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CONNECT
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MANAGING EDITOR
David Cameron
david@connectmedia.cc

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

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

DESIGN
Felipe Perez and Stuart Mathie

SUBSCRIPTIONS
Stephanie Koetsler
Tel: 0141 560 3019
steph@connectmedia.cc

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It doesn't add up

But the Government should take heart from record numbers applying to study dentistry – and design a service that will support and reward these aspirational young people

After everything we have been through, the news came as something of a surprise. As we report on page 14, dentistry courses at UK universities have seen a record number of applicants since the COVID-19 vaccination roll-out began this year.

The latest UCAS figures show the number of applicants for dentistry courses rose to 100,240 this year from 95,835 in 2019. UCAS course data has also shown dentistry to be among the UK's top ten most popular courses in the UK to study with a 20 per cent increase in applicants in the past 14 years, despite, in the rest of the UK, the increasing cost in tuition fees.

There have also been rises in each age group (up to 25 and under) opting to study dentistry, with 19-year-olds highlighted as the most common age group. However, the data shows there has been a decline in mature students aged 35 or over that have applied to study dentistry in the UK with a 32 per cent decrease in the last 10 years.

Notably, dentistry has seen a huge increase in female applicants with a 72 per cent difference between female and male applicants in the last year. The profession, which historically has been a male-dominated industry, has seen more women apply for dentistry courses year-on-year since as early as 2007.

In this issue (see page 28), we outline the routes into dentistry for young people. As one industry observer says: "The profession is continually evolving, becoming more sophisticated with a greater focus on holistic, preventative care. Tuition fees don't seem to be putting students off, perhaps because average salaries for dentists in the UK far exceed the national average. Prospects for successful graduates are excellent."

Keeping in mind the differing financial arrangements in Scotland, and despite the deferment of graduations here this year caused by the pandemic, this would seem to be true.

But what kind of profession will these young people be entering midway through this decade? If recent studies are anything to go by, they will be joining – more likely, replacing – colleagues who are emotionally exhausted, have endured

year-on-year declines in real-term income, and are looking for a way out.

The current state of the profession and the record numbers wanting to enter; well, it just doesn't add up, does it?

At the risk of repeating myself, 18 months ago – as the first lockdown approached – we went to print with a report revealing detail of the so-called 'New Model of Care' in Scotland. Clearly, the pandemic put paid to any thought of implementation during that time. But, consultation, discussion, development of a model? Of that there appears to have been little, or none.

At Scotland's universities, the education leadership has done incredible work over the years nurturing and equipping those currently in the profession. Before and – inevitably, during – the pandemic there has been innovation in the way people are taught dentistry which will no doubt serve future graduates well. Coincidentally, there also is change in that leadership – new heads of school at Dundee, Glasgow and soon, Aberdeen.

It is to be hoped that, while grappling with the new challenges of teaching, this fresh leadership can help persuade those responsible for developing policy to bring a sense of urgency and vision to their work that matches the commitment, despite everything, displayed by these aspirational young people choosing dentistry as a career.

Finally, a plea. Newcastle University is undertaking a survey looking at the prevalence of medical emergency events and the confidence of the dental team in managing them; please do take a moment to complete at:

<https://newcastle.onlinesurveys.ac.uk/medicalemergencies>

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A brilliant accident?

Maybe, just maybe, the Scottish Government's commitment to free care provides a solution

Thoughts are swirling round my head, about where dentistry was, the mire it is in, and the future landscape of our profession. I don't have a crystal ball and, at the moment, I'm not hearing much from colleagues about where we are going and when. We're all waiting for a change, an announcement, a proclamation of intent. Yet, there does not appear to be much drive to move on. Yes, more Covid-related chat. But I can't get beyond it. It takes up my waking moments and many of my sleeping ones. So, I thought I might try to spur myself on, and maybe some others, thinking about what could be.

Our scene is set, that post-apocalyptic landscape from all those movies. No zombies though. Fast forward through all the trials and tribulations to the end-scene. Where we see the future in all its glory and humankind can see the path to Shangri-La. Well maybe not; maybe Govan, or Leith, or Glenrothes, bathed in sunshine and the glint of sparkling, freshly bleached teeth.

Our government has committed to providing free NHS dentistry for the populace. Once again, there was some 'excellent' communication on a Friday afternoon for the following Tuesday. This is the way. I suspect it will continue to be thus. The debate about what might be free seems to have been missed out too. It would appear that the current SDR will simply be continued without cost. Simple enough, no?

The inevitable tidal wave of post-Covid treatment, waiting times, lack of materials and labs, increased costs and taxation events to pay for the JRS et al., also seems to be forgotten, in favour of a semi-blank cheque to pay for dentistry. So, what could it look like?

In GDS, free NHS care would mean the tension between private and NHS care, or at least the cost differential, is altered. This could go one of two ways: patients could simply opt to only have NHS care because it's free, or they may mix and match, save some money here to spend it more wisely elsewhere. We will have to change our perception and sales techniques a little. However, it may remove the need for a semi-temporary, low cost, compromised option. You know; the filling done instead of the crown, the extraction because root treatment is too dear.

If cost is removed in favour free NHS care, then surely the patient can choose the 'best option' more easily? Will this make our lives easier? It certainly removes a significant barrier for a lot of people. Therefore, can the dental health of Scotland improve with free care? I'd like to think it can. I'd like to think that I can offer better choices to many of my patients who shrink at the thought of the expense. And if that is no longer an

obstacle, then will people attend more frequently?

More frequent attendance means we can offer the best care earlier in the decay/destruction cycle. These treatments should have better longevity because they are provided before it's too late or at least in 'last chance saloon'. We can be intervening in wear cases earlier, as the patients will value our opinions more because they will not perceive us to be 'just after the money'. This could be the shift in attitude we are all trying desperately to inspire every time we enthusiastically tell our patients about flossing and diet and ongoing maintenance.

Perio, our silent killer, often untreated until teeth are wobbly, has a new foe. Free scaling! Perio treatment now comes with a 'cape of free care' and the pants on the outside (that's a Superhero reference, in case you think I've lost it). Right, I know that cost isn't the only barrier to people's uptake of perio treatment. But it's a big one. Back to the 'perceived value' of a professional opinion without the drive of cost. At least, in the mind of the patients, who will no longer have to put their hand in their pockets.

And so, to our bit on the side (or vice versa depending on your practice); private care. There must be increased perceived value here too. We know there are things which can't be done on the NHS. This appears to be continuing. That's very simple: the NHS won't let us do XXX, so you'll have to pay. The barrier is going to be the choice between free or expensive. "We could do YYY but I believe XXX is your best choice. I know this comes at a cost but I think it's the best thing for you Mrs Smith." This, sold in the right way, is also a powerful statement. We understand that there's a free option but, despite that barrier, we are recommending XXX.

For me, cost-free care, at point of delivery, is an opportunity. Perhaps it's where I work? There's almost always a cost barrier. However, I believe that exists in most places. And where that barrier is removed, then there is an opportunity for people to spend the money they would have done on basic care, improving their appearance, spending a little extra on their teeth. Will people think of the money saved and keep it in dentistry? I think they will.

That could be the difference between our currently depressed incomes and spiralling costs and a more balanced and profitable economic outlook for the profession. Do I think that the Scottish Government has considered this in their commitment to provide free care over the course of the parliament? No. Do I think they've just worked out what they're paying under Covid support and thought they can rinse and repeat? Yes. Do I hope that it might be an accidentally brilliant solution for care in Scotland? Maybe, just maybe...

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Facial aesthetics qualification launched by CGDent

THE COLLEGE of General Dentistry (CGDent), the UK's professional body dedicated to primary dental care, has launched its Postgraduate Certificate in Non-Surgical Facial Aesthetics.

Serving those who are considering entering this growing area of practice but have little or no prior experience, the course is designed to be flexible to suit the needs of those working in general dental practice, while equipping them with the theoretical understanding and practical skills they need to offer cosmetic injectables to their patients.

The college is represented on the Education and Training Committee of the Joint Council for Cosmetic Practitioners (JCCP), the body which sets standards for cosmetic practice and maintains registers of appropriately trained cosmetic practitioners.

