individual workers being threatened with an up to a 45 per cent pay reduction should their service or practice as a whole fail to meet imposed targets.

"In fact, in all other NHS contractor services – GMP, optometry and pharmacy – funding has been maintained at 100 per cent, with no mention of tiered reductions, despite similarly devastated levels of service provision."

Meanwhile, the Government confirmed it will continue funding the delivery of free PPE to dental practices until the end of March 2022 and earlier this month announced £5m in funding to help NHS dental practices purchase, renew or upgrade ventilation equipment.

Humza Yousaf, the Health Secretary, said: "The Scottish Government remains committed to ensuring that NHS dental services emerge from this pandemic well-placed to care for the oral health of the population.

David McColl, chair of the British Dental Association's Scottish Dental Practice Committee, said: "Investment in ventilation can future proof Scotland's dental services, boost patient numbers, and pay for itself."

But he added: "We must avoid half measures. Many dentists have had no option but to buy portable systems to get patients back through their doors. Ministers must ensure they do not lose out."

## A new series, with fresh narrative

**EURUS** is the new range from Belmont.

Named after the god of the East Wind, it embodies Belmont's passion to bring powerful, innovative products to the dental industry. Eurus is designed with the end-user in mind.

Firstly, you have the option of either a continental or holder type delivery.

If you prefer the former, you will immediately note the improved flexibility of the console; you can pick up and start treating patients without having to reposition, and the roller guide gently supports the weight of the hose, and enables it to retract with ease, both of which prevent wrist strain.

The hose length and swivel action of the roller facilitates treatment from whichever angle you chose to position yourself.

The holder type option offers similar benefits. The large table has a wide vertical range of motion and glides effortlessly. Sitting discreetly underneath is an adjustable holder, which is completely separate from the table and can be moved to one of three different positions, to suit the preference of the user.

Once you've selected a handpiece, the interface automatically shows only relevant information.

Torque will no longer need to be calculated; instead, the micromotor, turbine and scaler each have a bespoke screen, with operating levels clearly visible. Never before has so much been achievable from a single touch.

Some things are best experienced, rather than explained, so why not visit their showroom and see for yourself

All necessary protocols are in place to ensure a safe face-to-face visit.  
[belmontdental.co.uk](http://belmontdental.co.uk)

**Eurus** | S1

New series.  
Fresh narrative.  
Next level.







SINCE 1994

# EDINBURGH

DENTAL SPECIALISTS



## Prosthodontics



## Dental Implants



## Endodontics



## Oral & Maxillofacial Surgery



## Periodontics



## Orthodontics



## Dental Radiology

We are delighted to accept your patient referrals and offer advice, support, education, second opinions & dental laboratory services

### Prosthodontics:

Dr K A Lochhead | Specialist in Prosthodontics

Dr P Coli | Specialist in Periodontics and Prosthodontics

Dr M J Brennand Roper | Consultant and Specialist in Restorative Dentistry. Specialist in Prosthodontics

Dr C Millen | Consultant and Specialist in Restorative Dentistry. Specialist in Prosthodontics and Periodontics

Dr S Campbell | Specialist in Prosthodontics

### Endodontics:

Dr C Tait | Specialist in Endodontics

Dr R J Philpott | Specialist in Endodontics

### Oral and maxillofacial surgery:

Mr M Paley | Consultant Oral and Maxillofacial Surgeon

Prof L Sennerby | Professor in Oral Implantology

Dr G Ainsworth | Specialist in Oral Surgery

Dr S Lello | Specialist in Oral Surgery

### Periodontics:

Dr Maria Brincat | Special Interest in Periodontics

### Radiology:

Dr D Thomson | Specialist in Dental and Maxillofacial Radiology

### Orthodontics:

Dr G Ragazzini | Specialist in Orthodontics



## Join our virtual study clubs

To book a place on one of our virtual courses or study clubs please email Gemma on:  
[gemmagrant@edinburghdentist.com](mailto:gemmagrant@edinburghdentist.com)

If you would like to discuss referring a patient please contact our friendly reception team on **0131 225 2666** or visit us online at [edinburghdentist.com](http://edinburghdentist.com) It is our pleasure to be able to offer second opinions, advice and support from all our clinicians using our tele-dentist service [tele-dentist@edinburghdentist.com](mailto:tele-dentist@edinburghdentist.com)

Edinburgh Dental Specialists, 178 Rose Street Edinburgh EH2 4BA • [tele-dentist.com](http://tele-dentist.com) • [allonfoursotland.com](http://allonfoursotland.com)

a part of PORTMAN dental care



REQUEST YOUR FREE  
ICON CASEBOOK!  
Email us [info@dmg-dental.co.uk](mailto:info@dmg-dental.co.uk)

## Effective treatment for white spots. With Icon smooth surface.

A quick, gentle and esthetically pleasing treatment for white spots on smooth surfaces? Icon's infiltration therapy makes it possible. Proven. For a wide range of indications, from cariogenic white spots to fluorosis or color changes caused by trauma. Discover the latest white spot treatment for yourself and your patients.

For more information see [www.dmg-dental.com](http://www.dmg-dental.com)



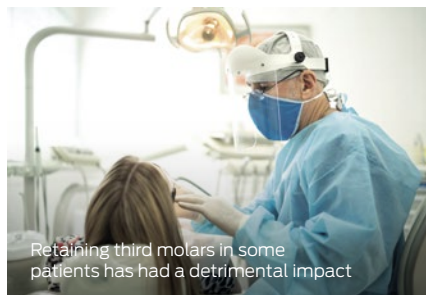
# Updated guidelines for lower 3rd molar management

*Providing a fresh approach to comprehensive management*

**AN** expert working group has updated the 20-year-old National Institute for Health and Care Excellence (NICE) guidelines for lower third molar surgery to give them a fresh approach to patient care, explaining that retaining third molars can often have a detrimental impact on patients.

The group, led by Geoff Chiu, Consultant Oral and Maxillofacial Surgeon (OMFS), at East Lancashire and Bolton NHS Trust, Professor Paul Coulthard, Consultant in Oral Surgery at Barts Health NHS Trust, and Professor Tara Renton, Specialist in Oral Surgery, at King's College London, updated the guidelines for lower third molar surgery that were originally published in 1999.

Parameters of care for patients undergoing mandibular third molar surgery<sup>1</sup> has recently been published by the Faculty of Dental Surgery Clinical Standards



Committee (Royal College of Surgeons of England).

“Over these 20 years we have been able to see the effects that NICE guidelines have had on the oral health of patients in the UK,” said Mr Chiu. “The new guidelines take into account all the developments since the NICE guidelines were published. This

includes management of ‘high risk’ third molars, the current status of patients’ social wellbeing and their involvement in the decision-making.”

Since 1999 there have been developments, advancements and research in: technology (Cone beam CT scans); pharmacology (steroids and local anaesthetics); and outcomes in supreme court judgements (*Lanarkshire vs Montgomery*) all of which have changed the management of third molars. Retaining third molars in some patients has had a detrimental impact, said Mr Chiu. “This has led to patients developing latent caries or periodontal disease, which can often result in the loss of both the third and second molars.”

<sup>1</sup>*Br Dent J* 230, 563 (2021). <https://doi.org/10.1038/s41415-021-3045-5>

## Sales Representative Dental Implants Scotland (m/f) - Full time

### Job Summary:

Sell Zimmer Biomet Surgical, Restorative, Regenerative and Digital Solutions range through effective sales presentations to dental clinicians and technicians in accordance with company sales, compliance, pricing and profitability requirements in order to maximize sales and distribution of Zimmer Biomet products and services in the designated territory so that the company can perform its functions and achieve its objectives.

At Zimmer Biomet, we believe in The Power of Us, which means that we are stronger together. We are committed to creating an environment where every team member feels included, respected, empowered, and celebrated.

### Principal Duties and Responsibilities

- Sell Zimmer Biomet surgical, restorative, regenerative and Digital Solutions product range
- Schedule meetings and visits to dental clinician practices, hospitals, corporate groups and dental laboratories
- Perform Product training on the safe and effective use of our products to dental clinicians, nurses, practice staff and dental laboratory staff
- Identify future projects and develop business proposals to increase sales Attend exhibitions, local evening meetings and company events
- Complete all required reports in timely and accurate manner



**ZIMMER BIOMET**  
Your progress. Our promise.®

### Education/Experience Requirements

- 3 years experience in sales of dental products
- Customer-, sales- and success-oriented thinking and acting
- Good presentation, training and influencing skills
- Team player mindset with ability to work successfully in a matrix organization
- High level written and spoken English
- High level MS Office knowledge
- Driving license mandatory

### Travel Requirements:

This position covers the following regions - Durham, Cumbria, Northumberland, Scotland, Isle of Man

### Our company:

As an affiliate of one of the largest musculoskeletal companies in the world, Zimmer Biomet Dental offers dental professionals the kind of premium service and quality rarely found in today's world of dentistry. Please follow the link for more information about the company:

<https://www.zimmerbiometdental.com/en-GB/>

You can apply for the role at the following link:  
<https://bit.ly/34SYmZ3>



## DATES FOR YOUR DIARY

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

### 12 JUNE

#### Annual Conference of LDCs

Online  
[www.ldcuk.org](http://www.ldcuk.org)

### 18 JUNE

#### Dental Care Professionals Study Day, RCSE

Online  
[www.tinyurl.com/y26s8u7n](http://www.tinyurl.com/y26s8u7n)

### 26-27 JULY

#### Dental Health Forum

CTF, Manchester University  
[www.10times.com/e11s-rx6x-gs52](http://www.10times.com/e11s-rx6x-gs52)

### 10 SEPTEMBER

#### Dental Care for People with Cancer

Royal College of Surgeons of Edinburgh  
Online  
[www.tinyurl.com/yyav7myx](http://www.tinyurl.com/yyav7myx)

### 14 SEPTEMBER

#### Molar Incisor Hypomineralisation and Hall Crowns: Current understanding and treatment options

BDA – Aberdeen Section  
Online  
<https://tinyurl.com/kvseha7d>

### 26-29 SEPTEMBER

#### FDI World Dental Congress

Sydney  
[www.world-dental-congress.org](http://www.world-dental-congress.org)

### 1 OCTOBER

#### Vermilion Biennial Symposium

Royal College of Physicians of Edinburgh  
Email [events@vermilion.co.uk](mailto:events@vermilion.co.uk) for more details.

### 1-2 OCTOBER

#### ITI Congress UK & Ireland

EICC, Edinburgh

[events.iti.org/congressuk-ireland](http://events.iti.org/congressuk-ireland)

### 18-19 OCTOBER

#### 8th Global Conference on Smart Materials and Nanotechnology Including dental implants

Edinburgh, venue TBC  
<https://smart.materialsconferences.com>

### 12-14 NOVEMBER

#### BSP Conference

The Royal College of Physicians, London  
[www.tinyurl.com/yyh2bcq3](http://www.tinyurl.com/yyh2bcq3)

### 22 NOVEMBER

#### Core Recommended CPD Update

Hilton Glasgow, William Street  
<https://tinyurl.com/chsnevmv>

### 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](http://www.fgdpscotland.org.uk/book-glasgow-study-day)

**POSTPONED UNTIL FURTHER NOTICE**

### National Dental Nursing Conference

[www.badn.org.uk/Public/Events/National-Dental-Nursing-Conference.aspx](http://www.badn.org.uk/Public/Events/National-Dental-Nursing-Conference.aspx)  
(Normally co-located with BDC&DS, see below)

**POSTPONED FROM 2021 TO 2022**

### 13-14 MAY 2022

#### British Dental Conference & Dentistry Show

NEC, Birmingham  
[www.thedentistryshow.co.uk](http://www.thedentistryshow.co.uk)

### 15-18 JUNE 2022

#### EuroPerio10

Copenhagen  
[www.efp.org/europerio/](http://www.efp.org/europerio/)

### 24-25 JUNE 2022

#### Scottish Dental Show

Glasgow  
[www.sdshow.co.uk](http://www.sdshow.co.uk)

### 11-13 AUGUST 2022

#### International Symposium on Dental Hygiene

Dublin  
[www.isdh2022.com](http://www.isdh2022.com)

# Blackhills

Specialist Dental Clinic



## Central Scotland's award winning all-specialist, multidisciplinary referral clinic

Referrals welcome for dental implant treatment, fixed & removable prosthodontics, periodontology, oral surgery, endodontics, dental radiology and cone beam CT scanning.



**Paul Stone**  
GDC Reg No: 60534



**Adela Laverick**  
GDC Reg No: 66211



**Marilou Ciantar**  
GDC Reg No: 84070



**Graeme Lillywhite**  
GDC Reg No: 68916



**Brian Stevenson**  
GDC Reg No: 77605



**Lorna Harley**  
GDC Reg No: 79246



**Donald Thomson**  
GDC Reg No: 70079

Quick, secure online referrals or call us on 01764 664446.

Your patient contacted same day of referral.

Less than 1 hour from Edinburgh & Glasgow; 30 mins from Dundee.

South of Perth, on the main A9. On site parking.

[www.blackhillsclinic.com](http://www.blackhillsclinic.com)

**"Share the care with a Specialist"**





PARK  
ORTHODONTICS

[WWW.PARKORTHODONTICS.CO.UK](http://WWW.PARKORTHODONTICS.CO.UK)

**Specialists In Orthodontics Since 1972**

## **We are here to help:**

Accepting NHS and private orthodontic referrals

Support and advice for any orthodontic problem

**Feel free to get in touch**



Easy access from M8 with ample parking  
Situated in the West End of Glasgow

Park Orthodontics  
14 Royal Terrace  
Glasgow, G3 7NY

0141 332 5107  
[manager@parkorthodontics.co.uk](mailto:manager@parkorthodontics.co.uk)  
[www.parkorthodontics.co.uk](http://www.parkorthodontics.co.uk)



PRIVATE PRACTICE GROWTH

# Taking back control

WORDS  
ISABEL  
JOHNSTON

*The pandemic and uncertainty about future funding of NHS dentistry is making payment plans more attractive*

**F**or Greenlaw Dental Care, last year's first COVID-19 lockdown was an accelerator to change tack after six decades as an NHS practice. Richard Alexander, Eilidh Craig and their team recently joined Denplan to "take back control" of their business, with both staff and patients embracing the transition and benefits of using a payment plan.

"Coming out of the first lockdown last year, we really asked ourselves what we wanted as a practice team and Denplan was a natural part of that," said Richard. Their NHS practice has been in the family for more than 60 years, with he and his wife taking over 12 years ago, when Eilidh's father retired. With a generational shift, Richard, Eilidh and their three associates knew they wanted to push the practice forward and do new and different things. "Dentistry as a profession has been hammered by COVID and for us it was

probably the most stressful time we will ever go through. There were so many things that were highlighted by the lockdown. When things run well and it is profitable you go about your daily routine, but the pandemic has really made us reassess what we wanted for our practice and our patients. We thought about the level of and access to care we wanted to provide and the preventive treatment we wanted to make available to



**“  
TO BE IN A POSITION WHERE WE  
CAN AFFECT CHANGES, INSTEAD  
OF BEING DICTATED TO BY SOMEONE  
ELSE, HAS BEEN SO IMPORTANT FOR US”**

RICHARD ALEXANDER



# Why **Switch** to **Denplan?**



## **Decades of core beliefs**

Supporting 6,600 member dentists and 1.4 million patients across the UK.



## **Driving local and national agendas**

We're proud to represent private dentistry in the parliamentary arena.



## **Exclusive benefits through Denplan Plus**

Including no patient joining fee, lower admin costs, CPD e-Learning, plus team incentives, rewards and more.



## **Clarity around compliance**

We have over 25 dental advisors to help you keep on top of current legislation.



**Valued by dentists. Trusted by patients.**

To learn more, visit

**[www.denplan.co.uk/Switch-SDM](http://www.denplan.co.uk/Switch-SDM)**  
or call **0800 169 9962**



our patients. Suddenly, joining Denplan was something that was quite an easy decision to make. For us to now be with Denplan and be in control and in a position where we can affect those changes instead of being dictated to by someone else, has been so important for us," said Richard. The family-run dental practice in Paisley offers routine dental care, as well as specialist treatment including implants, IV sedation, adult braces, facial aesthetic and dental cosmetic treatments. Greenlaw joined Denplan, part of Simplyhealth, in October 2020 after initial conversations with their Business Development Consultant, Heather MacMillan. It was vital for Richard and Eilidh to make their long-standing practice team part of the journey and they maximised all aspects of Denplan's support when joining the payment plan provider.

"Denplan's support has been invaluable. Their investment in our practice to 'learn the ropes' as we transitioned has been essential to me and the whole team. When change has to happen, it is so vital to have all our staff on board. Joining Denplan includes training, support and access to their vast resources, which has made the transition much more straightforward for all of us," he said "To be able to do our training virtually when some companies have not even set that provision up yet, is so important. All the training we have done has been great and it has really brought us together and made us feel part of the wider Denplan community. Also knowing there is a consultant to go to, customer service teams at the head office and an online portal with resources has been so reassuring for us in a period of transition. Honestly, it has been such an easy change, we keep thinking why we haven't done it before."

More than 100 patients signed up to Denplan in the first three months, with numbers growing every day. "We have had such positive feedback. Patients have understood there has been a change in service and system. Now being on Denplan they have enjoyed the extra time they have with us and the treatment a payment plan allows them. Some patients have been coming to us for decades. They know us and trust our clinical judgement. By being open and honest, and explaining why Denplan is so important for them as patients and our practice has really been understood. Some patients had been asking for payment plans and now have been given the option and they really appreciate that," said Richard.

Business Development Consultant Heather, who supports practices all over Scotland, has also been delighted with the practice's growth in such a short period of time. "I am so impressed with all that Greenlaw Dental Care has achieved," she said. "The whole team has been on board, and it has been great supporting a practice which has come out of the pandemic with a positive attitude and mindset to take back control of their business." Greenlaw Dental Care's staff have particularly enjoyed all the

training Denplan's Training Academy has given them in recent months. They are already part of a growth programme and will have members of the team trained as Denplan Champions in the coming months. The practice has also joined Denplan's latest membership scheme, Denplan Plus ([www.denplan.co.uk/plus-SDMC](http://www.denplan.co.uk/plus-SDMC)), which gives them access to even more benefits including compliance expertise, reduced admin fees and the removal of patient joining fees.

"For us as a practice it is all about pushing on to the next level, so Denplan Plus felt like a natural next step. The extra staff training and the ability to access more information about compliance and up-to-date training is so important. Not having the patient joining fee probably made one of the biggest differences in allowing patients to access Denplan. We found it made it much easier to offer Denplan to patients and we noticed it gave us the ability to ramp up the growth even more," said Richard.

While the practice is still catching up on where they were before the pandemic, Richard explained how they are already enjoying the change of pace since joining Denplan. "The ability to have that longer length of appointment to discuss clinical care with patients is great. Time is such a commodity which you just don't have enough of, so it is so important to be able to get that. As a clinician, to be able to have an open discussion with patients about what their clinical options are that is not regulated by any NHS restrictions has been quite liberating.

