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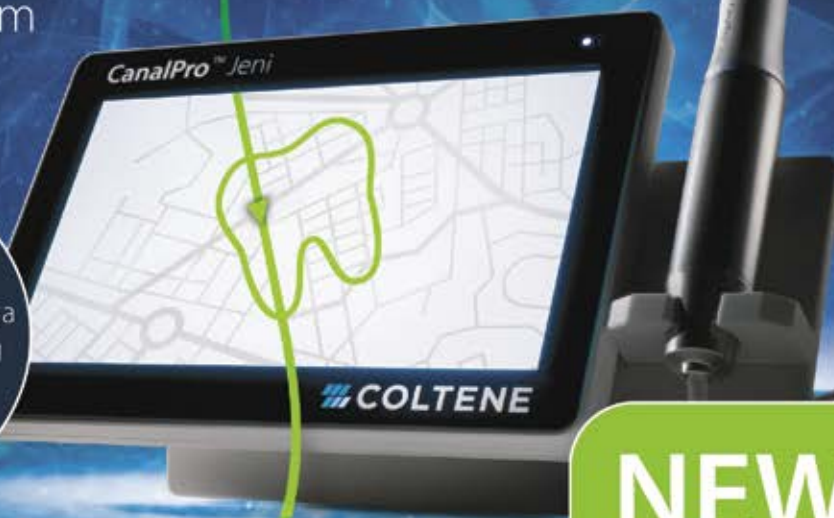
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- 04 Editorial
- 07 Insider
- 09 News

FEATURES

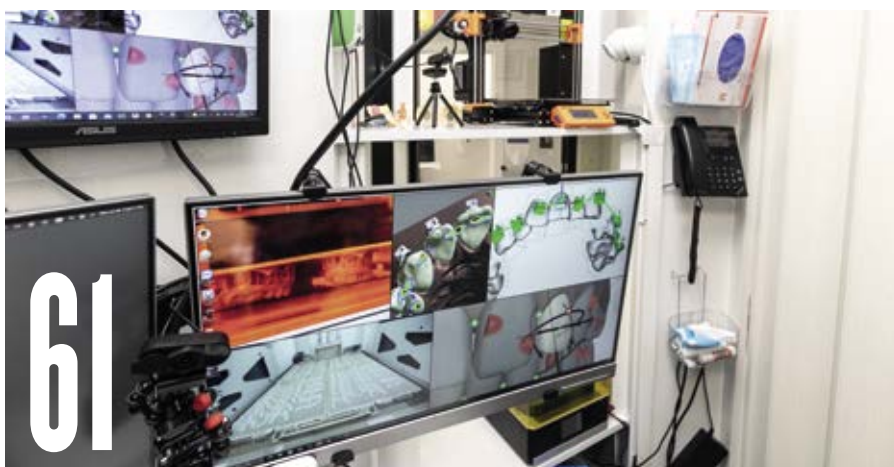
- 24 Previewing ITI Congress UK & Ireland 2021
- 28 Launching the Women's Implantology Network ITI UK and Ireland Section
- 34 Not another pandemic! A practitioner's amazing discovery
- 38 Helping Malawi, one tooth at a time; graduates reflect on Scottish dental charity's work
- 43 A final update from the Running Scotland 2021 team + 'There's an app for that'
- 45 Previewing IDS Cologne

MANAGEMENT

- 46 Alun Rees
- 48 Susie Anderson-Sharkey

PROFESSIONAL FOCUS

- 50 Practice Profiles: Platt & Common + 61 Sunrise Dental
- 86 Product News



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Language is important

...especially when attempting to engage with those who have become disillusioned

According to Tom Ferris, Scotland's Chief Dental Officer, "there are a number of practices that are currently operating below 20% activity, some below 10% and, unfortunately, we also have evidence of no claims activity". In a letter sent to NHS registered practices at the end of June, the CDO warned: "In the absence of clear mitigating circumstances, this is completely unacceptable to Ministers." Practices operating at less than 20% of pre-COVID levels will be contacted by their NHS Board, he said. Practices with no claims activity were being contacted "with immediate effect". "The aim," explained the CDO, "is to identify barriers and where necessary introduce improvement action plans, which may be specific to each practice with the aim being to grow practice activity levels beyond the 20% threshold, as the first step."

In response, one practitioner told *Scottish Dental* (see p9): "The majority of practices are doing the best they can under the circumstances. With Scotland having the highest infection rates in Europe, practices are being really challenged as staff are contacted by Test and Protect and asked to self-isolate for 10 days." The practitioner added: "There is a lot of activity in practice which does not generate a fee, for which codes are being submitted but which the Scottish Government seem to ignore." Currently, examination of someone under the age of 18 does not generate a fee and would not be recorded as activity with the measurement that the Government is employing.

A practice could be fully occupied for the rest of the year seeing thousands of children for a routine check-up, but that activity would not be counted.

A study¹ published in January this year, compared the levels of psychological distress in UK dentists before and during the COVID-19 pandemic. The survey also gave respondents the opportunity to comment on how the pandemic has affected them and how they believe it will affect future practice. What emerges from these personal testimonies is an overwhelming sense of frustration. Colleagues describe themselves as "completely disillusioned", feeling "traumatised" and even being

"totally indifferent about the future of [their] career in dentistry". There is deep dissatisfaction expressed towards those who are leading the profession, with respondents often feeling undervalued and under supported. However, many dentists described the time away from the profession, afforded by the pandemic, as beneficial. More time with family, indulging in hobbies and "stepping off the treadmill" were all cited as positive changes brought about by the national lockdown.

In a letter² to the *British Dental Journal*, Anne Devlin, a DCT3 in OMFS with NHS Lothian, writes: "Might we find some seeds of hope amidst these findings? Surely, the abrupt intrusion of COVID-19 has shaken the practice of dentistry in the UK like never before. How many of us have gained new perspective on life and work? As the engine of our profession shudders into action and gathers pace once more, how many of us will be prepared to sacrifice our newfound freedom and mental wellbeing? It seems that the national lockdown has given us all something we sorely needed – time. Time to relax, reflect and recharge. Surely now, we have the insight and motivation required to push for reform so that together with our colleagues, we may not merely function but thrive in our chosen profession."

Eloquently put, but I would argue that in the face of leadership that appears to rely on the language of a public school housemaster, it is perhaps slightly optimistic.

Also, in this issue, we feature Jamie Kerr, a life coach from Glasgow who was moved to create a wellbeing platform after witnessing the struggles men in his hometown were having with their mental health (see p44). Cheekily, we asked whether he'd be willing to help England prepare for a penalty shoot-out at the World Cup. In good spirit, he said that as a Scot it would be a case of "mind over matter" but that he would be honoured. He also had wise words for the young men who missed at the Euros: "Do not focus on past moments that will not serve your future ... we must reconnect with the present and plan, as the longer you live in the focus of what went wrong, the longer it takes you to live in a way that could go right next time."

¹Psychological distress and the perceived impact of the COVID-19 pandemic on UK dentists during a national lockdown. *Br Dent J* 2021; **230**: <https://doi.org/10.1038/s41415-020-2592-5>.

²<https://www.nature.com/articles/s41415-021-2815-4>



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Time to come clean

The Government must create a reasonable debate about what treatments it will allow on the NHS

COVID-19 has meant that I've been restricted in my thoughts and planning. Let's explore the future with hope and expectation. The SNP have, once again, politicised the dental

landscape by promising free dental care. The profession is concerned by budget and what can be achieved in the current framework. However, I believe we must cast our eyes to the horizon, not be controlled by thinking which holds us back from wider change and restricts our view to what is possible within the current, government-lead system. If we have a wish list, what would it include? What can we do better? How do we achieve a system which allows interaction between private and government-funded options? How do we excite our workforce, enhance the scope of DCPs to improve our skills mix and provide the best quality care for our patients? How do we shift the focus towards effective prevention? How do I discuss this in 1,000 words!

Perhaps we can look at things from a different angle?

Rather than rebuild a model, how about we look at the effect of what is on offer? Dentistry in Scotland is a system built on balance between NHS and private care which ebbs and flows (very little) based on the budget available through the NHS and that provided by patients privately. By altering variables like the items on the SDR, what gets approved, what patients want and what they can afford (financial wherewithal, global crashes, paying for global pandemics, tax hikes etc.) the profession will flex and alter to suit. There are specialist practices only performing privately and PDS and secondary referral services that only do NHS care (sometimes for free). As most practices in Scotland offer a mix of care, the balance is simple, flexible and is unlikely to require large changes in workforce. This balance works at the moment and, I would suggest,

the pot of private cash is fairly static, except for the above-mentioned tensions.

The detail and proportion of the NHS/private split will usually be based on the socio-economic reality of their location, as well as local competition (city vs rural economies). If we skew the variables by offering free NHS care, how will that skew the NHS/private split? It depends on what's available on the 'free menu'. If said menu is greatly reduced, then practices will end up doing more private work based on patient demand. As suggested above, if that pot of private cash is broadly static, then many more practitioners will be competing for the private pound. This will drive prices down, reduce earning and values of practices, reduce inwards and external investment in the sector and create a downwards spiral. Is this the intention of the Scottish Government/SNP? I think they haven't any idea how that may work. Do they care?

Furthermore, specialist referral services (NHS and private) are based on the current menu. If this alters dramatically, these services will have to adapt and quickly. If it's reduced, do we reduce specialist care accordingly, or does this service then have to mop up all that can't be done in practice or people are unable or unwilling to pay for privately? Does this create a larger need for secondary referral services in both the NHS and private sector or does one shrink and the other grow? How do these services interact? Does it happen organically – that will take time to balance out – or do we make a guess at what's needed and shift resources accordingly? Surely a large gamble for private services. If the menu expands to include, say implants, then do specialist services have to compete with free GDS performers?

So, if the menu is critical to the balance of the workforce and its viability, who gets to decide it? Currently, dentists are talking about core services, budget and what's achievable. However, I feel there should

be an open debate in public about what patients want. Then it's up to the Scottish Government to decide what it can pay for. At that point, the SDPC can start bartering about treatment values and that will define the menu. Can I make a plea that the menu ends up broadly as it is? Large shifts will destabilise the profession and its ability to deliver care at a time when there is massive demand following COVID-19 restrictions and the coming introduction of free dentistry.

One of the biggest concerns for the Government, it says, is health inequality. If they wish to remove barriers to care by removing fees, then they cannot restrict the types of treatments available too much. If the Scottish Government can only afford a 'core service' this will enhance inequality. The counter is, if you want to offer all possible treatments to everyone, for free, is there a budget to support this? As suggested above, skewing the balance in either direction has significant risk of destabilising the economics and service provision system in Scottish dentistry.

Once we have a decision on what the NHS will provide for free and the budget we have to work with, the profession can make reasonable suggestions on delivery of service. We are in the business of providing care under whatever framework happens to be in place. If there is no definition of menu or budget in advance, how can we hope to construct a framework to suit? You don't open a restaurant, buy thousands of ingredients, employ hundreds of cooks and then just cook dishes regardless. We must decide 'what's on the menu'.

The Government must come clean about its agenda. They must create a reasonable debate about what treatments they will allow on the NHS. They must give a credible budget and services can be designed to suit. The profession should stop worrying about how things can be delivered and demand to know what we will be asked to deliver.

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Practice activity levels 'completely unacceptable', says CDO

NHS Boards set to impose 'improvement action plans' on selected practices

DENTISTS have been accused of "completely unacceptable" levels of practice activity by Scotland's Chief Dental Officer (CDO). In a letter¹ to all NHS registered practices, Tom Ferris, the CDO, said: "There are a number of practices that are currently operating below 20 per cent activity, some below 10 per cent and, unfortunately, we also have evidence of no claims activity. In the absence of clear mitigating circumstances, this is completely unacceptable to Ministers."

The CDO was updating dental teams on how the Government intends to approach activity measurement for General Dental Services. "Across the sector, the average activity level is approximately 50% of pre-COVID levels," he said in the letter sent on 29 June. The measure is based on gross item of service over a three-month rolling average.

"While no measurement of activity is perfect," he added, "this is the best measure we have to compare practice activity with an equivalent measure before the period of the pandemic. The data shows that activity levels continue to increase, and my expectation is that with the announcement of new ventilation funding, and a further increase of PPE supplies, they will continue to do so."

"Based on this general picture I am prepared then to suspend the proposed link between activity and tiered financial support for the large majority of practices." But the CDO said that practices operating at less than 20% of pre-COVID levels will be contacted by their NHS Board. The aim is to identify barriers and where necessary introduce improvement action plans, which may be specific to each practice with the aim being to grow practice activity levels beyond the 20% threshold, as the first step.

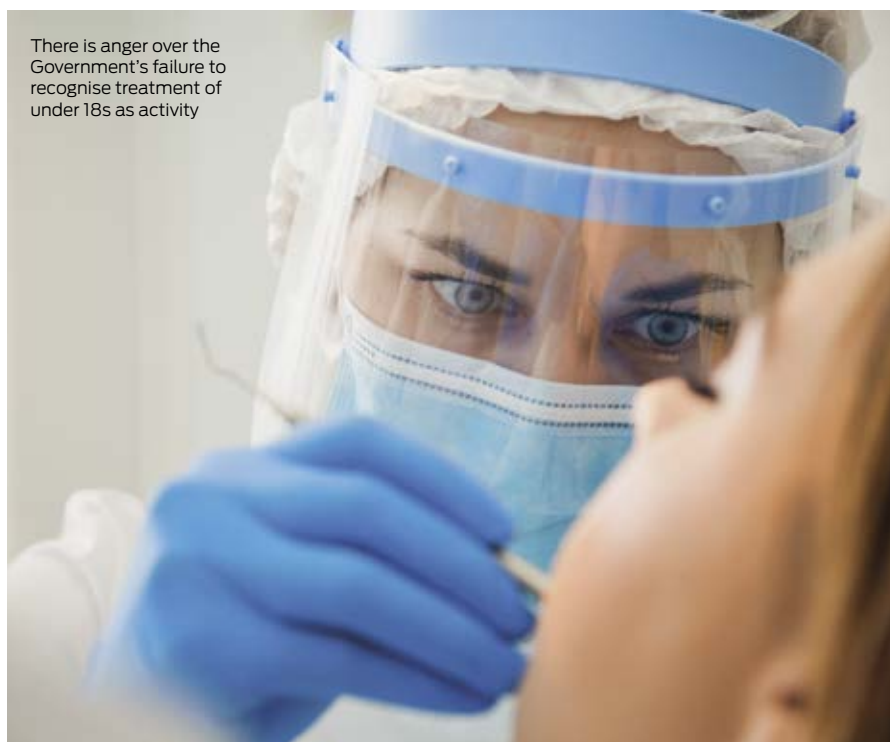
But one practitioner told *Scottish Dental*: "The majority of practices are doing the best they can under the circumstances. With Scotland having the highest infection rates in Europe, practices are being really challenged as staff are contacted by Test and Protect and asked to self-isolate for 10 days."

The practitioner added: "There is a lot of activity in practice which does not generate a fee, for which codes are being submitted but which the Scottish Government seem to ignore. Currently, examination of someone

under the age of 18 does not generate a fee and would not be recorded as activity with the measurement that the Government is employing. A practice could be fully occupied for the rest of the year seeing thousands of children for a routine check-up, but that activity would not be counted."

¹www.scottishdental.org/wp-content/uploads/2021/06/CDO-Letter-CDO20217-General-Dental-Services-Activity-Measurement-29-June-2021.pdf

There is anger over the Government's failure to recognise treatment of under 18s as activity



Infection guidance 'under review'

Infection prevention and control (IPC) guidance is being reviewed with the aim of relaxing measures proportionately and safely, depending on the level of COVID-19 risk.

In a letter to NHS practices last month, Tom Ferris, Scotland's Chief Dental Officer, said: "There is clearly a pent-up demand from patients wishing to see their dental team and a backlog of unmet need. The key to unlocking more clinical care is the development of more proportionate but safe IPC guidance, especially if we move beyond Level 0 later in the summer."

Work is under way, led by Public Health England and involving all UK nations, to examine government policy for people who have been vaccinated. Recent revisions to the guidance already include: no follow time for AGPs on members of the same household; a move back to pre-pandemic application of cleaning controls; and

reinstating pre-pandemic application of waste handling.

The British Dental Association (BDA) said that it welcomed the CDO's pledge to ensure dentistry is represented in all guidance discussions "as we are acutely aware of the stress being placed on the profession as a result of increased patient demand and the unmet backlog of dental care need".

But the BDA added that its members had raised a number of concerns about the review. A spokesperson said: "Some commented the letter was premature for primary care dentistry, as the recent revisions only apply to those working in a hospital dental setting at this stage. Many were unaware of the recent revisions and asked where this information had been initially announced. Some were unclear on the specifics of the information and what impact this would have on them. This feedback clearly shows that clarity from the Scottish Government is required including dentistry-specific, evidence-based guidance to allow dentists to work safely."

Researchers develop system to detect infected air

Combination of sensors creates 'spatial risk map' with arrays tracking the movement of aerosol clouds

A team of Scottish researchers is exploring new methods to minimise the risk of dentists and patients being exposed to contaminated air, improving the safety of aerosol generating procedures (AGPs) that have been linked to the airborne transmission of infections such as COVID-19.

Experts from Heriot-Watt University, the University of Edinburgh, the Real Good Dental Company and CENSIS – Scotland's centre of excellence for sensing, imaging systems, and Internet of Things (IoT) technologies – are developing a sensor-led system that could allow dentists to detect air pockets that contain infected aerosol and droplets.

The project aims to find the best combination of sensors – including carbon dioxide and humidity identifiers – that can be used to create a spatial risk map of a room or area in a dental practice, with multiple sensor arrays tracking the position and movement of aerosol clouds. The system could allow health professionals to monitor the risk level in real-time, identify any spikes and enable them to take appropriate action, such as providing additional PPE and using air extraction techniques or disinfectants.

While air quality monitoring is becoming more mainstream, with many devices now available to provide an indication of carbon dioxide levels in homes and other spaces, these are usually restricted to one fixed point in a room. Using multiple sensors to map the risk level of the entire space could allow dentists to continue performing aerosol generating procedures with added confidence for both patient and dentist that air quality is being carefully and accurately monitored.

The project builds on the team's recently published research, in which they developed a mathematical model to predict the behaviour and spread of airborne droplets and the impact of a local aerosol extraction device. The team developed and tested a working prototype for

system designed to contain and extract aerosol as close to its source as possible and reduce the volume of aerosol that can spread across a room, therefore, keeping any contamination risks contained to a smaller area.

Following successful development of the sensor array, the project team will now test the system in a simulated dental environment using dummy patients to map the aerosol spread during treatments and procedures, such as drilling. A suitable interface and algorithm will then be developed to help dentists interpret the data, which could also be linked to an alert system similar to carbon monoxide or smoke detectors.

Dr Cathal Cummins, from Heriot-Watt University's School of Mathematical and Computer Sciences and Institute for Infrastructure and Environment, said: "Importantly, it isn't just COVID-19 that can be transmitted through air droplets and developing a new system for monitoring contaminated air could be transformational in minimising the risk of exposure for both those working at a surgery and visitors."

Jagdeep Hans, director of the Real Good Dental Company, said: "Many dentists are still some way off a return to business as usual. However, the emergence of new ways of conducting procedures and systems is supporting the continued, safe treatment of patients."

The team initiated the project in response to 'IoT for Good', a call from network provider North which offered free access to its IoT Scotland network for work responding to COVID-19 challenges. Stephen Milne, business development manager at CENSIS, added: "For dentists working on the frontline, as well as their patients, deploying a connected network of sensors throughout the surgery, in combination with new extraction devices, could be key in improving the safety of treatments and reducing potential exposure to viruses."

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Getting the nation to #BrushLikeAProWithMo

Runner describes how oral care is a key part of his physical well-being

OLYMPIC athlete Sir Mo Farah CBE, in partnership with Oral-B, is on a mission to educate the UK on the importance of a good oral health routine, after research found that one in three families (33%) in the UK are in dental crisis, following a lack of dental care in the last 12 months.

Oral-B has launched a new TV advert featuring multiple Olympic, World and European Champion Athlete and dad of four, Sir Mo, who knows all about the importance of keeping teeth in good condition.

A few years ago Sir Mo had a serious tooth infection which saw him admitted to hospital and miss a period of training. Mo is partnering with Oral-B to help raise awareness of the importance of good oral health and to inspire the nation to adopt better oral care routines at home.