CGDent's comprehensive programme has been designed to align with the JCCP's competency framework, with a syllabus covering:

- Facial anatomy, morphology, physiology and the principles behind the use of botulinum toxin and dermal fillers
- Assessment and treatment planning for non-surgical aesthetic interventions
- Administration of botulinum toxin and dermal fillers and the management of complications

Participants can enrol at any time and may take between six months and two years to complete the programme, which combines online learning with face-to-face teaching and practice available in four locations. The modules include observation and



performance of at least 40 cases, all of which are provided and 20 of which are mentored on a 1:1 basis, with participants given a choice of dates and clinical sites.

The programme is delivered by RASA Academy and led by Dr Jalpesh Patel, a dental practitioner, advanced facial aesthetic practitioner and member of the JCCP's

Practitioner Register Committee.

The new Level 7 qualification builds on the heritage of the Faculty of General Dental Practice, which ran a Masterclass in Facial Aesthetics programme from 2009-16.

Dental professionals interested in applying should visit www.rasaacademy.co.uk/pg-cert

Dentists say 'seize the moment'

UK's chief medical officers back water fluoridation

A JOINT STATEMENT by the UK's four chief medical officers highlighting the benefits of water fluoridation in reducing tooth decay has been welcomed by the British Dental Association (BDA).

The BDA said it supports community water fluoridation as a safe and effective public health intervention, as part of a package of measures to improve dental health, where technically feasible and appropriate for local needs. The Health and Care Bill, currently before Parliament, is set to simplify the rollout of the policy in England.

In March this year, the

BDA wrote to the Scottish Government urging it "to support the introduction of local water fluoridation as a cost effective, evidence-based preventive measure where practical and clinically appropriate".

Dentist leaders are now urging all four UK administrations to restate their positions on water fluoridation in light of the CMOs' latest statement.

Public Health England modelling shows water fluoridation more than pays for itself in medium term, owing to reduction in treatment need. £1 spent equates to £12.71 savings in five years, rising to £21.98

in ten. The BDA has stressed that upfront investment by Government is vital to unlock these benefits.

In their statement, the four UK CMOs recognise water fluoridation should be seen as a complementary strategy, and not a substitute for regular dental check-ups and other effective methods of increasing fluoride use. The BDA backs a joined-up approach in which tried and tested policies like water fluoridation and supervised tooth brushing in early years settings are expanded, with parallel effort applied to rebuilding high street dental services.

Eddie Crouch, the BDA's Chair, said: "Every dentist will thank the CMOs for recognising the lasting benefits water fluoridation could bring to the nation's oral health. However, these gains are purely theoretical without upfront investment. Spending here will pay for itself, and Ministers need to show they are willing to seize the moment."

"We need a joined-up approach. COVID has left millions unable to access care, and deep inequalities are now set to widen. The four Governments must double down on tried and tested policies while rebuilding the services millions depend on."

£7.5m funding for red band hand pieces announced

But BDA says Government should make clear that grant does not signal a 'return to business as usual'

THE SCOTTISH Government has announced that it is making £7.5m available to the profession for the purchase of electric motors and speed increasing 'red band' hand pieces.

News of the grant came in a letter to NHS dentists from Humza Yousaf, the Health Secretary, in August, formally announcing implementation of the Government's 100-day commitment to end the NHS patient charge for all young people, aged 18 to 25 inclusive.

Mr Yousaf, right, said: "The Government is clear that patients wish to access their dentist for routine appointments but recognises that the sector is not at present near pre-pandemic 'business as usual'. We are supporting the sector to recover and build back pre-pandemic capacity through the provision of £5m funding to improve surgery ventilation.

"Additionally, the Government will allocate a further £7.5m to the sector for the purchase of electric motors and speed increasing 'red band' handpieces. These can be used in a wide range of clinical procedures where standard non-AGP precautions may be applied as they can produce minimal aerosol."

Practices can make a single, retrospective claim related to the purchase, renewal or upgrade of up to three electric speed adjusting hand pieces and/or an electric motor, which can allow the handpiece to be operated at speeds of less than 60,000 rpm per surgery.

The payment is up to a maximum allowance of £2,500 per surgery, depending on the practices' NHS commitment percentage. Claims can only be accepted for expenditure that occurred during the period 1 April 2020 to 31 March 2022. NHS Boards will provide instruction to practices on their local processes for making a claim.

Mr Yousaf added: "The Government is in urgent four-nations discussions on IPC [infection prevention and control] measures. The Government understands that fallow times continue to add to the backlog and pressures that dentists are facing, and that is why we are keen to engage with the sector to see how we can assist." The British Dental Association



said: "Although extra support and funding for general dental services is welcome, we call on the Scottish Government to communicate clearly that the introduction of this grant does not signal a return to business as usual. Patients should be aware that practices still have COVID-related protocols to follow and continue to see only a fraction of pre-pandemic patient numbers." It added that its members had already raised a number of queries about the new funding, which have been relayed to the Government.

Special report see pages 48 & 114

Associates tax status to be considered 'case-by-case'

HER MAJESTY'S Revenue and Customs (HMRC) has announced that current guidance for Associate Dentists will be withdrawn from 6 April 2023 and that subsequently the status of new and ongoing Associate Dentist engagements should be considered in line with ESM05001 and CEST2.

It means that from April 2023, all Associates' tax status should be considered on a case-by-case basis depending on the circumstances of each individual dental associate.

However, Alan Suggett, NASDAL Media Officer and Head of Dental Business Unit at accountancy firm UNW, said: "Despite the withdrawal of HMRC guidance, the consensus of NASDAL accountants is that there will be no change to the self-employed status for the majority of associates."

"Associates and practice owners are advised to go through the online HMRC CEST test carefully and honestly. The result for the majority of dental associates is likely to be that they should be considered as being self-employed for tax purposes.

"However, there could be concern for those Associates whose working arrangements are subject to a higher degree of control than normal."

NASDAL's advice to all associates and particularly new associates, is to undertake the CEST test, which is anonymous, and then retain a hard copy of the conclusions.

¹www.gov.uk/hmrc-internal-manuals/employment-status-manual/esm0500

²www.gov.uk/government/publications/check-employment-status-for-tax-cest-2019-enhancement/check-employment-status-for-tax-cest-usage-data

'Support profession', COVID-19 inquiry told

Government 'overlooked' dentistry throughout pandemic and 'lessons must be learned'

DENTAL professionals must receive better support for their physical, emotional and financial wellbeing in a future pandemic situation, to ensure patients continue to get the best possible care and treatment and avoid long-term impacts on the profession, the Scottish Government has been told.

In its submission to the Scottish Government's inquiry into the handling of the COVID-19 pandemic, Dental Protection said that during the pandemic the dental profession "desperately needed priority PPE, support measures to mitigate potential financial viability issues due to safety protocols limiting access to dental services, and consistent guidelines".

The organisation said the Scottish Dental Clinical Effectiveness Programme (SDCEP) provided well received clinical guidance at a time when dental professionals around the world sought clarity about operating procedures, and this was "a positive learning for the future".

However, Dental Protection said there was an overall sense that dentistry had been "overlooked" throughout the Covid-19



pandemic, and "a number of lessons must be learnt should we face a further pandemic".

Helen Kaney, Dental Protection's Head of Dental Services, Scotland, said: "Dental professionals have faced significant challenges as a result of the pandemic. The clinical challenges have centred on availability of the required PPE, virus transmission risk and restrictions of the type of clinical interventions that could be undertaken for patients. There have also been and remain, significant financial challenges which may impact on the long-term provision of NHS dentistry in Scotland.

"These challenges were enhanced by a sense that dentistry has been overlooked

throughout much of the pandemic. Dental professionals are well used to dealing with and managing risk, but the scale of risk and uncertainty for dentistry throughout this time has been unprecedented.

"Dental Protection has throughout the pandemic been providing dentolegal advice to those dental professionals grappling with these new challenges, to enable them to practise in different ways, comply with guidelines and to help them protect their wellbeing. But the profession as a whole needs greater support from the outset should we face a pandemic situation in the future – this includes swift publication of clear, consistent guidelines, appropriate PPE as a priority, and effective financial support measures to protect the financial stability of practices and ensure that patients can continue to receive optimal care within the safety protocols.

"Addressing the shortfalls from this crisis will be vital in ensuring patients continue to get the best possible care in any future pandemic, and in safeguarding our profession. We hope the challenges we have raised will be considered as part of the inquiry."