"As a business owner, one of the most important things you can do is to be able to have a plan for where you want to go. The pandemic took that away but joining Denplan has given this back to us. Our stress levels are down, our levels of anxiety are down, and it has also allowed us as a team to have something positive to focus on. We can look forward instead of worrying about how the practice may or may not survive," he said. And his final words of advice to others in the profession? "If there is uncertainty and you are not happy where your own practice and patient care is going, then be proactive. Take back control. Don't just sit there and wait and hope for the best. For us, Denplan provided us with that option."

Find out more at [www.greenlawdentalcare.co.uk](http://www.greenlawdentalcare.co.uk) & [www.denplan.co.uk](http://www.denplan.co.uk)

*"There is a risk that NHS dentistry becomes less advantageous to practitioners" – see page 34*



**IF THERE IS UNCERTAINTY AND YOU ARE NOT  
HAPPY WHERE YOUR OWN PRACTICE AND  
PATIENT CARE IS GOING, BE PROACTIVE "**



**Working with our fellow colleagues to help benefit their patients and the wider dental community:**

- Interceptive orthodontic treatment for young children
- Comprehensive adolescent and adult orthodontics
- Complex multi-disciplinary treatment with close links with Vermilion – The Smile Experts clinicians
- Emphasis on treating complex cases with clear aligners and ceramic labial brackets
- Paediatric conscious sedation
- Advice and management of paediatric dental trauma
- Surgical removal or exposure of impacted teeth
- Behaviour Management techniques for paediatric dental patients

**Make a referral at [orthodontics@vermilion.co.uk](mailto:orthodontics@vermilion.co.uk)**

**Dr Aman Ulhaq** Specialist in Orthodontics  
**Dr Graeme Wright** Specialist in Paediatric Dentistry  
**Dr David Offord** Specialist in Oral Surgery

**Join the Conversation /  
Follow us on Social Media**





# Vermilion's 10th anniversary

## The best: day-in, day-out

*The future for Vermilion is to double-down on its unwavering commitment to referring dentists and their patients*

WORDS  
WILL  
PEAKIN

It wasn't the best of times to launch a new venture. Ten years ago, the world was recovering from the 2008 financial crisis. Banks were unwilling to lend, and landlords were only interested in businesses with a robust trading covenant. "Directors' guarantees were even required for the hire purchase of dental equipment," recalls David Offord, founder of Edinburgh-based Vermilion – The Smile Experts. "My property lawyer at the time was working two days a week, there were so few transactions taking place." David remembers the mix of emotions he experienced: "The first few years were exciting and scary in equal measure. But Grant Mathieson, Madeleine Murray, Colette Ballantyne and I were a great wee team and we backed each other to make a success of this new venture. That we set out our stall to be referral-only seemed commercially crazy to the bankers, but that fundamental principal has been key to our success in attracting referrals from the dental community."

A decade on, and David is energised about what he and the team have achieved — and their plans for the future. "I am excited about Vermilion being an independent referral clinic surrounded by corporates. We will see what direction private equity-owned dental chains take over the next few years," he said. "I am lucky to work with eight clinicians — prosthodontics, perio, endo, ortho, implant maintenance, and now also paediatric — and two hygienists, across Vermilion's three sites in Edinburgh and Kelso. We are a tight group. Referral dentistry is very demanding, and we do work hard, but we know that we're making a difference, and derive a lot of personal and collective satisfaction from the patient outcomes we see."

A supporting cast of 12 dental nurses and 12 staff takes a lot of managing: "I am very grateful to general manager Kay MacMillan for her calm leadership," he added. He also paid tribute to the companies who have supported Vermilion, including IWT Dental Services, who provide the perfect blend of ergonomic design, functional equipment, and adaptable IT infrastructure, and NV Design, specialists in making dental clinics easy to work within, patient areas comfortable and safe, and practice

interiors beautiful. Also, Southern Implants, a leading provider of unique and innovative dental implant products with a focus on top-end professional users who want more choices, and Planmeca, whose 3D ProMax classic CBCT has been one of the driving forces for the practice with its ability to provide 3D diagnostics in-house, helping to deliver the very best in patient care all under one roof. Plus Systems for Dentists, who offer the best in dental practice management software, focusing not only on clinical practice but involving the entire practice team in the planning, running and management of the dental business.

David graduated from the University of Edinburgh in 1994, spent four years in NHS general dental practice, then two years GDS in Australia and Singapore. In 2000, he moved to hospital-based oral and maxillofacial surgery positions, over a six-year period, in North Wales, London, Forth Valley and Fife. In 2001, he attained MFDS from the Royal College of Physicians and Surgeons of Glasgow, and in 2007 was recognised by the General Dental Council as a specialist in oral surgery. He spent five years working between Edinburgh Dental Specialists and the Edinburgh Dental Institute before founding Vermilion aged 39 in 2011. "I am not one of those people who claim to have been driven from a young age to be an entrepreneur," he said. "But through my thirties I realised that I wanted to run my own business, and hopefully make a difference."

Highlights from the past 10 years? "I am really proud that we have trained more than 20 referring colleagues to regularly restore their own patients' dental implants, bringing variety to their day and new income to their practice," he said. "Also, building our Kelso practice out of the ground in 2018 — a stunning clinic in a beautiful location, and a £1m investment in the Borders' dentistry. The delivery of our popular biennial symposiums, which we started in 2017, have also been a great achievement. Each brings together our referral community, and we are very much looking forward to welcoming them to our next symposium, this autumn, at the Royal College of Physicians of Edinburgh."<sup>1</sup> What has it been like for him, personally and professionally? "I enjoy it. The blend of clinical and business development really works for me."



What makes  
a great 3D CBCT.

Calm.  
ProFace.  
Romexis.  
Premium.  
Ultra-Low-Dose.

All Planmeca ProMax CBCT units support  
three different types of 3D dental imaging,  
as well as panoramic, extraoral bitewing,  
and cephalometric imaging. Enjoy high  
CBCT image quality – always at an  
optimal patient dose.



**PLANMECA**

To learn more visit [www.planmeca.com](http://www.planmeca.com)



Planmeca ProMax 3D CBCT available from  
[www.iwtdental.co.uk](http://www.iwtdental.co.uk)







"After a day of admin, I am so happy to get my gloves on the next day and see patients. I am still delivering eight sessions a week, doing mostly implant surgery, which I love. As a business leader you have to make decisions, and I hope that over the 10 years I have made more good ones than bad. I always look to do the best for my staff, our referring dentists and their patients."

How has the past year been for him and the practice? "I shudder when I think back to March 2020 and the tumultuous months that followed the abrupt closure of all dental practices across the country. Shutting down a viable business is not something you expect to experience. It took six weeks. Then there were two weeks of sitting, wondering. And then, when the regulator Healthcare Improvement Scotland gave the go-ahead for private dentistry to continue, another eight weeks to set it back up again. But a year on, we are starting to see many positive changes emerge as a result of the experience. Video consultations have been a game-changer; the imperative to reduce the number of patient appointments means each visit must be planned and impactful. We can't keep the next patient waiting, so we must work to time!

"There's also been increased patient availability, and increased uptake of treatment plans. Patients really want to get on with it, and the sooner the better. There's a real sense of people wanting to invest in themselves. There have also been many positive impacts on dental teams. Our surgeries are now immaculate; obsessively cleaned countless times a day. Many dental professionals were beavering away in poorly ventilated rooms, but now we have up to 10 air changes per hour. Above all, there is the feeling of the team pulling together throughout, and a rediscovered appreciation of our jobs. That we can go to work, interact with our colleagues and patients, and have validation that our skills have helped someone, is very rewarding."

Looking to the future, David said: "The team at Vermilion is committed to a digital implant workflow and we are going through that transition at present with the aim of eliminating implant mal-positioning as a complication from our clinic. We aim to set up a removable prosthetics dental laboratory in our Kelso clinic, which will again be fully digitised. There is also the exciting collaboration with orthodontic specialist, Dr Aman Ulhaq, with whom I have launched our sister company, Vermilion Orthodontics."<sup>2</sup> Speaking to David, it's clear that he has a laser-like focus on Vermilion and on achieving excellence in the service it provides to referring dentists and their patients. "The future for Vermilion is to double-down on our commitment to do our best for referring dentists and their patients — day-in, day-out," he said.

<sup>1</sup> Vermilion Biennial Symposium, 1 October 2021, Royal College of Physicians of Edinburgh. Email [events@vermilion.co.uk](mailto:events@vermilion.co.uk) for more details.

<sup>2</sup> [www.sdmag.co.uk/2021/05/27/vermilion-orthodontics](http://www.sdmag.co.uk/2021/05/27/vermilion-orthodontics)

## Turnkey Surgery Installations

- Surgery strip-out • All plumbing and electrical works • IT Support
  - Chair and dental cabinetry installation • Flooring and final decoration
- \* **Low cost finance packages available to include six month low payment start options.** \*Subject to Status. T&C's apply.



Congratulations to the team at Vermilion on your ten year anniversary - it has been our pleasure working with you all this past decade. Very best wishes from all at IWT Dental + Services



## Support Driven Excellence

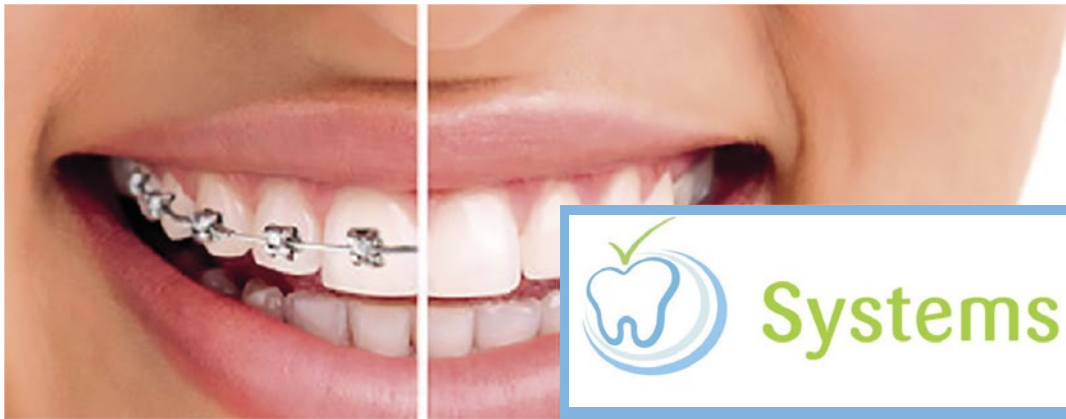
Speak to us today 0845 200 2219 [info@iwtdental.co.uk](mailto:info@iwtdental.co.uk) [www.iwtdental.co.uk](http://www.iwtdental.co.uk)



CASTELLINI

PLANMECA





# Systems for Dentists

## MOST SMILES ARE STARTED BY ANOTHER SMILE

Here at Systems for Dentists, we understand the aim is to run a successful and smooth operation at your dental practice, with patient satisfaction at the forefront.

That's why our aim is to keep our customers happy, like one of our most valued clients

### Vermilion The Smile Experts

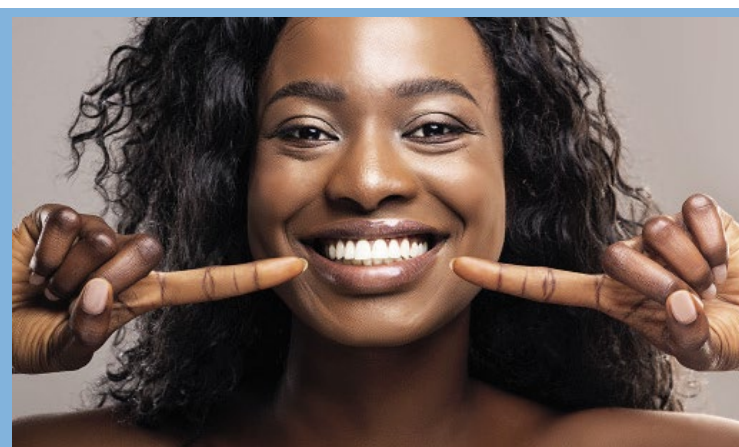
Who are also celebrating **10 fantastic years** in the dental industry, providing the highest standards of patient care from a team of expert Clinicians, Nurses & Admin Support.

We achieve this through our expert knowledge in Practice Management Software and high level of customer support.

Our team are well renowned for their high level of customer support on a daily basis and our seamless integration of our software into your practice.

Here at Systems for Dentists we actively encourage customer feedback whilst developing our software.

If you are looking for a Practice Management Solution that is constantly developing to offer the best integrations with your digital tools,



**To find out how you can become a valued client of Systems for Dentists**

**Contact us Now !**

**Tel: 0845 - 643 2828**

[info@sfd.co](mailto:info@sfd.co)

[www.sfd.co](http://www.sfd.co)



Systems for Dentists



@SystemsDentists

V/**ERMILION**

The Smile Experts

*Congratulations from*



Systems for Dentists

**Congratulations Team Vermilion on your 10th Anniversary! We have been proud suppliers since the beginning and look forward to continuing supporting your work for many more years to come.**



**You've got an  
Edge with Us**

## The Southern Implants *Edge*

### Clinical Innovations to Drive Practice Growth

Today, predictable, accelerated implant treatment is more important than ever before. Recent research reveals that adapting the clinical practice with Innovative Treatment Solutions provide significant benefits. These benefits positively impact your patient's satisfaction with treatment, as well as growing the number of implant procedures for your clinicians' restorative practices. The following innovations have led to real-world benefits for clinicians and their patients.

#### **Patient Specific Treatment**

Site-specific implant designs allow for placing specific implants for specific clinical situations, as well as utilizing the patients existing bone.



#### **Southern's Site-Specific Implants:**

- Wider/Narrower
- Longer/Shorter
- Angled
- Inverted Body
- Machine Surface Coronally

#### **Improved Practice Effectiveness and Efficiencies**

Improved implant designs that achieve high insertion torque values allow for accelerated treatment by way of extraction and immediate implant placement.

#### **Increase in Screw Retained (versus cement retained) Restorations**

Using innovations in implant restorative components increase the use of screw retained restorations, resulting in decreases in implant prosthetic complications and periimplantitis/peri-implant mucositis.\*

#### **Increased Implant Acceptance**

By decreasing total treatment times without sacrificing implant success/survival patients are more likely to accept implant therapy.

\* Staubli N, Walter C, Schmidt JC, Weiger R, Zitzmann NU. Excess cement and the risk of peri-implant disease – a systematic review. Clin Oral Implants Res. 2017;28(10):1278-1290.doi:10.1111/clr.12954

More  
Implant  
Patients

Treated  
Efficiently

Less  
Revision  
Therapy

Southern  
**EDGE**





## A FRESH APPROACH TO DENTAL DESIGN



### Full architectural services for the dental sector from concept design to delivery

Property Appraisal\_Measured Survey\_Feasibility Study\_Space Planning\_Planning Consultancy\_Planning & Listed Building Applications\_Building Warrant Drawings & Application\_Interior Design\_Detail Design & Specification\_Tender Documents\_Contract Administration\_Project Management

*"I have been very impressed by architect Farahbod Nakhaei and his team at NVDC. They produced a gorgeous design for our clinic, taking what was a very regular space and bringing it to life with curves and light. There is a sense of calmness to the accommodation, which makes it a pleasure to work in."*

*Dr David Offord, Vermillion, The Smile Experts Ltd., Edinburgh*

0845 548 9860

[www.nvdc-dental.co.uk](http://www.nvdc-dental.co.uk)

[enquiries@nvdc.co.uk](mailto:enquiries@nvdc.co.uk)

**NVDC**  
ARCHITECTS



# Recovery + remobilisation

*Mitigating against the harms of COVID-19 on oral health – prioritising equity and inclusion*



The COVID-19 pandemic remains a public health emergency; not only is it a threat to health, but the effects of protective measures are wide-reaching. Through the process of recovery and remobilisation, concerted efforts to mitigate against the wider harms of the COVID-19 pandemic must be made, not least against widening health inequalities.

The Consultants in Dental Public Health/ Chief Administrative Dental Officers (CsDPH/CADO) group is central to providing advice and guidance on this topic. The

group met in early March 2021 and reflected on the established barriers to dental care, the impact on these through the COVID-19 pandemic and the nature of new COVID-specific barriers to accessing oral health services.

In line with the group's express commitment that there is 'No Health Without Oral Health', we align ourselves squarely behind the safe, effective and equitable remobilisation of oral health services. We urge all parties to prioritise this work in line with a recent letter from John Connaghan (former Interim Chief Executive, NHS Scotland) to NHS Boards instructing on the remobilisation of services: "The COVID pandemic has both exposed and exacerbated our health inequalities crisis, with disproportionate harm caused to minority ethnic groups and people living in greatest deprivation. Addressing inequalities for all citizens and our

WORDS  
JAY WRAGG,  
JACKY  
BURNS,  
ANTHONY  
VISOCCHI,  
DAVID  
CONWAY,  
RUTH  
FREEMAN

health workforce is therefore a vital theme which must be at the very core of your planning, and the delivery of your services."

## 1. Providing high quality care, including promoting prevention at all levels

Oral health improvement programmes should be remobilised, and positive plans made to restart as a matter of priority. This may require the return of staff to their substantive roles. Also, recognition on the limitations that programmes may face in the light of continued restrictions in educational settings, care homes and prisons may limit some activity. However, new ways of working developed since the onset of COVID should be recognised and shared. Changes to existing programmes may be required and if gaps are identified new programmes of work should be considered. Enabled self-care should be the foundation for patient care.



Prevention should be embedded into new and interim service delivery models as this can be delivered remotely, in person and without need for post-AGP follow times.

- Recommendation – Health Boards should be supported to request the return of oral health staff to their substantive duties.
- Recommendation – There should be a review of current oral health improvement programmes. There may be an opportunity to adapt existing and develop new programmes to meet the challenges before us. New ways of working should be explored and shared.
- Recommendation – Oral and dental health should be included in general health improvement and health inequalities policies and activities such as obesity, smoking and alcohol interventions, utilising a common risk factor approach.
- Recommendation – Interim changes to the Statement of Dental Remuneration (SDR) should be made to allow recording of prevention activities.

## 2. Promoting equitable access to care and promoting NHS care

There is a need to protect the availability of NHS care in independent dental practices through financial stability and robust remobilisation of services. The possible threat of reduced access to NHS care may place the Public Dental Service (PDS) under increasing pressure to be the safety net for unregistered patients and for registered individuals seeking urgent care. This should not be the mainstay and proactive steps must be taken to avoid access issues. The PDS must be enabled to provide care to those patients otherwise unable to accept care in GDS.

- Recommendation – A holistic approach to patient care should be taken, including considering the costs to the patient associated with attendance at dental settings, such as transport and time away from work. Providing self-enabled, patient-centred care close to home should be a priority.
- Recommendation – There must be a mechanism to incentivise the re-registration of patients abandoned by one practice elsewhere in the GDS, with a commitment to financial support for practices increasing GDS capacity.
- Recommendation – Use of remote consultations (teledentistry) for certain care pathways, especially in

urgent care and hospital dentistry where there is some limited evidence of effectiveness and patient acceptability should be encouraged.

## 3. Safety for staff and patients

Anecdotal evidence suggests that, following the most recent stay at home advice, patients were reluctant to access dental care with routine appointments cancelled or postponed. Those who were already anxious about attending the dentist may have additional fear due to the pandemic. We must recognise that any journey outwith the home may be a challenge for individuals, despite reassurance that they are protected and services are safe.