“Good dental hygiene is crucial to everyday health” said Sir Mo, adding “I’m a prime example of the effect dental issues can have on personal health and the ability to perform in your job.

“I urge the nation to look after theirs and their children’s teeth and general oral health, just as they would other aspects of their wellbeing, to keep them away from any nasties that poor oral hygiene can lead to.”

Oral-B said it was proud to partner with Sir Mo to improve the oral health of the nation, by inspiring people to adopt better oral care habits from an early age and to #BrushLikeAProWithMo. Oral-B’s initiative comes after Sir Mo paid a surprise visit to Thomas Tallis School in Eltham, South-East London, to educate the year-eight students about the importance of good oral health.

The visit came after research, commissioned by Oral B, found that



one in three children have experienced teeth and dental problems since the start of the pandemic, such as bleeding gums, tooth ache and cavities¹.

¹Research carried out online by Research Without Barrier. Conducted between 26 April – 5 May 2021. Sample comprised 2,001 adults and 1,001 UK parents of children aged 4-11 years. Research Conducted adheres to the UK Market Research Society code of conduct.

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Inaugural global dental conference announced

Edinburgh event to explore dental imaging, periodontal considerations, and patient and teams working together

THE Royal College of Surgeons of Edinburgh's (RCSEd) Faculty of Dental Surgery is launching the World Dental Conference, open to industry professionals across the globe, including RCSEd members and non-members.

Subjects set to be covered include dental imaging, medical complications in practice, periodontal considerations, dental aesthetics and patient and teams working together.

Professor Philip Taylor, Dean of the Faculty of Dental Surgery at the Royal College of Surgeons of Edinburgh, said: "We are very grateful to have secured such

a fantastic line-up of speakers who will spark some great discussions on the key areas we will be focusing on.

"This conference is an excellent opportunity for dental teams throughout the world to learn about what's new in the ever-changing field of dentistry, particularly in these challenging times, and it is open to every member of the dental team. Delegates who sign up for the conference will have access to all the live sessions and will also be able to view them for a further three months afterwards. Although this conference will be completely virtual, this is just the beginning

of what we hope will become an annual event, with the possibility of introducing an in-person element in future."

The event will take place on 2-4 September and delegates can book their place at the World Dental Conference by visiting <https://inconference.eventsair.com/rcsed-world-dental-conference-2021/registration/Site/Register>.

The registration fee is £60 for dentists (£50 for RCSEd members) and £35 for DCPs. Those who are not RCSEd members will also receive one year's free affiliation to the Faculty of Dental Surgery when they sign up to the conference.

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Medenta Finance grows its lending panel

MEDENTA Finance has appointed a new broker to its panel following a surge in demand for dental patient finance.

Following a significant increase in the number of requests for finance since the turn of the year, the company has appointed V12 Retail Finance as a broker on its panel of lenders from this month.

V12 – a subsidiary of Secure Trust Bank PLC – joins Wesleyan Bank on that panel and brings a wealth of experience in point-of-sale finance in the dental and other retail sectors.

Richard Scarborough, Head of Medenta, said: "This is clearly a very busy time for the industry and having V12 Retail Finance on board alongside Wesleyan Bank will really help

us support dental practices, and provide more affordable ways for patients to pay for their treatment.

"Adding V12 as a lending partner also demonstrates our unwavering commitment to support the needs of the profession, especially as more and more dental patients request treatment plans."

Andrew Phillips, Sales Director at V12 Retail Finance, added: "We're very pleased to partner with Medenta to provide an alternative finance option within the dental sector. We know that our streamlined practice on-boarding process, straightforward patient journey and product offering will be a great fit with Medenta, and we look forward to helping Medenta meet the demands within this sector."

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References: 1. BELOTERO® Lips Quantitative Market Research. 2. Sundaram H.et al. PRS Journal. Aug;136:149-163.

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Gum disease prevention 'could save billions'

Economic case for management presented to Scottish and UK Governments

THE economic case for the prevention and management of gum disease has been outlined in a report by the Economist Intelligence Unit (EIU)¹. The most comprehensive analysis on the financial and human cost of gum disease in six Western European countries was produced by the EIU, commissioned by the European Federation of Periodontology (EFP) as an independent study, and sponsored by Oral-B.

In addition to causing tooth loss, gum disease is associated with nearly 60 other health conditions, including heart disease and diabetes². It is largely preventable with good oral hygiene and regular dental reviews. Yet the report states that, in Western Europe, developments in prevention and management appear stagnant.

The authors developed a model to examine the ROI of preventing and managing periodontitis. Separate modelling was performed for France, Germany, Italy, the Netherlands, Spain, and the UK. To measure the impact of prevention

and treatment, the model used the EFP treatment guidelines which outline four intervention points in the progression from health to gingivitis, undiagnosed periodontitis, and diagnosed periodontitis. The estimated current national situation determined the number of individuals starting at each stage of the model.

The authors modelled the transition between the different health and disease stages during a 10-year period according to five scenarios. The model calculated the impact of each scenario on total costs, ROI, and the change in healthy life years compared to baseline.

The cost of continuing with the baseline scenario ranged from €18.7 billion in the Netherlands to €96.8 billion in Italy over 10 years. In all countries, reducing gingivitis management lowered healthy life years and had a negative ROI.

Eliminating gingivitis, the precursor to periodontitis, led to rises in healthy life years, reduced costs and a strong

ROI in all countries. No management of periodontitis resulted in reductions in healthy life years and a negative ROI for all countries. Diagnosing and managing 90% of periodontitis increased healthy life years in all countries and, despite cost increases, there was a positive ROI.

The authors noted that both eliminating gingivitis and increasing the rate of diagnosing and treating periodontitis to 90% had a positive ROI for all countries and gains in healthy life years compared to business as usual.

¹ *Time to take gum disease seriously: The societal and economic impact of periodontitis. The Economist Intelligence Unit, London 2021*

² Monsarrat P, Blaizot A, Kémoun P, et al. *Clinical research activity in periodontal medicine: a systematic mapping of trial registers. J Clin Periodontol.* 2016;43:390–400.

This work was supported with sponsorship from Oral-B, part of the Procter & Gamble Company.

Would you ignore heart disease?

PERIODONTITIS is the sixth most prevalent disease in the world, affecting at least half the world's population, writes Kyle Anderson.

Several studies show that gum disease can be associated to several systemic diseases, such as cardiovascular diseases, Alzheimer's disease, chronic respiratory disease, diabetes and more.

There is still a lack of understanding and awareness of gum disease between allied health professionals, the general public and dental professionals. On average, three in four adults with gum disease do not know they have the condition. Why? Are our roles as dental professionals not to provide the optimum level patient care, preventing dental disease? If this is the case, why do so many people who have gum disease not know what that means?

It would be easy to write the many possible answers to this question, but the important thing is being able to identify steps to rectify this and move forward, increasing awareness of gum disease and its associations, not just working as a united dental team but as a united healthcare team.

Within the dental team, hygienists and therapists could be utilised to provide regular prevention following routine examinations, giving the patient oral hygiene instruction including toothbrushing and interdental cleaning, as well as providing advice on fluoride, mouthwash, and the importance of a healthy mouth. Early prevention should aid in the ability to spot potential warning signs before they are permitted to progress.

The affordability of dental care should be improved, to allow everyone the opportunity

to receive the same level of care, through health campaigns if required. Periodontitis is a complex disease and, in many cases, not all dentition is affected making it difficult to determine the value and cost of treatment. There needs to be better integration of allied health professionals and the dental team, highlighting the risks of associations with other diseases that could worsen existing conditions. Referring patients to the right professionals when required.

Would you ignore heart disease? Or Alzheimer's disease? Gum disease should be given the same level of attention and treatment. Early intervention must be provided to prevent a formal diagnosis of gum disease. Periodontitis is too late.

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



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Repurposed meds reduce sleep apnoea severity 'by at least 30%'

Researchers tell *Scottish Dental* of breakthrough's potential to complement oral appliances

NEW research published in *The Journal of Physiology* shows that researchers have successfully repurposed two existing medications to reduce the severity of sleep apnoea in people by at least 30%.

Affecting around 1.5 million adults in the UK, sleep apnoea is a condition where the upper airway from the back of the nose to the throat closes repetitively during sleep, restricting oxygen intake and causing people to wake as often as 100 times or more per hour¹. Those with untreated sleep apnoea are more likely to develop cardiovascular disease, dementia, and depression, and are two to four times more likely to crash a car than the general population².

Despite almost thirty years of research, there are no approved drug therapies to treat the condition. Professor Danny Eckert, Principal Research Scientist at NeuRA and Professor and Director of Adelaide Institute for Sleep Health at Flinders University, has brought scientists one step closer by repurposing two existing medications to test their efficacy in people in sleep apnoea.

Previous research showed two classes of medication, reboxetine and butylbromide,



were able to keep muscles active during sleep in people without sleep apnoea and assist their ability to breathe. By repurposing the medications, researchers used a multitude of recording instruments to measure whether reboxetine and butylbromide could successfully target the main causes of sleep apnoea. This included balancing the electrical activity of muscles around the airway, preventing the throat from collapsing while people were sleeping, and improving the regulation of carbon dioxide and breathing during sleep.

Results from the study³ showed these medications did in fact increase the muscle activity around participants' airways,

with the drugs reducing the severity of participants' sleep apnoea by up to one third. Almost everyone studied had some improvement in sleep apnoea. People's oxygen intake improved, and their number of breathing stoppages was a third or more less.

The findings allow researchers to further refine these types of medications so that they have even greater benefit than what has currently been found. Professor Eckert told *Scottish Dental*: "The hope would be that eventually, combination therapy i.e., adding targeted pharmacotherapy, may be an option for the around 50% of patients with sleep apnoea who have an incomplete therapeutic response to oral appliances alone."

¹<https://www.blf.org.uk/support-for-you/obstructive-sleep-apnoea-osa/health-care-professionals/health-economics-report>

²Teran-Santos J, Jimenez-Gomez A, Cordero-Guevara J. The association between sleep apnea and the risk of traffic accidents. *Cooperative Group Burgos-Santander. N Engl J Med.* 1999; 340 (11): 847-851

³<https://physoc.onlinelibrary.wiley.com/doi/abs/10.1113/JP281912>



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Dental group adopts 'fully flexible hybrid working'

Office desk space has been more than halved to create more comfortable working environment

SCOTLAND'S largest dental group has transformed its headquarters into "a hybrid workers' dream" following consultation with its staff. The Clyde Munro dental group support centre in Glasgow has reduced its office capacity by more than half to cater for those who wish to work from home, at the same time as investing in staff wellbeing and comfort through a complete office revamp.

With new informal meeting, conference and Zoom rooms, as well as a business lounge, the support centre has been given a complete makeover; removing more than half of the total desk space – from 28 hubs to 11 – to make way for a more spacious, practical, and comfortable

working environment. A living wall has been installed in the office, which will provide health benefits and create a comforting atmosphere.

The dental group has also purchased soft furnishings – including four sofa chairs, a hanging egg chair and a massaging chair – to allow for relaxation rooms within the office to create a comfortable space for staff to unwind in. It comes after 72% of its support staff voted to adopt hybrid working.

The shift to a blended working model has been welcomed by staff, giving the team a greater sense of flexibility and autonomy. In addition, with the group's presence across Scotland, remote working will support the attraction of new recruits to join the team



from anywhere in the country.

Alexandra MacNicol, Head of Marketing, said: "The transition to hybrid working has been a long time coming, and we felt it was really important to listen to our colleagues and find out what they needed."

"The past year has been tough for everyone, but it has also been a year full of reflection. We felt it was important to reassess how we work and adapt a model that best suited our staff."

"With a hybrid office, we are giving colleagues the chance to choose the environment they work best in."

Clyde Munro was founded by Jim Hall in 2015, began its acquisition trail with seven practices, and now has 51 across Scotland. The 400-strong staff now support more than 400,000 patients across Scotland, with practices from Orkney and the Highlands to the Scottish Borders.



'The transition to hybrid working has been a long time coming' - Alexandra MacNicol

Clyde Munro and Philips celebrate partnership

Exclusive initiative 'set to elevate dental care throughout the country'

CLYDE MUNRO, Scotland's largest network of family dental clinics, said that it had joined forces with Philips, one of the world's leading and most recognisable brands in the dental industry, in a move that will "promote excellence in patient oral health care throughout every one of [our] practices, while raising the bar when it comes to the products and services offered".

The group said that it had "made huge strides towards improving dental accessibility", expanding its numbers to achieve a patient base that is now 400,000-strong. It said that the new "dynamic collaboration" – that sees Philips supporting Clyde Munro's 200 dentists, 400 staff and their patients – will enhance the overall patient experience and provide

invaluable learning opportunities for dentists and their teams.

As well NHS care, the network of clinics also offers private and aesthetic treatments. The partnership with Philips will enhance the services and the products available to patients to include teeth whitening treatments and access to Philips' premium Sonicare electric toothbrush range. Practices will also implement the Philips' TerraCycle Recycling Programme, an initiative designed to add to each practice's sustainability profile.

Fiona Wood, the group's chief operating officer, said: "We currently treat around 7% of the nation's population as we continue to operate an expanding network of family dentists. We hope this partnership with Philips will provide the best care and treatments for our patients. We also want to educate patients,

particularly those with children, about the benefits of electric toothbrushing and the importance of good oral hygiene."

Education is a key facet of this unique relationship, which extends to dentists and their teams. Staff will be introduced to new treatments and products, such as Philips' Zoom whitening gel and Sonicare power toothbrushes, and professional educators from Philips will assist in their understanding and implementation via a series of lunch-and-learns.

Mel Pomphrett, professional relations manager for Philips, said: "We are delighted to support Clyde Munro in this partnership – a move that will enable their dentists and dental teams to offer a wider range of sophisticated, technologically advanced and patient-centric solutions for all their oral and aesthetic treatment needs."



'We hope this partnership with Philips will provide the best care and treatments for our patients' - Fiona Wood



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Dr S Lello | Specialist in Oral Surgery

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Dr Maria Brincat | Special Interest
in Periodontics

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Dr D Thomson | Specialist in Dental
and Maxillofacial Radiology

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Dr G Ragazzini | Specialist in
Orthodontics



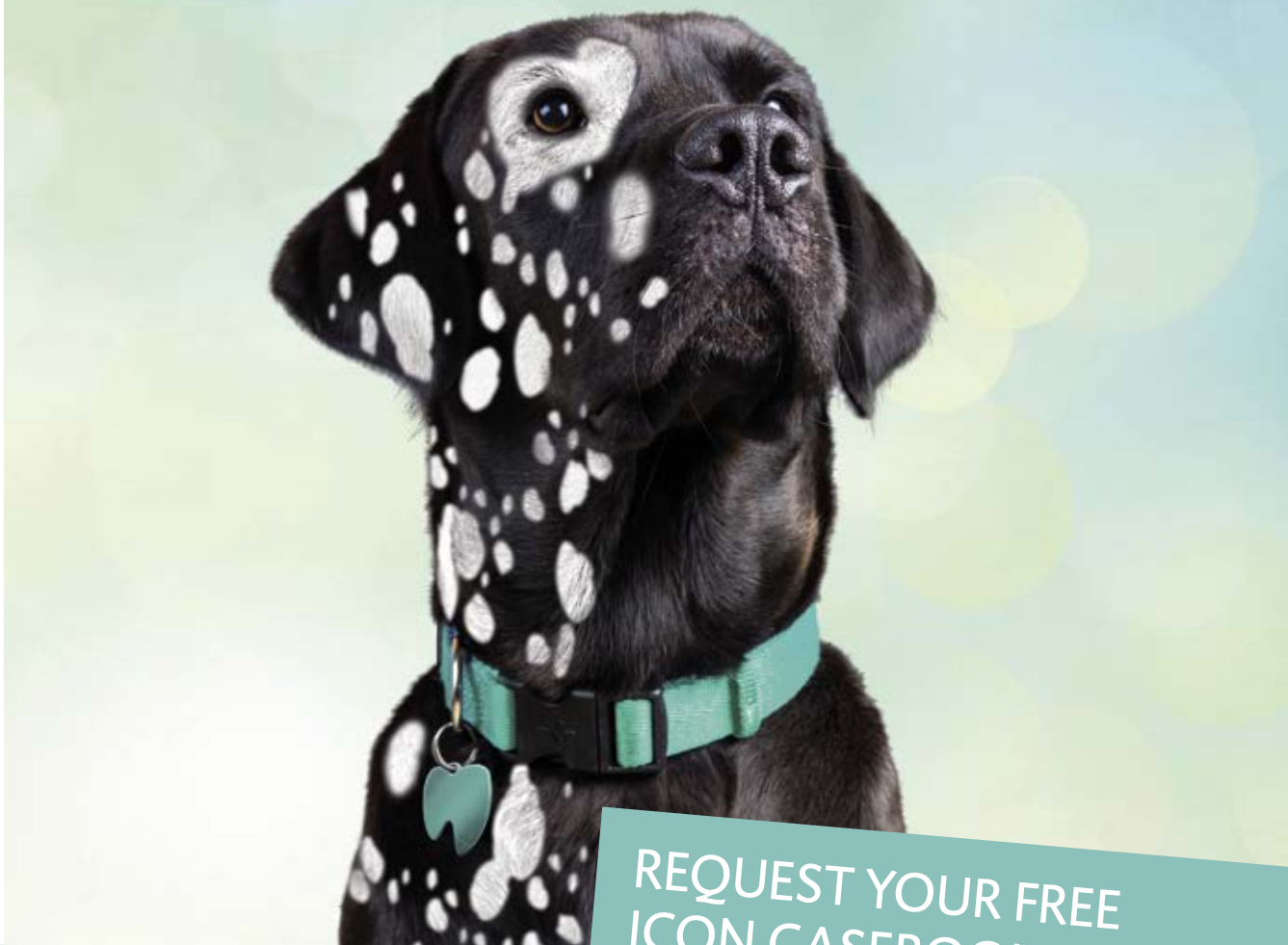
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(L to R) Dr Ian Mills, Immediate Past Dean, FGDP(UK), Janet Clarke MBE, Chair of Trustees of the College, Dr Abhi Pal, President, Prof Nairn Wilson CBE, Honorary Founding President, Dr Simon Thornton-Wood, Lead Executive

A new future for dentistry

The profession now has its own, independent college

IT WAS a momentous day in the history of dentistry in the UK – 1 July 2021 – as the College of General Dentistry officially opened, in a ceremony at the Barber-Surgeons' Hall in London. The new College of General Dentistry embraces the whole dental team, recognising the invaluable contribution made by every member of the dental profession in delivering high quality oral health care for patients and the wider community.

As Dr Abhi Pal took office as the first elected President of the College, he said: "The College of General Dentistry looks forward to providing new leadership, much-needed career pathways, fit-for-purpose standards and cutting edge, evidence-based guidelines with much more besides.

"Going forward we intend to build on the fabulous legacy provided by the FGDP and to further raise the standing and status of dentistry as an important, integral, never-to-be-forgotten element of health and social care. The College considers oral health to be fundamental to general health and wellbeing at all ages."

The move to an independent college for dentistry realises the long-held ambition of

those who founded the Faculty of General Dental Practitioners (UK) in 1992. It was, say observers, their foresight, hard work and commitment to general dental practice which allowed them to establish FGDP(UK), driven by the vision that one day dentistry would have a Royal College. It is not quite at the stage of applying for a Royal Charter, but the move to an independent College of General Dentistry is a significant step closer to that ambition.

The College will set standards and provide guidance, encouraging and recognising continuing professional development.

In a subsequent announcement, the College said it was partnering with Colgate Palmolive UK to establish a programme to build career pathways for all those working in a professional capacity in primary care and general dentistry. The Career Pathways¹ initiative brings together all roles in the dental team to create life-long career structures "to enhance professional standing, and to engage the confidence of patients".

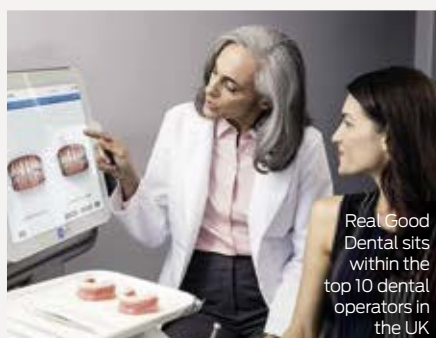
¹<https://cgdent.uk/career-pathways/>

Real Good Dental backed by private equity firm

REAL GOOD DENTAL, whose 46 mixed income practices across Central Scotland support 350,000 patients, has received undisclosed funding from TriSpan, a London-based private equity firm.