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



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



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



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



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

Campaign champions benefits of safe dentistry

Aim is to help patients make better treatment choices

A PUBLIC awareness campaign, Safe Smiles, will highlight the benefits of safe dentistry and treatment when carried out in dental practices by trained and registered professionals.

The campaign is a dental sector response to concerns about the growth of direct-to-consumer products, with the campaign's two organisers worried about patients performing treatments at home.

The campaign was announced at the British Orthodontic Society's annual conference in Manchester last month, during a joint press conference hosted by the Oral Health Foundation and the British Orthodontic Society.

Recent research by the Oral Health Foundation reveals one-in-four (25 per cent) of UK households have opted for some form of DIY dentistry during lockdown. The nationwide study also shows over half (55 per cent) of adults feel they have neglected their teeth during lockdown.

Around one-in-seven (15 per cent) admit to not brushing their teeth as much as before the pandemic. One-in-five (20 per cent) are eating unhealthier foods, and more than one-in-ten (11 per cent) have been drinking more alcohol.¹

Dr Nigel Carter, Chief Executive of the Oral Health Foundation, said he was worried the potential decline in oral health status may lead to poor consumer choices, with many favouring shortcuts and attracted by direct-to-consumer alternatives.

"Symptoms associated with dental disease – mainly pain and changes in visual appearance – are leading patients to seek quick and cheap home cosmetic treatments advertised online. This is a great cause for concern and one of the key driving forces behind Safe Smiles," he said.

Anshu Sood, Director of Clinical Practice at the British Orthodontic Society, added: "Embarking on treatment without seeing a suitably trained clinician could result



in serious conditions being missed or dangerous treatment carried out."

The campaign will tackle the dangers associated with dental tourism, inappropriately fitting mouthguards bought online, as well as harmful aesthetic changes to the mouth like lip tattoos, oral piercings, tooth jewellery, modifications and grillz.

¹Oral Health Foundation (2020) 'National Dental Survey' Atomik Research. UK. Sample 2,004.

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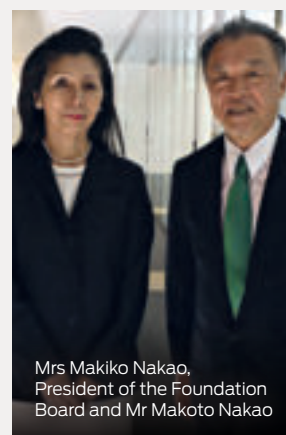
Foundation Nakao launches new grants

IN AN EXCITING new opportunity for oral health research funding, dental academics and clinicians are invited to apply for a Foundation Nakao Grant.

This is the third round of funding made available by the prestigious foundation, since its launch in 2018. The organisation supports clinical trials and research in important topics such as minimum intervention dentistry and oral health of the elderly.

Successful applications will receive fully funded projects of £40,000 per year in addition to wide exposure among dental professionals, the dental industry as well as the general public of each study's outcomes and achievements.

Foundation Nakao supports academic research and clinical studies contributing to its founding goal, which is the improvement of oral health and subsequent raised quality of life of all people in the world. Key



Mrs Makiko Nakao,
President of the Foundation
Board and Mr Makoto Nakao

oral health research areas address minimum intervention dentistry, oral health in ageing populations and the 8020 movement, tooth function, the prevention of oral frailty and dental IQ.

Applications will be accepted until 24 November 2021 via the application form on the Nakao Foundation website www.foundation-nakao.com/ applications

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Record numbers applying to study dentistry

UCAS data shows it to be among the UK's top ten most popular courses

DENTISTRY courses at UK universities have seen a record number of applicants since the Covid-19 vaccination roll-out began this year, according to new Freedom of Information request data.

The latest UCAS figures, which have been collated by dental supplier, Kent Express, showed the number of applicants for dentistry courses rose to 100,240 this year from 95,835 in 2019.

UCAS course data has also shown dentistry to be among the UK's top ten most popular courses in the UK to study with a 20 per cent increase in applicants in the past 14 years, despite the increasing cost in tuition fees.

There has also been rises in each age group (up to 25 and under) opting to study dentistry, with 19-year-olds highlighted as the most common age group. However, the data shows there has been a decline in mature students aged 35 or over that have applied to study dentistry in the UK with a 32 per cent decrease in the last 10 years.

Notably, dentistry has seen a huge increase in female applicants with a 72 per cent difference between female and male applicants in the last year.

The profession, which historically has been a male-dominated industry, has seen more women apply for dentistry courses



year-on-year since as early as 2007.

Chris Moffatt, dental expert at supplier Kent Express, said: "Dentistry is one of the few truly gender-balanced industries in the UK. The profession is continually evolving, becoming more sophisticated with a greater focus on holistic, preventative care.

"Tuition fees don't seem to be putting students off, perhaps because average salaries for dentists in the UK far exceed the national average. Prospects for successful graduates are excellent."

Routes into dentistry, see page 28

Edinburgh University graduate is BDA's 135th President

PROFESSOR Liz Kay, a leading dental academic and dental public health specialist, has taken up office as the 135th president of the British Dental Association.

Professor Kay qualified in 1982 from the University of Edinburgh. She went on to acquire a master's degree in public health from the University of Glasgow and remained there as a lecturer while studying for a PhD and working in the dental hospital and gaining her Fellowship in Dental Surgery.

She then became senior lecturer at the University of Dundee, before joining the University of Manchester where she became Professor of dental

health services research and head of the orthodontic and children's department. She also undertook specialist training in dental public health and for the last 25 years has been a consultant in the speciality.

Her dental academic career culminated in her being appointed as the inaugural dean of Peninsula Dental School, in Plymouth, where she introduced a new model of primary care-based education for dental students.

Professor Kay serves as vice chair of the Medical and Dental Students Trust, served as oral health topic expert for NICE, and currently chairs a NICE guideline committee on

epilepsies in children. Her scholarly work includes more than 250 scientific papers and journal articles, being principal author or editor of six textbooks, along with contributing several chapters to academic books. Her research interests lie in decision analysis, health service research and behavioural science.

Professor Kay was previously chair of the BDA's Health and Science Committee and the BDA's scientific advisor. More recently she has been appointed as editor of the BDA's Evidence Based Dentistry where her mission is to bring the research community and general dental practice closer together and which

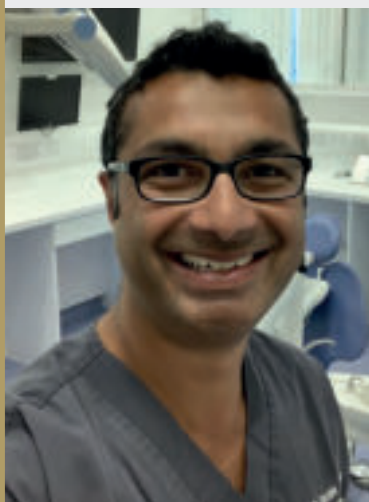
now takes original publications as well as commentaries on scientific articles.

"I am honoured to take up this role, notwithstanding that this is one of the most challenging times in our history," she said. "COVID has had a devastating impact not just on dentists' livelihoods and wellbeing but also on our patients and has exacerbated pre-existing inequalities and access difficulties. However, I hope that the long-anticipated roadmap out of COVID will focus minds on tackling these difficult issues and will result in a fairer system for patients and a more welcoming environment for dentists and their teams."

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A graduate of the University of Glasgow 2002, Sachin is one of the leading Restorative Specialists in Scotland. He has a wealth of knowledge and experience.

In his role as a Consultant and Honorary Senior Clinical Lecturer in Restorative Dentistry, at Glasgow Dental Hospital and School his clinics involve providing specialist advice and treatment upon referral from dentists and other consultants. His primary role in the hospital is oral rehabilitation of patients following head and neck cancer working closely with Maxillofacial Consultants. Most of his case load in the hospital involves complex implant dentistry and therefore we are

delighted to recruit him to see patients for specialist opinions or treatment. His specialist training culminated in him successfully achieving the highest restorative qualification possible - the Intercollegiate Specialty Fellowship in Restorative Dentistry in 2009.

He is an examiner for the Royal Colleges, examining at MFDS level, an exam for post graduates, MRD (Perio) an exam for periodontal specialist entry, and ISFE the highest restorative dental exam in the UK. He is the Training Programme Director for Restorative Dentistry in the West of Scotland. Sachin is a registered specialist with General Dental Council (80722) in Restorative Dentistry, Periodontics, Prosthodontics and Endodontics

**To refer a patient to Dr. Sachin Jauhar please visit our website
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We're back!