- Recommendation – Work should be undertaken to provide evidence of the safety of dental services both in the UK and elsewhere. This may include tracking where chains of transmission exist within dental settings.
- Recommendation – A communications plan should be developed to inform, educate and reassure the population, utilising different media platforms. This should be available to GPs to utilise on their own websites and social media.

## 4. Staff wellbeing

A healthy workforce is one able to give of their best. We must support all staff to feel secure in their employment and strive for the best possible service for patients. The dental workforce in Scotland has reported high levels of burnout together with depressive symptoms during the current pandemic. Practitioners, dental nurses and hygiene therapists spoke of anxieties and uncertainties about job security, career progression and ability to provide high quality care to all patients within current and future NHS restrictions. Clarity around ongoing supplies of PPE and the future of NHS dental care may reassure the profession.

- Recommendation – Scottish

Government should consider, assess and support the mental health of all those working within dentistry. Regulatory bodies and NES must support those both in training and also across the active profession regarding mental health functioning.

## 5. Cost

Throughout the pandemic there has been a significant impact on income across the population. With continued lockdown measures and closures of businesses, individuals and families across Scotland are experiencing long term losses in income. There is a risk that the offer of NHS dentistry becomes less advantageous to practitioners and more patients may find NHS care is limited either in availability or accessibility.

- Recommendation – Dental services must respond to the needs of the population who may struggle to pay for dental care. A focus on preventive measures and low-cost solutions to oral health problems should be prioritised.
- Recommendation – We must make the delivery of NHS dental care a priority for all practitioners and enable their business models to operate in a financially stable manner despite ongoing challenges due to the pandemic.
- Recommendation – The Scottish Government should establish a sustainable financial model for NHS GDS practices to incentivise the prioritisation of NHS care over private options.

In conclusion, the CsDPH/CADO group remains committed to working with Scottish Government and other partners to progress the equitable remobilisation of dental and oral health services.

‘Mitigating against the harms of COVID-19 on oral health – Prioritising Equity and Inclusion: May 2021’ was written on behalf of the CsDPH/CADO group by Jay Wragg, Jacky Burns, Anthony Visocchi, David Conway, Ruth Freeman.

## REFERENCES

1. <https://www.scottishdental.org/no-health-without-oral-health-report/>
2. Rahman, N., Nathwani, S. & Kandiah, T. Teledentistry from a patient perspective during the coronavirus pandemic. Br Dent J (2020). <https://doi.org/10.1038/s41415-020-1919-6>
3. Humphris GM, Knights J, Beaton L, Araujo M, Yuan S, Clarkson J, Young L, Freeman R. Exploring the effect of the COVID-19 pandemic on the dental team: preparedness, psychological impacts and emotional reactions. Front. Oral. Health | doi: 10.3389/froh.2021.669752.

“  
**THERE IS A RISK THAT NHS  
DENTISTRY BECOMES LESS  
ADVANTAGEOUS TO PRACTITIONERS”**

# Scottish dentistry where next?

*The SNP's '100 days' pledge to remove dental charges for care leavers and young adults is an immediate priority but fundamental reform of the nation's oral healthcare system could span the five-year term of parliament*

WORDS  
WILL  
PEAKIN



**A**t the Conference of Scottish Local Dental Committees webinar, 'Scottish Dentistry – Where Next?', last month, the first question posed by a delegate to Tom Ferris, Scotland's Chief Dental Officer, was about communication. This is, we know, a sore point with the profession (see the report from its annual conference on page 40). In response, the CDO said that between March and December last year, there had been a total of 40 formal communications, comprising letters from his office and 'PCAs', the technical documents that are routinely issued by the Government's Health and Social Care Directorate. Sometimes a few were issued in a short space of time, he said, other times there were longer gaps between communications.

"I accept that people may have wanted to hear more frequently," he said. "Before the pandemic, CDO letters were relatively rare. We almost only communicated with GDPs through PCAs, which are quite technical and may not always have been widely read. So going forward, the CDO letter can be used more frequently to help signal changes that are coming, for example the manifesto commitment [by the SNP to scrap the patient

charge]." Ferris said that the webinar itself, and others he had spoken at this year, was a format that could be used more extensively. "Harnessing the power of digital, the simplicity of a CDO letter, and the detail of a PCA," he said.

Ferris said that it was not always in his gift to say something, even if he had wanted to; he is, he said, beholden to a legal team, Government ministers, and other parts of the Government to which he has to align. The questioner said they appreciated this but pointed out that on a few occasions the profession had been "blindsided" by announcements, perhaps made late on a Friday, or first heard via television news reports. "We learned from that too," said the CDO, in response.

David Notman, the senior policy adviser to the Scottish Government, Dentistry and Optometry Division, added: "The last 12 months have been an incredible learning experience for us within government, and how best to work with the sector. There were two or three points that caused a degree of difficulty, we've taken that on board and will try and do better in the future." The CDO was asked about what plans there were for dentistry in the event of a third wave of COVID-19. He said: "If you take it that we remobilised on 1 November with a full range of care potentially available to patients, if practices were able to see them, and then after that, in the new year, we had a second wave [but] not very much changed in the way practices operated. We know they are safe; we know that dental teams are very good at infection prevention control. We're not seeing clusters [of infection] associated





Full Service

Quality Product

Competitive Pricing

Fast Turnaround Times

Quick Works Completed in 48 hours\*

Daily Collections

**swift**dental  
group

Swift Dental Group's Scotland site provides daily collections around Central Scotland. We are welcoming new & existing customers to our latest offers.

Bleaching Trays & Mouthguards

**15% discount**  
Use code 15ORTHO

**Offer runs 1<sup>st</sup> June - 1<sup>st</sup> September 2021**

Call or email our Customer Support Team  
**info@swift dental.co.uk**

**01204 323 323**

Swift Dental Group, Lakeside House, Smiths Road, Bolton, BL3 2QJ

\*Times vary dependent on product



## REFORM WILL BRING IN A NEW, PREVENTATIVELY FOCUSED, SYSTEM FREE AT THE POINT OF CARE – AND WE’LL DO BOTH THINGS TOGETHER”

TOM FERRIS



with dental practices. So, I don’t see a third wave making a difference to the way we practise.”

He also addressed the issue of funding for ventilation, saying that although other nations of the UK had announced funding there was a concern that ‘quick fixes’ offered by the private sector may not, in the long run, be appropriate. The Scottish Government could have “thought of a number and divided it by 1,100” to arrive at a grant per practice, he said. But they had wanted to understand the issue for practices in more detail, so that the right kind of support could be offered. A survey it had carried out had received a “really good” response; around 75 per cent of practices in Scotland. The results have been analysed, he has received a report and hopes to make an announcement soon. Ferris did say that it would likely be available to practices that had already invested in ventilation in order to see more patients: “It would be unfair to exclude them.” Funding would probably be for fixed systems, he added, rather than portable equipment.

The CDO was asked about the SNP’s patient charge manifesto pledge; how will the measure be introduced, will all treatments currently available to patients still be available, and how will practices be supported to cope with the likely increase in demand at the same time as dealing with the backlog of treatment which has built up during the pandemic. Ferris said his team was currently working on the first part of the commitment, to remove dental charges within 100 days for care leavers. The second – free care for all NHS patients – is to be delivered over the lifetime of the parliament, that is five years. He said they were mindful of the potential for increased demand, even initially with care experienced patients.

“In terms of the free dental care, in my mind that’s tied up with the new model of care that we were hoping to do. There’s probably no point in having two major policy changes over the course of the parliament – ‘let’s make dentistry free and then let’s completely change the system of how we deliver dentistry’. Our view is part of that system reform will bring in a new, preventatively focused, patient-centred dental system that is free at the point of care, and we’ll do both things together. That’s a big piece of work which will involve a lot of discussion with a lot of groups, including DCP [dental care professional] groups whose skill mix might be more important as we go forward. It will also mean that we will have to have a conversation with the public because they ultimately fund the service, and they are the users. It’s a big piece of

work and we need to sort out our immediate problems, which are things like ventilation, PPE, the 100 days commitment.” Notman added that it was possible to look at the free dental care pledge “very positively” as, effectively, a commitment to dentistry by the Government worth about £76 million a year. He said, however, they were very aware of the consequences, in terms of demand, of making something free at the point of delivery and that the system of payment had to be looked at very closely.

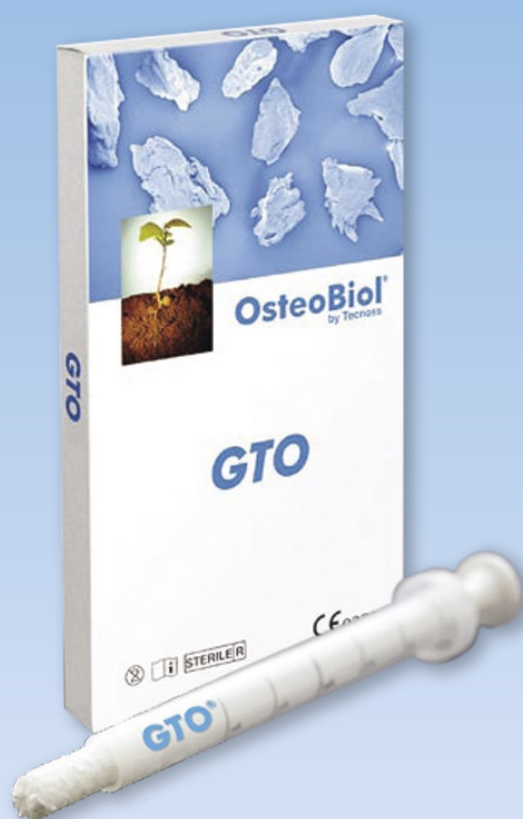
The CDO was asked when the Government intended to address the issue of the medium-term funding of the general dental service “given that it is impossible for practice owners to create a business plan for the future when no such information is available,” said the questioner. Ferris responded: “We’ve committed that financial support you currently have is in place for the remainder of this financial year. However, we’re conscious that the current way of paying your financial support was brought in very, very quickly, to address an emergency when we when we closed practices for face-to-face. Probably most dentists are in a reasonable ‘steady state’ position at the moment.

“But there are some issues where it’s not working quite as well as before. So, things like maternity pay, long term sickness, paternity and adoptive leave, where someone joins NHS Scotland from outwith Scotland, and where someone tries to move practice – it is not quite working as slightly as we wanted. So, we wanted to have a review of the way we fund it, because actually getting to the system reform piece is probably going to take a bit longer than we had expected. And the system remains compromised at the moment. So, we’re not even really going back to where we were pre-COVID, where we could say ‘right, item of service’ again, and the [current] financial support would stop. We want to have those discussions; those are probably our priority over the next while, once we deal with ventilation and the 100 days commitment. Financial support – stability – is our next priority. We were very conscious that we need to do it quickly, because we are aware that you are all small businesses, and you want to have that degree of stability and certainty. And that’s what we would like to be able to offer you.”

View the webinar here: <https://tinyurl.com/2z468kf> (Ventilation and funding - 27 minutes; free NHS dentistry - 35m; activity measurement - 1hr 23m; Associate recruitment, maternity, locums - 1hr 34m; New model of care - 1hr 42m; VT - 1hr 47m.

**OsteoBiol®**  
by Tecnos

# It's all about Collagen and Vascularisation



## Syringeable Bone Graft

A Collagen Rich Xenograft with firm  
insitu consistency. Easily dispensed.

Amazing results with controlled,  
almost complete turnover over time.

A health conscious bone regeneration material!

Find out more

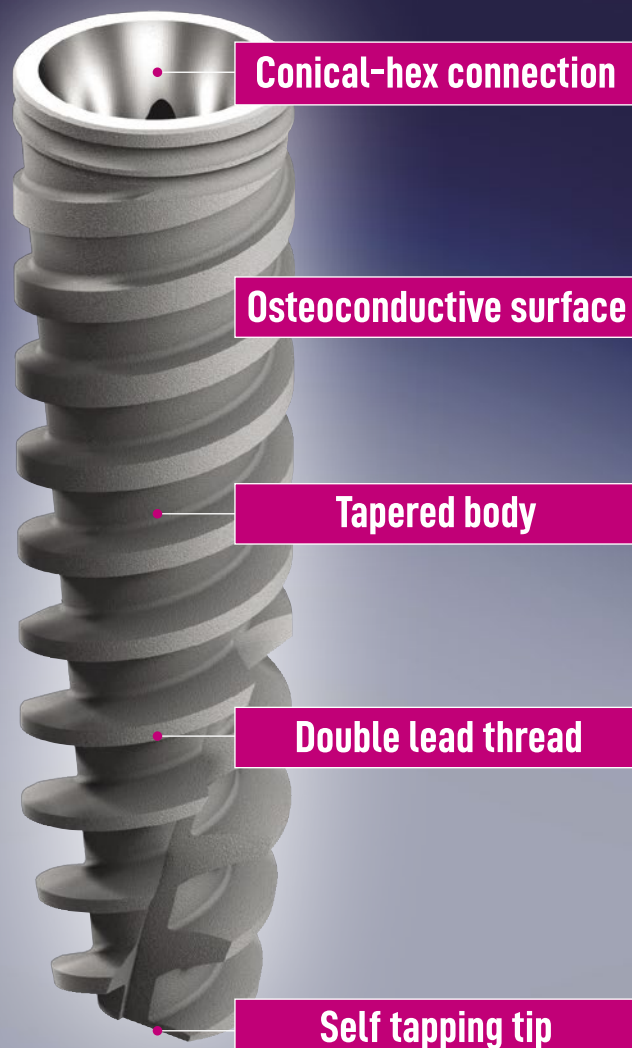


**CONTACT YOUR LOCAL REPRESENTATIVE!**

**ADIN**  
DENTAL IMPLANT SYSTEMS LTD

# ROCK SOLID STABILITY

## Effortless Placement



25 years of innovation and research.

Find out more



**REQUEST YOUR TRIAL NOW**

**CONTACT YOUR LOCAL REPRESENTATIVE!**

**Gather the certainty of Trycare around you!**

**Trycare**  
Since 1996

01274 88 55 44 | [www.trycare.co.uk](http://www.trycare.co.uk)



# SCOTTISH LDC CONFERENCE

## A year in review

*Delegates heard of poor communication by the Government and warnings over its intention to scrap the patient charge*

WORDS  
WILL  
PEAKIN

The Annual Conference of Scottish Local Dental Committees was held towards the end of last month, featuring presentations from David McColl, Chair of the Scottish Dental Practice Committee (SDPC), Helen Kaney, lead dento-legal Consultant and head of dental services at Dental Protection, a Platinum sponsor of the conference, and Derek Manson, Northern Ireland Representative on the SDPC.

David McColl reported on the work of the SDPC over the past year, including a detailed timeline of the committee's activities during the pandemic which reflected the profession's frustrations with the Scottish Government. From a meeting between the committee and the Government in May 2020, it emerged that: "The CDO [Chief Dental Officer] agreed that COVID highlighted that the way dentistry is funded does not work and that it was impossible to return to the SDR and a fee per time delivery model."

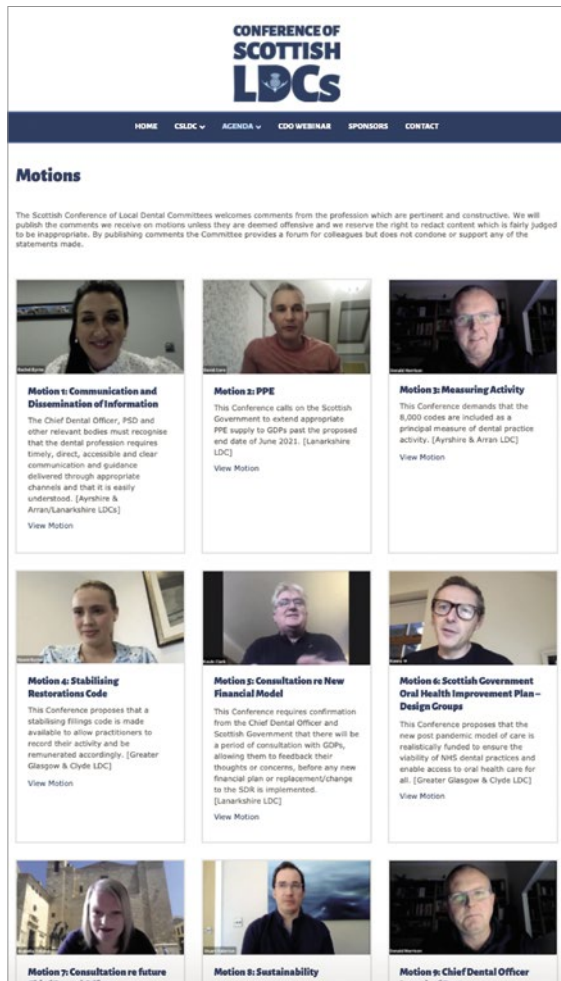
On lifting the first lockdown last June, and practices reopening for face-to-face consultations: "This indicative date was controlled by the First Minister with the CDO telling SDPC that he would not know definitively until the day before or even the morning of the announcement. The announcement was poorly worded and referred to routine dentistry being available. We warned [the Scottish Government] not to increase public expectation of what was deliverable."

During July, said McColl, emails

to the CDO went unanswered. "SDPC requested a meeting with the [then Public Health] Minister Joe FitzPatrick to discuss our extreme disappointment with the CDO and his team over the levels of regular and timely communication and engagement with SDPC and the profession." At the meeting, the Government was urged to start working on a plan for the long-term future of dentistry as soon as possible.

During October, the Government indicated a remobilisation of dental care. "A return to routine dentistry during another lockdown seemed mistimed and the backlog of treatment was considerable," said McColl. "At that time the R number was rising, we were in a second wave of rising community spread and we had no vaccine. [The Government] had the opportunity to pilot various models of care as the General Dental Service was effectively salaried and on a capitation model but they chose not to." It subsequently announced a return to the provision of routine care from November. "This was done without informing the profession first," said McColl. "It [seemed] more important to the Minister to inform the media and the public prior to informing those delivering the service."

Serious issues remained unresolved, including the provision of PPE, ventilation – "The CDO's advice was to wait and explore" – and the long-term model of care: "[The] Scottish Government has done no work on this." The new year saw Scotland in Tier 4, activity-based COVID support payments deferred until June, subsequently changed



# Are we training too few therapists?

to July, and activity measurement still undecided. In February, the government set the GDS budget at £431 million, announced a single measurement for activity – which is opposed by the SDPC – and acknowledged that the emergency funding measures had to be changed to reflect changing circumstances.

February saw the deferment of dentals students' graduation, continued confusion over the profession's role in the vaccinator programme, and the SNP's election pledge to scrap the patient charge; a proposal it had not consulted on with the profession, said McColl.<sup>1</sup>

Among the motions<sup>2</sup> adopted at the conference were:

## GDS funding

"Given the recent manifesto pledge by the Scottish National Party to abolish patient charges for NHS treatment, without prior consultation with the profession, this conference demands a clear and unambiguous guarantee that the Scottish Government will put £431m into the GDS in the year 21-22. Additional costs and the potential for unlocking demand are fair assumptions to make on the back of the SNP's announcement. The reality is that not only will the Scottish Government have to meet the cost of lost patient charge revenue, approximately £75m, but they will also have to fund the anticipated fresh demand for services."