Alongside routine dental care, RGD offers aesthetic services under its Westerwood Health brand. It was founded in 2012 by Dr Satinder Dhami and Dr Jagdeep Singh Hans and is now among the top 10 dental operators in terms of the number of practices. The funding was supported by Keyhaven Capital. Paul Graham, Mike Hodges and Hannah Gaskell of Christie & Co acted on behalf of Real Good Dental.

Dr Jagdeep Singh Hans said: "I am delighted to announce the partnership of Real Good Dental and TriSpan. We are excited to welcome TriSpan and their investors to the Real Good Dental family. TriSpan is the perfect fit to help the group achieve its aspirational growth plans. It has



strong credentials both as investors in the healthcare services sector and as backers of founder-led businesses, and we look forward to working with the team in this very exciting stage of development for our business."

Dame Margaret Seward 1935-2021

TRIBUTES have been paid to the British Dental Association's (BDA) former president Dame Margaret Seward, who died last month aged 85.

Dame Margaret was long associated with the Women in Dentistry movement and, in 1975, was involved in a survey looking at the contribution of women to the dental profession. The study looked at what happened to female dentists when they stepped off the career ladder to start families, while facing the challenge of not being able to access retraining in those days as well as receiving no maternity provision.

In 1979 she was appointed editor of the *British Dental Journal*, which she relaunched with a new design. The first female resident dental house surgeon at the London Hospital, Dame Margaret went on to edit both the *British Dental Journal* (1979-92) and *International Dental Journal* (1990-2000). Her thirteen years at the BDJ were marked by a more international approach through her interest in the World Dental Federation (FDI) and her editorship placed a greater emphasis on education and the dental team through her Teamwork initiative.

She became the second female president of the BDA in 1993. She was an elected member of the General Dental Council from 1976 and the first woman president (1994-99). In 1994, Margaret was honoured with a CBE for services to dentistry, followed in 1999 by appointment as the first dental dame (DBE). In the same year she retired from the GDC.

In 2000, Dame Margaret was head-hunted by the Department of Health to take forward the process of modernising NHS dentistry as Chief Dental Officer for England.

Eddie Crouch, the BDA's chair, said: "Words cannot express the depth and breadth of Margaret Seward's contribution to this profession. The future for all dentists is brightened by every glass ceiling she smashed."

DATES FOR YOUR DIARY

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

2-4 SEPTEMBER

RCSEd World Dental Conference

Royal College of Surgeons of Edinburgh

www.rcsed.ac.uk/professional-support-development-resources/the-rcsed-world-dental-conference

10 SEPTEMBER

Dental Care for People with Cancer

Royal College of Surgeons of Edinburgh Online

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>

22-25 SEPTEMBER

IDS 2021

Cologne
www.english.ids-cologne.de

26-29 SEPTEMBER

ADA FDI World Dental Congress

Sydney
www.world-dental-congress.org

1 OCTOBER

Vermilion Biennial Symposium

Royal College of Physicians of Edinburgh
Email events@vermilion.co.uk for more details.

1-2 OCTOBER

ITI Congress UK & Ireland

EICC, Edinburgh
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

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

POSTPONED UNTIL FURTHER NOTICE

National Dental Nursing Conference

www.badn.org.uk/Public/Events/National-Dental-NursingConference.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

15-18 JUNE 2022

EuroPerio10 Copenhagen

www.efp.org/europerio/

24-25 JUNE 2022

Scottish Dental Show Glasgow

www.sdshow.co.uk

11-13 AUGUST 2022

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www.isdh2022.com

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ITI

The ITI Congress UK & Ireland 2021 will be held on October 1-2 in Edinburgh; its vibrant programme offering insight into what lies ahead in the field, while also bringing together a community of professionals who share the same passion for excellence in implantology

Eoin O'Sullivan is a Fellow of the ITI and Chair of the Scientific Programme Committee for the ITI Congress UK & Ireland 2021, entitled Future Proof.

Sharing why he feels it is so important right now to be looking ahead and focusing on emerging trends and solutions, Eoin said: "In the COVID era, we need to be able to work more efficiently and predictably than ever before. The latest innovations and clinical approaches will help us to do this, supported by the use of digital technology and new implant designs. Bringing all of this to one event gives dental professionals an opportunity to get up-to-date with the latest information, research and ideas in the field."

Colin Burns, Chair of the ITI Section UK & Ireland, discussed what the aim for the educational



programme was when putting together speakers and content: "The goal of the ITI is to represent everyone who contributes to the provision of implant dentistry, including dentists, dental hygienists and therapists, and dental nurses. Aligned with our members and fellows who work in the spheres of academia and research, we have sought to develop a programme that will be of interest to all.

"We therefore have chosen

speakers who have inspired us during our careers in the hope that they inspire others in the same way. We have also highlighted the importance of the entire dental team with dedicated programmes for dental hygienists and therapists and dental nurses. It is crucial that we recognise and respect the massive role they play in caring for implant patients.

"The theme – Future Proof – is the brainchild of Samantha Smith, a member of our Scientific Committee. It perfectly embodies the ITI's commitment to evidence-based implant dentistry, while highlighting the need to use techniques, protocols and materials that support long-term survival of the treatment we provide. We need to tailor treatment to maximise its resistance to failure in the future, proving its worth and protecting our patients from complications in the years to come."

Eoin added: "We have gathered some of the greatest speakers and innovators in implant dentistry to



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¹ If haemostasis cannot be achieved after full pulpotomy, a pulpectomy and a RCT should be carried out, provided the tooth is restorable (ESE Position Paper, Duncan et al. 2017)

² Taha et al., 2018



give an evidenced-based review of where we stand in implantology today. They will present the latest developments and innovations in the market, based on current research.

“It is a very strong programme that has been designed to appeal to professionals who are both experienced and inexperienced in implant dentistry. My hope is that delegates will come away from the Congress fully updated on different areas of implant dentistry and they will be inspired to adopt some of the new approaches in their practices.”

The calibre of the speakers and education on offer clearly set the ITI Congress apart, but that's not the only draw of the event. It will also provide a chance for networking and socialising with like-minded friends and colleagues.

As Eoin commented: “So many events have been cancelled as a result of the pandemic, so the ITI Congress 2021 may well be the first opportunity many of us have to safely meet face-to-face. In the ITI, we really value camaraderie and friendship, and we have organised what we hope will be an enjoyable social programme alongside the education. Indeed, the Straumann parties are legendary! I am really looking forward to catching up with many friends and colleagues at the Congress.”

Colin agrees that the opportunity for socialising and the importance of community are just as much a part of the ITI and this year's Congress as education. He said: “I really hope that people enjoy themselves after being isolated and kept away from each other during the pandemic. The friendship and companionship within the ITI create such a strong

bond between colleagues. Congress will be a chance to meet up with friends, to listen to international speakers and be inspired again.

“The Straumann-sponsored party promises to be the best one ever – we are very excited about the live band and the fantastic venue. Sarah Gardiner, Events & Educational Courses Manager for Straumann, has been so supportive and worked with us to put on quite the show.

“I want everyone to have some fun with their friends, to be encouraged by the like-minded people around them and to find fresh motivation for excellent implant dentistry.”



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for Implantology

ITI Congress UK & Ireland 2021

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October 1-2 2021, Edinburgh

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See also Women In Implantology, page 28



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COLIN BURNS



ITI
Congress
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OCT. DAY

02 HYGIENISTS
OCT. THERAPISTS DAY



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Looking to WIN

The Women's Implantology Network ITI UK and Ireland Section will work to inspire and support more women into the field of implant dentistry

In the UK there are almost equal numbers of men and women registered as dentists with the GDC: 48.7% males and 51.3% females as of June 2021. Alongside these figures, in the past 10 years we have seen a consistent dominance of female new registrations: 63% (female) versus 37% (male) in the year 2019¹. It is clear that young women are choosing to become dentists and are not put off by the high entry requirements or the five-year undergraduate degree. You might therefore expect a gradual shift towards a female-biased profession with a proportional increase in female involvement across all fields of dentistry, including implant dentistry.

However, this is not what we see. In the UK, there is not a specific specialist list for implant dentistry and all dentists can be involved in implant dentistry without being a registered specialist in a related field, so it is therefore not easy to have an accurate measure of the number of women involved in this discipline. However, the low involvement of women in this field is visible in other ways.

I have been attending UK implant related conferences for the past 20 years and low female participation is very evident. In this setting there is very low female representation both as conference participants and speakers. A survey of female speaker representation at six recent UK implant-related conferences revealed an average of 20%, with a range from as low as 7%. Clearly far short of the 50% of females registered with the GDC.

If we take a close look at the male/female split on the UK specialist lists (Fig 1), we see that women are taking on the challenges of post-graduate training in some fields – such as Orthodontics, Paedodontics and Special Care Dentistry, but seem to be actively avoiding other specialities. It is clear that there is low female representation in the surgical and restorative-based specialities, all of which are likely to include implant

dentistry skills.

Does it matter?

Well, yes, we believe it does – on a personal level, a patient level, a professional level, and a societal level.

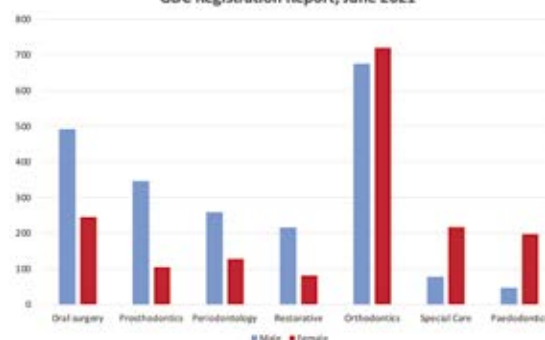
On a personal level, we want to ensure that the bright young women who are clearly capable of the academic and clinical challenge of undergraduate dental training are then supported to fulfil their full professional potential within their working career.

On a professional level, we want to see a true cross-section of speakers, leaders and role models to encourage and inspire the next generation, and we want the profession to benefit from full involvement of this talent.

On a patient level, we need to ensure that all dentists have an adequate knowledge of implant dentistry so that they feel confident to refer their patients for implant treatment and then have the skills to maintain them in the longer term, and to allow progression to further training to be able to offer implant restorative or surgical treatment themselves, if they wish to do so.

Furthermore, within society and within our wider profession, there is

Figure 1: Specialty by Gender in the UK GDC Registration Report, June 2021



an increasing awareness of equality and diversity, and the importance of inclusivity. In May of this year, the Diversity in Dentistry Action Group (DDAG) published a document titled: *Equality diversity and inclusion within dentistry*². DDAG is strongly supported by many of our key national dental organisations, including the BDA and the GDC and this document is a landmark step towards improving overall diversity. DDAG's mission statement is 'to promote a collaborative approach to shape a dental profession which respects, values and lives by the principles of equality, diversity and inclusion'.

WORDS
ADELA
LAVERICK



WIN core team inaugural meeting Zurich, 2016

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Women are part of the equality and diversity.

So, WIN ITI UK and Ireland is working to make a difference...

Who are we?

We are a committee of three women, each involved in implant dentistry from a different speciality perspective. Our Chair is Nicola Cross, Specialist in Oral Surgery, and is supported by Narinder Dhadwal, Specialist in Periodontology and myself, Adela Laverick, a Specialist Prosthodontist working in practice in Perthshire.

As a committee we work in conjunction with both the Women's Implantology Network (WIN) and the International Team for Implantology (ITI) to engage, inspire and support female dental professionals within implant dentistry. As such, we are working to raise awareness of both organisations.

The Women's Implantology Network (WIN)

WIN was first established in 2016 and is led by a global core team of female dental professionals, all of whom are accomplished implant clinicians in their own countries. Together, with support of an administration team in Basel, Switzerland, WIN global is working to increase the engagement of women in implant dentistry at all levels; from being confident talking to patients about implant treatment, to taking on further training themselves. WIN also aims to raise the profiles of women working within this field and to empower them to follow their ambitions and advance into leadership roles, so to make them more visible.

WIN now has more than 4,000 members from 136 different countries. Within the member countries we see a recurring pattern: despite high numbers of women qualifying as dentists, relatively few are taking on the challenges of a career in implant dentistry.

Membership of WIN is entirely free and gives you immediate access to this ever-growing global supportive network. Members receive a bi-monthly digital newsletter packed with interesting, relevant news items and educational content.

A key benefit is that WIN members get access to the 'WIN Classroom' within the ITI.net. The classroom provides easily accessible links to topic-based learning material selected from the wider ITI Academy. For non-ITI members the WIN classroom provides an insight into what a comprehensive and extensive



educational resource the ITI Academy is.

The International Team for Implantology (ITI)

The ITI, established in 1980, is the largest international academic organisation in implant dentistry. It aims to promote and disseminate knowledge of implant dentistry and related fields via both online and in-person educational activities. A key benefit of ITI membership is the local study club structure, which brings together like-minded clinicians for networking and learning opportunities in their local area. This strong and supportive local network benefits all members but will be especially nurturing for dentists that are new to the discipline, as it offers possibilities to talk through cases or problems with more experienced clinicians.

What are the barriers?

As a group we have carried out our own research including looking at relevant studies, carrying out personal interviews and a closed Facebook page. It is clear that this is a complex, multi-factorial problem and it will inevitably take time to begin to make a difference.

It is a generalisation, but one that is commonly accepted that women are more risk averse. Implant dentistry is considered to be relatively high-risk treatment and therefore women are less likely to take on the challenge. However, we can turn this into a strength and redefine it as being 'risk aware', rather than 'risk averse'. A risk aware dentist will take care to plan

and execute treatments to minimise the risks to the patient and maximise the benefits - a clear advantage when providing potentially complex treatments.

Another common theme is the work-life balance. Inevitably, many women will be the main care providers for their families and often these demands will require flexibility in their work. As a profession, dentistry is an incredibly flexible career that does allow women to work part-time at a high level. In my experience, providing implant treatment in a specialist setting has allowed me to work part-time at a high level of interest, engagement, and financial reward. It is true that the training was at times more demanding of my time and energy, but the rewards are worth the earlier investment of that time and energy.

Another potential difficulty for all dentists is the lack of a set training pathway. The discipline of implant dentistry is a relatively young one when compared with more traditional specialities such as Orthodontics and Prosthodontics, and it is not a GDC-recognised speciality subject. This makes it more difficult for our young graduates to plan their training because there is not a well-defined path. Being a member of a national organisation such as the ITI can provide invaluable support, advice, and reputable training courses to set an interested dentist on the right path.

The challenge of being inclusive

WIN and the ITI embrace mutual collaboration across specialities,



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*Data on file at Align Technology, as of January 29, 2020

1. The Guardian <https://www.theguardian.com/society/2009/aug/08/dentists-earnings-nhs-private-practice>. Accessed December 2017.

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age, gender, and culture. As such, we encourage male colleagues to also join WIN to help and support us make a change. It is very important that we work with, and alongside our male colleagues to support and empower the female talent to become more visible.

Personally, I also hope that by raising the profile of implant dentistry itself as an interesting and rewarding career option, and by providing a welcoming and supportive network for interested clinicians, that as a group we might help to contribute to overall diversity and equality within our profession.

Future events

To help our group become more visible we have planned a great programme of four online webinar events. It's a progressive programme, taking participants from the planning stage of implant treatment through to the execution, and then maintenance stages. For each of these events, we have collaborated with the WIN global core team to showcase a talented female speaker; this also helps to raise the profile of female speakers.

Our next event is on 16 September, 7-9pm, and will focus on restorative aspects of implant treatment: 'Implant prosthodontics: critical factors for success' with WIN global leader Anja Zembic from Switzerland.

The final event in this year's series is on 25 November, 7-9pm 'A focus on establishing and maintaining peri-implant health', featuring WIN global leader France Lambert, and UK specialist in periodontics, Ana Gamboa.

Registration for these events is via ITI.org and is free for WIN and



TO HELP OUR GROUP BECOME MORE VISIBLE, WE HAVE PLANNED A GREAT PROGRAMME OF FOUR WEBINAR EVENTS*

ITI members. Non-ITI members are welcome to attend up to two ITI events as a complimentary introduction to the ITI.

In addition we are very excited to be hosting a breakfast WIN ITI networking event at the forthcoming ITI UK and Ireland Congress, 'Future Proof', planned for 1 and 2 October, in-person, in Edinburgh. Please do join us for breakfast at 7.45am on Friday 1 October. It's an opportunity for a social start to the congress, to network and meet with like-minded colleagues and learn more about WIN ITI UK and Ireland. We will be joined by guest speaker Nadine Montgomery, who will share the personal story behind the change in dental and medical consent. Register for the congress and the breakfast at events.iti.org.

Step by step, we hope to become more visible and to gradually strengthen the network.

How can you become engaged?

WIN welcomes new members – whatever your current level of engagement in implant dentistry. Please consider joining – it's free and easily accessible via the QR code

Please do join us for our webinar events in September and November, and if you are coming to the Edinburgh ITI congress in October, then please register for the networking breakfast event.

We would welcome contact from all interested parties: whether you are starting out or more experienced and feel you might be able to support our initiative.

Together, we are stronger!

Inspire. Engage. Be part of the change – WIN ITI UK and Ireland Section

Dr Adela Laverick is a Perthshire-based Specialist Prosthodontist (Contact Adela at: info@blackhillsclinic.com).

REFERENCES

¹GDC Registration Statistical Report 2019

²Equality Diversity and Inclusion within Dentistry. A profession wide commitment. May 2021.





Concept Design | Space Planning | Interior Design | Planning Applications | Building Warrants
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The formation of a light well in the centre of the long and narrow plan allows natural light and fresh air to fill the practice whilst floor to ceiling glass partitions to the surgeries further enhance the sense of light and space. The client's colour palette of grey, white and green reinforces the theme of cleanliness, brightness and nature to give an overall welcoming and peaceful aesthetic.
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Not another global pandemic

During the first COVID-19 lockdown, as owner of Platt & Common in Stirling, I took a moment to clear out an old cupboard ... and came to realise that the practice had been through this before

WORDS
JOHN
DENHAM

As the practice doors closed on the evening of Friday 20 March 2020, I had no idea that it would be more than 100 days before those same doors would be opening to patients, albeit only for emergencies. That lunchtime we had sat together as a practice. Domino's wanted to thank all those working in the NHS by offering discounted pizzas that day. Looking around at all the dentists and nurses eating together in our staff room, I couldn't help but wonder when we would be able to do such a thing again.

The TV screen in the waiting room had been set to the BBC News channel all week as we tried to keep up with the daily newsfeed about the virus that was coming our way. Twitter and Facebook sites were a ready source of information as we waited for the Chief Dental Officer to make a statement. Tom Ferris's letter on 17 March to all GPs in Scotland advised that "contingency measures have been put in place to preserve the integrity of GDS as a result of substantial disruption to service provision due to the escalation of the COVID-19 outbreak in Scotland." As with all practices in Scotland we downed tools, completed, and then submitted, our 'Business Continuity Plan'.

We continued to see patients but there had been a growing sense of unease that week, not just among the staff, but with patients who had begun to cancel their routine examination appointments as well as some treatments. My last patients on that Friday were a family

of three and the father, slumping into the chair, looked at me, and said: "This is all a load of nonsense, isn't it?"

The day finished with all the staff sitting together around our waiting room and while I did not know what to tell them, I knew that I did not want them to come into work on the Monday. It was apparent with the closure of bars and restaurants that day that we were heading into lockdown, and I wanted everyone to stay at home to be safe. The 'Stay at Home, Protect the NHS' message had been used all that week by the UK Government, and it seemed appropriate to use this message at this time.

In a final gesture of solidarity and in a vain attempt to stem the tears that were flowing from a number of staff members, we had a group hug. The number of coronavirus cases in Scotland had reached 266 that Friday and there had been 108 deaths in the UK.

Over the coming weeks, the dentists took it in turns to come to the practice to triage the patients and it was on one of those days that I decided to have a clear-out of a cupboard in the corner of my office. A faded photograph of the practice staff of 1920 came to my attention, and at that moment I realised that these faces staring out at me must have been through something very similar. The years leading up to that photograph had been filled not just with the Great War but with the Spanish Flu that followed.