The biggest one-day dental event in Scotland returns with a new name and focused on a return to high-quality dentistry

THE FACULTY Study Day, as so many of dental professionals know it, is an institution; thousands having attended since its inception in 1992. It has featured some of the legends of dentistry, from Van Haywood and Gordon Christensen to Didier Dietschi and Serpil Djemal. Arguably the most social event in dentistry, it caters for 400 attendees and culminates in a drinks reception overlooking the Clyde.

After a COVID-induced break in 2020, the Study Day is back but under a new guise.

Tricia Thomson, West of Scotland dentist and CGDent Council Member, explained: "In July 2021, the Faculty of General Dental Practice of the RCS England evolved into the independent College of General Dentistry. The College will build on the strong foundations of quality CPD, professional standards, and Fellowship of Practice that has been achieved over the last three decades by FGDP. Following the

necessary protocols, in time, it is hoped that it will be awarded Royal College status."

In the West of Scotland, a new independent organisation affiliated to CGDent will support the principles and ethos of the College, especially with its proposed career pathway for dental professionals. This will provide many opportunities for mentoring and tuition to foster dental careers in Scotland with both organisations supporting each other. All members of the practice team are welcome to join the College which offers a range of benefits – including discounted rates for the Study Day itself.

The Study Day will bring together three of the UK's most experienced educators. Iain Chapple will discuss the relationship between periodontal disease and other chronic non-communicable diseases based on current evidence, and the role of the dental team in the medical management of



A delegate at the last Study Day, in 2019

their patients. Carol Tait will continue the theme by discussing pulpal and periapical disease and assessment for endodontic treatment, delivering clinical tips on the way. The day culminates with the Caldwell Memorial Lecture delivered by Steve Bonsor, General Dental Practitioner and lecturer at the Universities of Aberdeen and Edinburgh, on the theme of modern dental materials.

Dental team members can book their places by visiting the CGDent Scotland website at cgdent.scot.uk

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!



sdcg 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.

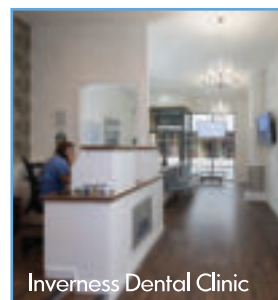
Having been approached by Phil and Christopher, and after accepting their offer, I immediately felt a weight lift off of my shoulders. Communication was clear from the outset, the sales process was simple, transparent and efficient and the price was a fair reflection of the efforts that had been made 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

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.



Inverness Dental Clinic

Christopher Friel
Operations Director
christopher@sdcggroup.co.uk

Philip Friel
Clinical Director
philip@sdcggroup.co.uk

Louise Fletcher
Operations Manager
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- Winner Leadership Award (Lisa Currie and Ivin Tan)

Private Dentistry Awards 2019

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

The Dentistry Awards 2019

- Winner Best Patient Care Scotland

Dentists suffer collapse in earnings

'Lost decade' undermining NHS dentistry's COVID recovery

A HISTORIC collapse in dentists' earnings across the UK is jeopardising the long-term recovery of the service from the COVID pandemic, says the British Dental Association.

BDA analysis of new official figures on earnings and expense levels in NHS dental practice shows high street dentists in England have seen taxable income fall by nearly 40 per cent in real terms over the past decade. The story is replicated across the UK nations, with real terms falls in Scotland, Wales, and Northern Ireland of more than a third since 2009.

The new 2019/20 figures capture the period just before the first lockdown. Above-inflation uplifts have remained the exception rather than the rule since the financial crash, with across-the-board cuts in pay in both cash and real terms.

Unlike their medical colleagues NHS dentists do not typically receive any capital investment from central government, with profits funding all improvements in equipment, training, and facilities for NHS practices.

While devolved governments have provided millions to invest in new ventilation systems, to help increase patient numbers

while maintaining strict infection prevention control measures, there have been no parallel commitments from Westminster. Practices are also facing mounting costs for clinical waste and essential equipment, without comprehensive support.

The BDA has warned continued pay restraint will only accelerate the drift away from NHS dentistry. Recent surveys have indicated nearly half (47 per cent) of dentists in England indicate they are now likely to change career or seek early retirement in the next 12 months should current COVID restrictions remain in place. The same proportion state they are likely to reduce their NHS commitment.

The historic driver of low morale in the sector remains the discredited, target-based NHS dental contract imposed on the profession in 2006, which has proved incompatible with providing care during the pandemic.

Prior to COVID unmet need for NHS dental services was already estimated at more than four million, or one in 10 of the adult population. More than 30 million NHS appointments have been lost since the first lockdown in England alone.

			2008/09	2019/20	% fall 2008/09-2019/20
England	Associate Dentists	Cash terms	£67,800	£58,100	14%
		Real terms	£67,800	£42,942	37%
	Practice Owners	Cash terms	£131,500	£112,600	14%
		Real terms	£131,500	£82,223	37%
Wales	Associate Dentists	Cash terms	£66,500	£61,900	7%
		Real terms	£66,500	£45,750	31%
	Practice Owners	Cash terms	£122,400	£98,900	19%
		Real terms	£122,400	£73,097	40%
Scotland	Associate Dentists	Cash terms	£67,100	£58,300	13%
		Real terms	£67,100	£43,088	36%
	Practice Owners	Cash terms	£118,700	£103,700	13%
		Real terms	£118,700	£76,645	36%
Northern Ireland	Associate Dentists	Cash terms	£66,700	£57,200	14%
		Real terms	£66,700	£42,276	37%
	Practice Owners	Cash terms	£129,600	£99,200	23%
		Real terms	£129,600	£73,319	43%

"This lost decade on pay will inevitably undermine NHS dentistry's recovery," said Shawn Charlwood, Chair of the BDA's General Dental Practice Committee. "Government has taken the 'do more with less' mantra to the nth degree. Every

penny of investment in this service comes from dentists' own pockets. This historic squeeze has left practices unable to deliver improvements in facilities, equipment, and training, even before the added costs of COVID arrived."

SDPC raises concerns over launch of free dental care

THE SCOTTISH Dental Practice Committee has raised concerns with the Scottish Government over the launch in August of free NHS dental care for 18 to 25-year-olds.

"We acknowledge that the change had previously been signalled for late August," it said in a letter to Humza Yousaf, the Government's Health Secretary, "but issuing a PCA [primary care administration] publications to NHS

Boards on Friday 20 August meant that, in effect, practices would not have been formally informed of the new arrangements until Monday 23 August – the day before the change came into effect. This meant that many practices were unable to deliver the necessary staff training for the new arrangements, and the opportunity to introduce appropriate revisions to practice management systems. We urge the

Scottish Government to work with the profession to allow practices sufficient time to prepare for any future changes."

The letter added: "At our meeting with you in early June, we advised that the roll-out of free dentistry would inevitably increase patient expectations and heap more pressure on dental teams who are already struggling to address a colossal backlog of unmet dental care need.

"Colleagues have reported a substantial increase in enquiries about free dental care since 24 August, and hard-pressed dental teams are bearing the brunt of patients' frustrations. We again call on the Scottish Government to communicate clearly to patients that the removal of dental charges for young adults does not signal a return to 'business as usual'."

In the Business

Regulatory Impact Assessment for the new policy, it states that "savings will likely be made by dental practices, as their administration costs should decrease under the new policy."

The Health Secretary was asked to provide evidence to support this statement. Practice staff will have to deal with a higher volume of enquiries from patients, many of whom will be unregistered, said the SDPC.



SINCE 1994

EDINBURGH DENTAL SPECIALISTS



Mr Martin Paley

BDS (Dund) 1989, MB
ChB, FFDRCSI, FRCS,
FRCSEd (OMFS),
GDC No 64778

Consultant Oral &
Maxillofacial Surgeon

Martin is a Consultant Oral & Maxillofacial Surgeon for NHS Lothian based in the Regional Maxillofacial Unit at St Johns Hospital. His main NHS area of interest is head and neck cancer and he performs the often complex reconstruction and oral rehabilitation these patients require using free tissue transfer techniques and dental implantology.