## Fixed term CDO

"This conference supports a maximum term of office for the post of any future CDO. A set term of office ... would show a conscious

effort to avoid stagnation of ideas and concepts. Dentistry done well should be a dynamic, evolving, forward-looking discipline and rotation of this role could be a better reflection of this. Better succession planning would help moderate direction of policy, reintroducing some checks and balances that will help the profession gain and retain confidence in the office, avoiding the compounding and proliferation of entrenched views."

## Consultation on CDO

"This conference demands the dental profession have input into the selection of any future chief dental officer. In the last year, it has become increasingly apparent that the CDO does not understand how general dental practices operate. Past and current CDOs have come from the realm of public health. While an overall understanding of public health is clearly important to the role, the vast majority of dental treatment carried out in Scotland is in general dental practices by general dental practitioners. We should have an input into who guides the profession in Scotland. As a profession we should be confident the CDO can understand us and represent the profession to the Government."

## REFERENCES

<sup>1</sup> The Chair's presentation is available for download at: <https://tinyurl.com/76xc6u4>

<sup>2</sup> Wording has been edited for space – all motions can be viewed in full here: [scot-ldc.co.uk/agenda/motions](https://scot-ldc.co.uk/agenda/motions)

**IN THE** previous edition of *Scottish Dental*, my column focused on the role of the therapist post COVID-19. It tied in nicely with an article in the same edition based on Professor Philip Taylor's Q&A session at the Scottish Dental Association's summit in March, at which he posed the question: "Are we training too many dentists?"

Possibly.

To support the words of Professor Taylor, dentists and therapists should collaborate with one another to provide the best level of care possible to each patient. Treatment should be prevention-based, therefore suiting the role of the therapist. The therapist is a vital member of the team when dealing with periodontal disease, as Professor Taylor suggested. Therapists are best suited to both treat and prevent periodontal disease, as well as pediatrics and restorative care.

Professor Taylor suggested that the dentist would carry out diagnostics, treatment planning and more complex treatments. Whilst this is correct, therapists are trained to diagnose and treatment plan. The GDC scope of practice allows therapists to "diagnose and treatment plan within their competence". The limitations to direct access prevent the therapist from doing more of this work, therefore direct access should be amended to ensure therapists can carry out their full scope of practice as outlined by the GDC.

Currently there are three undergraduate BDS courses and four BSc Oral Health Science (OHS) courses operating in Scotland. The number of graduates each year from BDS is approximately 150, whereas OHS is approximately 60. Adverts for GDPs continue to rise with some being online for more than 12 months but, therapist's struggle for positions. Is there still a lack of knowledge regarding the importance of therapists in practice? Should practice owners take a chance on employing a therapist instead of holding out for months for GDPs?

It was interesting to note that at the recent annual conference of the Scottish Local Dental Committees, a motion calling on Scotland's dental schools to reintroduce the training of dental hygienists was passed unanimously.

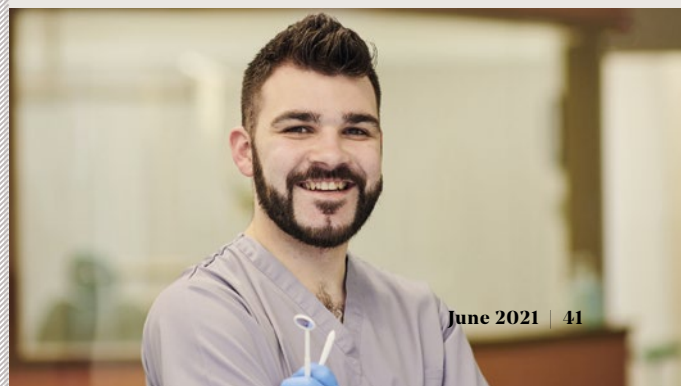
If we can change the attitude surrounding dentists and therapists working alongside each other, patients will receive a higher level of care, treatment plans will be completed quicker, working through backlogs caused by COVID-19 and waiting times for treatment can be greatly reduced.

Kyle Anderson is the Scottish Representative for the British Association of Dental Therapists ([badt.org.uk](http://badt.org.uk)). [www.linkedin.com/in/kyle-anderson-b40b73131](https://www.linkedin.com/in/kyle-anderson-b40b73131)



IT [SEEMED] MORE IMPORTANT TO THE MINISTER TO INFORM THE MEDIA AND THE PUBLIC PRIOR TO INFORMING THOSE DELIVERING THE SERVICE"

DAVID MCCOLL





# A new dawn

*The launch of CGDent is an opportunity to 'bring together the whole dental team for the benefit of patients and society'*

“Why do we need our own college?” Professor Nairn Wilson, the Founding President of the College of General Dentistry

(CGDent), kicked off a webinar last month with that fundamental question.

The formal proposal to transfer the Faculty of General Dental Practice (FGDP(UK)) to a newly established, independent organisation, CGDent, was made by the Royal College of Surgeons of England. It represents a “transfer of undertakings”, meaning that all the activities and services undertaken by FGDP(UK), and all its staff, will transfer to the new organisation from the beginning of July. FGDP(UK) has been part of the Royal College of Surgeons of England since its inception in 1992, but the faculty has always harboured an ambition to become an independent college.

In 2017, the Faculty Board decided that independence would provide a clearer identity, agility in its business, and stronger focus in its work for members. The vision of the new college is that it will fulfil the aspirations and enhance the professional standing of general dentistry to achieve parity with other and equivalent health care and medical professions. The Trustees of the Royal College of Surgeons of England acknowledged the ambitions of the faculty and supported its plans for independence.

The new College of General Dentistry will provide an independent home and elevate the professional standing for general dental practitioners and members of the wider primary care dental team. It will build upon the work of FGDP(UK) in being recognised nationally and internationally as the home for general dental practitioners.

It will “serve the public and patients by cultivating excellence in oral healthcare, thereby contributing to everyone’s wellbeing; achieve this by establishing evidence-based guidance and standards for dentistry, embedded within a strong professional community of practice; and foster quality in practice for dental professionals through their education and training, career development and lifelong learning”.

Professor Wilson told the webinar: “The hallmark of any profession is that it should have a professional association, which we have with the BDA since 1880, a regulator which we’ve had in the form of the GDC since 1956. And the thing

that has been missing is a royal college of our own. It is seen as the three legs of a stool in many other professions and it’s the one we have not had in dentistry. For far too long, dentistry has been the only mainline health care profession without its own college, let alone its own royal college. That to me, is wrong.

“There is no question that professions which have their own royal college have a different standing and status from those that don’t, it’s as simple as that.”

He said that during times of crisis, such as the COVID-19 pandemic, the reaction of a Secretary of State, or a First Minister, is to say to their private secretary: “Bring in all the presidents of the royal colleges.” Professor Wilson added: “Dentistry has just not been there. We must be there, not just for the COVID crisis but for all consultations, given the importance of oral health in overall wellbeing. We are part of the holistic care of people.” Getting to be a royal college is not simple, he said, which meant achieving that status was a strong signal to society of the importance of the profession. The public recognises the level of expertise required to achieve membership or fellowship of a royal college.

Professor Wilson said that the dental profession had the opportunity to create the largest royal college in the Academy of Royal Colleges; if only half joined the new college, membership would outnumber that of general practitioners, which stands at around 44,000. “That will give us influence and power that we have never had in dentistry. Not to be independent from other healthcare professionals – we want to be fully integrated into healthcare – but we must control our own destiny, and now is the time. There is a new dawn, and not just created by the pandemic; everyone in the profession has been crying out for new arrangements that are preventatively orientated. It is also an opportunity to bring together the whole dental team for the benefit of patients and society.”

But he added: “If we are going to do this, if we are going to get royal status, then we need people behind it. People can’t be bystanders. This is time to stand up, be counted and be part of this initiative. The Privy Council is very cautious; they don’t want Her Majesty to put pen to paper and sign-off on a royal charter for something unless it is serious, important and has longevity. This is an historic opportunity; time for dentistry to move away from the old to something new and fit for purpose. This college is going to be unique in healthcare, with its embrace of the team approach. We are going to be the model for the future, with a whole team approach – parity across all oral health care professionals – to holistic care.” The webinar also heard from Abhi Pal, President Elect of CGDent. Dr Pal, the President Elect,





## JOIN US NOW AT THIS HISTORIC TIME AND HELP SHAPE THE FUTURE OF DENTISTRY”

DR ABHI PAL

highlighted how four types of team member will benefit from membership of the college. “I mean this in the broadest sense because I recognise there are many diverse career patterns in dentistry,” he said.

“It isn’t just about people working in a practice delivering general dentistry five days a week. There are a lot of people who combine general dentistry with other areas of interest.” The first group are those either entering or are within a few years of entering the workforce. “We welcome these colleagues initially as associate members from the time when they qualify and hope they move along the pathway to become full members. They will have a structure within which they can pursue their own direction, within a time frame and interests that are relevant to themselves.

“Most importantly, these members will have support from mentors within the college. And they will have that support even after they’ve left the conclusion of dental foundation training or dental core training as they move into the general practice environment.

“We know that roughly half of DFT graduates will go into practice, half will go into dental core training, and that is quite right because the DCT confers some additional benefits, but ultimately, after DCT Two I would think virtually 90 per cent will be coming back into the general dental practice environment. And we will be there to be able to support the members who join us.” Dr Pal outlined the resources that will be available, including webinars and a suite of post-graduate qualifications.

“The second group of colleagues will be those who have perhaps been in practice for a few years and have already undertaken the credit training to perhaps postgraduate diploma or MSC level, or maybe even have a specialty membership. And we encourage them to join us as associate fellows or fellows. They will receive recognition through our career pathway as an enhanced practitioner. This may well facilitate these members in further career aspirations, whether it is to be practitioners within the NHS, being in private practice with special interests, being successful practice owner, as a dental educator, or taking other leadership positions.

“One of the things that I’d like the college to be able to recognise is those that run successful dental practices and have successful teams that they have nurtured and developed through their leadership and business management skills, should also be recognised as having some degree of enhanced skills.

“The third, group practitioners are those who have perhaps amassed many years of valuable experience but have not undertaken any formal accredited qualifications for whatever reasons. We encourage these colleagues to become members, as we will have a route for these colleagues to grandparent them into a career pathway by demonstrating equivalents – so that they too can receive a long overdue recognition of their skills and experience. So, we want to broaden this net out, not just for people who at the start of their career, also people who have progressed

some way, but also people who are even further in their career, to be able to give them through our membership recognition for the training.

“And finally, and by no means least, and uniquely within similar healthcare colleges, we will welcome members of the dental team who are not dentists, to have their own faculties within the college by becoming members.

They too will be able to develop parallel career pathways and recognition for their achievements.

These include dental nurses, dental hygiene therapists, dental technologists, and orthodontic technicians. We hope in time to develop specific, accredited qualifications to support the professional development of these members. We’re talking about a professional development plan, with mentor support, together with a career pathway, which is flexible and has local engagement. I think, with this package together, we may be able to address a number of the of the challenges that people working in the profession face.”

Dr Pal added: “In addition to what membership will say about you as a practitioner, being a member also supports the other areas of the college that we are involved with, namely the production of our quality guidelines and standards that are relevant to your work and practice, and research in primary dental care. These activities, guidelines and research are directly in line with the charitable aims of our college – because the college is a charitable organisation, just like every other medical and surgical royal college.”

He concluded: “What do we have as benefits of membership of the academic realm of dentistry? We’ve got the recognition of your professional development, access to mentor supported career pathways, we have involvement of the whole dental team, we’ve got supporting the charitable functions of developing guidance and research relevant to your work.

“You’ve got discounted indemnity, you’ve got free access to dental CPD, to the Primary Dental Journal, and access to local CPD organisations.

“So, the question, I think, is not why join, but what’s stopping you from joining? I urge all members of the dental team to consider this wide range of benefits. Join us now at this historic time, to be part of the new college, showing vision, and help shape the future of dentistry and dental careers.”



Dr Pal has highlighted the benefits of membership

WORDS  
WILL  
PEAKIN





# Inspired by Glasgow, rebuilding in Mosul

*A dental school graduate is applying his experience of the city where he studied to help the city where he was born*

WORDS  
WILL  
PEAKIN



Dr Almkhtar

Main picture: A child in the street of Mosul's Old City, April 2021. IS control had a significant effect on the oral health of the population, said Dr Almkhtar

Not long after 6am each working day, Dr Anas Almkhtar, a graduate of the University of Glasgow's Dental School, sets off from his home in Duhok, a city in the Kurdistan region of Iraq, and drives south, through army checkpoints, to Mosul, the city where he was born. Dr Almkhtar is a senior lecturer there, at the College of Dentistry.

"Mosul has not yet recovered from the effects of war," he said, "and my family's safety and our children's schooling is an issue. So, we settled in a place which is nearby, but much safer."

Mosul was seized by Islamic State (IS) in 2014. The battle to retake the city began in October 2016 and lasted nine months, during which time around 10,000 civilians died - and large parts of the city were reduced to rubble, compounding the destruction already wrought by IS.

Four years later, normal life is still only slowly coming back to Mosul, according to a report by the Associated Press. "Merchants are busy in their shops, local musicians again serenade small, enthralled crowds. At night, the city lights gleam as restaurant patrons spill out onto the streets," wrote Samya Kullab, a reporter, last December<sup>1</sup>.

The Iraqi Government has made some progress on large infrastructure projects and restored basic services to the city. A complex mix of entities oversee other reconstruction efforts; from the local, provincial and federal governments to international organisations and aid

groups. But much of the work is down to local people.

After graduating with a PhD from Glasgow in 2016, Dr Almkhtar returned home the following year to find that the university had, unsurprisingly, not escaped the ravages of war. He set about devising a plan to rebuild the damaged facilities. To date, his efforts have supported the restoration of 80 per cent of the teaching and clinical equipment at the dental college. The building has been repaired and cleaned, allowing teaching, research, and dental clinical care activities to resume.

Dr Almkhtar also campaigned for local, national, and international help, established a research fund, and secured a \$15,000 USD grant from an international charity to help build a 3D laboratory similar to the one he had trained in at Glasgow. During the COVID-19 pandemic, he led an intensive training course on e-learning, attended by 400. This was followed by an international collaboration which led to publication of a scientific paper in the same field<sup>2</sup>. He set up a patient data filing system and supported the development of an ethics committee to regulate clinical research at the university. Dr Almkhtar has helped and supervised master's and PhD graduates, coordinated post-graduate courses, encouraged his students to submit research findings for publication. He himself has published seven peer reviewed articles since his return to Iraq. Dr Almkhtar also established a programme of postgraduate events, including a weekly journal club, educational symposia and research seminars.

“

## I INSTILLED WITHIN MOSUL'S DENTAL SCHOOL WHAT I DESCRIBE AS THE 'GLASGOW THEME'

DR ANAS ALMUKHTAR

Dr Almkhtar is a founding member of the Iraqi Digital Dental Society and sits on the university's committee working to establish academic links with European universities. Earlier this year, he was named as a finalist in the University of Glasgow's 'World Changing Alumni Award'.

On returning to his home city, for inspiration, Dr Almkhtar drew heavily on his time in Glasgow. "When I returned, I saw the university and the amount of destruction I recognised an opportunity to build an even better institution. Because of the positive impression Glasgow had left me with, I instilled within Mosul's dental school what I describe as the 'Glasgow theme'. I submitted proposals to upgrade the postgraduate studies, based on my experience in Glasgow," he said.

"This was followed in a few months by a proposal and a pilot study of an exact copy of the patient filing system of Glasgow's dental school. About a year from that – and with the help of other UK graduates – we were able to propose and luckily establish a research ethics committee based on British standards, inspired by the protocol and code of conduct that I received from the NHS research ethics committees in England and Scotland."

Challenges remain, however. "The people of the city of Mosul have suffered throughout from neglect and the three years under IS control. It brought the population to an unprecedentedly low level of dental and oral health. Now, the dental school, with its very limited resources, is working to help as many as possible in the local community to regain an acceptable standard of oral health." His dedication to the city is clear. "This was where I grew up, was educated and worked until I left for Glasgow in 2011," he said.

Science and education run through his family; his father is a retired professor of public health at Mosul College of Medicine and his mother, a retired primary teacher. His sister is a biologist, one of his brothers is a doctor and the other, a dentist. "I grew up wanting to be a pilot, travelling everyday around the world. Perhaps it was my brother, the dentist, who now works in London, who was behind my eventual desire to enter the field." The destruction and loss of life in Mosul may have been halted, but people still live with uncertainty. "One of the main differences, in my eyes, when I returned was 'order'," he said. "In Glasgow you can clearly see that almost every event – this includes simple daily life events – are planned for and well-organised beforehand. In Iraq, life has a predominant nature of chaos

and even plans that are well set will definitely need to be modified after a short-time due to being surrounded by an unstable environment and quickly developing situations." That does not curb the aims of Dr Almkhtar and his colleagues, though. "Our ambition is unlimited," he said. "One of our goals is to increase the size of collaboration between the Glasgow Dental School and the Mosul College of Dentistry, to the level of an academic twinning. That's a path that we have already started on through a series of meetings during the past two years." Although the pandemic meant a move to online learning, post-graduate teaching – with just a few students attending – can now be done in-person. "This week I've also been helping one of the postgraduate students to scan models in our 3D lab," he said. "I gave an online lecture in orthodontics for year-four BDS students, along with few administrative duties."

Away from Mosul, Dr Almkhtar strives to maintain a sense of normality. He works in the city until 2pm, returns home for a light meal and then works at a private clinic in Duhok until 8pm. Then it's dinner with his family, a catch-up on the day's news, and preparations for the next day. "Family time is limited in my life. So, whenever I can, I take them on a trip to the countryside or even to the nearby park. This is my ultimate relaxation and joy. Then, each Friday one of the family will take their turn to choose a nice restaurant for a meal together – and then we'll have a family movie night."

Dr Almkhtar with students at the College of Dentistry



### REFERENCES

<sup>1</sup> <https://apnews.com/article/international-news-islamic-state-group-iraq-7833d6cdd0f8ae2ac189e388f62571e7>

<sup>2</sup> <https://europepmc.org/article/med/33198761>



# A call to action

*Each dental workplace should have an identified individual who acts as a 'mental health wellness lead'*

A new dental initiative has been launched to encourage all dental workplaces to make mental health wellness a priority.

The Mental Health Wellness strategic steering group was formed through the Dental Professional Alliance, specifically to co-design, develop and maintain a framework that encourages and enables all dental professionals to act in a timely, appropriate, and safe manner when identifying mental health wellness issues in the workplace.

The steering group has been led and chaired by Fiona Ellwood BEM DPA, a trained and practising Mental Health First Aider, and Roz McMullan, Chair of Probing Stress in Dentistry in Northern Ireland.

Why now? Mental health is never far from front page news, and it has a longstanding association with dentistry. But when you look closer this appears to be more commonly associated with dentists rather than the whole team. To anyone that understands the intricacies of being part of a dental team and especially the clinical team, it is perhaps difficult to understand why there have only ever been papers and research on dentists.

Yes, there are added pressures, but if pressures spill over it can very quickly become a team matter. Support for the whole team is varied across settings - primary and secondary care - and across team members and yet mental health knows no such boundaries, and this was the driver and start of the work from the Dental Professional Alliance.