Robert Keith Common had been establishing himself in the practice following the death of his older partner Leon Platt in 1914. Mr Platt had been Stirling and Central Scotland's first 'resident dentist' when he decided to set

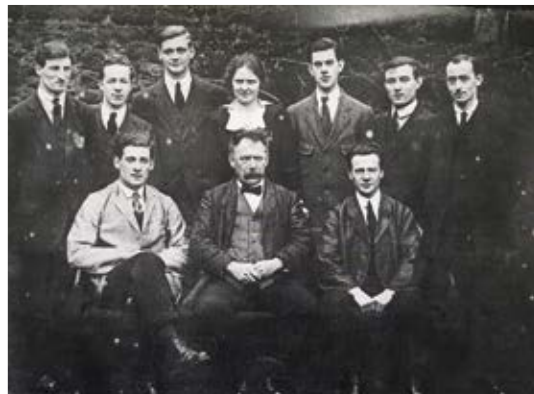
Robert Keith Common shall devote his whole time and attention to the business and shall not be entitled to be engaged in any other business. He said Leon shall be entitled to devote to the business so much of his time and attention as he thinks

Leon Platt

R Keith Common

up his dental practice at the age of 21 in Murray Place, Stirling, in 1861. As I searched the archives for this article, I realised that Mr Platt would have experienced the last great pandemic of the 19th century, the Russian Flu pandemic of 1889 - 1890, when it reached Scotland in the December of 1889. More than one million people were thought to have fallen victim to what 1950s researchers had thought had been an Influenza A virus subtype H2N2, subsequently re-categorised after sero-archeology, as Influenza A virus subtype H3N8.

As Central Scotland's first resident dentist, Leon Platt wrote and published *A Domestic Guide to a Good Set of Teeth* in 1862. He became an LDS at the Royal College of Surgeons in Edinburgh in 1879, to conform with the Dentists Act of 1878. On 13 June 1882 he and 28 others founded the Scottish branch of the British Dental Association. After working in practice and consulting at the local infirmary, Mr Platt took on an assistant in 1892 on a salary of £3 10 shillings a week. Robert Keith Common became his co-partner in 1895 before Mr Platt's retirement in 1902. Robert Common's son Ralph Lawson Keith Common and grandson Robert Heron Keith Common took the practice of Platt & Common through until the 1990s and the present-day practice still bears the names of these two pioneering dentists.



Saturday 7 February 1920 at 44 Murray Place, Stirling. Robert Keith Common sits front and centre with his son Ralph Common in the pale coat on the left. His younger son Mark, a dental technician, is on the back row, far left

On the day this photograph was taken the *Falkirk Herald* reported that Charlie Chaplin's latest film *The Floorwalker* was playing at the cinema, *Dick Whittington and His Cat* was finishing its run at the Grand Theatre, a fancy dress dance was to be held in aid of the Comrades of The Great War association at the Albert Hall in Stirling and that you could purchase a 20 horsepower Chevrolet Car for £415.

The staff of Platt & Common most certainly had no specialised personal protective equipment as their long surgery coats, stiff collared shirts and ties were the fashion of the day. During the pandemic, two years earlier they may have covered their faces with surgical gauze which was widely used at the time for surgical masks but how would they have known that the flu was coming, as all the newspapers in the latter part of 1918 were full of reports of successes at the front and the eventual end of the Great War.

Limited media coverage in 1918 (the Government of the day thought that the population had had enough bad news that year) reports the spread of flu alongside remedies for sufferers to try - including *Veno's Lightning Cough Cure* as seen in the *Perthshire Advertiser* on 2 October. The Spanish Flu symptoms were "cough, nervousness,

headache, loss of appetite and general weakness" with "pneumonia often following about 12 hours after the first symptoms appear".

The *Stirling Observer* of Saturday 16 November 1918

"SPANISH FLU" MANY DEATHS

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"Spanish Flu" is rampant today. Coughs are the chief danger, especially with children. The symptoms are cough, nervousness, headache, loss of appetite, and weakness. Pneumonia often follows. Veno's takes AT ONCE in a real safeguard.

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VENO'S LIGHTNING COUGH CURE

Venos Advertisement. Scotland's People, National Newspaper Archive copy

makes mention of the closure of schools in the town and the fact that children and teachers were having a "flu holiday". The Monday of that week had seen the end of the "Great World War", so the paper details the celebrations that had taken place rather than dwelling on the pandemic sweeping across Europe. The *Edinburgh Evening News* of 4 November 1918 highlights 20 deaths in Alloa, only one being attributed to the flu. Schools were reported to be fully closed in Dundee, Kinross, and St Andrews with more than 50 deaths recorded in Dunfermline, schools having been closed there for more than three weeks. As the headline states, the 'Trail of the Flu' was 'still spreading in Scotland'.

On writing to the editor of the *Stirling Observer* on 7 November 1918, the local cinema manager says that "the hall is well ventilated and sprayed with disinfectant every day." So, perhaps Mr Common and his staff were also opening the surgery windows wide and making good use of their supplies of disinfectant. In the *Glasgow Herald* on 24 July 1918, the flu was reported as being "rife in the town" with "quite a number of people have come back from their holidays only to take to their bed." It has been suggested that Port Glasgow saw the first cases of Spanish Flu in September 1918 as part of the pandemic's second wave.

(As I wrote this article, in the autumn of 2020, Glasgow and the surrounding areas had been placed under special measures restricting the mixing of households and affecting 1.75 million people.)

Spanish Flu quickly spread across Scotland with mortality peaking in Glasgow in October, and Aberdeen, Dundee, and Perth in November. So, it could be surmised, that Mr Common and his staff would have been contending with asymptomatic and symptomatic patients turning up at the surgery at 74 Murray Place during the





autumn of 1918 and into the following summer. The 1918-19 pandemic saw increasing mortality in young adults where previous pandemics had taken the youngest and the oldest of the population. A total of 78,372 Scottish deaths were recorded in 1918 with 17,575 attributed flu deaths (4.3 per 1,000 population).

By the end of the summer of 1919, nearly 34,000 Scots had fallen victim to the flu (the number is greater if mortality due to encephalitis lethargica which followed the pandemic is taken into account). In the early stages of the pandemic many deaths were recorded as PUO (pyrexia of unknown origin). Heliotrope cyanosis was evident on victims as extremities turned blue, bodies quickly becoming blackened as de-oxygenated blood flowed through their vessels.

UPDATE: As of 19 July 2021 – so called ‘Freedom Day’ in England and the day that the Scottish mainland moved to Level Zero – 7,800 people in Scotland had lost their lives in Scotland after testing positive to COVID-19, with more than 10,220 deaths having been registered where COVID-19 was mentioned on the death certificate – 33% of these deaths occurred in care homes and 61% died in hospital. When writing this article in September of 2020, no one could have predicted the devastating effect that this virus would have on a global scale. In the UK there have now been 5,473,477 reported cases of coronavirus and 128,727 deaths within 28 days of a positive test. Worldwide, these figures are in excess of 191.6 million cases and 4.1 million deaths.

At the peak of the first wave of the pandemic in the UK there were 6,818 deaths registered in a single week (7-13 April 2020). The second wave peak saw 7,250 deaths registered in the week of the 8-14 January 2021. With the third wave expected to peak in August 2021 there is obviously a strong case for continued vigilance and mitigation to avoid infection and transmission. 60% of

The original practice at Murray Place



people currently being admitted to hospital are unvaccinated according to the UK government's chief scientific adviser Sir Patrick Vallance.

During this global pandemic genetic variants have emerged and circulated leading to high death rates in the US (624,861), Brazil (542,756), India (414,511) and across Europe (1.26 million). SARS-CoV-2 now has multiple ‘variants of concern’ – Alpha (UK), Beta (South Africa), Delta (India) and Gamma (Japanese/Brazil), and ‘variants of interest’ – Epsilon (California), Eta (UK/Nigeria – December 2020), Iota (New York – November 2020), Kappa (India – December 2020) and Zeta (Brazil – April 2020). The WHO has the higher category ‘variants of high consequence’ (none registered at the writing of this update), but it is the Delta variant that is driving the third wave in the UK.

On 2 December 2020 the PfizerBioNTech COVID-19 vaccine was approved for use by the UK's Medicines and Healthcare products Regulatory Agency, and we were fortunate in Forth Valley to be among the first in the country to receive our first dose on 8 December – 87.9% of the UK adult population have now received a first dose

of the vaccine (Pfizer-BioNTech, Oxford/AstraZeneca or Moderna) and 68.5% of adults have received a second dose. Over a million daily tests are carried out daily. A fourth vaccine, Janssen's, will be available in the autumn.

At the time of writing this update, concerns over the lifting of all restrictions in England have been expressed by the Scottish Government but we have to return to normal life and as a profession we need to think laterally about how to eliminate the risk of aerosolised viruses now and in the future. We could avoid producing them in the first place and reduce our reliance on the air turbine, opting for electric alternatives. Many of us have started using speed increasing handpieces which negate fallow times, enhanced PPE and enhanced and extended surgery cleaning.

With the announcement of £5m of funding for improving surgery ventilation there is a suspicion that this has nothing to do with COVID and everything to do with bringing the quality of the air in our practices in line with other healthcare settings, something that should have been enforced 20 years ago.

Is the profession being misguided by a reliance on powerful extractor fans to provide air changes when it still means minimum fallow times, FFP3 masks and enhanced cleaning. Depending on your practice location, the incoming “fresh” air may contain dangerous levels of particulate matter and nitrous oxides from road users, not to mention high levels of pollen at certain times of the year.

A version of this article was first published in Dental History Magazine, Vol 14, No 1, Winter 2020

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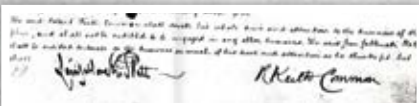
Practice Profile, page 50



Robert Keith Common
LDS RCS Edin
(1865-1944)



Leon J Platt LDS RCS
Edin (1840-1914)



Their partnership in the Dental Practice, Platt & Common was established on 11 April 1895



Platt & Common at its present location, 3 Albert Place

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- Angela Harkins

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Helping Malawi, one tooth at a time

Reflections on the Scottish dental charity Smileawi, using the results of an undergraduate qualitative research project that explores the operations and sustainability of the organisation from multiple perspectives

WORDS
KATIE READ-CHALLEN,
NIGEL MILNE,
AND
VICKY MILNE

As one of the poorest countries in the world, Malawi is no stranger to humanitarian aid, with more than 700 registered Non Governmental Organisations (NGOs) operating there in 2019/20^{1,2}. Scottish organisations contribute greatly, with strong links between the two countries co-ordinated by the Scotland-Malawi Partnership and the sister organisation based in Malawi³. Smileawi is one such NGO, co-founded in 2012 by dentists Vicky and Nigel Milne, which provides dental care across the country, particularly in rural regions⁴. The charity has evolved from a treatment model, consisting of volunteer trips that provide dental pain clinics, towards collaborative projects that have a view of longer lasting change in Malawi.

Final year dental student, Katie Read-Challen, travelled with Smileawi as part of a dental elective in June 2019 and went on to study an intercalated bachelor's degree in Global Health at the University of Glasgow. The elective, a child oral health survey in rural Malawi, demonstrated one aspect of the charity's transition towards long-term impact which inspired the design of an undergraduate qualitative research project into the operations of Smileawi. The perspectives of eight participants with varying degrees of involvement in the charity were explored, to determine the perceived barriers and facilitators to sustainable practices. This article focuses on the identified successes

of Smileawi, with their slogan 'Helping Malawi one tooth at a time' potentially underestimating the contributions that they could offer to Malawian dentistry. Collaborative partnerships and education were themes that appear integral to their work both within the undergraduate project and remits planned for the near future. This article hopes to demonstrate ways in which the charity has evolved towards more sustainable endeavours, while recognising the difficulties surrounding provision of healthcare aid overseas.

'Voluntourism'

Critiques of short-term volunteer trips are common in the surrounding literature, with the term 'voluntourism' often used to describe situations where volunteer experience takes precedence over local benefits⁵⁻⁷. Sustainability is frequently questioned, with some authors arguing the term itself can be misrepresented by NGOs as longevity of the programme rather than lasting benefits for the host country infrastructure⁸. Locals are often seen solely as recipients of aid rather than collaborative partners. Lowered ethical standards can therefore occur in charity work abroad where service provision alone is seen as good enough. In Judith Lasker's book entitled *Hoping to help: The Promises and Pitfalls of Global Health Volunteering*, the concepts of mutuality and continuity are suggested as 'pillars of effective programmes'⁹. Here, mutuality is defined as equal respect between visitors and locals and continuity is the consistency in the operations of the charity (such as timing or location of the trips)⁹. These terms are integral to the definition of sustainability used within the research, which aimed to analyse which remits of Smileawi have the potential to incur real lasting change in Malawi.

Study design

Eight participants, all based in the United Kingdom, were recruited using purposive sampling. They included those with first-hand experience of the volunteer trips (covering trustees, volunteers and a member of Smileawi Spanners), representatives from collaborating organisations (Bridge2Aid, DentAid and funders Clyde Munro¹⁰⁻¹²) and a Malawian dental therapist. A semi-structured interview technique was used to guide questioning while giving flexibility for open discussions. Analysis of interviews identified common patterns and themes and was guided by a framework adapted from the literature review.

The chosen framework was taken from Matthew DeCamp's paper, *Ethical Principles to Guide Global*

Vicky and Nigel help teach a class at Embangweni School for the Hard of Hearing (pictures taken on the elective trip, 2019)





A rural Malawian village, 2012

Short-Term Medical Volunteer Trips which proposes eight standards for health charities to ethically review their operations overseas⁸. Strict ethical standards underpin healthcare in the UK, making it unacceptable for anything less when practising abroad. The literature highlights how ethics are central to sustainable practice, hence DeCamp's paper seemed an appropriate tool to guide analysis of the operations of Smileawi^{8,9}.

Sustainability

Volunteer trips have been hosted by Smileawi biannually since 2012. Dental provision, mostly through extractions, has been given to thousands of people in rural areas of Malawi who could otherwise not access care. Founders Vicky and Nigel Milne were interviewed in *Scottish Dental* in 2016¹³ where they spoke of a 10-year plan for the charity, after becoming independent from larger organisation The Raven Trust¹⁴. Now at the halfway point, it is interesting to see how attitudes towards sustainability have since evolved. In the interview five years ago, Smileawi saw the treatment model as sustainable as extractions eliminate the source of pain and disease¹³. However, when questioned along a similar route in the undergraduate study, no participants saw the treatment model as sustainable. Problems included difficulties surrounding follow up and referral of patients, as well as the continued finance required for such trips. As one participant described: "The nearest referral centre might well be the capital city, Lilongwe or it might even be Blantyre. So, you could be talking about several hundred kilometres. The patients can't afford to make their way there and the hospital can't afford to transport them there. So, very often what we do as a charity, at that stage, is we will actually pay for the transport of the patient, but that is not a very sustainable model."

Balancing the immediate dental needs with long-term impact is certainly not a simple task. DeCamp advises to ultimately aim for 'non-sustainability' of the trips themselves, with the view that volunteers would no longer be needed in the host country if charities worked towards strengthening health systems⁸. Two clear themes arose when exploring the facilitators to sustainability within such remits; education and collaboration.

Education

The UN Sustainable Development Goals (SDGs) put health as a priority, recommending holistic approaches to care, including capacity building and education^{9,15}. Smileawi demonstrates this through provision of financial aid for

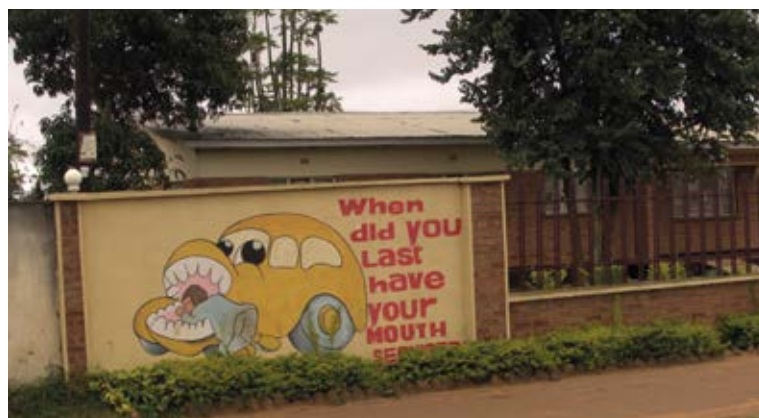
dental therapists during their education, with the promise they will work for a minimum of five years in a rural post. Unfilled posts, low pay and a sense of isolation were identified by participants as issues for professionals working in rural Malawi. Dental therapists, more commonly posted to these isolated regions than dentists, were also described as having to work way above their scope of practise. This brought interesting discussions surrounding the observed hierarchies within Malawian dentistry, with dental therapists often reported as feeling undervalued by dentists.

Participants noted how the annual Smileawi conference contributes to tackling this issue through better representation of dental therapists. The conference gives professionals the opportunity to reflect on their work and offers education through Continued Professional Development (CPD), delivered by respected Malawian and International speakers. This was seen as extremely valuable for connecting dental professionals as well as raising their profile at governmental level.

An important result described was the formation of Smile North, a group of dental professionals aiming to improve oral health in northern Malawi through prevention. Malawian experience of the conferences would certainly be interesting to explore. Reports from participants that dental personnel feel valued and connected through education shows promise for long-term impact and mutuality with health professionals in Malawi.

DeCamp emphasises the need for education to occur in both directions, favouring the learning attainment of locals over volunteers⁸. Smileawi Spanners, a branch of

When did you last have your mouth serviced?" Picture taken outside a Malawian dental practice in Mzuzu, 2019





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‘VOLUNTOURISM’ [IS] OFTEN USED TO DESCRIBE SITUATIONS WHERE VOLUNTEER EXPERIENCE TAKES PRECEDENCE OVER LOCAL BENEFITS”



TOP LEFT
Smileawi
Spanners
teaching the
repair of an
ambulance, 2019

TOP RIGHT
Attendees at
a Smileawi
conference, 2019,
funded by Clyde
Munro. Guest
speakers were
Bridge2Aid
and the Dental
Association
of Malawi

Right
Shupo, from
the Tafika Youth
Organisation,
handing out oral
hygiene aids to
local children,
2017

the charity set up following a volunteer trip in 2018, trains local mechanics to fix and maintain hospital vehicles⁴.

Although this remit came about by chance, it offers educational gains for people in Malawi and a horizontal approach to care. Participants also reported that the programme builds rapport with the local hospitals and communities and highlighted how transferral of knowledge can help the charity to build connections in Malawi.

Collaborative partnerships

Forming collaborative partnerships appears to be central to the identity of Smileawi, with participants in the study celebrating the close relationships formed both in Scotland and Malawi. Dedication and passion of the founders was often described as creating a family atmosphere for everyone involved, with the relationships had with people in Malawi often described as friendships. This is something that Malawian health professionals deemed important in one anthropological study¹⁶. Mutuality is certainly apparent according to interviewees, with one person describing the general feeling nicely: “We’ve always believed that it was really important to remember that Malawi belongs to Malawians and we’ve always tried to ask our Malawian colleagues and friends what we can best offer. I think the partnerships we’ve built up in Malawi have been very important.”

These genuine kinships have created advocates of Smileawi in health, government and local community settings. This includes the dedicated members of Tafika Youth Organisation in the north of the country, who help with translation and advocacy for Smileawi trips within local communities. As one participant described: “That’s been a really valuable link. They identify areas where there’s real inequity and inequality.”

Collaborations have informed the design of Smileawi projects and exemplify the view of the World Health Organisation (WHO), which identifies partnerships as key for global health equity¹⁷. Collaborations with the Scottish Government-funded MalDent project (www.themaldentproject.com) and the Malawian Government

also demonstrate this, with the design of the child oral health survey in June 2019 contributing to the formation of a national oral disease prevention policy¹⁸. This was described by one participant as “possibly one of the most important things we’ve done so far”. The value of collaboration with governments was emphasised by interviewees as well as in the literature⁶⁻⁹. It is apparent that Smileawi has a good relationship with the Malawi Ministry of Health, which has facilitated the upgrading of dental practices and have spoken at the annual Smileawi conferences.

Looking at the sample of interviewees alone shows the collaborations Smileawi has with other organisations. Such partnerships were commonly credited as facilitating the growth of the charity as well as potentially mitigating the need for paid roles, of which there are currently none at organisational level. However, it was recognised that more structure, including salaried roles, may be required in the future to minimise the impact of any changes, such as new trustees, on the charity’s aims. This consideration is an important one for continuity of the charity, especially because participants frequently credited the personal attributes of the founders themselves to the successful collaborations seen. Partnerships have also contributed to the development of future projects which show promise of long-term impact in Malawi, as discussed by Vicky and Nigel below.