Dr Kevin A Lochhead

BDS (Lond) 1987,
M.F.G.D.P. (R.C.S. Eng)
GDC No 62945,

Specialist in
Prosthodontics

Kevin qualified from King's College London in 1987. For over 30 years Kevin has committed himself to intensive postgraduate training, following both international and British training pathways. He is Clinical Lead of Edinburgh Dental Specialists and Regional Clinical Lead for Portman Healthcare, Scotland.

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Academic field could 'revolutionise' dentistry

Government, universities and business urged to create funding and jobs



ACADEMICS have defined a new academic field – anthroengineering – which brings together engineering, the science of technology, and anthropology, the science of humanity.

They are now calling on governments to establish funding streams, universities to offer courses, and labs and businesses to create positions for anthroengineering.

The team of researchers at London South Bank University (LSBU) and University of Washington argue that while engineering specialises in technology creation it can lack understanding of the long-term impact of technology on human biology and culture. This can mean a full understanding of the effects of technology on human health, biology and culture is realised only after a technology, for example mobile phones, has been unleashed on the world.

Disciplines in which anthroengineering could deliver change include dentistry, they said. The primary function of chewing is to break food into smaller pieces, making it easier to swallow and digest but, the academics argue, current dental models fail to relate tooth shape and how food breaks down during chewing.

Dentures and dental implants used by hundreds of millions of people do not function as well as they could, they said, leading to decreases in nutrition and quality of life.

Rather than purely focusing on contemporary populations, anthroengineering encourages analysis of how teeth have evolved in humans and non-human primates over millions of years. This could, said the academics, lead to new discoveries which improve

denture and dental implant performance during chewing.

The potential for anthroengineering to revolutionise healthcare and other disciplines is set out in a Royal Society article, 'Anthroengineering: an independent interdisciplinary field', written by Michael Berthaume and Patricia Kramer.¹

Berthaume, Deputy Head of the Mechanical Engineering & Design division at LSBU, told *Scottish Dental*: "By having a better understanding of what selective and non-selective evolutionary forces have shaped our teeth, we can get a better understanding of what they were 'designed' to do and what we must do to better maintain them now."

Tooth evolution, see page 32

¹<https://royalsocietypublishing.org/toc/rsfs/2021/11/5>

FlexFacs online resource goes live

FLEXFACS, an online training and educational resource for speciality trainees in oral and maxillofacial surgery (OMFS), was launched last month by the British Association of Oral and Maxillofacial Surgeons (BAOMS).

Rob Bentley, the BAOMS 2020 President, has used part of his Presidential Fund to set up and support the online education programme. "Covid-19 has prompted a shift to online learning," he said, "and the BAOMS Fellows in Training group designed a national programme under the direction of Montey Garg in 2020, which was very well received by the trainees.

"The Presidential Fund has supported the development of the programme and the costs of hosting and recording



the individual sessions. We're approaching industry partners too, and I envisage that their financial contributions will provide the ongoing backing for the resource."

Mike Nugent and Montey Garg, OMFS surgeons, have been appointed by BAOMS as Lead and Deputy Lead for delivering online education. "FlexFacs will be a great resource for OMFS specialty trainees that will allow them

to keep abreast of the latest evidence in OMFS and learn at the same time," they said in a joint statement.

They explained that the OMFS curriculum will be mapped "and we will support the delivery of the new curriculum over the next three years with monthly live virtual masterclasses led by experts in their fields. We are also working towards creating a repository of all similar recorded OMFS

training lectures that other UK regions are offering trainees. Where we find good content we will share it with you and upload it to the BAOMS FlexFacs section of the website.

"FlexFacs will supplement training for trainees. It will encourage trainees across the country to learn as much as they can to become safe and competent oral and maxillofacial surgeons. We want to support them throughout their training in an accessible way that will help them to do their jobs better."

The next FlexFacs online programme, on craniofacial trauma, is on 19 October with consultant OMFS Niall McLeod and hosted by Mike Nugent.

<https://www.baoms.org.uk/professionals/flexfacs.aspx>

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DATES FOR YOUR DIARY

18-19 OCTOBER

8th Global Conference on Smart Materials and Nanotechnology Including dental implants
Edinburgh, venue TBC
<https://smart.materialsconferences.com>

29 OCTOBER

Practice Growth Workshop
Village Hotel, Glasgow
<https://softwareofexcellence.co.uk/event/practice-growth-workshops/glasgow-practice-growth-workshop/>

30 OCTOBER

Annual Scientific Meeting Faculty of Dentistry RCSI
Online
<https://facultyofdentistry.ie/>

postgraduate-programme/asm2021

11-13 NOVEMBER

BACD 17th Annual Conference 2021: Seeing Is Believing
EICC, Edinburgh
<https://bacd.com/annual-conference/bacd-17th-annual-conference-2021-seeing-is-believing/>

12-13 NOVEMBER

Irish Dental Hygienists Association Annual Conference
Radisson Blu hotel, Little Island, Cork
<https://idha.ie/>

12-14 NOVEMBER

BSP Conference
The Royal College of Physicians,

London
www.tinyurl.com/yyh2bcq3

19 NOVEMBER

TC White Conference 2021
Royal College of Physicians and Surgeons of Glasgow and Online
<https://community.rcpsg.ac.uk/event/view/tc-white-conference-19-nov-21>

22 NOVEMBER

Core Recommended CPD Update
Hilton Glasgow, William Street
<https://tinyurl.com/chsnevmv>

26-27 NOVEMBER

Oral Health Conference & Exhibition
SEC, Glasgow
www.bsdt.org.uk/OHC2021 (new website pending). Programme available to download here: <https://tinyurl.com/jhnjwpm6>

3 DECEMBER

CGDent Glasgow Study Day
Glasgow Science Centre
<https://cgdentscot.org.uk/book-glasgow-study-day/>

25-26 MARCH (2022)

BDIA Dental Showcase, London Excel
www.dentalshowcase.com

13-14 MAY (2022)

British Dental Conference & Dentistry Show NEC, Birmingham
birmingham.dentistryshow.co.uk

15-18 JUNE

EuroPerio10 Copenhagen
www.efp.org/europerio

24-25 JUNE

Scottish Dental Show Glasgow
www.sdshow.co.uk

11-13 AUGUST

International Symposium on Dental Hygiene
Dublin
www.isdh2022.com

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

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Delivering quality care

NHS dentistry drives both the enthusiasm and the business of Family Dental Care East Lothian

If you are primarily an NHS dental practice dedicated to the principle of dentistry for everyone, that commitment surely must have been tested of late. Indeed, statistics suggest conversion rates are on the climb thanks to the pandemic, with practices leaving the NHS in droves and many more widely considering privatisation in the long term.

With hard-to-hit targets and lack of direction from governments, some within the industry are predicting catastrophe moving forward – a gloomy prospect for those practices working within the NHS, as well as the thousands of patients who would otherwise not be able to afford private dental care.

Ensuring an environment that is both welcoming and efficient is vital

For those who have a pride in delivering NHS dentistry, they would surely be forgiven for throwing in the towel and seeking solace in a more private environment.

It therefore stands to reason that a team needs to be tough and resilient in these current times and for those with an NHS patient base, ensuring a dental environment that is both welcoming and efficient enough to encourage patients to revisit is vital if it is to survive this state of flux.

Family Dental Care East Lothian is a practice in Prestonpans, Scotland, dedicated to delivering a high-quality NHS service to patients. For the team, NHS dentistry drives both their enthusiasm and the business. They care about the type of dentistry they are offering, to whom and how.

Lesley Love is practice manager and she speaks for the whole team when she expresses just how important it is that they continue to offer NHS services to those who need them. Unequivocally, she states: “We are a 92% NHS practice and wish to remain so. This is extremely important to us.”

As a mixed practice, the pandemic has (as it has for many) forever changed the way they deliver their dentistry. As Lesley explains: “We inevitably have extensive PPE expectations and cleaning requirements and have to allow fallow time between each patient who requires an AGP, which means fewer patients can be booked in and all this can be challenging.”

The Scottish Government recently set out the provision of free at the point of use NHS dental care for young adults aged 18 to 25 years old. It also confirmed that £5 million would be allocated to practices to boost investment in ventilation.

For the team at Family Dental Care East Lothian, this remains unchanged. Lesley explains: “We regularly provide dental treatment to exempt young adults, so it will not be too much of a change for us unless the treatment available to these patients changes. We have yet to hear from government about how the ventilation funding will be accessed.”