There have been several papers produced during the pandemic about stress, anxiety, and burnout, most have again focused on the dentist. When you look to the NHS in general, it talks more broadly of frontline staff, although much has been written about the nursing teams too. Whilst we know that stress, anxiety, and burnout are not mental illnesses we know that they can add to mental health issues.

Last month, the Office for National Statistics published data on coronavirus and depression in adults, and this paints a worrying picture. Double the number of adults have experienced depression symptoms in comparison with the pre-COVID statistics<sup>1</sup>. Between January and March this year, one in five (21%) have suffered with depression symptoms, with an increase from November 2020 which was 19%. Notably, the evidence shows that 4-10 cases are young adults and female.

Coincidentally, *Humphris et al*<sup>2</sup> published a paper in April looking at health and wellbeing in dental team members as an outcome of the uncertainties of the pandemic. "Of 329 respondents the researchers report that 27% appear to have reported significant depressive symptomology and 55% appear to suggest that they have suffered emotional exhaustion". The paper suggests that primary care staff reported a higher incidence. What is of great interest are the recommendations, which clearly suggest that there could be benefit of "resourcing staff support and interventions to help team members in challenging times."

Not only does the *Humphris et al* paper speak to the whole team it touches on the narrative of resourcing staff support and interventions, which takes this full circle and right back to the principles of the extensive work recently undertaken by the Dental Professional Alliance and stakeholders, who have designed a framework introducing the need for a mental health wellness lead in every dental setting with an underlying ethos that early intervention and safe signposting is paramount.

The initial call to action from the initiative is that each dental workplace should have an identified individual who acts as a 'mental health wellness lead' and who, through a recognised training programme, is confident, competent and committed to improving the perception of mental health

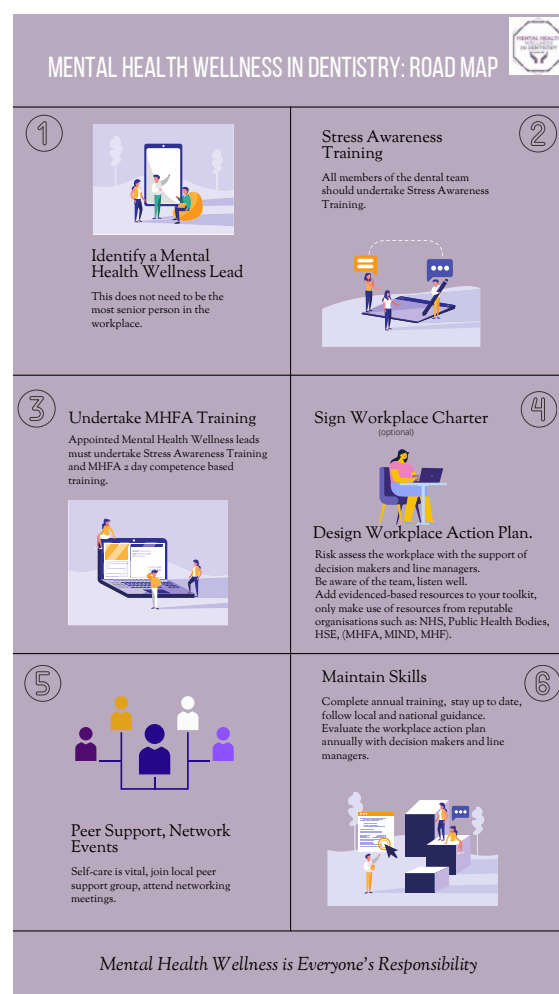
## WORDS WILL PEAK IN

wellness in the workplace. This forms part of a six-stage process:

- Identify mental health wellness lead
- All members of dental team to undergo stress awareness training
- Leads to undertake MHFA training
- Design workplace action plan
- Join local peer support networks
- Complete annual training and maintain skills

Roz McMullan said: "No one should feel alone or unable to talk to someone at work and for this very reason, this call to action asks decision makers and line managers to adopt this cultural change to mental health wellness in the dental workplace and commit to the recognised training pathway."

Fiona Ellwood added: "We want



# "WE WANT THIS TO DELIVER REAL CHANGE IN THE DENTAL WORKPLACE THROUGH A PLAN OF PRACTICAL ADVICE AND ACTION"

FIONA ELLWOOD

this mental health wellness to deliver real change in the dental workplace through a plan of practical advice and action. We will work with partners to provide leadership, support, and direction on joint work. We will work with employers, local teams and professional partners in the UK to oversee implementation of the framework. Fundamentally, we want to see a mental health wellness lead in every practice and place of dental employment across the UK."

The launch of the framework was welcomed by the General Dental Council (GDC). Rebecca Cooper, Head of the GDC's Policy and Research Programme, said: "Conversations about mental health should be encouraged. Dental professionals should feel able to share their experiences and think about the steps that can be taken to improve and safeguard mental health wellness."

"Produced from within the sector, this new framework provides clear and simple everyday guidance which promotes mental health wellness for all members of the dental team. Dental professionals' mental health plays a vital role in the provision of safe, effective, person-centred care and this framework is an important step forward."

For more information about the initiative and how you can get involved, visit: <https://mhwd.org>

## REFERENCES

1. Coronavirus and depression in adults, Great Britain: January to March 2021: <https://tinyurl.com/du64j7zf>
2. Exploring the Effect of the COVID-19 Pandemic on the Dental Team: Preparedness, Psychological Impacts and Emotional Reactions: <https://www.frontiersin.org/articles/10.3389/froh.2021.669752/full>

## Endorsing partners

The initiative has gained widespread support from across dentistry, with a large number of endorsing partners including the Royal Colleges of Surgeons and the Royal College of Physicians and Surgeons, General Dental Council, Chief Dental Officer of Scotland, Chief Dental Officer of Wales, Acting Chief Dental Officer of Northern Ireland, FGDP (UK), College of General Dentistry, British Dental Association, British Orthodontic Society, Association of Dental Groups, British Association of Dental Therapists, British Society of Dental Hygiene & Therapy, Society of British Dental Nurses, Orthodontic Therapists Society, Orthodontic Technicians Association, British Institute of Surgical & Dental Technologists, British Association of Clinical Dental Technology, British Society of Paediatric Dentistry, Denplan, Dental Laboratories Association and Mental Health First Aid (MHFA) England.

## Running Scotland 2021

### *An up and down few months ...*

It has been a massive relief to begin to see lockdown restrictions easing, allowing meet ups with friends and family, and the ever-tempting draw to the pub. It does of course make scheduling the long evening and weekend runs that little bit more difficult. It's finding that balance between keeping fit but not becoming a complete social recluse! It has, however, allowed our first official Running Scotland meet up to take place. Ryan and Paddy took on the Pentland Skyline a few weeks ago, decked out in full kit, navigating the 30km route which involves 6,000ft of climbing. It's scary to think an average day on our challenge would be at least two of these back-to-back.

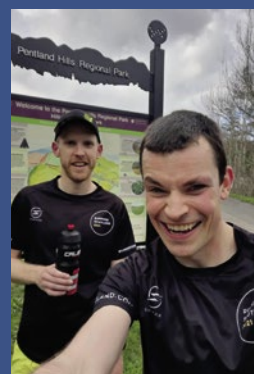
Stuart absolutely smashed his Run the Date Challenge in March. This involved running 1km on the 1st, 2km on the 2nd, all the way to 31km on the 31st. For any sane person this would be their main challenge for the year. And whilst going from the highs of running 496km in one month to the lows of accidentally deleting his carefully curated semi aggressive running playlist (don't ask!), he's back on the scene to begin the hard summer miles in preparation for September, with running coach to boot.

Derek has all but fully recovered from his injuries which plagued his training for a number of months. Now steadily putting in the long miles around the hills of Greenock, alongside some kind of perverse Munro fetish. Although with Rangers winning the league and Scotland's forthcoming appearance in the Euros, there's every chance for a non-running-related injury.

Whilst we all "enjoy" getting out running, this is sometimes the easy bit. Behind the scenes there is a lot more going on - booking accommodation, organising routes, arranging support crews etc etc. Although arduous, over the next few months we will be carefully planning everything to the minute detail to ensure all we need to focus on is the run itself. A major high has been smashing the £2,000 barrier for SAMH. Thank you once again for all your generous donations, you know who you are. Mental health awareness week reminded us all of why we are doing this challenge, and the importance of looking after yourself, both physically and mentally. Finally, massive thanks to our run sponsors who have been instrumental in allowing this challenge to take place.

[www.runningscotland.com](http://www.runningscotland.com) / [www.justgiving.com/runningscotland2021](http://www.justgiving.com/runningscotland2021)

(Running Scotland is kindly supported by: Kalyani Dental Lounge, Extreme Business with Coach Barrow, Rachel Barrow Web and Design, Quintess Denta, Sweden and Martina, PW and Partners, Vision Dental Laboratory, Kitchens International, Biohorizons Camlog, Perioacademy, Tunnocks, Ashley Latter Dental Sales Training, GSS Autocentre)





## won't let COVID-19 stop children having a healthy smile

*An initiative established in Dundee Dental School is working hard to tackle the impact of inequalities on young people's oral health*

WORDS  
SHANNON  
POLSON

**T**oothy Tigers is an initiative comprising students from the University of Dundee's School of Dentistry. Our primary goal is to educate children about the value of their oral health through engaging demonstrations and presentations on how to perform the recommended oral hygiene, along with dietary tips. The long-term mission is to prevent dental disease, whilst striving to ensure equal opportunities for children in the education of good oral health. We believe it is crucial to educate, guide and encourage children to adopt positive habits from their youngest years to reduce dental fear and set in motion good oral health for life.

A smile is one of our most important assets; we have noticed this now more than ever. With the need to wear masks in public, we now see how significant a smile really

is. A healthy smile gives us the confidence to share who we are with others. Cultivating good oral hygiene from a young age provides children with a head start as they learn how to be independent in caring for their oral health.

On coming to Dundee, I wanted to continue voluntary work alongside my studies and becoming part of the Toothy Tigers team gave me the perfect opportunity to help more people. As dental students, we are very fortunate to have been taught oral hygiene and wanted to reach out and share what we have learnt, in order to help address inequalities in oral health. Simply educating patients when they attend the clinics, potentially will miss the significant number of children who are not regularly brought to the dentist. Throughout the past three years, I have thoroughly enjoyed my involvement in Toothy Tigers, which has allowed me to apply what I have learnt studying dentistry to help others and lead the team through these changing times.

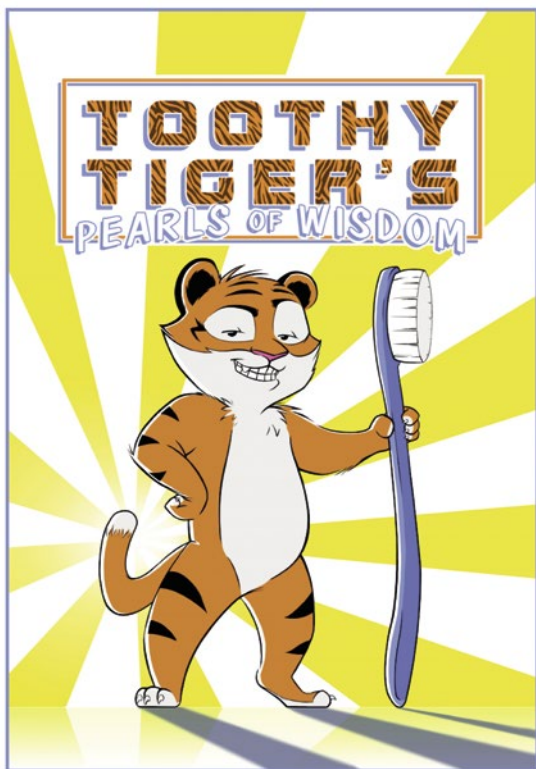
### Work in the community

Before the COVID-19 pandemic, Toothy Tigers delivered educational workshops to primary school children in Dundee and its most deprived areas. We worked with schools to tailor our presentations and resources to their timetable and class groups. Toothy Tigers enjoyed delivering interactive assembly presentations to many pupils. Teaching oral hygiene knowledge with an element of fun and seeing the number of children who were eager to learn and go home to put into practice what they had learnt was very encouraging. Likewise, days working with a small student to pupil ratio allowed the children to try on and see our uniform up close - and looking at our puppet's teeth. These interactions were fantastic at breaking down any dental fear. The Toothy Tigers' presentations place great emphasis on two-way learning with 'questions for stickers' and games to consolidate their learning. These teaching methods have been pivotal in teaching basic principles that get overlooked, such as 'spit don't rinse' and not brushing straight after eating and drinking acidic sugary drinks. Thanks to the kind donations we received,

Toothy Tigers delivered educational workshops to primary school children in Dundee







Toothy Tigers have also been able to supply toothbrushes and toothpaste to the pupils at different schools.

On one such occasion, our Toothy Tigers team delivered an oral health workshop at a local secondary school for transition pupils, and this was accompanied by colleagues from the Scottish Government-supported Childsmile programme and two sponsors who provided toothbrushes and toothpaste for distribution to pupils. There was press interest in this event and the following day, a local newspaper published a news story highlighting that deprivation in Dundee could potentially have oral health implications in that school pupils were reporting the use of shared toothbrushes. This resulted in a redoubling of efforts to tackle the effects of deprivation through engagement with the local community in Dundee with a 'Valentines Smiles' event.

Toothy Tigers successfully hosted 'Valentines Smile' drop-in days in 2019 and 2020 at Meadowside St Paul's Church. We gave oral health and toothbrushing advice along with friendly chats to the local community. Given that Dundee has one of the highest numbers of children with tooth decay in Scotland, this additional initiative by Toothy Tigers has shown families and children the recommended ways to brush their teeth and encouraged the reduction of sugary snack intake to instil healthy habits for the most deprived people in Dundee. Attendees received a free toothbrush, toothpaste, soup and sandwiches to encourage healthier eating habits and daily brushing. This was a much-needed event for families in the area.

#### Continuing during the pandemic

The pandemic may have put a halt to our delivery of in-person workshops, however, this did not stop Toothy Tigers from continuing its duty of educating young populations in good oral health. With routine dental visits and check-ups being on hold, Toothy Tiger's goal to promote good oral health became even more important. We needed to adapt, creating new ways of delivering these



The Toothy Tigers team (above). Clement Seeballuck, Priyanka Shah, Cara Marcuccilli, Iona Goldie, Shannon Polson, Faizaan Rafiq, Peter Mossey, and (left) an in-class/ take-home comic strip resource by Robbie Macoy

messages. Voiceover PowerPoint presentations and an in-class/take-home comic strip resource for distribution by the teachers, in addition to optional Zoom meetings, ensured teachers were kept well-informed on how they could help students maintain their oral hygiene in these challenging times.

Toothy Tiger's commitment to continuing its mission during lockdown saw it gain a commendation in the 2021 Stephen Fry award for Public Engagement as part of the 'Science@Home Kits' programme, a digital home learning programme. The students' initiative joined in with this partnership set up by Dundee Science Centre along with Dundee City Council Education Department, Dundee Bairns and Dundee University to help respond to the needs of the community during pandemic. Toothy Tigers ensured toothbrushes, toothpaste and the educational comic strip we produced in coordination with a medical art student were delivered to 350 children, along with their activity kits and foodbank deliveries under the 'Science@Home Kits' scheme.

Toothy Tigers are committed to discovering new ways to reach out and educate young people both locally and further afield, especially during these times. Most recently, we have been collaborating with The International Dental Federation (FDI) for the Comprehensive Cleft Care Programme. Using the evidence-based information provided by the FDI, we designed and produced leaflets that will soon be distributed internationally. Toothy Tigers played an important role in developing graphics and information tailored to audiences of different age groups. Additionally, we produced a standardisation for the different age groups leaflets and the FDI are now taking these into final development.

#### Looking to the future

Toothy Tigers cannot wait to inspire more children in its engaging classroom workshops soon. Until then, we are continuing our support for the 'Science@Home Kits' scheme over the coming summer and summer camps. Additionally, we will continue to enjoy exploring new avenues for widening our reach to encourage good oral hygiene habits across communities. And seeking further opportunities to collaborate with other organisations to tackle inequality together.

*Shannon Polson is studying dentistry at the University of Dundee.*

# NEVER LET A GOOD CRISIS GO TO WASTE

*Take your best thinking, and the lessons learned from the pandemic and use it to build a better future*

[ WORDS: ALUN K REES ]

**THE PHRASE IN THE HEADLINE IS** usually attributed to Winston Churchill but can be traced back to the renaissance philosopher Niccolo Machiavelli. The message is clear; take the opportunity that the past 15 months have given to sort the wheat from the chaff, to embrace the change you want to make. Many of us have had our foundations shaken, some more than others and in different ways. The urgency felt by a practice owner may not be shared by someone salaried, nor by an associate.

The fact is that as a community we have been largely in survival mode, having to make short-term decisions on the hoof, dealing with what is in front of us and by rolling with the punches. Dentists have, yet again, proved themselves to be agile and adaptable; they have embraced the enforced changes and, for the most part, survived.

What I want to do here is to encourage you to take your best thinking and the lessons learned from the pandemic and use it to build a better future for yourself. I know there have been plenty of negatives but we can start with some positives.

I have already mentioned adaptability; dental teams shifted into survival mode very quickly, accepted they needed to make changes in their working patterns and got on with things. Wherever possible they stayed open or re-opened quickly. Always at the forefront of cross-infection they took PPE introduction, ventilation and patient control in their stride.

Patient communications were improved and speed of response, although difficult, was high. Appreciation of patient concerns was reflected in the reassurances that were given. Of course nothing is ever perfect and you can't please all of the people all of the time, but the good practices showed why they were good and many of the "less good" ones got their acts together and have survived, so far.

Where are we now with thinking? The temptation for many is to embrace the old ways and to retreat into our comfort zones



## WHY NOT TAKE THINGS FORWARD RATHER THAN BACK TO HOW THEY WERE?

as quickly as possible. I believe by doing that you may well be missing a huge opportunity to make meaningful change. Think back to early 2020, had we been offered the watershed that COVID-19 has brought to all our lives I think many would have taken the option to consider their futures.

My challenge to everyone – principal, associate or practice manager – is to start by asking yourselves five questions about the past 18 months.

- What worked? For you, where you work and how you work.
- What didn't work and what should you change?
- What have you learned? About yourself, your situation, your attitude to work and those with whom you work.
- Knowing what you do now, what would you have done differently? How would that have changed things? Could you have altered the way you were affected?
- What will you do differently from now on and in the event of such a crisis happening again?
- So far so good, but how do you prevent this list becoming something you rediscover in three years and wonder why you didn't make any progress?
- Take time to plan but do set a start date. Committing to commencement is the best way to make it happen. Share your engagement and reasons with someone you can trust, who will be your cheer leader and will encourage you every step of the way.
- Start with the end in mind. The second of

Stephen Covey's "Seven Habits" is the way to gain momentum. Have a clear view of the outcome of any and all changes that you want to make and ensure that your journey is heading in the right direction.