Looking to the future

Since the project, Smileawi sought feedback from the therapists on a number of different aspects of their working life. It was interesting to see that 50 per cent had never visited rural clinics, 37.5 per cent occasionally ran a clinic on an ad hoc basis, 4.2 per cent ran a clinic once a month and 8.4 per cent ran a clinic once a week. That identified a continuing need for our own rural pain relief clinics. After discussion with Smile North we hope to





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THE IMPACT OF EDUCATION AND COLLABORATION APPEARS TO BE SIGNIFICANTLY IMPORTANT IN A MALAWIAN CONTEXT”

continue running pain clinics but to work alongside our Malawian colleagues at these. We also plan to introduce a much more proactive preventive approach at the clinics.

In September, we plan to run an online webinar with prevention being the main focus. We are seeking speakers from the UK and Malawi. We will continue supporting students, both dentists and therapists, and we will continue to support our dental colleagues in the north and central regions with equipment and materials where possible.

We are collaborating closely with Bridge2Aid and the Dental Association of Malawi and together we have produced a series of twelve learning modules, designed to update the knowledge of the dental therapists in the north of the country and teach them how to cascade that information via health and community workers to the rural population. We are in discussions with other organisations to share the modules for use elsewhere in the world.

Reflections

The qualitative research project engaged with multiple perspectives on the operations of Smileawi. The findings suggested collaboration and education as vital contributions to sustainable practice. These findings may appear unsurprising for dental personnel in the United Kingdom, where lifelong learning and connecting with other professionals are integral to most healthcare careers. Indeed, partnerships and transferral of knowledge are commonly cited in the literature as key for successful charitable provision both overseas and in the UK.

However, the impact of education and collaboration appears to be significantly important in a Malawian context, where there currently exists a large burden on dental personnel.

Transparency and openness from all participants allowed an interesting view into the barriers and facilitators surrounding health provision abroad. The discussions here hope to inspire other organisations to consider ethical reviews and sustainability of their operations, in order to aim for lasting impact of their work.

This article is based on Katie Read-Challen's dissertation written for her intercalated BSc in Global Health last academic session and for which she was awarded a First Class Honours BSc degree.

Handing out preventative aids during the Child Oral Health Survey, 2019

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MalDent Student Aid

A new Scottish charity has been established to support dental students in Malawi

WORDS
PROFESSOR
JEREMY
BAGG

Since 2017, the University of Glasgow Dental School has been working in partnership with the Kamuzu University of Health Sciences (KUHeS), formerly the University of Malawi College of Medicine, to establish Malawi's first-ever Bachelor of Dental Surgery (BDS) degree course.

This work is part of a much broader work package, the MalDent Project, funded by Scottish Government International Development under its Malawi Development Programme. Other strands of the project include close working with the Malawi Government's Ministry of Health, Dental Association of Malawi, KUHeS and the World Health Organization to develop a national Oral Health Policy and Implementation Plan, together with establishment of a caries prevention programme for children which is appropriate for use in Malawian schools.

The MalDent Project benefits from interaction with multiple partners across the academic, healthcare, charitable and commercial sectors in both Malawi and the UK. The work of the MalDent Project is reported regularly in a blog which is available at www.themaldentproject.com.

Malawi is one of the least developed countries in the world. Its population is increasing rapidly and is currently estimated to be in excess of 18 million. Most citizens live in rural areas where agriculture is the main source of income for the majority of households, as well as providing an important source of food for their families.

Currently, the Medical Council of Malawi has 43 dentists on its register

to serve the entire population. Most of these dentists, all of whom trained outwith Malawi, are working in private practice in the cities, so there is massive inequity of access between urban and rural areas. The College of Health Sciences trains dental therapists on a three-year course, but there are insufficient therapists (approximately 140) to solve the access problem.

As part of an initiative to address the serious shortage of trained oral healthcare personnel, the Government of Malawi was keen to establish a BDS course in the country. Following close collaboration between the University of Glasgow and KUHeS, the programme was launched in August 2019, with intakes into both the Foundation Year and BDS 1.

Despite the interruption to studies by the COVID-19 pandemic for all KUHeS students, the Foundation and BDS 1 cohorts all progressed on to the next year of the course when the new, delayed academic session started in February 2021. There was also a new 2021 intake into the Foundation Year, so there are now more dental students than there are dentists in Malawi.

Many higher education students in Malawi face major financial challenges. Once their tuition fees and accommodation costs are covered,

there is often little money left for food, transportation and other routine living expenses.

Following discussions between the Malawian and Scottish MalDent Project leads it was agreed that we should look at ways of establishing a hardship fund to provide some additional financial support for dental students who were struggling to cover costs. A programme called 'Medic to Medic' already exists for medical students and so we have established a 'Dentist to Dentist' equivalent for the BDS students, which will be administered by KUHeS.

In order to provide a regular income stream to the 'Dentist to Dentist' hardship fund, a Scottish charity has been established called MalDent Student Aid (SC050001).

Below
Malawi's first group at dental students at their induction session, August 2019



Details can be found at the charity website:

www.maldentstudentaid.org. A variety of fund-raising initiatives will be undertaken each year and all monies collected will be passed via instalments to KUHeS to help to service the 'Dentist to Dentist' programme in Malawi. Ultimately, the aim of MalDent Student Aid is to facilitate the study of dentistry by Malawian students who satisfy the criteria for entry to the BDS programme but who do not have the financial reserves needed to sustain their five years of study. If you or your practice staff would like to learn more about our work, you can contact us via our website, through which donations can also be made. Zikomo! (Thank you!).



Not losing sight of *the main objective*

A message from the Running Scotland 2021 team ahead of their bid next month to run from John O'Groats to Gretna Green - and raise money and awareness for SAMH, Scotland's mental health charity

While we continue training every day for the big Running Scotland challenge, it is important not to forget why we are doing this epic event in the first place.

Mental illness is a huge challenge for public health in Scotland. In any one year, it is estimated that around one-in-three people are affected by some form of mental health condition. It is a pretty safe bet to say that most people know a close family member or friend living with a mental health problem, or indeed may be living with mental health problems themselves.

As dentists and health care professionals, we are absolutely not immune to these problems. It is well reported that dentists often suffer high levels of work-related stress, due to a job that can regularly be both physically and mentally exhausting. It has also been shown that these issues have been exacerbated since the COVID-19 pandemic, with enhanced stresses and

uncertainties. Not forgetting that, for everyone, the pandemic has kept us locked indoors, reduced our contact with friends and family, and generally disrupted our regular routines that used to give us some kind of day-to-day normality.

This is why we have decided to undertake this challenge to raise money for SAMH, Scotland's mental health charity, which has been providing essential mental health support services for adults and young people for the last 90 years. Simply, their goals are to be there for people, promote good mental health, and end stigma and discrimination.

We want people, not just dental professionals, to be able to speak up about mental health. We also firmly believe that exercise and the great outdoors are so important to improving our own lives. You don't have to run the length of Scotland, though! We as a group can all firmly testify that a run after work can sometimes turn a

rubbish day into a slightly better one, and sometimes that slight improvement is all that is needed.

One run can change your day. Many runs can change your life.

www.justgiving.com/runningscotland2021
www.samh.org.uk

As always, massive thanks to all our sponsors who are instrumental in allowing this challenge to take place.

Paddy (Team Running Scotland)

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, Scottish Dental Study Club

There's an app for that....

Confronted by the Scotland's shocking suicide rate, Glaswegian Jamie Kerr created MindKite – a new mental wellbeing platform

In the news and features pages of our April edition, we highlighted the 'emotional exhaustion' many dentists are experiencing and featured the launch of an initiative encouraging all dental workplaces to make mental health wellness a priority. Here, we speak to Jamie Kerr who has developed MindKite, a social media and mental wellbeing platform.

MindKite's inception came with Jamie's realisation that men in his hometown of Glasgow were struggling with mental health and lacked adequate support and resources. Suicide is the single biggest killer of men under 45 in the United Kingdom, with Scotland having the highest rates at 16.1 deaths per 100,000 persons. MindKite aims to address mental wellbeing for men, women, and teens, and help to empower people through network building and social interaction, enhanced mental health literacy, and behaviour change education.

WHAT SET YOU ON THIS PATH?

"Coming from Glasgow, we have the highest suicide rate in Europe and highest drug addiction rate. I knew

that there needed to be more done, and I wanted to work towards anything that would help make people's lives better, especially from my area. MindKite was a simple vision - a doodle on a piece of paper. I wanted to not only help people locally, but I also wanted to go on a mission to help the world, and from this tiny aspiration birthed MindKite.

"First was the idea for the app, the best way to control our message on a platform we promote to the world. For this we had to find the correct app developer that also aligned with the mindset values of MindKite. As I'm not a tech person this was the most difficult part of the journey. From this first idea came many smaller ideas that really snowballed, like the MindKite podcast, MindKite therapeutic candles, and the MindKite accredited life coaching academy. All of these things really align with our core values and our message to help make the world a better place through good mindset, mental health, and wellbeing.

"Now we have launched the MindKite app and our coaching academy, we are being commissioned to make motivational content for corporations around the world.



Jamie Kerr,
founder of
MindKite

"Over the next couple of years, we would like to do some live events and mindset 'retreats'."

WHAT DOES YOUR ROLE INVOLVE?

"Predominantly I am a coach and mentor for mindset and business success, usually one leads to the other. So firstly, I will look at the mindset of my clients, their limiting beliefs, fears, worries and outlook on life – usually these are manifesting themselves as one of the many types of mental health issues (depression, anxiety etc). I will usually have a one-to-one session with my clients over Zoom or in person and we will get to work on really conquering their troubles. I am really big on gratitude and how it should be the base line for every day."

IF ASKED, WOULD YOU HELP ENGLAND PREPARE FOR A PENALTY SHOOT-OUT AT THE WORLD CUP?

"I am Scottish so this would be mind over matter; but I would absolutely be honoured if I was asked to prepare the mindset of the England team for the World Cup. My strategy would simply be to teach them about visualisation, and emotional connection to outcome – this would give them the edge required. My words to the players who missed at the Euros would be: do not focus on past moments that will not serve your future. Disappointment should last no longer than two to five minutes, then we must reconnect with the present and plan, as the longer you live in the focus of what went wrong, the longer it takes you to live in a way that could go right next time."

<https://mind-kite.com/>
www.jamiekerr.live/

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**WE NEED TO TAKE CARE OF OUR PHYSICAL AND MENTAL HEALTH.
NO ONE ELSE IS GOING TO DO THIS FOR YOU”**



The #B-SAFE4business initiative has created the conditions for a great and safe trade fair experience



The historic city of Cologne provides a beautiful backdrop to IDS

So good to see you...

IDS opens its doors for the 39th time on 22 September, providing the international dental community one of its first opportunities to meet in-person post-pandemic

Around 830 companies from 56 countries will be present in Cologne this September for the International Dental Show, the leading international trade fair for dentistry and dental technology. Organisers say that the global trade fair will combine the strengths of a physical event with “trailblazing digital features” in the form of ‘IDSCONnect’. They add that this hybrid approach will enable dental professionals to discover companies and products, and connect with potential partners, via a series of innovative channels.

The managers of Koelnmesse say they have created the conditions for a great and safe trade fair experience with their initiative, #B-SAFE4business. Last month, *Scottish Dental* caught up with Mark Stephen Pace, chairman of the board of the Association of the German Dental Industry (VDDI), and Oliver Frese, chief operating officer of Koelnmesse, to ask them about the show, their experience of the pandemic, and what exhibitors and delegates could look forward to this year.

Can you give us a bit of background on IDS – how it got started and the story of its growth to where it is today?

Mark Stephen Pace: The history of the IDS is closely linked to the history of our dental industry in

Germany. The Association of German Dental Manufacturers e.V. (VDDI) was founded 105 years ago, in Berlin. The aim was to find new markets and sales opportunities for dental products in the extremely difficult geopolitical and economic times of the First World War. The vision of organising a dental show was clear from the very start – the aim was to jointly present the products of the manufacturers to the trade audience for their appraisal.

Six years after the establishment of the association, it succeeded in staging the first dental show in 1923 in the middle of the year of hyperinflation in Germany. Our industry invited foreign manufacturers to exhibit at the dental show at an early stage, so that the dental show in 1928 was the first show with international participation. What began 98 years ago on 350 square metres with around 30 exhibitors developed over time into the largest dental trade fair in the world. Over the course of time, the national trade show has become the international trade fair of the worldwide dental industry, meeting up in Cologne every two years to compare its accomplishments, innovations, and product developments.

Can you describe your experience of the pandemic and how the organisations operated during the lockdown?

Oliver Frese: The COVID pandemic has completely turned our lives and

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the world we knew up until now upside down. In our private lives, we were no doubt confronted with the same challenges as millions of other people. As far as professional life is concerned, the Covid crisis has changed the trade fair landscape long-term and in a sustainable manner. Here at Koelnmesse we particularly worked intensively on two themes from the very first day – digitalisation and the re-start.

I am convinced that the development of digital trade fair formats can no longer be reversed. The Covid crisis has merely accelerated the digital transformation of the trade fair scene, which was already clear beforehand. In future, we will move between both worlds in a hybrid fashion. Whereas the main focus of the interdisciplinary knowledge exchange and information transfer (content) will be digitally oriented, the personal experience and the face-to-face exchange, i.e., the basic foundation for sustainable business, remains to be the great benefit of the on-site trade fair. Experiencing the products in haptic form is indispensable, especially for a trade fair like IDS. There will be a flowing transition of the networking between the two elements, definitely in-person on-site, but also via the Web.

This is why we are combining the great strengths of a physical trade fair with trailblazing digital features in the form of IDSCONnect. Our hybrid approach enables visitors from all over the globe, who are not able to travel to Cologne this year, to discover attractive trade fair presences and products and connect with contact partners via innovative channels. Parallel to this, we have developed the extensive hygiene and safety concept, #B-Safe4Business, which enables the conduction of trade fairs under observance of all conceivable regulations and requirements. This is helping us now with a view to the pending IDS 2021 and is at the same time the ‘blueprint’ for the future.



Mark Stephen Pace



Oliver Frese

SERVING OR SELLING?

A rising tide may float boats, but it is only the ones that are seaworthy and with a good crew that can take advantage

[WORDS: ALUN K REES]

WHEN I SIT DOWN TO WRITE THESE pieces, I gather together thoughts, notes and links that have stimulated me over the preceding couple of months and I hope will be of interest to the reader. I am aware that it is impossible to please, inform or entertain all of the people all of the time; but I'm happy enough if I stimulate you to say, "that man talks rubbish, and this is why". In that manner I have, at least, provoked a reaction and made you think.

The doyen of private practice conversions, Colin Hall Dexter, introduced me to the concept of trinket dentistry some 30 odd years ago. In his weekend of deep immersion Colin shared his journey from a 99 per cent NHS practice in Tooting, South London to his enviable place in 20, Harley Street, London W1. In those days dentists doing some private work would try to "sell" an item, usually a crown or denture, privately to their mostly NHS patients. Colin soon realised that this was the dental equivalent of selling trinkets, and unless you provided comprehensive care at the same high standard, you were merely dabbling.

A conversation with a new client this week brought Colin's words back to me. This particular client does not provide any orthodontic treatment, but does undertake advanced restorative work. When the practice received a call from a patient saying they "needed alignment and composite bonding", they said that they didn't undertake "alignment" work and suggested they try elsewhere.

Before you tut and shake your head about them not being involved in the current adult orthodontic alignment "bonanza", let me examine this from a slightly different point of view and how, I hope, they will deal with it in future. First, let's look at the difference between transactional patients and relationship patients. Transactional patients are mostly, if not always, interested in price, they will tend to shop around, usually for the best deal or the most convenient practice. They are not loyal and will move on whenever they think they can get something better.

The more effusive the patient in their

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EVERY TEAM MEMBER SHOULD BE ABLE TO LISTEN, TO TAKE A HISTORY, TO KNOW WHAT QUESTIONS TO ASK AND TO RESPOND ACCORDINGLY”

initial praise, the more wary you should become.

Unfortunately, there is much in modern marketing that encourages otherwise neutral patients to become transactional in character as we seek to sell them "things", in the manner of Colin's trinkets, as opposed to a service. Relationship patients are quite the opposite, they are the rocks on whom you build a business, they come to trust you, accept your advice, and send their friends and family. The joyful irony is that they become easier to persuade of the value of treatment because trust has been established before everything else.

This does not mean to say that someone who calls and says they "need" a particular treatment can automatically be labelled as a transactional patient, but in the busy, telephone heavy, day of a front desk person it can often feel easier to just say no when asked a specific question about treatment. My advice to the client was to seek the context in the call and to try to discover exactly what had made them call you, and why they picked up the phone now.

I suggested that instead of saying, "we don't do alignment", a question could have been, "what is it about alignment and bonding that interests you?" From there the conversation might go in a number of

different ways. It could be that they had a quote for treatment and were ringing around for the best deal, in that case perhaps you may well be better off letting them go as they clearly presume that all named treatments are the same and only the price changes.

But it could be the case that they have concerns about their appearance and are embarrassed by their smile; perhaps they had read about "alignment and bonding" or had known someone who had the treatment. In that case, you might say that alignment isn't always the best way to treat things and would they like to talk to someone about their concerns.

By showing that you are interested, you show you care and want to serve them. Yes, a conversation takes time but it does not have to be done there and then, nor must it be done by the front of house team. By saying "no" without knowing and understanding what you are saying "no" to, you miss opportunities. Every team member should be able to listen, to take a history, to know what questions to ask and to respond accordingly.

The increase in promotion of some types of treatment should be a stimulus of interest of help to all dentists. While John F Kennedy once said a rising tide floats all boats, it is only the ones that are prepared, seaworthy and with a good crew that can take advantage.

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

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'HINDSIGHT IS 20/20 VISION, BUT THAT'S NOT WHAT LIFE IS LIKE'



I AM DELIGHTED RECENTLY TO have spoken with Mikey Bateman, who is the practice manager with Fergus and Glover. The company has two fully private dental practices; one in Aberdeen and the other in Glasgow. Mikey is predominantly based at the Aberdeen practice. He was also the Scottish Dental Practice Manager of the Year in 2018 and has many years of management experience. So let's hear what Mikey has to say about being a practice manager in the ever-changing face of dentistry.

Have you always worked in the dental field?

No, I attended university and got my degree in IT and management. Immediately after university, I worked in the oil and gas industry doing IT and then I worked in the police doing IT and laterally project management before I moved into the dental industry,

How long have you worked in the dental industry?

It wasn't a clear-cut decision to work in this field, as I like to say, I kind of fell into it. George Glover, who was a friend, was looking to expand his business and I thought I would come on board for a couple of years. I was looking for a new challenge and felt that this fitted the bill ... I'm still here 18 years later so I guess I must enjoy it.

Walk us through a typical day for you in the practice

The first thing we do in the morning is have a huddle. This involves the whole

team. We have a look at the day ahead, collectively and individually. After that, I go through my own task list which will involve accounts, emails, chatting with different members of the team, being there for patients, working on our compliance management system and fulfil the various tasks on the system. Needless to say, two days are never the same. The patient bases and the workload varies on a day-to-day basis, so I adjust my schedule accordingly

How as a manager did you manage throughout lockdown?

We have a small team at Fergus and Glover and although most of the staff were on furlough, I worked throughout lockdown. Keeping in touch with the staff was key during this time. Although I am personally not a fan of WhatsApp chat groups, it was important that we had a way for all of us to communicate so that was one of the ways we kept in touch. We also had Zoom meetings and I kept in touch with the staff individually through text or email. Something important I will mention here. What happens at one practice doesn't necessarily happen at another practice. For our practice, it suited us to have Zoom meetings, WhatsApp group, individual email, and texts. Find what works for your practice and do that, rather than try to compare yourself with what everyone else is doing.

Once the team started back, we had a lot of communication regarding

COVID-19, the stress of working under COVID-19, enhanced PPE and making sure that everyone, patients, and staff alike, understood what was expected in the practice. As a small team we were able to keep the sense of cohesion, but I can imagine in larger practices it may be more difficult where there has to be a lot less general face to face interaction when people have to keep their distance. Again, each practice will have found what works for their own team.

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

The biggest must be the rise in digital dentistry. It's massive how it has developed in the past few years. I also feel that patients are much more aware of what they want regarding their dental treatment. There is a big trend in cosmetic cases for example composite bonding is now very popular.