But the contemporary practice, designed in 2013 and offering a stunning outlook over the Firth of the Forth, was seemingly way ahead of the curve with a design that effectively pre-empted the infection control expectations that came about with the pandemic.

Boasting 10 surgeries, each with their own colour scheme, and a dental lab on site as well as teaching facilities, when it comes to its decontamination suite, a double corridor that stretches throughout the practice ensures dirty instruments never come into contact with patients. It certainly raised the bar when it comes to infection control and must have stood them in





good stead when it came to patient reassurance and safety, particularly in recent times.

The design also allows for flexibility to accommodate any necessary changes in standards and technology, thereby future-proofing the practice should any new regulations or treatment protocols be required.

So, eight years since opening the new premises, what is it they are most proud of?

Lesley says: "Patients love the bright airy spaces, wide open corridor for accessing surgeries, comfortable waiting area and light, bright, well-equipped surgeries with skylights. Our colour-coded design, that matches the colour of our Belmont chairs to the surgery door and transport boxes and so on works really well and impresses everyone – we definitely got that right. We have been very happy with the Belmont chairs. They are reliable and user-friendly, parts are easily accessible and our installers are familiar with the workings."

She adds: "Staff love the two-corridor system, which means patients do not have to see clinical equipment pass on the way to the decontamination suite, and the on-site lab means we can deliver appliances and repairs quickly."

But an impressive and efficient environment is nothing without a dedicated team to deliver high quality care. Lesley says: "We train our staff to give excellent patient care, which lies at the very heart of our service so we ensure our patients leave smiling."

But ever striving to 'be better', one of the key learning points from the pandemic came in the form of communication. "It quickly became apparent that keeping everyone engaged and connected was very important for our staff and our

patients' wellbeing," she added.

Connection with patients starts before they arrive. The home page of the practice website offers video guidance on attending an appointment, the latest updates on COVID-19, as well as a virtual walk-through tour of the practice, while the practice Facebook page is updated regularly to engage with patients online.

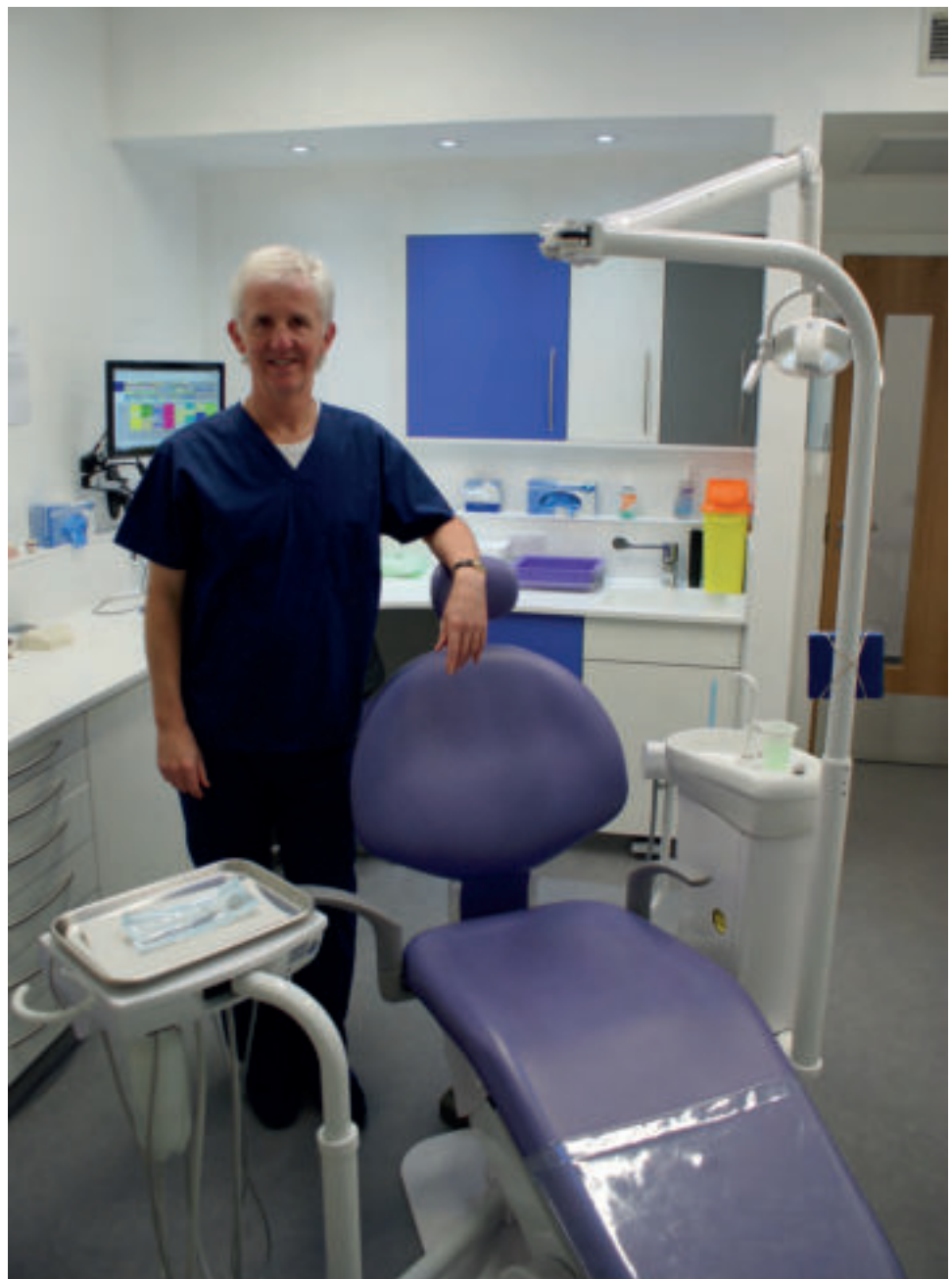
From "thank you for keeping us updated and on a personal level I've experienced the very best from all of you when I've had to come in to see you" and "your service through the pandemic has been fab" to "well done for navigating such a tough time", messages of encouragement from patients such as these found on their

Facebook page must be heartening for the whole team and worth the effort in overcoming the inevitable challenges.

The delivery of dentistry is not always about the big battles such as "NHS dentistry versus private care". Rather, it is the small wins – a happy patient who has received reassurance or who can access NHS dentistry – that boosts morale. So, as the powers that be debate access to NHS dentistry and the viability of contracts, quietly in a corner of Scotland, one team continues to do what it does best – provides a comprehensive NHS dental service to those most in need.

www.familydentalcareeastlothian.co.uk

Charles Crummey,
Principal Dental
Surgeon



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Running out of time

GDPs are faced with making decisions based on saving jobs and paying bills, while providing qualitative patient care

We talk to Dr Brendan Murphy, a Principal and member of the Scottish Dental Association

Dr Brendan Murphy is principal dentist at Appletree Dental Care in Glasgow and a member of the Scottish Dental Association. We asked him his views on the future of NHS dentistry.

How do you see access for patients to NHS dentistry panning out?

Access is as poor as we have ever seen – 10 per cent of Associate jobs are unfilled and the remaining GDPs, due to the constraints of SOPs, are carrying out less than half of their pre-Covid treatment levels. In the pandemic outbreak the Scottish Government struggled with the NHS dental contract, making some effort to understand the costs and mechanics of GDS provision until the Summer COVID juncture when GDPs were least likely to add to their commitment levels and working at an overall significantly reduced level of remuneration. Children and those in high deprivation areas will probably suffer most of all when it comes to accessing a failing service.

Going forward for geriatric and child patients represents an unfathomable task for our profession, which seems to have been put to the back of a long queue.

What issues face GDPs?

We just can't operate at anywhere near the pre-COVID treatment volumes. It's absolutely not an option in a dental practice. The economics, however, seem to have been lost somewhere within the corridors of Holyrood. In every other walk of life when we witness the reduction of supply on a cheapened product, the demand increases and therefore no one would surely play with the demand if service/product provision were at breaking point? The early 15% reduction of treatment values and significant rise in costs has cheapened NHS dentistry. I mean to say this as an economic fact. So, NHS dentistry was always going to be economically poleaxed under the temporary systems the Government has put in place, particularly with the predictions that they will have run from 2020 to 2022 with no real

progress as yet on the interim model. There can be no logical economic argument against the reality of what's going on. The flip side is that the contralateral 'private' supply inevitably and markedly increased with a correlative rise in demand for that service – so many mixed and solely private GDPs had no choice but to increase their private fees at the earliest stages of the pandemic, to balance the 15 per cent NHS 'tax' on precovid treatment values.