- Mark the journey points along the way, these do not have to be set in stone but will help to measure your progress. Make them realistic but ambitious.
- Anticipate resistance. The greater the change the less chance that it will be understood and the more resistance that will come from team members. Encourage participation; try to see the changes from every point of view.
- Educate. Share the reasons for making change by emphasising the negatives of where you are at present and how much you all want to move away.
- Then explain at length the positives. Focus on the good things of the destination. Take a lesson from travelling for a holiday by thinking about the beach and sun and not the queue at the airport.
- Keep communicating throughout.

There will be times where you make bigger changes than others, when incremental change will not work and a "big-bang" has to be made. Decide what will work best for you, make clear plans and then stick to them. Things are still uncomfortable so why not take things forward as you want them rather than sinking back to how they were? Having survived the crisis, let us not waste it.

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

[www.thedentalbusinesscoach.com](http://www.thedentalbusinesscoach.com)





**Prosthodontics**



**Dental Implants**



**Endodontics**



**Oral & Maxillofacial  
Surgery**



**Periodontics**



**Orthodontics**



**Sedation**



**Hypnotherapy**



**Onsite Lab**

# SCOTTISH CENTRE

FOR **EXCELLENCE** IN DENTISTRY

## Welcoming referrals in:

**Implantology • Oral and Maxillofacial Surgery • Periodontics  
Orthodontics • Endodontics • Restorative Dentistry  
Hypnotherapy • Sedation • CBCT Scanning**

Referrals are accepted via post, telephone or via our website.

### **Implantology, Restorative and Periodontics:**

**Mr Arshad Ali** | Specialist  
in Restorative Dentistry &  
Prosthodontics

### **Implantology:**

**Dr. Scot Muir** | Special interest  
in Restorative Dentistry &  
Implantology

**Dr. Abid Faqir** | Special interest  
in Restorative Dentistry &  
Implantology

**Dr. Colin Burns** | Special interest in  
Restorative & Implant Dentistry

### **Endodontics**

**Dr. Mark Lang**  
Special interest in Endodontics &  
Restorative Dentistry

### **Aesthetic and Restorative Dentistry:**

**Dr. Kevin O'Farrell** | Special  
interest in Restorative Dentistry &  
Implantology

### **Orthodontics:**

**Dr. Imran Shafi** | Specialist in  
Orthodontics

### **Oral and Maxillofacial Surgery:**

**Dr. Andrew Carton** | Consultant  
Oral & Maxillofacial/Head & Neck  
Surgeon

### **Surgical Dentistry and Sedation:**

**Dr. Ferhan Ahmed** | Dental  
Implant Surgeon

### **Hypnotherapy and Mindfulness:**

**Dr. Mary Downie** | Hypnotherapy

### **Radiology:**

**Dr. Clare Fenlon** | Consultant  
Radiologist



**Our laboratory is equipped with every possible technical aid  
including the latest digital scanning and CAD/CAM equipment by  
Nobel and Straumann.**

Our technicians are more than happy to provide any technical input or  
advice that may assist in planning your case please email  
[lab@scottishdentistry.com](mailto:lab@scottishdentistry.com)

If you would like to discuss referring a patient please contact our friendly reception team on **0141 427 4530** or visit us  
online at [scottishdentistry.com](http://scottishdentistry.com) or email at [enquiry@scottishdentistry.com](mailto:enquiry@scottishdentistry.com)

SCED, Watermark Business Park, 335 Govan Road, Glasgow G51 2SE

a part of **PORTMAN** dental care



# DENTAL MANAGERS TAKE THE FLOOR

Susie Anderson Sharkey introduces a new feature...

**SINCE STEPPING DOWN FROM** management in 2019, I have had time to reflect on my career in dentistry. As a practice manager, I always felt it was a very lonely role; there were no other managers around me to help me, mentor me, encourage me (or discourage me if my ideas got too wacky!). Nor were there formal qualifications in dental management for many years, indeed until I was almost 50 years old! Having spoken to other managers over the years, I discovered that many of them felt the same. Over the next few months, we are going to be hearing from managers in the industry, to let each tell their unique story of how they came to be where they are today. We're starting this series with an interview I conducted with Louise Fletcher who is currently the operations manager at SDC Group. So, let's see what Louise had to say about her journey.

## How long have you worked in the dentistry?

"Actually, my real desire was to be a dentist, but I was desperate to get out into the big wide world so didn't stick in at school. I've been working in the dental world since 1997. I started as a trainee dental nurse immediately after leaving school."

## How long have you worked as a manager in dentistry?

"I've been a manager for seven years and I love it."

## What made you decide to become a manager?

"I have always had a passion for dentistry; I was working in a fantastic clinic and although I worked with an amazing team, I realised that I wanted a change from nursing. I wanted the challenge of managing a clinic."

## What route did you take into management?

"Well, the short answer to that is, my route has been through hard work and determination. But here's a fuller version. I started in a two-surgery clinic, it was in the early stages of development, having started as a squat practice. The owners acquired a further two clinics which I assisted with the acquisition and integration of. While working, I completed a Level 4 Diploma in

Dental Practice Management. After three years as Practice Manager, I worked for a small group for a short period of time, managing six clinics across Scotland. At this point, I developed a passion for multi-site management. I then joined a large growing corporate group in the role of Integrations Manager. I am now part of the Senior Management Team at SDC Group, as Operations Manager. In the last 18 months, we have worked hard as a team to grow our existing clinics and already in 2021 we have integrated a further two clinics into our group with several more acquisitions lined up."

## What changes have you seen in the industry in the past five years?

"I think it's safe to say that digital dentistry has been the biggest change in the industry. Developing paper-free clinics when we were so reliant on paper has been a bonus – technology has made this possible."

## Do you think there is a good support network for PM's?

"In the industry in general, I do tend to feel it is insufficient. However, we have developed our own support network in-house to ensure efficiency and wellbeing."

## What is the biggest challenge you've faced to date as a manager?

"It has probably been growing our teams and clinics during a global pandemic. Like all other practices, we had to close down all clinics for a time. We used the time to develop a growth plan, as well as a business plan emerging from COVID-19, to add further clinics and grow existing clinics."

## What area of management do you find most rewarding?

"I thrive on communicating with the teams, being able to meet with them in the clinics to see how the treatment is being delivered to our patients. I love to see the team members developing and flourishing. I thrive on coaching and leading the teams, helping them achieve goals and learn new skills."



## If you were to start your journey over again, what would you change?

"I was very fortunate to have worked with some of the most amazing professionals, they have made me who I am today and given me opportunities to develop my skills. My journey has had its ups and downs, but every day is a new day. In hindsight, I should have gone to university and studied dentistry when I had the opportunity."

## Do you feel there is enough relevant CPD for PM's?

"I feel there's a lot out there for dentists but still not the individual team members."

I would love to see more CPD courses that teach relevant communication skills for the whole team, including nurses and managers. For example, managers need to develop the skills on how to have difficult conversations with staff members and how to bring these to a successful conclusion. We run an in-house operational supervisors training programme to help with career progression."

## What advice would you give to those who aspire to be managers in dentistry?

"From my last seven years I would say:

- Be open minded and prepared to learn.
- Find a good leader and coach who can mentor the initial stages of management.
- Management in a single clinic is a lonely role, but extremely rewarding. If you are fortunate to be part of a group of clinics you will learn many new skills and attributes from members of your extended team.
- Learn to delegate. I struggled with this in early days and thought I had to do it all myself for it to be done correctly. I learned the importance of taking a step back and let others develop their skills also."

*My thanks to Louise for all this great advice for our dental managers. It's so encouraging to hear from like-minded individuals in our industry and this helps us boost our confidence in our role.*

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



## THERE HAS NEVER BEEN A MORE RELEVANT TIME TO INTRODUCE A DENTAL PLAN TO YOUR PATIENTS

Get in touch to find out how ICP can help you take control  
of your future.

ICP will allow you to personalise your Dental Plan to represent your business. We will provide you with full support through the setup process, including team training to ensure your staff have the knowledge and confidence when promoting your Plan.



**YOUR DENTAL PLAN PROVIDER**  
SINCE 1995

**BOOK A CONSULTATION • [www.ident.co.uk](http://www.ident.co.uk) • [bdc@ident.co.uk](mailto:bdc@ident.co.uk)**  
**Tel: 01463 223399**

# WHAT CAN AN AGENT DO FOR YOU?

With such a buoyant market, despite Covid-19, many principals are considering their exit strategy and the sale of their dental practice. As such, should you find an agent or try going it alone?

## VALUATION

Gone are the days in which the value can be ascertained by using a percentage of the turnover. The value of practices is determined by what is known as EBITDA (earnings before interest, tax depreciation and amortisation). In essence, this is a reconstituted profit figure which removes personal costs, one-off items and brings each practice into some level of parity. There are two calculations that will be calculated, being an 'associate-led' EBITDA and a 'principal-led' EBITDA. Once this has been calculated (correctly), then a multiple will be applied to each of the calculations to determine the practice value.

The valuation methods used now are far more accurate and because a multiple of profit is used, this in essence is a return on investment (ROI) for a purchaser, meaning that the practice should always be financially viable.

However, with the complexities of the calculations, it should only be undertaken by someone who knows exactly how this should be calculated, what costs to remove, what costs may even need to be added and someone who knows what multiples the practice should achieve.

Valuations are currently calculated on pre-Covid information, although income since has to be also considered. This, more than ever, needs the experience of someone who has the day-to-day dealing and producing figures that are accepted by the buyer's banks valuer.

## BUYERS

One of the keys to getting the best price (and terms) for the practice is to approach the right buyers and have as many offers as you can to choose from. Not only does this give you options of the buyer that you like, as you will be leaving your practice, staff and patients to this person, but the more demand you have for your practice, the higher the offers are likely to be.

When employing a sales agent, not only are you getting their expertise, but you are getting access to their database of buyers which is invaluable; the relationship that they have with the Corporate, knowing the dentists who are buying multiple practices in certain areas and the extensive list of dentists looking to own their first practice. Most agents will invest significant time speaking with all types of buyers and keeping up to date with who is looking.

When significant demand can be created then the likes of 'best and final' offers can be taken with multiple offers. This will ensure that the price is driven upwards. It does not matter whether this be for owner occupiers or a multiple of Corporates. The more



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.  
pfordental.co.uk  
T: 01904 670820  
M: 07779 658332

offers, the better the price and terms can be negotiated. For people looking to sell to a Corporate, it is not just the household names that are looking – there are so many Corporate buyers currently in the market who are not known to the wide public, but may offer better price and terms.

## VERIFICATION OF THE BUYER

One important consideration is to ensure that the buyer can afford the practice and some investigatory work is required to look at their financial position. This is even more important when the buyer is offering in excess of the asking price, as not only would they need the deposit for the asking price but will also need the surplus amount that they have offered in cash (or other security). An experienced agent can verify this and also assist the buyer arranging finance, where required, to ensure that the sale goes through as smoothly as possible. If cash is being used, then have you seen any proof? All of this ensures that you are not wasting time and money with a sale that cannot be afforded and may fall through.

The market is very active at the moment with many associates looking to purchase as well as Corporates looking to increase the number of practices that they hold. As such now is a good time to sell. If you wish to sell, then I would urge you to take expert advice, having someone walk you through what is quite a complicated process and maximising the offer by attracting as many purchasers as possible.

“

IF YOU WISH TO SELL, I WOULD  
URGE YOU TO TAKE EXPERT ADVICE.”



# The Dental Practice Sales Agent

*The UK's most trusted professional sales agency*

**You cannot be in better hands with our expert valuers,  
a single point of contact throughout the sale,  
advising from start to finish.**

- Dental practice valuations
- Open market sales
- Sales to Body Corporates
- Sales to Associates

**95%  
of our  
NHS practices  
sell for free**

**Planning to sell your dental practice?**

We've helped thousands of dentists like you

**pfm  
dental**

**pfm dental.co.uk  
01904 670820**



# SURGERY PREMISES – GETTING ALL YOUR BRICKS IN A ROW

From planning permission to title deeds, some of the issues you need to consider

**W**hen we act for a seller or a buyer of a practice, in most cases the focus is primarily on the goodwill of the practice. There is a side mention of the surgery premises (whether it is owned or leased), but it is very much an add on.

This is totally understandable, as the bulk of the value of the practice tends to lie in the goodwill. In turn, the property market hasn't been spectacular over the last 10-20 years, unlike in previous decades, and so the likelihood is that if you own your premises, it won't have shot up in value over that time.

Having said that, without a premises a practice can't operate, so it is really important that a principal ensures that their property arrangements and documentation are all in good order. This becomes particularly important when you come to sell the practice. In our experience, it can often be the property which causes problems at the time of sale. Many cause delay, many will involve cost to deal with, and in the worst case scenario may prevent the sale happening. However, with some forward planning a number of potential issues can be addressed.

We can't cover all of the property problems which might arise, but here are some common issues which we see from time to time:

## TITLE DEEDS

In a partnership, the partners change from time to time. When that happens, the documentation to keep the title deeds to the property in line with the current partners needs dealt with. Otherwise, when you come to sell, your lawyers may need to track down long retired partners to have them sign paperwork. That dentist lazing on a beach in Australia may not be in a rush to sign!

## BUILDING WARRANTS (& COMPLETION CERTIFICATES!)

When you do alterations to a building, in many cases you will need local authority consent, known as a Building Warrant. Your architect should obtain that for you, but make sure that all is in place. Just as importantly, once you have done the work, that isn't the end of the road. You need to get the local authority out again to inspect them. They will check that the works have been carried out in line with your Building Warrant, and if so they will issue you with a Completion Certificate.

If you didn't get all of the necessary paperwork at the time, there is the potential to have the Council review the works afterwards. They could then give you what is known as a Letter of Comfort. However, it isn't advisable to assume that would be forthcoming. They may require further works to bring the premises up to current Building Standards, as opposed to the Standards which were in place at the time of the works (you can hear the 'ker-ching' of the till now!). Even worse, they may require that the alterations be reversed.

## PLANNING PERMISSION

Alongside Building Warrants, in some cases a Planning Permission may be required. In particular, if part or all of your premises was previously used for another purpose (such as a house, shop, or office) you will need Planning Permission for Change of Use.

## LEASED PREMISES

If alternatively, you lease your premises, there are a number of issues which can arise on sale.

Firstly, and rather obviously, how strong is your lease? If it is worded in favour of the landlord, a purchaser may hesitate in taking



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

the lease on in its current format. The answer there is to ensure that your lease is reviewed by an experienced commercial property lawyer before you sign it.

Once again, the lease may provide that alterations can only be carried out with the consent of the landlord. Have you got all such consents in place?

Your lease may only have a short time to run. A buyer will generally want the security of a number of years in the premises, and so may wish to have the lease extended when they buy. You may therefore wish to explore this with the landlord before sale to get some comfort that they are happy for the lease to run on.

Finally, we do see some practices which operate from NHS or Health Board owned premises. In such cases, it is surprising how many have no written lease in place. While it may be very unlikely that the NHS would evict a practice, that isn't much comfort to a buyer who is spending substantial sums of money to acquire a practice. Nor is their bank likely to be hugely excited about that situation. It is therefore a good idea to seek a written lease from the NHS, although you should be prepared for that to take a considerable time to achieve.

## PLAN AHEAD

All of these potential issues are capable of being dealt with, but ideally you would wish to do so when there is no sale in the offing, and you can address them in your own time. So we advise our clients to check these aspects long before a sale. We are happy to help with that process if required, but either way planning ahead will set you up for a hopefully smooth sale process when the time comes.



# Specialist Legal Services for the Dental Industry

Trusted advisors to dental professionals across Scotland

“Michael Royden and his team at Thorntons definitely fulfilled all my expectations with the service they provided. From start to finish Michael controlled all aspects of the negotiations without undermining my thoughts and at all times keeping my best interests first.”

- Stuart Lutton

- ▶ Buying or selling a practice
- ▶ Buying, selling & leasing premises
- ▶ Practice Incorporation
- ▶ Partnership Agreements
- ▶ GDPR & Data Protection Guidance
- ▶ Employment & HR Services
- ▶ Retirement & Succession Planning



# LOOKING AHEAD TO - WE HOPE - A LONG, HOT SUMMER

Many aspects of life will be affected as we unlock the economy, but some things are likely to always remain the same

In 2020, the dental market was remarkably resilient yet there was a pause in M&A activity as practices reopened and businesses found their feet again which resulted in a striking shortage of practices entering the market for sale.

As we move through 2021, volumes are returning to pre-COVID levels, but the likelihood of CGT rises in the Autumn Budget could place another artificial deadline for completions leading to a spike in September/October time.

As we become more cautiously optimistic that day-to-day life is returning to normal, we wanted to look ahead to what we hope will be a long hot summer. Much has changed and

many aspects of life will be affected as we unlock the economy, but some things are likely to always remain the same...

Demand far outweighs supply in Scotland and competition for practices on the market remains quick and fierce with the implementation of closing dates for offers and multiple offers on practices being commonplace. We have agreed offers with an aggregate value of £200 million during Q4 2020 and Q1 this year, on average three offers were received per practice.

We see strong competition and pricing for city locations increasing and, as a result, buyers are beginning to widen their search criteria, seeking out practices in more semi-rural



Paul Graham  
Head of Dental,  
Christie & Co

locations, and buyers from the south of the border are also venturing into the Scottish market to make the most what's on offer.

Strong demand from an active and growing buyer base, coupled with this limited supply, is creating a strong market for sellers. Some highlights so far:

- £75,000,000 in agreed sales already in 2021
- 20% increase in new buyer registrations
- New sales achieved 20% more quickly
- Level of offers above pre-COVID levels

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

## Don't leave the sale of your practice to chance



Are you thinking of selling your dental practice? Or considering what your options may be following the impact of COVID-19?

Get in touch with our award-winning Dental team to learn about our full range of services

- Regulated by the RICS (Royal Institution of Chartered Surveyors), we work to the highest professional standards, valuing or selling hundreds of practices every year
- No 'tiered' or 'preferred' buyers working solely for you, marketing your practice to a wider selection of buyers to maximise the sale price
- An experienced agent who lives in and knows your region will support you through the whole process until completion
- Competitive, success-based fees and premium prices achieved from the largest specialist UK dental agent



In February 2020, my partner and I decided to put our dental practice up for sale. Christie & Co was extremely helpful in getting our brochure together. They liaised with our accountant to gather the correct figures, collated all of the information and photos and in just a few days we had an impressive brochure. Within a few days of our brochure going live, we generated a huge amount of interest and viewings. However, the pandemic hit and before we could carry out our viewings we found ourselves in lockdown. Throughout lockdown, Christie & Co was contactable and consistently providing updates. By the end of the summer, we received several offers - something that we didn't think was possible in June. I would strongly recommend selling a practice with Christie & Co. They were efficient and most importantly, know the industry well to ensure an easy sale.

**FRANCESCA WEBSTER - FORMER OWNER OF BLUEWATER DENTAL**

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:  
**0131 524 3404**



Brokerage | Valuation | Advisory | Consultancy | Investment | Research

[dental@christie.com](mailto:dental@christie.com) | [christie.com](http://christie.com)

# SENIOR NHS DENTISTS BEWARE – LTA FREEZE AND McCLOUD JUDGEMENT

In his recent budget, the Chancellor announced that Income Tax thresholds, Capital Gains Tax annual exemption and Inheritance Tax nil rates bands will all be frozen. One for any senior NHS dentists to watch out for is the freezing of the pension Lifetime Allowance (LTA).