I have noticed a move towards a more multidisciplinary way of working which is great. Nurses, after suitable training, have the opportunity to take on more responsibility such as dental radiography, clinical photography and impression taking which used to be the sole task of the dentist. We have also seen an increase in the number of dental therapists. However, I feel there is still a way to go to fully utilise the scope of dental therapists in practice, rather than just using them for hygiene purposes.



Mikey Bateman



What changes would you like to see in the industry for managers?

I would like to see managers being given more responsibility in the decision-making regarding financial implications in the practice. It would be great to have them more involved in the strategic development of the business and be able to input their experience and expertise in this field. A practice principal needs to be confident that their managers will think through on how a decision will impact the financial health of the business.

After building up a relationship of trust, I would like to see the principal delegate more of the financial side of the business. With this in mind, principals and managers need to have set times each week to sit down and chat, discuss the business and the forward planning of the business. They need to make time for this and not just grab a quick moment in between patients. A good manager has a lot to bring to the table and could potentially bring a lot more if they are given the correct encouragement and opportunities to do so.

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

People! It always is and always will be. People management has always been my number one challenge. The reason is that you're dealing with so many personalities and that is certainly true within dentistry. It can feel lonely. You need to know how to interact with the team; each person has their own unique personality; if someone is acting out of character I sit with them, have a chat and see how we can help. With the best will in the

“

I HAVE NOTICED A MOVE TOWARDS A MORE MULTIDISCIPLINARY WAY OF WORKING WHICH IS GREAT”

world, not everyone (staff and patients alike) can leave their problems at the front door, and we need to recognise that and have the appropriate skills to deal with them.

What area of management do you find most rewarding?

Team development. At Fergus and Glover, we take on trainees, put them through their qualifications and post qualifications. All the nice stuff. I also find patient transformations really rewarding where we start out with a really nervous patient, and they come out the other end totally delighted in their experience in the practice. I love when a patient writes a testimonial, and they mention practice members by name. Everyone knows the name of the dentist, but when

someone mentions the nurse or hygienist by name, that makes my day.

What area do you find least rewarding?

Dealing with disciplinarys and having to let someone go. I've had to do it a couple of times and I always find it horrendous. Yes, it has been right for the business, but it never gets any easier and I never feel good about it.

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

I wouldn't change anything. 'Hindsight is 20/20 vision but that's not what life is like'

Do you think a manager needs to have a clinical background to work effectively in dentistry?

No. Skills can be learned as you go along, whether that is clinical or non-clinical.

What advice would you give to those who aspire to be a manager in dentistry?

Look at doing personal development courses around communication skills and people management. Ask your employer for training opportunities. Don't wait to be asked. Be proactive.

My thanks to Mikey for taking the time to meet up with me (virtually) and chat about his life as a practice manager.



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



The Grade B listed building occupying a prominent position in the historic centre of Stirling is home to the state of the art practice

A LONG HISTORY, A GREAT FUTURE

John and Jennifer Denham are building on an extraordinary legacy to create a modern and highly distinctive practice

Platt & Common was established by Central Scotland's first resident dentist, Leon Platt, in 1861 and celebrates its 160th anniversary this year (see p34). Mr Platt was 21 when he started the practice. Born and educated in Edinburgh, he was the twelfth of fifteen children. He qualified in 1879 from the Edinburgh College of Surgeons, to comply with The Dentists Act of 1878, and R. Keith Common became his assistant on 1 January 1892 before signing a co-partnership agreement on the 11 April 1895. Mr Platt retired in 1901. Mr Common's son, Ralph, and grandson Robin continued the practice through until the 1980's. In 1964 the practice moved to its present location in Albert Place.

In 2011, having been associates at Platt & Common for more than a decade, John and Jennifer Denham purchased the practice following the death in 2010 of the previous owner, their friend and colleague Douglas Herd. "We were fortunate to have the full support of Douglas's widow and also of his brother and fellow dentist, the late Ian Herd," said John. "Both of them facilitated the smooth handover of this well-established practice."

John and Jennifer expanded the number of surgeries to eight, installed the decontamination room, new reception area and re-established the acrylic laboratory. A large staff room was created as well as the upgrading of facilities throughout for both staff and patients. As an independently

owned family practice, it offers both NHS and private care to its patients.

"We have an independent care plan available for those patients who wish to be seen privately and pay a monthly fee," said John. "We refer patients for implant placement out-with the practice to various centres but are increasingly offering patients the opportunity to have them restored at the practice. We offer all patients EMS AIRFLOW® on a private basis with our practice hygienists. Prior to COVID, our patients were able to access the hygienists for an NHS scale and polish. However, due to appointments needing to be extended for donning and doffing of enhanced PPE, the use of two surgeries to comply with fallow times and a second nurse for cleaning

of the surgeries, scaling under the NHS is no longer viable."

He added: "We invested in Stealth and 3M masks in June 2020 for all the clinical staff along with washable gowns in order to provide treatment privately without the restrictions imposed by the NHS. This has enabled us to carry out a large number of AGPs since reopening in July 2020. Even though all NHS services are available, our patients are continuing to opt for private treatments. The most popular private items are all-ceramic crowns and bridges, posterior composite restorations and tooth whitening. One of our most popular treatments is tooth whitening using Whitewash Laboratories home whitening system."





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John and Jennifer met at, and qualified from, Glasgow University in the mid-nineties. Jennifer concentrates on the day-to-day management and all financial aspects of running the business while John continues to enjoy the clinical dentistry side. John has been a VT trainer since 2008 (he has his thirteenth VT this year) and is on course to complete his master's degree in restorative dentistry with the University of Edinburgh next summer.

The practice is housed in a large Victorian two-storey villa style property. As a Grade B listed building it occupies a prominent position in the historic centre of Stirling. This summer, the main building is being extensively renovated, including restoring and replacing damaged sandstone, leadwork and guttering. The front of the building will then be re-painted with a specialist masonry paint for use on traditional buildings. The practice has a large garden to the rear with derelict stables and carriage buildings and these are scheduled for development into a new office suite and meeting rooms this October.

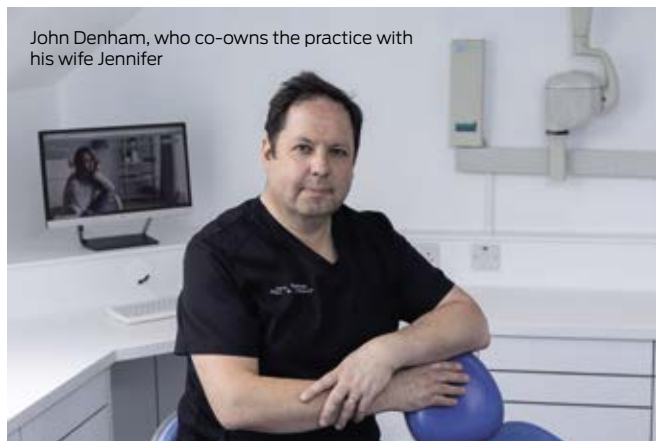
"Planning permission and listed building applications were required

during the initial expansion works in 2011," noted John, "and for the external renovations and conversion of the outbuildings this year. These processes involved prolonged consultations with Historic Scotland, Stirling City Heritage Trust and Stirling Council. We have learned a lot about traditional building techniques and materials!"

So far this summer, they have fully refitted two of the eight surgeries. Their hygienist now has a new – knee-break – Belmont Clair chair, Modwood cabinetry with Durasein® worktops and sink, housing her new EMS AIRFLOW® Prophylaxis Master. The other surgery has also been refitted with new Modwood cabinetry with Durasein® worktops and sinks and an Adec 400 chair. John's downstairs surgery has had the new Adec 500 chair with continental delivery installed.

"Both surgeries were stripped back to the floorboards – literally – so that all services could be renewed. A spare suction pipe was even installed under the sealed flooring as futureproofing as well as a concealed clean water bottle system with separate connections for air and water. Our hygienist currently uses two surgeries

John Denham, who co-owns the practice with his wife Jennifer



in order to comply with fallow times for aerosol procedures. All of our surgeries have now been fitted with these extra connections for air and water to give us the ability for the hygienists to use EMS AIRFLOW® in any surgery.

"During lockdown, in the medical questionnaire we used specifically asked patients if they were over 21 stone in weight," said John. "We were surprised by the number of positive responses and felt that the current

weight limits on our existing chairs did not meet this need. The Adec 500 has a weight limit of nearly 36 stone which we felt was a sound investment in the current climate. This has been placed in our most accessible downstairs surgery."

John added: "The surgeries were purchased through Dental Directory and we have Warren Patterson to thank for the final surgery designs. Installation of the cabinetry was carried out by the Modwood fitters. We decided to opt for Modwood cabinetry as we have





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WE HAVE ALWAYS ENCOURAGED OUR ASSOCIATES AND VDPs AND THEY CURRENTLY HOLD POST GRADUATE QUALIFICATIONS



used them before and know that the quality is guaranteed. The fitters Steve and John have also been involved in previous surgery refits. The Durasein[®] worktops and integrated sinks give a clean finish to the cabinetry which also has touch open mechanisms. Having no draw or cupboard handles allows for more efficient cleaning of the surgeries following AGP's.

“The Adec chair installation was overseen by Allan Wright and he was equally excited as I was with the 500, as continental delivery systems are still quite rare in Scotland. In addition to the handpieces and 3-in-1, the chair has an intraoral camera, LED curing light and piezon scaler.”

Trycare has been a key dental product supplier; a company focussed on taking the pain away from the strains of a practice's daily operation by delivering tried and tested, high quality treatment pathway solutions alongside all other product needs.

There are four full time associates, one VDP, two part-time hygienists, ten dental nurses, a dental technician and two receptionists. “We have always encouraged our associates and VDPs to continue their training,” said John, “and they currently hold post graduate qualifications including implant restoration, orthodontic alignment systems and facial aesthetic treatments.”

Platt & Common has been a

VT training practice since 2008.

All thirteen VDPs have gone on to have successful careers both at home and abroad - from directors of dental equipment manufacturers to practice principals, associates, orthodontic specialist training pathways and the PDS. “All have made their own individual way in dentistry, and it has been a pleasure to have played a small part in each of their training,” added John. “We have a large staff area and the garden which has been much appreciated during this period to allow everyone to throw off their PPE and take a breather during what has been a very stressful period. Once restrictions allow, we will be having our much-delayed staff BBQ.”

In terms of the patient experience, John explained: “All of our surgeries have been designed with both the dentist and the patient in mind, from the chairs to the decoration. They all benefit from having natural light from sash and case windows, French doors or Velux-type windows.

“The dedicated waiting room is separate from our reception area ensuring privacy and confidentiality. The surgeries are kitted out to a similar standard ensuring consistency for the patient experience. Platt & Common has served the people of Stirling for more than 160 years and maintains its reputation by remaining a family orientated



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FOR MORE THAN
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REMAINING A
FAMILY ORIENTATED
PRACTICE”



The practice's hygienist now has a new – knee-break – Belmont Clair chair



practice.

“Having two principals on site who are able to focus on both the management and clinical aspects of the business ensure that issues are dealt with quickly and decisively. This has been especially evident over the last 18 months where decisions had to be made very quickly in order to provide our patients with the best care possible under the ever-changing restrictions.

“Throughout lockdown we had a dentist answering the mainline phone every working day until we reopened on 1 July last year. This direct contact approach meant that a lot of issues arising during lockdown were dealt with by the practice, therefore reducing UDC referrals.”

How does John see the future of the practice? “Following my master’s summer school at Edinburgh Dental Institute in June,

we decided to trial some speed increasing red ring electric handpieces. The EDI has large open clinics with little chance of achieving 10 ACHs and so has moved away from creating aerosols in the first place to using electric handpieces at less than 60,000rpm [as recommended in NHS Scotland’s *Moving towards a return to routine dental care*].

“These handpieces do not require air and so there is no mixing of air and water. No aerosol means no requirement for fallow time, enhanced PPE or extended surgery cleaning. Patients can be seen in normal times and more importantly in the same surgery back-to-back. Perhaps the Scottish Government funding for ventilation could be redirected to providing all dentists in Scotland with the ability to drill and not produce an aerosol. External ventilation of our surgeries is going to be expensive long term with increased utility bills and maintenance costs. It also does not eliminate the fallow time, FFP3 masks – which everyone hates – and the extended cleaning between patients. In truth, increasing ventilation does not solve the aerosol issue.”

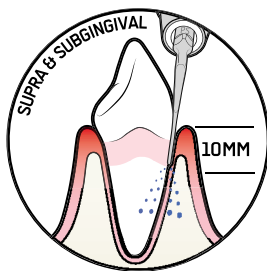
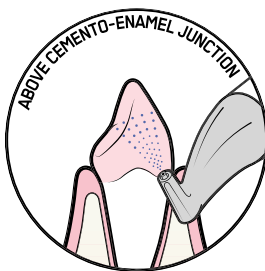
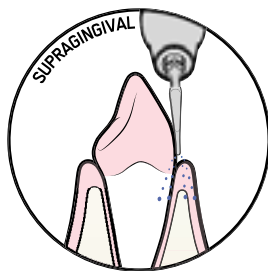
John added: “We need to accept the fact that as a profession we are going to need to live with not just this coronavirus but with all the other similar viruses that will inevitably come along in the future. In the same way that we adapted to the problems associated with HIV, Hepatitis B & C and Creutzfeldt-Jakob disease, we will need to do the same with COVID-19. COVID-19 has turned our way of working on its head and some of our profession into disarray. If we don’t need to create the aerosol in the first place, then surely that is a way forward. Try a speed increasing handpiece...it really is a game changer.”

¹www.scottishdental.org/wp-content/uploads/2020/10/SOP-Guide-COVID-19.pdf

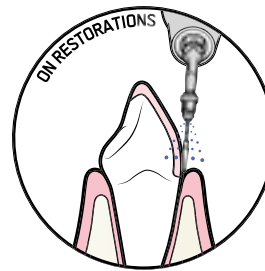
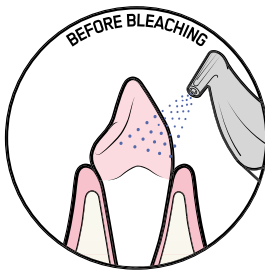
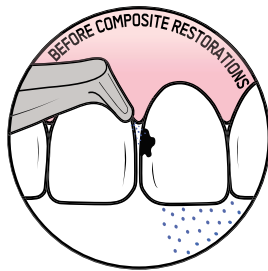
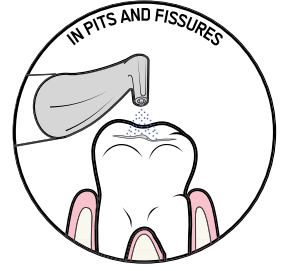
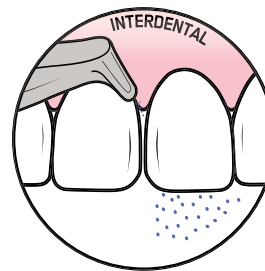
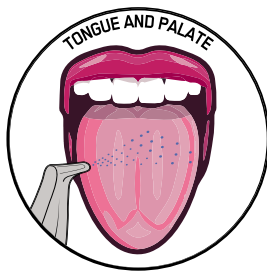
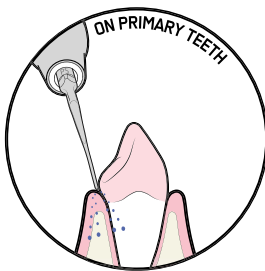
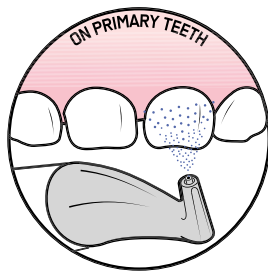
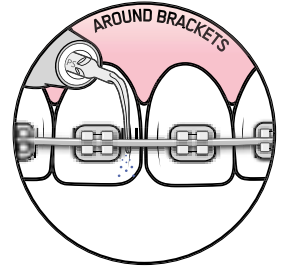
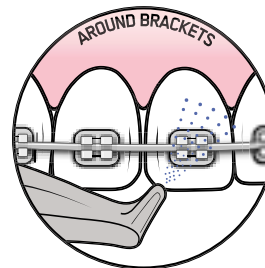
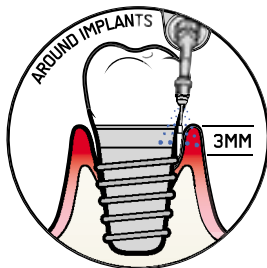
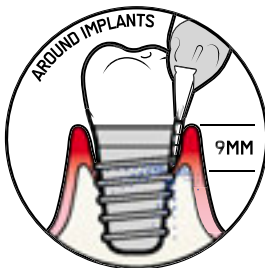
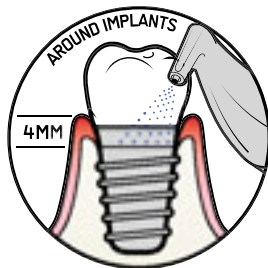
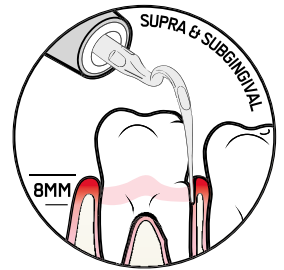
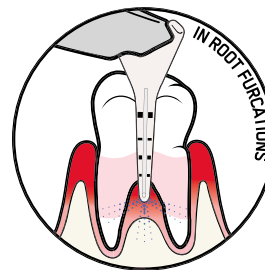
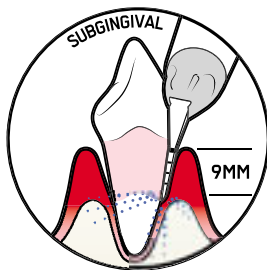
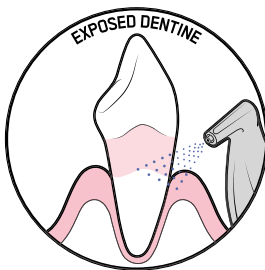
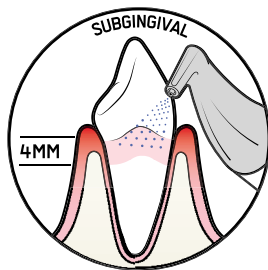


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SCOTTISH DENTAL MARKET BOUNCES BACK TO PRE-COVID LEVELS

Confidence has been underpinned by how quickly the profession has adapted to the pandemic

The Scottish dental market is remarkably resilient. 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.

There is significant demand for all types of dental practices, with corporate buyers who were active pre-COVID now acquiring and trying to fulfil their ambitious buy and build targets to make up for lost time. Privately-owned dental groups are also acquiring again but are less active than they were pre-pandemic as they are focusing on consolidating and running their existing businesses. They are buying opportunistically as they appear under no real pressure to grow to a certain size by third party investors.

We continue to see a reinvigorated appetite from independent buyers purchasing their own practices and expect this to continue in the long-term. As pricing and demand for urban locations increases, buyers are widening their search criteria, seeking out practices in more rural locations.

The number of transactions in the market is also returning to pre-COVID levels as many practice owners who put their business plans on hold during the pandemic come to the market to take advantage of the competitive selling conditions. The likelihood of CGT rises in the Autumn Budget could also place another artificial deadline and a spike in practice completions around September and October.

Confidence has been underpinned by how the profession has quickly adapted to




Paul Graham
Head of Dental,
Christie & Co


the pandemic and there is clear evidence of price inflation for larger practices. We expect that buyers will continue to bid aggressively for such businesses.

Bank lending has also returned to near normal levels, encouraged by the strong trading conditions that many have experienced, particularly in the private sector. Despite a prior nervousness to lend to first-time buyers, banks in Scotland are generally supportive of the dental market – which has fared well through the pandemic – and several challenger banks are coming into the market which is positive for those wanting to acquire.

To find out more about the Scottish dental market, or for a confidential chat about your business, contact paul.graham@christie.com or joel.mannix@christie.com.



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GG We are very happy with the service provided by Christie & Co. They were always enthusiastic, supportive, and positive, advising us and keeping in touch throughout the process. We are pleased and excited to be part of Mark's group and the opportunities it holds for the future of the practice within the PFD family.