This was paralleled by a 7.5 month NHS dental lockdown period prolonged by a government who were slow to react. Almost all general dentists consequently now do more private treatments. That's unlikely to flip back.

What impact will free dentistry have?

It's a nice idea but in terms of making a difference it will be minimal for the next couple of years. It's likely that fewer people, not more, will access NHS dentistry – partly due to delays in the New Model of Care. Appointments are longer and waiting times up. For many, the dalliance with free NHS dentistry should be tempered with the realisation that the NHS dental service haemorrhages both patients and



WE JUST CAN'T OPERATE AT ANYWHERE NEAR PRE-COVID TREATMENT VOLUMES

practitioners at an alarming rate. For those few patients who currently stand to benefit, they should be considered in the context of the average pre-COVID NHS treatment costs - approximately £19 per adult per annum. So they've taken something that was almost free to the average Scottish adult and inadvertently made it more difficult to access through various measures.

What are the alternatives?

There are several practices already converting to monthly plans and the majority are carrying out significantly higher levels of private dental care than the pre-COVID 25 per cent national average. The main point to make is that it's now often the patient's choice.

From our perspective, dentistry has become considerably more expensive since COVID. That's an issue that Government has not properly investigated since the Scotland Act in 1998. Yet they have chosen this period with fixed reduced NHS treatment fees to make Scotland the world's only developed country to provide all adults with free dentistry. That seems strange, given the lack of evidence or consultation on its requirement. To be fair, they have admitted that there was no consultation. The timing, given what our staff were going through, was convenient for the Government but poor for patients and dental staff in my opinion. When you consider the minimal access levels for those patients it might help, the summary message from the Government might have been "it's not about you (the profession) or the average Scottish patient, it's about the election."

How do you think it will tackle the problems you and your colleagues are facing?

They could start by opening up the conversations with GDPs, dealing with correspondence as promised and in earnest - i.e. immediately asking the profession about the expenses and freeing the shackles placed on the job market by COVID support. This means forcing PSD [Practitioner Services Division] to highlight exactly what basis upon which each line 7 COVID support figure is calculated and how it may be affected by an associate moving for example.

We were told by the CDO and David Notman that they'd consult with the whole profession. This isn't happening. We have been stating unequivocally that NHS dentistry under the current contract is doomed. In all but name, the old SDR is in the bin. We won't accept a return to those conditions. Some GDPs are fearful for what lies ahead - e.g. the occasionally mooted suggestion that

“THE ASSESSMENT PERIOD IS BRUTALLY PUNITIVE FOR THOSE ABSENT IN THE YEAR BEFORE COVID

they may be obliged to provide posterior composites within the confines of the NHS or hit high targets. These suggestions require us to remove ourselves from the realities of providing dental treatment under enhanced PPE, with fallow and increased administration which are here to stay according to 'best practice', whilst acknowledging the limits of a modern NHS and an ever increasing demand.

In summary, the Government needs to embrace the concept that NHS and private systems can run symbiotically, within each practice, to the betterment of the vast majority of patients.

Have there been discussions on a way forward?

Not with the "whole profession." They haven't answered emails sent months ago. I'm unsure as to whether they're hoping we'll fade away. That's unlikely for the next generation. My son's a third year dental student in Bristol. They're more likely to go away permanently. I'd say my kids generation are more entitled, they wouldn't put up with a lack of negotiation for 22 years.

Does that upset you and your colleagues?

It upsets our majority very much but these views are my own. We need young dental professionals to feel that the NHS is a good place to be. It's the repeated but as yet undelivered promise of consultation with the "whole profession." I wouldn't want my colleagues to think we have given up, far from it, but it leaves you feeling you're banging heads off walls. We 'get' the behemoth that's the NHS, and the more critical areas within it such as cancer therapies and surgical wards, but engagement now is essential whilst there's a chance of salvaging something reasonable.

What are the effects 'on the ground'?

The vast majority of GDPs are seriously concerned by the semi-permanent nature of reduced treatment fees. Given how lowly they (GDPs) regarded the pre-COVID SDR payments it's a significant blow and they will therefore be more inclined to repair than replace, contradicting any suggestions of

'normal service.' We are securing the short term prognosis but not always making a full restorative plan. These are based upon concerns regarding a system that's long been broken. To be clear, we are not turning our backs on patients but will inevitably reduce the vast majority of restorative works based upon a treatment value of circa £9 for a small filling, of which associates receive 45-50 per cent.

Does the public think that the majority of dental professionals should be pressed into working for £4.50 in the age of fallow periods, lengthened appointments and enhanced PPE? If you put 10 such similar AGPs together - a full day's work - you'll get less than the average call-out fee for a plumber or joiner. Our profession - most at risk from COVID and the next pandemic - has already said 'no' to the possibility of normal practitioner profiles, whilst the Government is no further forward on a New Model of Care.

And the biggest challenge, as a practice owner?

It's not the practicality of clinical dentistry I'd say any more, it has to be the pressure of no diary white space for emergencies, but also the ball and chain created by COVID Support for associates. We are powerless to affect it going forward and often it's completely unexplained to associates and practice owners. Whilst they now appear to fix the future financial penalties forced upon those dentists who may yet be ill or absent through injury, the Government has not fixed historical anomalies with the 'test period.'

The assessment period is brutally punitive for those who were absent from work in the year before COVID. GDPs taking time off for pregnancy, injury, illness or mental health before COVID, are therefore still beholden to financially crippling Covid Support - on a semi-permanent basis because their assessment is founded upon that period of absence. As if all of the above were not enough, this continues to force evermore GDPs away from NHS dentistry and by proxy, countless dental nurses, hygienists, therapists and dental technicians then follow. Naturally, there's more pressure on those who remain. This is the most damning NHS dental legacy of the pandemic.

After 18 months there are people who's COVID Support is still based on a time when they moved practice or were off through sickness, injury and/or mental health. It's heartbreaking for those dentists affected.

To read the full Q&A with Brendan go to <https://www.sdmag.co.uk/2021/10/07/nhs-dentistry-question-answer/>



A popular choice

WORDS
WILL
PEAKIN

As record numbers apply to study dentistry in the UK, we explore the routes into the profession for young people

Dentistry is already one of the most competitive courses in the UK to apply for and as applicant numbers are increasing, they will need to have strong academic and technical skills and some work experience behind them. It's easy to see why it's popular – demand for dentists is rising, providing reassurance of a job after graduating. Graduates are paid very well just six months after graduating and they are highly respected members of the community who make a difference to people's lives.

Dentistry courses at UK universities have seen a record number of applicants since the COVID-19 vaccination roll-out began this year, new Freedom of Information request data reveals. The latest UCAS figures, which have been collated by dental supplier, Kent Express, showed the number of applicants for dentistry courses rose to 100,240 this year from 95,835 in 2019.

UCAS course data has also shown dentistry to be among the UK's top ten most popular courses in the UK to study with a 20 per cent increase in applicants in the past 14 years, despite the increasing cost in tuition fees. There have also been rises in each age group (up to 25 and under) opting to study dentistry, with 19-year-olds highlighted as the most common age group. However, the data shows there has been a decline in mature students aged 35 or over who have applied to study dentistry in the UK, with a 32 per cent decrease in the last 10 years.

Notably, dentistry has seen a huge increase in female applicants with a 72 per cent difference between female and male applicants in the last year. The profession, which historically has been a male-dominated industry, has seen more women apply for dentistry courses year-on-year since as early as 2007.

"Dentistry is one of the few truly gender-balanced industries in the UK," said Chris Moffatt, a spokesperson for Kent Express. "The profession is continually evolving, becoming more sophisticated with a greater focus on holistic, preventative care rather than dealing with restorations and tooth extractions when it's too late. Digital dentistry is another growth area, creating new opportunities to enhance the patient experience.