LTA normally increases each year with inflation but will now remain at £1,073,100 until April 2026. The LTA is the total amount of pension savings you can accrue over all your pension 'pots' without facing additional tax charges when you begin the take retirement benefits.

When it comes to NHS pension schemes,

these are defined benefit schemes which nowadays are far less common. Unlike defined contribution schemes, where the actual value of your pension fund is tested against the LTA, the defined benefit schemes don't have a fund – you need to convert the value of your pension into a 'cash value' for assessing against the LTA. This can be a complicated calculation, especially if you have both an NHS pension scheme and your own separate personal defined contribution scheme.

On another note, the recent Court of Appeal ruling on the McCloud judgement, which determined the protection for all age



**Anna Coff**  
EQ Accountants  
E: [anna.coff@eqaccountants.co.uk](mailto:anna.coff@eqaccountants.co.uk)  
T: 01307 474274.

groups who were in the old legacy public pension schemes, means you can now choose if you want to receive your benefits through the legacy scheme or the new reformed scheme for your service between 1 April 2015 and 1 April 2022. The differences in benefits between the two schemes can be substantial, depending on various factors, so it's important to take advice and make an informed choice.

If you require help in assessing your potential exposure to the LTA charge and advice on ways to mitigate the resulting tax charges, or help in deciding which scheme to access your benefits from, please get in touch with Anna Coff.

## Your Practice. Energised.

At EQ Healthcare, our dedicated team of specialists act for numerous healthcare practices of all shapes and sizes. We can offer assistance with the following:

- Buying or selling your practice
- Ensuring you have a tax efficient structure
- Managing your day-to-day financial controls
- Providing advisory support and practical solutions to your healthcare business challenges

For further information please contact:

**Louise Grant** 01382 312100 [louise.grant@eqaccountants.co.uk](mailto:louise.grant@eqaccountants.co.uk)

**Anna Coff** 01307 474274 [anna.coff@eqaccountants.co.uk](mailto:anna.coff@eqaccountants.co.uk)



CHARTERED ACCOUNTANTS



# DIY TAXATION – A CAUTIONARY TALE

Ensure you only pay the tax that you need to pay and not a penny more

**U**nbelievably, we are now two months into the new tax year. Apart from the super organised, most of you will just be starting to think about gathering your tax information to pass on to your accountant and will wait in trepidation for the numbers to be crunched to see how much HMRC wish to remove from your savings account/holiday fund/retirement pot next year!

Some of you may also be thinking that perhaps you could do your own personal tax return this year and save some money. If you are, I would like to give you this cautionary tale based on a client (Dr A) who prepared his own tax return last year but decided to engage us recently to ensure that all would

be well going forward. As part of our fixed fee service, we review all our new client's previous tax returns to identify any potential missed tax savings opportunities.

In the last tax year, Dr A had transitioned from employed income as a VDP to a self-employed associate. As a result of overstating his self-employed income (by including income after the tax year end), missing allowable dental trading expenses and not including his VDP income on the return, the tax liability for the year was overstated by more than £6,000. In addition, he had actually, due to the payment on account rules involved, overpaid his liability in January 2021 by a whopping £8,673. Once identified, we were able to submit a revised



**James Wilson**  
E: james@  
dentalaccountants  
scotland.co.uk

Book a meeting with  
James @: [https://  
meetings.hubspot.  
com/james832](https://meetings.hubspot.com/james832)

return for him and a repayment from HMRC. All free of charge as part of our review.

Please do use an accountant, and more particularly a specialist dental accountant. We can remove the stress involved when dealing with your tax affairs and HMRC, and with extensive knowledge of the Scottish Dental Sector, ensure you only pay the tax that you need to pay and not a penny more.

If you wish to discuss your own tax affairs, we would be more than happy to hear from you. Our free of charge Covid-19 advice line remains open and available to you all 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!

## PROUD OF THE DIFFERENCE WE CAN MAKE TOGETHER



Our specialist Dental team focus entirely on the Scottish Dental Market from our Edinburgh base. Voted Scottish Accountant of the Year in 2012 & 2013, you are assured of a high value specialist input in to your financial affairs. Get in touch now to see what difference we can make together.

- Specialist dental tax & accounting advice
- Buying & selling a practice
- Tax mitigation
- Raising finance
- Fixed fees
- Benchmarking your performance
- Guaranteed proactivity
- Practice improvement advice
- Practice structure advice
- Award winning approach



For more information or a free practice financial health check please contact us on [info@dentalaccountantsscotland.co.uk](mailto:info@dentalaccountantsscotland.co.uk)

Edinburgh Dental Office: 9-10 St Andrew Square,  
Edinburgh EH2 2AF

T: 0131 248 2570 W: [www.dentalaccountantsscotland.co.uk](http://www.dentalaccountantsscotland.co.uk)

Also at: Chlodan House,

Priory Park, Selkirk TD7 5EH

T: 01750 700 468 W: [www.dentalaccountantsscotland.co.uk](http://www.dentalaccountantsscotland.co.uk)



# Accounting, tax and virtual finance director services for Dentists

**martin aitken**  
accounting | tax | finance

**We are flexible, approachable and responsive business and financial advisers who will treat your practice as our own and your success as our priority.**

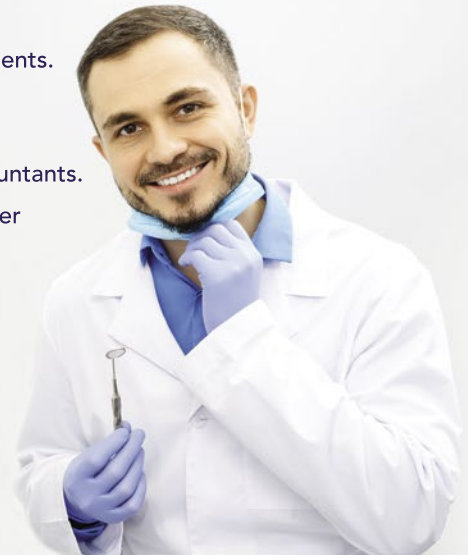
## How we will make accounting easier

- We'll meet you via our virtual finance surgery to discuss your requirements.
- Advise on year end and regular compliance requirements (accounting. tax. payroll).
- Easy to use software that has been built for business owners not accountants.
- Dedicated, qualified and experienced dental accountant and tax adviser assigned to you.
- Support available to take your finance and tax queries 8am-6pm weekdays and software support 24/7.

**maco**  
ACCOUNTING + FD SERVICES

To find out more on how we can help you visit [maco.co.uk](https://maco.co.uk)

©Martin Aitken & Co Ltd 2021-22.



# ***DenComp Systems***

**Dental Compressor specialists**

## ***Keeping Up The Pressure***

- Scottish Based
- Supply
- Repairs
- Service plan
- Installation
- Filtration
- Inspection & Certification

Les Ferguson 07885 200875  
Alex Morrison 07495 838907  
Office 01786 832265

**[les@dencompsystems.co.uk](mailto:les@dencompsystems.co.uk)**  
**[www.dencompsystems.co.uk](https://www.dencompsystems.co.uk)**



# DENTAL GROUP BREAKS THE 50 PRACTICE MILESTONE

At the same time as investing in the latest equipment and training, it is bringing new techniques and treatments

**A** rapidly growing dental group has become the first to own more than 50 practices in Scotland alone – and is vowing to continue its unrelenting pace of growth.

Founded in 2015, Clyde Munro, which is backed by Investec and Synova, has secured its latest addition, Mearns Dental – a thriving two-practice operation in Newton Mearns. It takes its tally north of the border to 51, with a further six practices at heads of terms and expected to complete in the coming weeks.

The Glasgow-based group set out from day one to work solely north of the border, with a vision to become the nation's family dentist while retaining the identity of its individual surgeries.

Its Scotland-focused message has resonated with dentists, who have faced growing paperwork requirements in response to changing legislations. Since the start of the pandemic, it has received many approaches from practice owners.

The group's founder, Jim Hall, said he was delighted with the firm's growing appeal and success in surpassing a half-century of acquisitions – and believes it can change the face of dentistry in Scotland for the better. "There are around 700 practices in Scotland that could fit the mould for joining Clyde Munro, so we don't believe things will slow up.

"Covid-19 has been the final straw for many dentists, who already face huge regulatory requirements. Many of them simply didn't get into the profession to run a business or complete a mountain of paperwork at the end of a long day of clinical work.

"What is critical for us now is that we ensure we deliver for our practices as we grow – and keep looking to bring efficiencies of scale, the latest techniques and procedures, all while retaining the character and individuality of each location."

In addition to its acquisition spree, the group has invested tens of thousands of pounds in the latest equipment and training, bringing new techniques and treatments. Its broad geographic spread means that patients in rural locations can now access treatments that previously required lengthy trips. As well as a presence in all of Scotland's cities, Clyde Munro owns practices from Orkney and the Highlands to the Scottish Borders.

The newly acquired Mearns Dental was founded by Craig Taylor, when he merged his Crookfur Dental Practice with Gordon Robertson's Means Cross Dental Practice in 1992. Craig's two fellow partners, Eloy Lopez and Lyndsey Chalmers along with their 15-strong team, including three associate dentists and three dental hygienists will stay on as part of the takeover, ensuring continuity for patients.

Eloy Lopez and Craig Taylor with Victoria Riddoch, Manager, Fiona McLellan, Nurse, Karen Savage, Senior Nurse, and Louise McCracken, Nurse

## 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. Dentist 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.





# 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**

T: 0141 847 0775

E: [kirsty.dace@clydemunrodental.com](mailto:kirsty.dace@clydemunrodental.com)

W: [clydemunrodental.com](http://clydemunrodental.com)





# MERZ AESTHETICS UK AND IRELAND ANNOUNCES THE LAUNCH OF BELOTERO® REVIVE

Skin revitaliser treats the signs of early-onset photodamage characterised by dehydration, loss of elasticity and firmness and the presence of superficial fine lines.



**M**erz Aesthetics, a global leader in medical aesthetics, has announced the launch of BELOTERO® Revive, a new product indicated for the revitalisation of early-onset photodamaged facial skin.

The injectable resorbable implant treats the early signs of sun damage by rehydrating the skin, improving elasticity and firmness, and smoothing superficial fine lines by reducing skin roughness. BELOTERO® Revive utilises BELOTERO®'s patented Cohesive Polydensified Matrix® technology, allowing for homogeneous dermal integration, and includes the addition of 17.5mg/ml of glycerol, which has highly hydrophilic properties.<sup>1</sup>

## STUDY RESULTS

**A study<sup>2</sup> showed that BELOTERO® Revive:**

**Increases skin firmness for up to six months:**

Following the last injection, skin firmness improved significantly for up to six months, compared to the baseline value.

**Decreases skin pigmentation for up to nine months in patients with early onset photodamage:**

A significant decrease of hemoglobin/erythema values for up to nine months was indicative of the reduction of intrinsic redness/erythema, influencing and improving the overall skin tone and "glow".

**Decreases skin roughness for up to seven months:** Measurements with the PRIMOS device showed a significant decrease of all skin roughness from baseline until month seven.

**Improves skin softness for up to seven months:**

Skin softness was improved by the significant decrease of skin roughness from baseline until month seven, indicating a significant decrease in the depth of fine lines.

**Improves skin hydration from one to nine months:** Skin hydration values significantly increased from month one to month nine compared to baseline.

**Has high patient satisfaction:** More than 80% of the subjects from month two to month six rated themselves as "improved" on

the GICS, while 86% rated themselves as having an improved aesthetic outcome at six months. Furthermore, 90% of the subjects stated that they would recommend the product to their friends.

**Was well-tolerated:** BELOTERO® Revive was well tolerated when injected into the lower face.

**Is easy to inject:** The treating investigator's experience demonstrated very good product performance characteristics including gel distribution, positioning in the skin and ease of injection.

A treatment regimen of one to three injection sessions is recommended. BELOTERO® Revive can be used in combination with other BELOTERO® products (in the same session) in different areas of the face, as part of a holistic treatment plan.<sup>3</sup> Louise Miller, Marketing Manager, said: "At Merz Aesthetics, research, development and innovation is at the heart of everything we do. Which is why we are so excited to announce a new product launch within our BELOTERO® portfolio. BELOTERO® Revive, for early onset photodamaged skin, is a really important addition to our range and will allow Health Care Professionals to revitalise and hydrate their patient's skin. Our team at Merz Aesthetics are ready and waiting to take enquiries!" BELOTERO® Revive is available from Merz Aesthetics approved wholesalers.

Register now for a BELOTERO® Revive launch webinar on 21 June: <https://merzwebinars.com/clinical-education/>

*References: 1Glycerol and hydration: Korponyai C et al., Acta Derm Venerol, 2017; 97:182-187; 2Merz BELOVE Study, 2019; 3BELOTERO® Revive Instruction for use Version 3.0, 2018*

M-BEL-UKI-1172 Date of Preparation May 2021.

*This advertorial is sponsored by Merz Aesthetics UK & Ireland.*

MERZ AESTHETICS

NEW

NO FILTER.  
JUST YOU.



REGISTER NOW for training on BELOTERO® Revive at [merzwebinars.com](https://www.merzwebinars.com)

BELOTERO® Revive is the newest product in the BELOTERO® portfolio of fillers indicated to revitalise the signs of early onset photodamaged facial skin.

**BELOTERO® REVIVE**

[merz-aesthetics.co.uk](https://www.merz-aesthetics.co.uk)

 @merzaesthetics.uki

 Merz Aesthetics UK & Ireland

HYALURONIC  
ACID  
+  
GLYCEROL

- Improves skin hydration<sup>1</sup>
- Increases skin elasticity and firmness<sup>1</sup>
- Smooths skin texture<sup>1</sup>
- Reduces pigmentation<sup>2</sup>

1. Belotero Revive IFU  
2. BELOVE 2019 Facial skin revitalization with CPM-HA20G an effective and safe early intervention



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

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

**D**ental 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™. Planmeca's 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.

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



**Our 4th scanner:  
Scotland's first  
iTero iPad-only**

**Devoted to patients for**



**Scotland's Home For Beautiful Smiles**

**0330 094 8930 | [infinitysmiles.co.uk](https://infinitysmiles.co.uk)**

**Specialist Orthodontics for NHS & Private patients**

**If your patients are looking for specialist, quality  
Orthodontic treatment please consider Infinity Smiles**

With multiple locations across Scotland, over 300 positive Facebook reviews and over 150 ★★★★★ Google reviews our friendly, award winning team are ready to help your child and adult patients on their journey to beautiful, straight teeth.

*"We have sent many private patients to George at Infinity Smiles over the years, where the results speak for themselves. We are always delighted to pass those patients on to such a professional, caring service"*

- Paul Trevisan, Ciao Paolo Dental Practice, Jordanhill, Glasgow





# MSC IN CLINICAL IMPLANTOLOGY, SCOTLAND

This innovative and popular MSc programme is now into its third cohort and is a rare opportunity to complete an MSc in Clinical Implantology in Scotland

## HIGHLIGHTS INCLUDE:

- UCLan and VSSAcademy believe in firm evidence-based education which reflects the same principles and ethos as the ITI, one of the world's leading implant groups with almost 20,000 members worldwide.
- The faculty is very strong, and the Academy's relationship with the University of Central Lancashire (UCLan) provides a platform that makes it really easy for students to contact us for continued support, including Prof StJohn Crean, Dr Colin Burns and Dr Fadi Barrak.
- Via the MSc course, students have free access to UCLan's entire electronic journal reference library which is a big benefit compared with other education providers. Students can readily access support from librarians, statisticians and other professionals.
- A further benefit for students is that they can complete all of their clinical supervision at local training centres located throughout Scotland: with patients provided at training centres located in Aberdeen, Edinburgh and Glasgow, there is certain to be a training centre near every postgraduate student, which reduces commuting time.
- A truly blended learning experience means that each student can watch and learn from recorded lectures in their own home and at their own pace. These are followed up by live webinars led by the faculty where each topic is explored more fully. Students can approach lecturers between modules to discuss any queries.
- Hands-on skills workshops ensure all postgraduate students have the opportunity to learn and practice essential surgical and restorative techniques and procedures in a safe environment before progressing on to work with real patients.
- 15 days of clinical supervision over the two years means that each student can learn every aspect of the implant patient's pathway – from consultation and treatment planning – including CBCT, to restoration maintenance and complications.
- Full academic support ensures each student is able to complete their research project in the second year
- Following completion of the course there is continued access and support from VSSAcademy, with regular Case Presentation webinars and journal clubs, so the learning offered is truly career-long.



## COLIN BURNS

**Special Interest in Restorative Dentistry and Implant Dentistry. MSC (Warwick) 2012, MFDS RCS Eng 2005, BDS Glasgow 1990.**

Colin Burns is the Chairman of UK and Ireland Section of the ITI (International Team for Implantology), a busy implant clinician at the Scottish Centre for Excellence in Dentistry and G1 Dental, and one of the Lead Tutors of the Scottish Cohorts of UCLan's two-year part-time MSc in Clinical Implantology

**VSSAcademy**  
continuing dental education



## APPLICATIONS ARE INVITED FOR LIMITED PLACES

**IF YOU WOULD LIKE TO APPLY OR FIND OUT MORE, PLEASE CONTACT VSSACADEMY ON COURSES@VSSACADEMY.CO.UK, OR GO TO OUR WEBSITE, WWW.VSSACADEMY.CO.UK**

Also available - learn complex implant surgical procedures on the three-day intensive 'cadaver course for complex implant surgical procedures'. Includes sinus lift (lateral and crestal), soft tissue grafting, bone block grafting, implant explanation, suturing and anatomy. Running 26-29<sup>th</sup> November 2022. Very limited availability.



### Course Overview

#### Year 1\*

##### Module DX4016: Clinical Implantology

MSc course introduction followed by 14 days of lectures and hands-on tutorials:

- 9 & 10 Sept 2021: 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 – June 2022

**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.

### Year 2

#### Module DX4026: Clinical Implantology.

**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 minisystematic review.

**Final examinations.**

\* Please note that all webinars are preceded by recorded

In collaboration with

VSSAcademy  
continuing dental education

straumann

botiss  
technologies

Prestige  
Technically first class

## Course Fees: £31,960

payable in instalments over 2 years

Email [courses@vssacademy.co.uk](mailto:courses@vssacademy.co.uk)  
to book your place

For more information visit  
[vssacademy.co.uk](http://vssacademy.co.uk) or  
call 020 8012 8400

VSSAcademy  
continuing dental education

# Cadaver Course for Complex Surgical Implant Procedures

## 3 day intensive course | West Midlands | Nov 2021

### Course Breakdown

#### Day 1 Lectures

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

#### Day 2 and 3 Hands-on Workshops on Cadavers

- Anatomy review
- Avoiding complications
- Sinus floor elevation procedures
- Block grafting techniques
- Soft tissue grafting procedures

## Course Fees: £3,250 plus vat

Email [courses@vssacademy.co.uk](mailto:courses@vssacademy.co.uk)  
to book your place



generalmedical

botiss  
technologies

botiss  
technologies

straumann **OSSTEM<sup>®</sup>**  
IMPLANT



# HYBRID, COMPOSITE BONDED TO TITANIUM SCREW RETAINED ALL ON FOUR BRIDGE PROTOCOL

Below we follow a step by step guide to producing a hybrid all on four bridge from start to finish, produced by MediMatch.