Dr Edward Ross – Owner of Link Dental, Edinburgh

If you are thinking of selling your practice in 2021 and beyond, please get in touch with your local dental specialists for an initial conversation:
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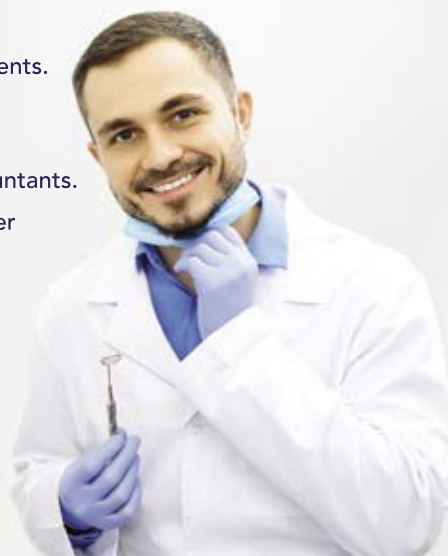
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Mo, Libi and members of the team

SUNRISE ON CORSTORPHINE

Building this unique clinic has given its founders the chance to provide a different experience for patients in Scotland

If Walt Disney had created a dental practice – with the benefit of today's technologies and having first registered with the GDC and other relevant regulatory authorities, obviously – it would surely look a lot like Sunrise Dental.

Situated in a completely refurbished building, at 76 St John's Road, Corstorphine in Edinburgh, Sunrise is a practice that will prompt children to smile at the news they are visiting the dentist.

To a child, it's fun, with friendly staff, calming surroundings, and lots of nice surprises – often Disney-inspired – during their journey from the door to the chair (or, first – soft, colourful blocks on which they can lie for their initial examination). To an adult, the fun is not overdone; the emphasis is clearly on clinical excellence and



preventative care.

Sunrise was established earlier this summer by wife and husband team Dr Libi Almuzian and Dr Mo Almuzian.

They had a vision of seamless care from childhood through to adolescence and onto adulthood. They want patients to feel cared for

and receive the best evidence-based care appropriate to them.

Building this unique clinic has given them the chance to provide a different experience for patients in Scotland, and beyond, by ensuring continuity of care in the hands of clinicians who are invested in not only a person's smile but the person.

"We decided to settle in Edinburgh after I completed my degree here," explained Libi. "The children are settled here, we're happy here; it's a lovely city."

"But also, we wanted to open our own practice, to be able to provide the services in the way that we want, which means to the best level, and to give patients a really, really good experience. We've done that harnessing all the things that we've learned from having our



own practice previously in Dubai, from working in the United Arab Emirates, in Australia, and here in the UK. Mo and I quite particular about things, perhaps perfectionists! So, we planned the layout, and all the equipment and services were bespoke designed around it."

What also distinguishes Sunrise from other practices outside London is the combined provision of paediatric dentistry and orthodontics. Libi qualified as a dental surgeon in 2006 and pursued her passion in advocating oral health for children by completing her Doctorate in Clinical Dentistry in Paediatric Dentistry at the University of Edinburgh.

She holds Tri-Collegiate Membership in Paediatric Dentistry from the Royal College of Surgeons of Edinburgh. Libi is skilled in making the most anxious of children feel at ease in the dental setting by utilising many behavioural management and inhalation sedation techniques and is also in the process of adding intravenous sedation to her toolkit.

Libi also has a passion for teaching, whether it be to her peers and colleagues at



A state-of-the-art Sunrise surgery

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Get in touch now to see what difference we can make together.



We would like to take this opportunity to wish the team at Sunrise Dental Clinic every success in their new venture. We are delighted to have been involved with this project.

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

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

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Libi (Lubna) Almuzian
Specialist Paediatric Dentist
GDC No. 280768



Dr Mo (Mohammed) Almuzian
Specialist Orthodontist
GDC No. 260485



DR Ziad Al-Ani
Special Interest in TMJD
GDC No. 283056

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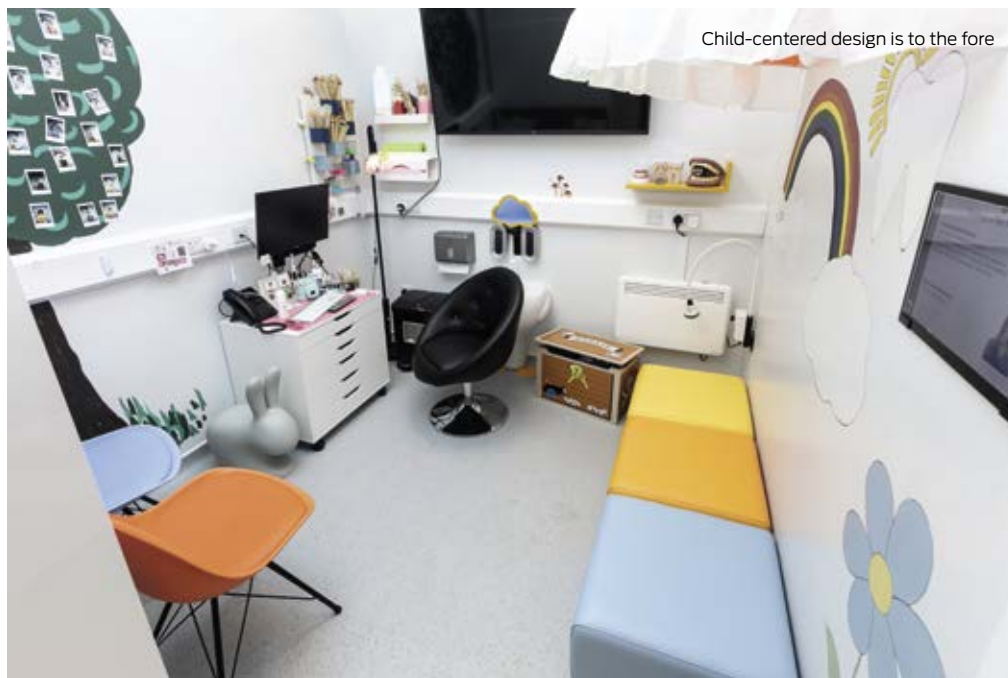
conferences or in practice with the dental team. Her academic skills are kept up to date through contributing articles published in peer-reviewed journals; participating in poster presentations in national and international conferences; passing the Royal College Membership exam (MFD RCSE) and gaining two postgraduate degrees, one in Dental Public Health from the University of Manchester and the second postgraduate degree in Medical Education with the University of Dundee.

Having completed thousands of cases in three different continents and six countries including England, Scotland and Australia, Mo has vast experience in the field of adult and children's orthodontics.

He has a particular interest in adult orthodontics, orthognathic surgery, miniscrews, clear aligner, digital orthodontics and lingual orthodontics.

As a highly qualified specialist orthodontist, Mo is an honorary lecturer in orthodontics at the University of Sydney and Honorary Research Fellow at the University of Edinburgh.

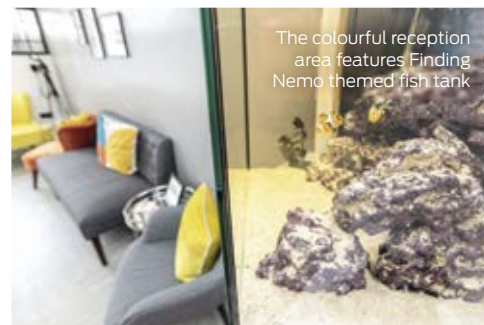
After graduating with honours as a dentist in 1998, Dr Mo went on to achieve specialty orthodontic training; an MSc in Orthodontics with distinction; which he followed with an MSc in Healthcare Administration with merit from the USA, Doctorate in Clinical Orthodontics (DClinDent.



Child-centered design is to the fore



The air-conditioned decontamination room



The colourful reception area features Finding Nemo themed fish tank



The surgeries feature multiple screens for staff and a main screen to allow remote consultations

Orth.), qualification with distinction from Glasgow and a Postgraduate Certificate in Systematic Review in Health (PGCert.SysRev.Health) qualification with merit from Portsmouth. Dr Mo completed Postgraduate Certificate degree in Medical Education (PGCert.MedEd.) from the University of Dundee in 2018.

He undertook further advanced training in Orthodontics at Eastman Dental Hospitals/ University College of London and Oxford University Hospitals NHS foundation trust treating complex cases such as those with severe hypodontia, jaw deformity, cleft lip and palate and patients with the craniofacial syndrome.

Mo is passionate about basing his treatments on producing a healthy foundation with functional aesthetic orthodontic outcomes. All suggested treatment plans are based upon researched evidence and customised according to the difficulty and aesthetic result required. Mo also carries out a 2D and 3D digital photographic and cephalometric

analysis, this ensures a resulting harmonious bite.

He endeavours to enhance his recommended treatment plans using cutting-edge technological advancements in a pragmatic and realistic way.

Mo can also use 3D imaging for diagnosis and facilitating his treatment planning, a unique treatment planning process that enables him to achieve outstanding results.

“Our ethos is to provide high level and enjoyable experience for people,” added Libi, “ensuring that they are as excited and passionate about their oral health care as we are.”

Sunrise serves an area of mixed socio-economic experience, and the practice complements the clinical care it provides by supporting local primary

and secondary schools through the donation of sports kit and raising money to help with mental health programmes for pupils.

Throughout the process of establishing the practice Libi and Mo have had tremendous support from Orthocare, one of the largest independent orthodontic supply companies in the UK, SAS Dental solutions, who are the forefront of practice design and innovation, as well as expert advice and services from Dental Accountants Scotland and Braemar Finance.

From the fun touches throughout, to the state-of-the-art technologies used in patient care and the attention to detail in terms of ensuring the comfort of visitors and staff alike, Sunrise is study in excellence.



Mo's high-tech lab



MO IS PASSIONATE ABOUT BASING HIS TREATMENTS ON PRODUCING A HEALTHY FOUNDATION WITH FUNCTIONAL AESTHETIC ORTHODONTIC OUTCOMES”



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We are delighted to have been the main contractor for the Sunrise Dental Clinic project and would like to wish Libi, Mo and the team all the very best for the future.

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THE SUNRISE TEAM



DR LIBI ALMUZIAN

Dr Libi qualified as a dental surgeon in 2006 and pursued her passion in advocating oral health for children by completing her Doctorate in Clinical Dentistry in Paediatric Dentistry at the University of Edinburgh. She holds Tri-Collegiate Membership in Paediatric Dentistry from the Royal College of Surgeons of Edinburgh and is skilled in making the most anxious of children feel at ease in the dental setting by utilising many behavioural management and inhalation sedation techniques and is also in the process of adding intravenous sedation to her toolkit. Dr Libi strives to work with families to achieve tailor made prevention and treatment plans which are evidence based.



DR MO ALMUZIAN

Having completed thousands of cases in three different continents and six countries including England, Scotland and Australia, Dr Mo has vast experience in the field of adult and children's orthodontics encompassing 19 years. He has a particular interest in adult orthodontics, orthognathic surgery, miniscrews, clear aligner, digital orthodontics and lingual orthodontics. As a highly qualified Specialist Orthodontist, Dr Mo is an honorary lecturer in Orthodontics at the University of Sydney in Australia and Honorary Research Fellow at the University of Edinburgh/ Scotland. He is also a visiting lecturer at many universities and institutes in Germany, Slovakia, Romania, Iraq, and Egypt.



DR RYAN JENKINS

Ryan qualified from the University of Edinburgh in 2013 with an honours degree in medical science. Using the academic skills and knowledge obtained from this degree course, Ryan was accepted to study dentistry at the Aberdeen Institute of Dentistry. While studying, he developed an interest in endodontics and was awarded with the nomination for the Tom Pitt-Ford undergraduate prize in endodontology from the institute for demonstrating excellent clinical and theoretical knowledge in this field. Shortly after graduating, Ryan worked in general practice where he successfully completed his vocational training year. During this year he won the prize for 'Best Case Presentation'.



DR ZIAD AL-ANI

Dr Al-Ani was awarded his MSc in Prosthodontics from Manchester University in 1999. In 2004 he was awarded his doctorate from the same University; the title of his thesis was "Studies in Temporomandibular Disorders (TMD) and Occlusion". He was appointed by Manchester University as Clinical Teacher in Restorative Dentistry in 2004 as well as a Research coordinator for the TMD clinic. He conducted many research projects which led to several presentations at local and international meetings and publications. In 2006, he obtained MFDS from the Royal College of Surgeons, Edinburgh. In recognition of his teaching activities, he was awarded the status of Fellow of Higher Education Academy in 2010.

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Braemar Finance is a trading style of Close Brothers Limited. Close Brothers Limited is registered in England and Wales (Company Number 00195626) and its registered office is 10 Crown Place, London, EC2A 4FT.



HELPING NEW AND ESTABLISHED PRACTICES

For a new practice, the 'to do' list can be daunting – however, there are finance solutions from Braemar Finance that can assist with almost every requirement needed for a practice opening.

WHAT CAN BE FUNDED?

For new practices, priorities will range from new equipment and renovations to alterations and fit outs. Typically, Leasing or Hire Purchase for equipment and a Business Loan for renovations ensuring at all times the most tax efficient options are used for you and your practice.

FUNDING OPTIONS AVAILABLE TO DENTISTS:

- Consolidation and refinancing loans
- Personal loans
- Tax loans
- Hire Purchase
- Leasing

WHO IS BRAEMAR FINANCE?

Part of Close Brothers, we are an established professions funder with nearly 30 years' experience helping new start and established dental practices through all economic cycles.

WHO IS MY CONTACT AT BRAEMAR FINANCE?

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A BREATH OF FRESH AIR

A new Scottish company run by experienced technologists is supporting the profession's recovery post-pandemic

The Ventilation Company - based in Scotland - specialises in sourcing, installing, and maintaining ventilation systems for dental and medical practices. With the ongoing need for the reduction of fallow-time in treatment rooms, the team is well equipped to find the best solution for their client, no matter the scale.

The Ventilation Company has years of experience and is able to provide the most effective ventilation solution for any practice. They source, install, and maintain the ventilation system - ensuring your practice is at its safest, and enabling effectiveness at all times. They provide clients with only the highest quality solutions whilst ensuring their service helps move businesses to become cleaner, greener, and more sustainable. The company's partners and the ventilation systems they work with are carefully selected to provide the best value and efficiency as well as keeping the carbon footprint at the bare minimum.

"The services we provide make the process of fitting new ventilation simple for our clients," said Mark Ward, the company's chief engineer. "We involve ourselves in every step of the process, overseeing the entire progress of the install. From preliminary measures of surveying the practice - determining which system would best suit, to the maintenance of the ventilation following the physical install. We use our own highly experienced contractors to install the ventilation, who are also able to provide maintenance of the ventilation further down the line."

Mark is an experienced entrepreneur and leader with more than 25 years' experience in high technology businesses. In 2017, he was an Ernst & Young Entrepreneur of the Year finalist. As a board level executive and business founder Mark has experience spanning corporate management strategy, business development and operations in the mobile and fixed line telecoms markets. He has a successful track record in developing sales channels and increasing bottom line returns and working at a



The Ventilation Company uses units from industry leaders, Mitsubishi and Vent-Axia

strategic level to create long term relationships in both start-ups and large organisations.

Alongside Mark is Chris Cherry, the managing director. Chris is a business leader and manager with 15 years' experience in developing organisations and driving results. With a sharp eye for detail and quality, Chris motivates and aims for positive and realistic results and successful completions. He has previous experience in fields of renewable energy, commercial fishing, automotive and PPE.

Completing the team is Paolo Costantini, chief digital officer. Paolo is a recently graduated from university and has a wide knowledge of computer hardware and software. With previous experience in project management, Paolo delivers an outstanding quality of service, ensuring customers and clients receive what they ask for, on time and as requested. Paolo is also well-conditioned to provide a high level of insight and support in situations where strong technical competence is required. The Ventilation Company offers a free, no obligation, survey of your practice. When you are happy with the proposal, they order the ventilation unit(s) from trusted suppliers and prepare all paperwork for the install. Once the installation has been completed, they provide a handover pack that includes important information on the operation of the ventilation system, and the maintenance schedule.

"The Ventilation Company carried out an efficient design and installation," commented

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15-17 Nasmyth Road South
Glasgow, G52 4RE
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one practitioner, Glasgow-based Iain MacArthur, with minimum disruption to the running of my practice."

The Ventilation Company uses units from industry leaders, Mitsubishi and Vent-Axia, which make use of technologically advanced systems such as Mechanical Ventilation with Heat Recovery (MVHR). It extracts stale air, whilst supplying fresh air from outside - ensuring a high rate of air changes per hour (ACH), in turn reducing fallow time within medical and dental practices. It allows for 90-95% of the heat lost through traditional extraction to be recovered and resupplied back into the building; over time reducing the cost of electricity required to reheat the building.

“THE VENTILATION COMPANY CARRIED OUT AN EFFICIENT DESIGN AND INSTALLATION WITH MINIMUM DISRUPTION TO THE RUNNING OF MY PRACTICE”

IAIN MACARTHUR BDS, GLASGOW

****GOVERNMENT GRANT VENTILATION****

“The Ventilation Company carried out a free survey and produced a design document, this had all the calculations required to meet the air changes per hour. The installation was carried out with minimum disruption to the running of my Practice.”

- **Iain MacArthur BDS. Glasgow.**

- Call or email now to book your **free survey**.
- Enable your **Scottish Government grant** for your practice.
- **A new ventilation system** or **a system upgrade** when you survey with us.
- We are experts within the dental sector and we will ensure the installation meets building regulation requirements.

Do not miss your grant funding



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PURCHASING A PRACTICE

Getting on to the practice ladder

Many dentists aspire to own their own practice. It isn't of course for everyone, there are risks in being a practice owner, but if run successfully, the rewards can make all the hard work worthwhile.

Buying your first (and in most cases only) practice can appear a pretty daunting venture. You won't have had to previously consider what is involved, and the number of aspects which need to come together to achieve your goal may seem like too much to contemplate. However, like many things in life, with a degree of determination, and the right sort of advice, you will get there.

There are a lot of things to think about when you start to look for a practice. First of all, and rather obviously, what do you want to buy? Do you want to buy into the practice that you work in at the moment (that may depend upon your principal's retirement plans)? Alternatively, are you looking to buy a different practice, if so where geographically do you want to work, does a city appeal to you, or does rural life sound more attractive?

You should think about whether you want to acquire an NHS, mixed or private practice. Each type of practice potentially has pros and cons, and depending upon your career and life plans, one of them may appeal more to you than another.

Are you buying alone, or with someone else? We often see dentists who buy along with a friend or colleague, and effectively

enter into partnership with them. That doesn't suit everyone, but it does reduce the capital commitment from each of you. Most important in that context is being certain that you can work together, and that your plans for the future align as much as they can.

We then come on to the question of how are you going to find the right practice. There are a number of ways to do that, including:

- › Word of mouth – some practices are sold through a potential buyer hearing about a principal thinking about retirement and approaching them directly
- › Adverts – you will occasionally see adverts for practices in publications such as the BDJ
- › Sales Agents/Valuers – by far the most common route is through the sales agents who market practices for sale. You should register with each of these agents so that you will be advised of any suitable practices

Taking a step back, you will need to consider how much you wish to pay for a practice. Closely linked to that is how much a bank will lend to you, or what you can afford to pay back to a bank in terms of loan repayments. You may have some savings of your own, which will put you in a better position, or you may have friendly relatives who would be willing to support you by providing some money. Either way, you need to do some sums to make sure that you are able to finance whichever practice you decide to pursue.

Banks are generally very happy to lend to



Michael Royden,
Partner
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dentists purchasing a practice, provided of course that everything stacks up from the bank's point of view. There is perhaps slightly more reticence from the banks since the pandemic got in the way of normal life, but lending to dentists is still seen as relatively safe.

Whichever practice you do buy, make sure that you know what you are getting, and that there aren't any skeletons in the cupboards. When we act for a practice purchaser, we carry out an exercise called diligence. Put simply, it is a process through which we (along with our client) check various aspects of the practice, to satisfy ourselves that there isn't anything to be concerned about. To an extent, some of those checks will also be necessary to allow the bank to provide finance, and so it is an essential part of the buying process.

Diligence will cover a range of legal topics, as well as financial aspects. Making sure that your advisers are familiar with dental practices is a key here, and so you are best advised to use accountants and lawyers who regularly advise dentists.

Finally, while the process of buying a practice shouldn't be seen as an impossible task, at the same time it is one of the biggest decisions which you will make in your life.

It can take time to achieve your aim of becoming a practice owner, but careful planning and preparation, coupled with the right advice, will stand you in good stead for a successful outcome.



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- Stuart Lutton

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BETTER TO SELL THE SHARES OR THE ASSETS OF YOUR PRACTICE?

When the time comes to sell your incorporated dental practice, you will have two options – sell the shares in the company or sell the assets of your company.