## STEP 1 (1st surgery visit)

- Take full arch silicone primary implant level impression and an opposing.
- Send impressions to the lab.

## STEP 2 (in lab)

- Cast primary impression and fabricate bite, open special tray, and implant jig.



## STEP 3 (2nd surgery visit)

- Try in the implant jig, if it fits well, record the bite.
- If the jig is not fitting well, please section the jig and re-join using composite/ resin (and use special tray provided to take a new impression).

- If the primary model was not accurate enough, please do consider using the special tray for a new impression even if the implant jig fits well.
- Record the bite using the wax bite provided (mark the midline, canines, and smile line).

## STEP 4 (in lab)

- Cast the new impression.
- Mount models in articulator using the bite enclosed.
- Design the metal frame (cad cam) and separate crown on 33.
- Design the crown with a milled shoulder to fit together with the bridge.
- Produce to pre-glaze stage and send it for try In (to make it easier for alteration).



**NUMBER OF SURGERY VISITS: 4**  
**NUMBER OF IMPLANTS: 4**  
**TOTAL PRICE: £ 2,300**

**Clinical work completed by:**  
**Dr Lyndon Isaacs**  
**BDS Bachelor of Dental Surgery**



## **STEP 5 (3rd surgery visit)**

- Try the metal frame in the patient, ensure passive fit.
- Take a radiograph to ensure everything fits well in the patient mouth.
- Check that the occlusal contact and shade are correct.
- Send everything back to lab for the finish stage.



## **STEP 6 (final in lab)**

- Glaze frame and send it back to surgery.

## **STEP 7 (final surgery visit)**

- Final step, fit the frame.



### **ADVANTAGES**

All on four bridges are generally high in aesthetic.

Natural Looking.

No Furnace cycle is required to make the composite bonded bridge, so the metal will be stronger, and it can be adjusted at the chair side.

Follows the contour of the patients mouth and therefore does not have a negative effect on their speech.

The implants support the bone, so cheeks and lips are supported.

This prosthesis is comfortable for the patient to wear.

Kind to opposing teeth; the composite wears at about the same rate as natural teeth.

Composite is less likely to chip in comparison to Acrylic options.

### **DISADVANTAGES**

Results may not be as good as with porcelain bonded or full ceramic implants.

It is not a fully customised solution, as you cannot add yellow stains etc like with porcelain bonded and zirconia.

If a single implant fails, it may cause problems with the whole jaw.

Not as durable as porcelain bonded or zirconia.

# Committed to quality care

*Fostering interdisciplinary treatment through collaboration*

**R**ecognised 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.

This month we feature Ivoclar Vivadent's Vikki Clark and Jo Bentley (p74) as well as Colin Hart and Eilidh Watson, of Southern Implants (p74), and Planmeca's James Smith (p75).

Plus, an interview (p76) and Q&A with Dr Ruairdh McKelvey on Align's ADAPT service, an expert and independent business consulting

service to optimise practice workflow and enhance patient experience.

As Dr McKelvey says: "With the insights I have gleaned from the ADAPT service, I have been able to move forward more consistently and faster over last 18 months."

"In a time when it would have been considered wise to mothball plans for growth we have expanded considerably; we doubled the physical size of the practice by occupying the ground floor of our building in addition to the existing practice upstairs and added four more surgeries going from five to nine."

## Curious to know how much your practice could be worth? Keen to find out more about the practice sales process? We can help you with both!



sdg group

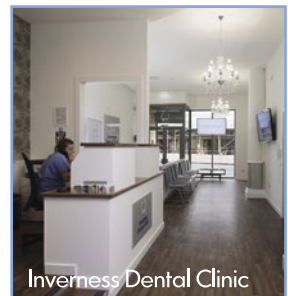
Established in 2016, Scottish Dental Care Group is 100% owned and operated by Dr Philip Friel and Christopher Friel and they are actively seeking opportunities to add new sites, whether individual or group, to their growing group of clinics. They take an active role in the acquisition of each new clinic,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

*"I had been considering retirement for some time and was determined to find the right opportunity for myself whilst also ensuring that the practice would continue to thrive."*

*Having been approached by Phil and Christopher, and after accepting their offer, I immediately felt a weight lift off of my shoulders. Communication was clear from the outset, the sales process was simple, transparent and efficient and the price was a fair reflection of the efforts that had been made to grow my clinic over many years. I was able to discuss and negotiate my retirement date amicably and am now able to retire with no lengthy tie-in contract to remain after the sale, meaning I can start the next stage of my life in exactly the way that I had hoped."*

*The group have a clear, defined progression plan and decisions were made very efficiently. I would recommend speaking to SDC Group without hesitation if you are ready to take the next steps into retirement or looking to focus on dentistry without the additional responsibilities of running a practice."*

*Moira Murray, former owner of Linlithgow Dental Practice*



Inverness Dental Clinic

If you are interested in a confidential discussion to find out how much your practice could be worth, to find out more about the practice sales process or to explore the option of selling your clinic to SDC Group, please contact a member of our management team today.

**Christopher Friel**  
Operations Director  
christopher@sdcggroup.co.uk

**Philip Friel**  
Clinical Director  
philip@sdcggroup.co.uk

**Louise Fletcher**  
Operations Manager  
louise@sdcggroup.co.uk





**ATTENTION:** Dentists who are interested in learning a new aspect of Restorative Dentistry and improving patients' satisfaction whilst increasing your income...

# THE ULTIMATE IMPLANT RESTORATIVE COURSE

The easy way for you to experience the satisfaction of providing  
implant restorations - that's a **PROMISE**

THE CENTRE FOR IMPLANT DENTISTRY, SPONSORED  
BY NOBEL BIOCARE, ARE PROUD TO ANNOUNCE THEIR  
2021 ULTIMATE IMPLANT RESTORATIVE COURSE

- Full Support for you and your team from The Centre for Implant Dentistry
- All course materials, demo models, implant restorative kit supplied
- Hands on course designed for the GDP
- Treat patients under full mentorship
- 6 units over a 6 month period
- **Unit 1:** Background and Principles of Implants
- **Unit 2:** Treatment planning
- **Unit 3:** In dental practice - Live cases
- **Unit 4:** Fitting implant restorations
- **Unit 5:** Implants and the Dental Team
- **Unit 6:** Full Arch restorations



Join Tariq Ali and his team and get ready to treat patients with implants. Call Jeanette on 0141 248 1444 (Jeanette@centreforimplantdentistry.com) for more information on implant restorative courses and implant mentoring services starting September 2021.



## MEET YOUR IVOCLAR VIVADENT CLINICAL PRODUCT SPECIALISTS FOR SCOTLAND



For postcodes DG,  
G, KA, ML, PA

Jo Bentley  
☎ 07966 310 113  
✉ jo.bentley@ivoclarvivadent.com



For postcodes AB,  
DD, EH, FK, HS, IV,  
KW, KY, PH, TD, ZE

Vikki Clark  
☎ 07966 310 105  
✉ Vikki.clark@ivoclarvivadent.com



**LIKE** our customers, Ivoclar Vivadent never stands still. We all have a common mission: making people smile. The beginnings of our family-owned business go back to the year 1923. Today, we are one of the world's foremost and innovative dental companies. Our development of sophisticated systems and solutions consistently helps to improve the health and wellbeing of people around the globe.

Vikki Clark has worked at Ivoclar Vivadent for 15 years as a Clinical Product Specialist and previously as a Professional Care Product Specialist. She has been in dentistry since 1992 and started her dental career as a Dental Nurse in Leeds. Jo Bentley has been in dentistry for 25 years, starting as a Dental Nurse. She started working at Ivoclar Vivadent two years ago as a Clinical Product Specialist.

Both Jo and Vikki have a wealth of knowledge and experience that will be a real asset to your practice. They would love to speak to you to discuss our innovative system of co-ordinated products designed to optimise your workflow. This could be on our efficient aesthetics workflow or on our tried and tested IPS e.max range or for an introduction into how Ivoclar Vivadent could support and benefit your practice. Prefer a call back? Scan the QR code above to request your virtual or face-to-face appointment, just fill out the form and Vikki or Jo will be in touch!

## SIMPLIFYING COMPLEX CASES



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

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

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

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

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

Southern Implants website: [www.southernimplants.co.uk](http://www.southernimplants.co.uk)

# PLANMECA REPRESENTATIVE FOR SCOTLAND JAMES SMITH



Connect with us on Facebook: @PlanmecaUK

## PLANMECA

IF you are looking to embark on a journey into the world of digital dentistry then James Smith, our Territory Manager for Scotland and the north of England, can offer all the advice you need.

James can guide you through the entire Planmeca Product Portfolio, including smart dental units encompassing industry-leading integrated options and infection control features, ProMax 3D CBCT X-ray machines with pioneering Ultra Low Dose protocol and CALM™ (Correction Algorithm for Latent Movement), advanced intraoral X-ray ProX, along with the crown jewel of intra-oral scanning, the Planmeca Emerald.

IWT Dental are appointed digital dentistry solutions provider in Scotland for Planmeca. Planmeca and IWT Dental are the perfect partnership to be able to offer you all the planning, support and training to help you every step of the way on your digital dentistry journey.

You can experience the complete digital workflow for yourself in our mobile dental showroom, PlanDemo. Available to book at a time that suits, we can provide an introduction to digital dentistry at your own practice.

If you're looking to integrate digital solutions into your practice, call James Smith on 07930 191642 or email james.smith@planmeca.com.

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



**iblu**  
infinityblu  
dental care &  
implant clinic

Referrals can be made online through our dentist referral form on our website  
<https://www.infinitybludental.co.uk/referrals/oral-surgery/>  
or by email on [dunkeld@infinitybludental.co.uk](mailto:dunkeld@infinitybludental.co.uk)





# DR RURIADH MCKELVEY ON ALIGN TECHNOLOGY'S ADAPT SERVICE

*An expert and independent business consulting service to optimise practice workflow and enhance patient experience*



To find out about upcoming Invisalign certification courses please visit <https://www.yourbrillianceenhanced.com/events>

**SINCE** I started Beam Orthodontics in Dundee 13 years ago, I have invested in dental business coaches. Align's ADAPT service is offered to orthodontists looking for practice optimisation and digitisation and offers a very focused, different and evidence-driven approach to practice development.

It appealed to me that we would be taking a deep dive into the practice numbers and seeing what was really going on with orthodontic treatments, and more specifically, focusing on clear aligner therapy.

I liked the idea of having a third party analysing what we were doing and giving me constructive feedback. I felt it was both exciting and challenging, and I wanted some truths that I didn't know, or had ignored.

The ADAPT service is an expert and independent fee-based business consulting service offered by Align Technology to optimise practices' operational workflow and processes, thus enhancing patients' experiences as well as customer and staff satisfaction, which can translate into higher growth and greater efficiencies for orthodontic practices.

It helped me embrace and adopt a more digital workflow. I was on that path already but it certainly catalysed and accelerated this aspect of the practice and helped focus me, as well as my team, on fast-tracking a technological approach.

With the insights I have gleaned from the ADAPT service, I have been able to move forward more consistently and faster over the last 18 months.

In a time when it would have been considered wise to mothball plans for growth we have expanded considerably; we doubled the physical size of the practice by occupying the ground floor of our building in addition to the existing practice upstairs and added four more surgeries, going from five to nine.

We have also taken on a new specialist orthodontist, an additional manager, more nurses and receptionists, and we have just started training an additional orthodontic therapist. So, growth on all fronts.

We have also introduced more iTero intraoral scanners. As a result, our Invisalign numbers have grown steadily since we re-opened and the new separate space has allowed me to focus on this part of the business, helping me to become a Diamond Invisalign provider.

## **HAVE YOU HAD TO ADAPT/CHANGE THE WAY YOU WORK AS RESULT?**

Yes, absolutely. We modified a lot of our processes and became much more treatment coordinator focused. Historically, I had been the bottleneck in new patient

assessment and starts, so we have refined things to address that and get me out of the way. You go on a course and hear some things and agree they are great ideas, but to follow them through and make them happen and make things stick is a different challenge. The ADAPT approach helped the follow through, getting the rest of the team on board a new approach and it has made a massive difference. ADAPT provided me with the follow through and the execution strategy which seems to be lacking for many orthodontic practices.

## **CAN YOU DESCRIBE YOUR DIGITAL WORKFLOW WITH THE ITERO INTRAORAL SCANNER AND SYSTEMS FOR DENTISTS SOFTWARE? WHAT ARE THE MAIN BENEFITS?**

I have used the iTero intraoral scanner for over three years now. My third new one arrived a month ago. The value of the scanner when treating Invisalign patients has been immense, it is a total game-changer and I would not dream of going back to not having a scanner for conducting Invisalign treatments.

Align Technology has worked very closely with Systems for Dentists (SfD) to capture photos and digital study models and upload them directly onto the SfD practice software. This integration has saved us time and money with our record collection and management of new patients.

The beauty of the iTero intraoral scanner integration with SfD is that when you take a scan the data is saved and automatically sent to SfD without any input from staff. It saves all hassle of uploading and downloading, you can't lose anything, you can't make mistakes, it pulls the two together and is a huge time saver. It is the 21st century solution.

## **WOULD YOU RECOMMEND THAT YOUR PEERS SIGN UP FOR CERTIFICATION OR RE-CERTIFICATION TO TREAT WITH INVISALIGN SYSTEM – AND IF SO, WHY?**

I did my original certification course around 2005. Now it is a completely different technology to what it was when I first certified.

Anyone who has previously trained, I would strongly encourage them to open that door again because it is the future of orthodontics, it is here to stay, has got great advantages in many situations, and is a good treatment for most of the cases I treat.

If you told me that five years ago, I would not have believed you. I used to do 90% fixed braces and now I do 80% Invisalign cases and 20% fixed.

# 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.

Whether you're treating adults, teens or children, harness the power of the Invisalign system and iTero scanner to enhance your brilliance and bring even more smiles to life.

Discover how we can help enhance your clinical outcomes, professional development and practice digitalisation:

Find out more at  
[www.yourbrillianceenhanced.com/discover](http://www.yourbrillianceenhanced.com/discover)

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

Become an Invisalign  
trained doctor:



**invisalign**

**iTero**

> CARESTREAM



## HIGH-PERFORMANCE INTRAORAL SCANNING

Carestream Dental has taken scanning to the next level with the CS 3700 intraoral scanner.

Turbo-speed, extremely accurate scanning means that examinations are now faster and easier than ever before, while an expanded selection of processing options and the ability to one-click export images has meant that pursuing a range of indications can be achieved with ease.

Furthermore, the scanner also comes with cutting-edge shade match technology, facilitating exceptional aesthetics in every case.

Level up your scanning by contacting Carestream Dental.

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

> 3M

## TRY SOMETHING NEW WITH THE EXPERIENCE CUBE FROM 3M

Often it can be difficult to know which products best belong in your armamentarium – so why not sample something new and see the full power of 3M Oral Care's latest innovations with the new Experience Cube?

This FREE initiative from 3M includes samples of 3M Filtek One Bulk Fill Restorative, 3M Filtek Universal Restorative and 3M Scotchbond Universal Plus Adhesive, as well as a tooth model to use them on. This way you can test the benefits of these products first hand and get a feel for how you would implement them into your daily workflows for a more innovative approach to daily dentistry.

Also included in the Experience Cube is a link to exclusive training videos and offers, meaning that you can fully experience the best of what 3M has to offer!

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



Experience the 3M Oral Care cube.

For more information, call 0845 873 4066 or visit [go.3m.com/BDJ-cube](http://go.3m.com/BDJ-cube). 3M representatives remain contactable by phone or via video conferencing.

> G-CEM ONE



## GC GO ONE BETTER WITH LATEST SELF-ADHESIVE RESIN CEMENT

Restorative clinicians who previously relied on our trusted G-CEM LinkAce™ self-adhesive resin luting cement will want to hear about its exciting new replacement in GC's restorative portfolio - G-CEM ONE™! Preserving all the benefits of LinkAce, G-CEM ONE self-adhesive resin cement delivers high bond strength and long-lasting aesthetics, whilst also saving the clinician time by self-curing and being extremely easy to clean up. G-CEM ONE is universally effective in all adhesive and self-adhesive procedures for all types of restoration, delivering excellent bond strength to enamel, dentin and all indirect materials. It is available in four shades - A2, Translucent, AO3, BO1 (White Opaque) - all of which deliver great aesthetics and invisible margins. For more challenging clinical situations, the accompanying Adhesion Enhancing Primer (AEP) can be used to accelerate the chemical cure of the cement. Full report: <https://www.sdmag.co.uk/2021/06/09/gc-go-latest-self-adhesive-resin-cement/>

For more information on G-CEM ONE, contact GC UK Ltd on 01908 218999, email [info.uk@gc.dental](mailto:info.uk@gc.dental) or visit <https://europe.gc.dental/en-GB/products/gcemone>

> GC EQUIA FORTE

## GLASS HYBRID RESTORATIVES: CHEAPER AND EQUALLY AS EFFECTIVE AS COMPOSITES

The phase-down of dental amalgam through the Minamata Convention on Mercury means that it is necessary to identify a suitable alternative. Glass hybrid and composites are the leading candidates. A recent study compared the efficacy and cost-effectiveness of the two materials and found that glass hybrids showed similar efficacy and greater cost-effectiveness.

Researchers tested a modern glass hybrid material against an established composite for the restoration of two-surface occlusal-proximal cavities in molars in the load-bearing area. Patients with two molars in need of restoration participated in the randomised controlled clinical trial. In each, one restoration was completed using glass hybrid material and the other using composite material.

The materials were compared in each of the 180 patients. Full report: <https://www.sdmag.co.uk/2021/06/09/glass-hybrid-restoratives-versus-composites-study/>



For more information on GC UK's restorative portfolio, contact GC UK Ltd on 01908 218999, email [info.uk@gc.dental](mailto:info.uk@gc.dental) or visit <https://europe.gc.dental/en-GB/products/restore>



# omniCHROMA

## Goes Flowable



# omniCHROMA

**Takes the exact shade of the surrounding tooth!**



**Tokuyama Dental**

**Read more**



[try.care/sphericalrevolution](https://try.care/sphericalrevolution)

**Gather the certainty of Trycare around you!**

**Trycare**  
Since 1996

**01274 88 55 44 | [www.trycare.co.uk](https://www.trycare.co.uk)**

## Turnkey Surgery Installations

- Surgery strip-out
- All plumbing and electrical works
- Chair and dental cabinetry installation
- Flooring and final decoration

\* **Low cost finance packages available to include six month low payment start options.** \*Subject to Status, T&C's apply.



### IT Support

- Supply & install of IT Hardware
- Server based networks
- Phone & Audio Visual



### Stern Weber Dental Chair Package to Include

- Turbine with Fibre Optic
  - Scaler
- Electric Micro Motor
  - LED OP Light
- LCD Touch chair control panel
- Built in Suction Tube Cleaning System
- Built in Instrument Tube Cleaning System
- Includes required Durr wet line valves



"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



### Support Driven Excellence

Speak to us today 0845 200 2219 [info@iwtdental.co.uk](mailto:info@iwtdental.co.uk) [www.iwtdental.co.uk](http://www.iwtdental.co.uk)



**PLANMECA**