Selling the shares in your company will mean that you sell the whole of your company, including assets, goodwill, liabilities, future liabilities. This means as a seller, you will receive the consideration for your shares held in the company, and you may qualify for Business Assets Disposal Relief (BADR), previously known as Entrepreneurs' Relief (ER), on the capital gain you make on the sale of your shares. In order to qualify for BADR, you need to meet certain criteria, including:

- Your company must be a trading company.
- It must be your personal company, i.e. you need to hold at least 5% of the ordinary share capital and 5% of the voting power and be entitled to at least 5% of the profits available for distribution and to at least 5% of the assets available to equity holders on a winding up
- You must be an officer or employee of the company.

There is a BADR lifetime allowance of £1 million and any gains covered by this allowance will be taxed at 10%. Any gains above this allowance will be taxed at the CGT



Louise Grant
Partner & Head of
EQ Healthcare
E: louise.grant@eqaccountants.co.uk
T: 01382 312100.

rate applicable for that period (currently 20%).

It is more common within the dental sector for the seller to sell the assets of the company rather than the shares. This could create taxable gains and profits within the company, on which corporation tax would be charged, currently at 19%. A second tax charge would also arise when the shareholders withdrew the cash/reserves from the company. Selling the assets, as opposed to the shares, sounds more costly in terms of tax, but there are other considerations. If you'd like to talk to our team about any aspect of selling a dental practice or would like us to assist you in the process, please get in touch with Louise Grant.

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

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



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THE STATE OF THE MARKET – PRACTICE OWNERSHIP

Despite the ongoing challenges of the pandemic, we continue to see many practice sale/acquisitions taking place and the demand for practice ownership in Scotland arguably has never been higher. The economic impact of high demand and limited supply appears to be maintaining goodwill values at pre pandemic levels and in many cases are exchanging at significantly higher value. We have assisted with five completions this month alone and have many others in the pipeline.

What is clearly evident is that the 'savvy buyer/seller' is always at an advantage. Given that the purchase or sale might be a once in a

lifetime transaction, it is critical that it goes smoothly and generates the best financial outcome. As the only accountant focused 100% on the Scottish dental market, we have worked with many specialist providers in these transactions and working as a team we continue to achieve very positive outcomes for our mutual client(s). It is important to select the right team of advisers alongside you.

That will typically include your specialist accountant, bank, valuer, lawyer, software supplier, IFA, and their colleagues. Conversely, we have seen some ill-advised/supported buyers and sellers who unfortunately have experienced high level of stress and lost value by selecting the wrong



Victoria Forbes
Director, Dental
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Scotland
victoria@
dentalaccountants
scotland.co.uk

adviser. This can often include seeing corners cut or a lack of specialist knowledge making the transaction more complex than it should ever be. Don't let yourself get into that position and always build the strongest team possible around you where you can.

Given our vast experience in buying/selling of practices, we are very well placed to help you to choose your 'dream team' and will gladly provide you with free advice if buying or selling a practice forms part of your current thinking. We're happy to provide some free bespoke initial advice on valuation or structure to make sure you give yourself the best possible outcome.

Do get in touch for a free consultation.

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IS NOW A GOOD TIME TO BUY A DENTAL PRACTICE?

Dental practice valuer and finance broker Samantha Hodgson assesses the current state of the market

Whether you were already thinking about buying a practice, or the pandemic has given you time to consider options for the future, you may be wondering whether now is the right time to begin your ownership journey.

WHAT IS THE CURRENT MARKET LIKE?

The Covid-19 pandemic has been a point of reflection for many, including practice owners within a few years of retirement. Having had some time at home to consider their future and exit plan, the practice sales market has seen a new influx of practices coming to market over the past 12 months. As people start to get back to work full time again, this is only expected to rise, with practice owners wanting to release some of their responsibilities on the wind down to retirement. As an agent, we have also seen a huge increase in the numbers of buyers looking also.

WHERE DO I START?

Just like buying a house, first you need to decide what type of practice you want. Think about; practice location, income type, how many surgeries, will you work there, are you buying alone? Write all of your criteria down and start looking! You will start to get a feel for the market and what your non-negotiables are. Don't forget that no practice is perfect, and you can make it your own in time.

PRACTICE VALUES

Practices are now valued on multiples of profit, known as an EBITDA. EBITDA stands for earnings before interest, tax, depreciation and amortisation. Note that the EBITDA figure can be calculated either under an 'associate-led' or 'principal-led' model.

As a buyer, you will need to understand how the practice has been valued and how you plan to run the practice, to determine if the practice is right for you. If you intend to work the practice as 'associate led' but the valuation has been calculated using a 'principal led' model then this may not work for you.

SHOULD I HAVE AN INDEPENDENT VALUATION?

Although the bank will generally insist on having their own valuation (like a mortgage lender would against the property), at this point you would normally have agreed a price and instructed solicitors and started incurring fees.

As such it is recommended that you have a valuation to ensure that the value is correct. Part of the valuation is making sure that the correct information has been used for the valuation (by someone who deals with this day in, day out) – it's not as simple as using the last years accounts!

Whether you are buying a whole practice or buying into a practice as a partner, each valuation will be different. There are three main partnership routes, all of which would give you a different profit level, and therefore the valuation of each would be different.



Samantha Hodgson is a dental practice valuer and finance broker at PFM Dental, one of the largest professional advisory firms for dentists, including sales and valuations, financial advice, and accountancy.
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Don't fall in the trap of not getting this right at the first stage.

During the Covid pandemic, many practices have seen income levels fluctuate. While some practices have seen an increase in buyer spending on cosmetic treatments, others have experienced an overall drop in income due to lockdowns. Understanding the income used for the valuation is key and you may need an expert to review the practice details for you to pick up on any inconsistencies.

CAN I STILL GET FINANCE TO BUY?

Yes! Contrary to popular belief, funding for dental practice purchases has not stopped throughout the pandemic. While some banks found delays to services due to Covid-related loans, lending for new practice purchases did not stop and most banks are still as keen as ever to support new owners coming into the market.

With the reduced Bank of England base rate and therefore lower interest on your loan, you may want to consider whether now is a better time than ever to look at taking the step into ownership.

If you are a first-time buyer, you are likely to need a helping hand and using a healthcare finance broker is your best point of call. A broker will put together a detailed lending proposition, undertake financial projections under your ownership, and issue these to multiple banks on your behalf. Saving you hours of time on the phone with lenders, you won't pay any more than if you went direct and will get the best interest rates on the market.



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– Mark Woodger, former practice owner

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Practice Sales & Valuations

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The Art of the Consultation

Merz Innovation Partners (MIPs) Drs Emma and Simon Ravichandran discuss the consultation and share two different patient journeys.



Consultation and communication skills are frequently undervalued. In private practice, our livelihoods are dependent on patient satisfaction, so we need to enhance the patient journey.

There are six components to consultation – based on the Calgary Cambridge consultation framework¹ – with two overarching pillars:

- Building the relationship
- Providing structure to the consultation

The patient journey can be broken down further into four parts:

- Initiating the session
- Gathering of information
- Explanation and planning
- Closing the session

An effective consultation means effective communication, and that means recognising that individual patients require individual approaches and adapting your processes accordingly.

Over the past 14 years Drs Simon and Emma Ravichandran have created a blueprint for the Clinetix consultation, which combines the Calgary Cambridge framework with a check-in/check-out process adapted from airlines.

CASE STUDIES

Simon`s patient – Georgia

Georgia is a patient in her early 30s. She is a performer and works in the public eye in front of cameras.

“The information I have on a patient the first time I see them can be a little or a lot. In Georgia’s case, I knew her age and the fact she was a performer”, says Simon. “So, we know straight away that we have to approach her in a certain way.

“You may have your own pre-conceived ideas of what patients in this age group want, and this is the first mistake. You have to wipe that slate clean and approach every patient with a completely open mind .

“In Georgia’s words, she wanted to ‘feel confident’ and ‘good in her own skin’. We have questioned thousands of patients to find out their motivations for treatment and every time the most powerful motivator is confidence.

“Whenever we see Georgia, she is very smiley and positive, her body language is open, she seems very comfortable in the clinic, so you want to be part of her success story.”

Emma`s patient – Jac

Jac is a 50-year-old patient. She has raised three children on her own for the last 12 years while working full time. She doesn’t recognise herself in the mirror any more.

“When Jac came in, she had a slightly sad demeanour”, explains Emma. “Whenever she is talking about her motivations for treatment, she seems as if she has really

thought about and processed these thoughts.

“She has had some tough times in the past and seems less comfortable than Georgia did but, on the other hand, she still has very open body language and is a very likeable person. You feel a genuine warmth towards Jac and want to help her achieve her goal to be the person she feels inside.

“She told us she looked in the mirror and said, ‘who is that looking back at me?’ That’s a huge motivator for patients and something we can really help them with, which is a huge privilege.”

Initiating the session

Before the patient even walks into the room, be organised and prepared. Clear the notes from your previous patient and clear your mind.

Go out and call the patient in yourself and guide them into the room. This breaks down that barrier of having to walk into a clinical room, which can create anxiety. If a member of your team brings them in, stand up and welcome them. Be aware of your body language. Be comfortable and confident and, most importantly, smile.

Gather information

The amount of information you can get out of a patient in just a few seconds is phenomenal. It only takes six seconds to identify non-

verbal behaviours indicative of a personality trait, so think about what they are telling you with their words, body language and non-verbal cues. What are their motivations for treatment?

It is also really good to think about the interaction from your point of view. What feeling do you get from this person? Do you want to treat them? When you develop relationships with your long-term patients, it is a two-way process.

As humans, we often mimic other people's body language. So if someone walks in and is laid back and relaxed, then instantly, the other person is more comfortable. If a patient walks in and has very closed body language, the natural human instinct is to mimic that body language. One of you has to be the open one, and it has to be you.

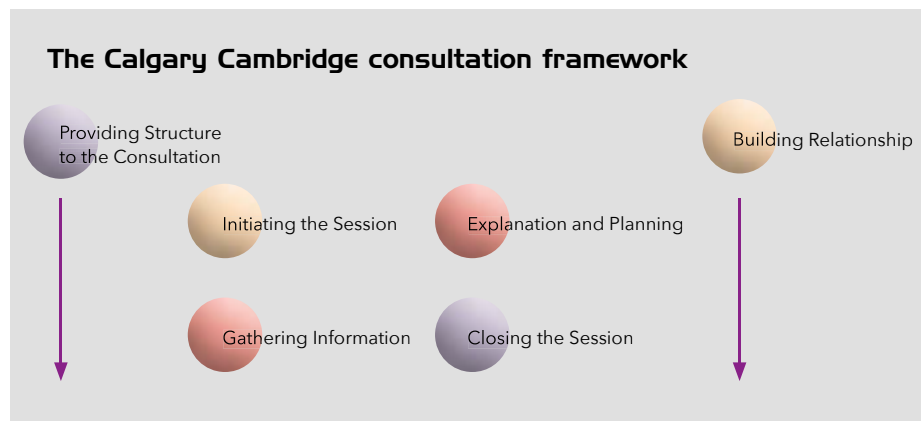
When you are gathering your information, you need to:

- Establish eye contact: let the patient know you are listening.
- Encourage specificity: get detail about the big picture as well as the small picture.
- Summarise information: recap, check for and correct misunderstandings and miscommunication.
- Practice active listening: Respond to visual and verbal cues about distress and explore them further.
- Avoid interruption: Studies have shown doctors interrupt their patient after less than 15 seconds.

There are several ways in which a patient can derail the consultation.

Explanation and planning

Use patient photographs as educational tools to describe how the treatments you are proposing may deliver the results the patient is seeking. You can also do this by



using a mirror and physically lifting tissues or pointing to the patient's face. Always ask for permission before touching a patient's face.

Once you have decided on a treatment plan, you can discuss the time frame, the downtime, which treatment you would do first and the intervals between treatments.

Closing the session

The closing of the session is where patients are often lost. The patient has got to be free to decide for themselves, with no pressure, and they should be given time to do that, but they might need guidance on the next steps.

Offer them options such as:

1. If you are ready to book, I can book that in now. We can create your treatment plan and get everything organised.
2. If you are not ready to book and you decide this is not for you, that's ok. If you ever want to come back and speak to me, just get in touch.
3. If you need more time, time is good. People who rush into decisions are much more likely to regret the outcomes. What information do you need to help you make a decision?

Don't just shake their hand and let them go out. Instead, walk them to the door.

They have got to have that luxury feel, that emotional engagement. We introduce the patient and the next steps to our receptionist and have a conversation while any transactions occur. Then we take them to the door. If they need a taxi, we order them a taxi. When they leave the clinic, we want them to feel like they have just walked out of Louis Vuitton with a handbag.

Every patient then gets an email to summarise the consultation, regardless of whether they have booked or not.

The key is to do everything possible to make them feel that this is the best customer service experience they will have. If they say "no", respect that. They will still tell someone else they have had the most informative meeting with the doctor they have ever had.



Use this QR code to watch the videos and hear Georgia and Jac's stories in their own words.

@merzaesthetics.uki

Merz Aesthetics UK & Ireland



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

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

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

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

IT and networking

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

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

Dental chair supply

Dentistry requires precision and dexterity, and your equipment should be designed to work for you. IWT partner with trusted, industry leading vendors of dental chairs and dental furniture to ensure the success of our installations. Working with innovative, practical, and established dental chair manufacturers such as Stern Weber, we provide various chair packages for any purpose.

Our dental chair philosophy is founded on the perfection of technology modelled around your work. Our chair packages provide a wide range of functionality that can be personalised to suit your specific operating style and skills. Simplicity and integration ensure a perfect match of efficiency and speed. Innovation is one of our key principles, encompassing the integration of multimedia and x-ray diagnostic devices providing our customers multiple layers of versatility. Supporting our dental equipment supplies, we have a dedicated service team who deliver industry leading advice and support ensuring we deal with your service requirements promptly and effectively. We offer comprehensive dental chair and IT support contracts providing you piece of mind for your most valued practice equipment. Our range of dental cabinetry options offer you control over dimensions, colour, base configuration, and cabinet finish, providing your surgery with contemporary and hard-wearing furniture you can rely on. No matter your specialisation or operating style, we can provide you the perfect dental furniture for a fluid workflow. Our furniture service extends to transformation of your reception and waiting areas.

Imaging supply

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

way on your digital dentistry journey. The Planmeca range consists of a wide choice of world-class 3D CBCT X-ray machines which feature Planmeca's unique pioneering Ultra Low Dose protocol and the world's first Correction Algorithm for Latent Movement; Planmeca CALM™. 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.

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1. Belotero Revive IFU

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



Alan Rennie, John McGregor and Ted Johnston

RIGHT TIME, RIGHT PLACE, RIGHT BUYER

Dental Elite ensures discretion and builds a good rapport with buyers and sellers alike

The decision to sell a dental practice can be a difficult one. There are many different factors at play that can have an influence on the individuals and the business(es) involved.

Even if you feel like you're not quite ready to take the leap, it's still important – and often highly beneficial – to be aware of all your options. This will help you prepare yourself, your team and your practice for what might happen in the future, whether that's in three months or three years.

This was the situation that Dr John McGregor found himself in when tentatively approaching the sale of four dental practices he owned with his business partner in Glasgow.

He comments: "Initially, I was not completely sold on the idea of selling my practices, but my business partner thought we should test the water and see what possible outcomes there could be for the business.

"While still sceptical, we had a meeting with Ted Johnston from Dental Elite and he explained the possible deals available at the time, which I thought would be unachievable as they really seemed too high. He reassured me that the figures were current and

could quite possibly be higher. He was actually right.

"Ted then arranged for several prospective buyers to come and view the businesses and what really impressed me was that Ted was always there – quite often at unsociable hours. He made sure the viewings were very discrete and he had a good rapport with the buyers and sellers, too. This rapport made things a lot easier and just helped to smooth the negotiations.

"His advice and knowledge throughout the process really was excellent. He kept us well updated on when we were to receive an offer and what the situation was with the buyers. He got us the best deal."

Despite his initial reservations about selling, Dr McGregor has been delighted with the end result achieved. He has been able to minimise his daily pressures and get back to doing what he loves – which is one of the main reasons that many principals look to sell in today's world.

He adds: "Since the purchase of our practices, I feel now a weight has been lifted from my shoulders. I will carry on working as a dentist in my practice providing the treatment I like, but now there are no worries about the future.

"We really did get an excellent deal in the end with

all the outcomes that we were looking for. I can thoroughly recommend contacting Ted and Dental Elite if you are considering selling your practice, but I would also recommend contacting him if you are not."

If you have thought about selling your dental practice(s) but you're not sure if it's the right solution for you, there's no harm in seeking advice or exploring your options. You may decide to come back to it in a few more years, or you might just find the right time, right place, and right buyer for you.

For more information contact Dental Elite. Visit www.dentalelite.co.uk, email info@dentalelite.co.uk or call 01788 545 900



Committed to supporting quality care

The company representatives helping to foster interdisciplinary treatment through collaboration

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

Recognising quality in dentistry is an important initiative for the dental industry; celebrating and recognising top performing oral care providers helps bring attention to the need for objective, data-driven methods of measuring quality care in dentistry. Scotland is home to some of the leading specialists in their field and in this special section we meet some

of the company representatives who are supporting those specialists in helping people improve their health and boost their confidence.

This month we feature Colin Hart and Eilidh Watson, clinical support and product specialists in Scotland for Southern Implants, the privately-owned, global osseointegration company founded in 1987. Plus, Jon Bryant – Business Development Manager with W&H. Having worked in the dental industry for more than thirteen years, Jon has acquired a wealth of knowledge and insight that has given him an invaluable perspective on the industry today.

Whether in-person or on a video call, there may be some familiar faces in the next few pages of our

special feature on dental business representatives. Some may be new to you. But they all represent the best dental supply companies in the industry providing world-class products.

And they encompass the whole of spectrum of dental equipment, dental materials and supplies, and dental plans, and come with years of experience in their respective fields.

This special feature aims to give you some insight to who you and your practice managers will be speaking to, their industry background and the services they provide, helping you to maintain leading standards of patient care. These dental representatives can be a tremendous resource to dentists and their teams.

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
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"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



A WEALTH OF KNOWLEDGE AND INSIGHT



Jon Bryant
W&H Business Development Manager for
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JON BRYANT is a Business Development Manager with W&H. Having worked in the dental industry for more than thirteen years, Jon has acquired a wealth of knowledge and insight that has given him an invaluable perspective on the industry today. He has worked in many fields within the profession, starting out as a Technical Service Engineer, moving to sales and also holding a position as a Brand Manager – all for major companies in the industry.

Today, Jon brings all of this expertise to his Business Development Manager role at W&H. Covering the south of England and the whole of Scotland, his position allows him to do what he loves most – work directly with customers to ensure that they receive the care and attention that makes the W&H brand so iconic within the profession. When asked what Jon liked about working for W&H, he said: “I love working with W&H as in my view, the quality of the products and after-sales service are second to none.”

In his personal life, Jon is a family man. He is a father of three who is dedicated to helping out with and coaching his son’s football team and he also enjoys spending quality time with his family.

SIMPLIFYING COMPLEX CASES



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

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.

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

Southern Implants website: www.southernimplants.co.uk

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"Dr Kershaw was excellent. Made me feel so calm and reassured. Explained everything in detail. Thank you so much!"

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> BF II ENAMEL

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Whether distinct mucolabial folds, poorly vascularised areas or missing papillae: Red aesthetics are becoming more and more important in restorative dentistry. To make gingiva reproduction with composites even more lifelike and individual, SHOFU has added high-quality Gingiva shades to the proven Beautiful II System – for a harmonious interplay between red and white aesthetics.

Five Gingiva shades, which can be blended and layered with each other, allow the reproduction of true-to-nature soft tissue areas with great depth and invisible transitions to the tooth. They are indicated primarily in cases of gingival recession, exposed abutments and crown margins, root erosion and missing papillae, and perfectly suited for Class V and other restorations. These pasty, non-sticky composites feature superior handling and sculpting properties and can easily and efficiently be polished to a high gloss.

The Enamel shades can also be blended and layered with each other, for unlimited possibilities in aesthetic anterior restorations. The four shades – Translucent, High-Value Translucent, Low-Value Translucent and Amber – allow to easily and efficiently create polychromatic restorations and invisibly repair restorations and dentures.



For further information please contact Shofu UK on 01732 783580 or sales@shofu.co.uk

> CARESTREAM



Carestream DENTAL

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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 For the latest news and updates, follow us on Facebook and Instagram @ [carestreamdental](https://www.instagram.com/carestreamdental)

> 3M

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 - LED OP Light
- LCD Touch chair control panel
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- 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



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