"Tuition fees don't seem to be putting students off, perhaps because average salaries for dentists in the UK far exceed the national average. Prospects for successful graduates are excellent. Dentistry offers a clear career path with the opportunity to become a specialist in your area of interest. Setting up your own practice

“

**TUITION FEES DON'T SEEM TO BE
PUTTING STUDENTS OFF, PERHAPS
BECAUSE SALARIES FOR UK DENTISTS
FAR EXCEED THE NATIONAL AVERAGE**





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WHEN YOU APPLY FOR THE DENTISTRY COURSE YOU MIGHT BE ASKED TO TAKE A BIOMEDICAL ADMISSIONS TEST OR THE UNIVERSITY CLINICAL APTITUDE TEST

is a target for many, plus there's the option to work internationally. It's a rewarding career that can offer huge satisfaction. In a single visit, a dentist can transform a patient's everyday life."

Routes into dentistry

To become a dentist, it is compulsory to complete a five-year dentistry degree. After completing the five-year course, you will then need to complete one to two years of postgraduate dental training on the job. You may be able to apply for a four-year dental course if you already have a minimum 2:1 degree in biology or chemistry, or a biomedical subject. Some universities offer a longer six-year course which includes a 'pre-dental year' for students without the science qualifications, but with proven academic achievements. The General Dental Council (GDC) regulates all dental schools in the UK so that they have a very similar content.

Careers for school leavers

There is no apprenticeship route to dentistry because you must have the Bachelor of Dental Surgery degree to become a dentist. If you want to get straight to work in a dental practice, rather than go to university, then you can look at other roles within a dental practice which have options for school leavers (as well as a degree route):

- Dental nurse: working as a trainee while studying for the level 3 diploma in dental nursing or the national certificate in dental nursing
- Dental hygienist: two-year diploma
- Dental therapist: diploma in dental therapy after A levels
- Dental technician: BTEC national

DOMICILE/LOCATION DATA – FOR ALL PEOPLE APPLYING TO MEDICINE AND DENTISTRY

DENTISTRY APPLICATIONS	2015	2016	2017	2018	2019	2020	YoY CHANGE	CHANGE SINCE 2015
All domiciles	87,535	85,545	82,080	88,600	95,835	100,240	4.6%	14.5%
EU	7,625	7,895	6,705	6,950	6,480	6,390	-1.4%	-16.2%
England	56,235	54,455	53,390	58,505	65,975	68,855	4.4%	22.4%
% of UK	84.47%	84.58%	84.58%	85.55%	86.37%	86.26%		
Northern Ireland	2,570	2,620	2,440	2,240	2,350	2,575	9.6%	0.2%
% of UK	3.86%	4.07%	3.87%	3.28%	3.08%	3.23%		
Scotland	4,915	4,775	4,805	4,980	5,120	5,460	6.6%	11.1%
% of UK	7.38%	7.42%	7.61%	7.28%	6.70%	6.84%		
Wales	2,855	2,530	2,490	2,660	2,945	2,935	-0.3%	2.8%
% of UK	4.29%	3.93%	3.94%	3.89%	3.86%	3.68%		
All UK	66,575	64,380	63,125	68,385	76,390	79,825	4.5%	19.9%
Not EU	13,335	13,270	12,250	13,260	12,960	14,030	8.3%	5.2%

diploma or SQA higher national certificate in dental technology after GCSEs

Entry requirements

In England, you will usually need at least three A levels, usually at grades AAA to ABB, including chemistry and biology. In Scotland, SQA Higher Entry Requirements (by end of S6) are AAAAB Higher + B Advanced Higher (AABB S5 minimum for consideration). In Scotland, additional requirements are Biology and Chemistry at grade A, Maths/Physics and English/ESOL at grade C. Advanced Higher in Biology or Chemistry at grade B.

When you apply for the dentistry course you might be asked to take a BioMedical Admissions Test or the University Clinical Aptitude Test. These test the skills that you need to successfully complete the course (skills like data analysis, critical thinking and scientific reasoning). They will also want to make sure that your communication skills are good and that your hand-eye coordination is excellent. Other requirements may include immunisations, testing for

blood-borne viruses, a health questionnaire and a DBS check. Some universities like you to have undertaken work shadowing a dentist before you apply. Some short-term weekend or holiday work experience in a dental practice as a minimum will display to the university that you know what the job entails and that you have made the effort to gain the experience. They will want to know that you have a passion and enthusiasm for the profession. However, in Scotland universities have dropped this requirement because of Covid-19 – though they may look for alternative experiences outwith a dental setting that provide evidence of attributes they are looking for (check with your chosen university).

Note: This article uses recent FOI data from UCAS; statistics associated with dentistry applications in the UK for: Pre-clinical, Clinical Dentistry, Others in Medicine and Dentistry, and Combinations within Medicine and Dentistry. The complete dataset can be found at shorturl.at/dl0N6



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YOUR SMILE. OUR VISION.

Creating a new academic field

Dr Michael Berthaume, LSBU's Deputy Head of Mechanical Engineering and Design, on the genesis of anthroengineering and its potential application to dentistry



What was the spur for beginning work on defining this new academic field?

As an undergraduate at the University of Massachusetts, Amherst, I was interested in both engineering and anthropology. Being in the US, I had the ability to study them both at the same time. But when people asked me what I was going to do with my education, I had no idea as I could find no one else who combined the two fields!

Luckily, I discovered an engineering professor - Professor Ian Grosse - at my university who had a grant with anthropologists to use mechanical models to study human evolution. I began working with him as an undergraduate, ultimately getting my PhD with him.

Over the course of my post-doctoral training, I met many others who combine anthropology and engineering in their work, many in some quite unique ways, and we all had the same story; we were interested in the two fields but, being unable to find others who were, lacked guidance on how we could have a career that combined the two.

We also found it difficult to do research, that is obtain funding and publish our results, as we often weren't "anthropology enough" for the anthropologists or "engineering enough" for the engineers. As such, we were forced to work twice as hard and never really fitted in anywhere. We all wished we had known about

each other sooner, so that we could have learned from and with each other instead of having figure out how to combine the two fields successfully all on our own. So, the biggest inspiration was to give those people an identity - i.e., "I am an anthroengineer" - and provide a space for those people to belong; that is, now, London South Bank University!

Can you describe the process?

That's a very good question! When I tell people it is my career goal to create the field of anthroengineering, I always follow it up by saying I feel like I am saying I want to be an astronaut! We all know they exist, but very few of us know the process of how to become one.

Over the last five years, I have talked to a lot of people about what this process might entail, and we all agree on a few things. For one, there must be a literature, and that's what the special issue in the *Royal Society Journal*¹ has attempted to accomplish; to start the literature of anthroengineering. There also must be a place where people can be educated

in the field, and that is what we are starting to do at LSBU. Currently, I am working to create a master's course in anthroengineering where people can come and gain training.

There also must be jobs for people to move into after they are trained, and I have started conversations with some companies about what this might look like. Finally, there needs to be a division, department, or school dedicated to it; a Division of Anthroengineering, if you will. I'm working on that.

Why did you choose to include dentistry as an area in which anthroengineering could be applied?

Interestingly, I have been studying dental biomechanics since I began research back in 2009. My very first project was to investigate the relationship between tooth shape and biomechanical function in a few species of extinct hominins. That led to my dissertation, and several studies since then where I have been continuing this line of work, investigating the relationship between complex tooth shapes, like molars, and function.



IMAGINE DENTURES WITH LION-LIKE CARNASSIAL MOLARS TO HELP YOU CUT THROUGH YOUR STEAK!"

“

LIONS HAVE SHARP, BLADE-LIKE CARNASSIAL MOLARS WHICH ARE GOOD AT CUTTING MUSCLE AND TENDONS

Announcing the new field, you said: “Current dental models fail to relate tooth shape and how food breaks down during chewing.” Can you explain?

It's what I've been looking at for the last 12 years! People often make sweeping statements like “sharper teeth require less force or energy to break down foods.” This is certainly true for simple teeth, like canines or incisors, where there is only one cusp or one blade interacting with the food item per tooth.

But in molars, there are many cusps contacting the food item per tooth at the same time. This means the forces and energy being transferred from the tooth to the food item are not being transferred at a single point or along a single line, but over a set of points. When this multi-cusp-tooth-food interaction occurs, those fundamental principles begin to break down.

And you added: “This means that dentures and implants do not function as well as they could.”

I have not carried out research into this area myself, but quite a few studies have shown that, the fewer teeth you have, the lower your quality of life¹. Similarly, the biomechanical point of mastication is to break food into smaller pieces. This creates a higher surface-area-to-volume ratio for the food particles, which gives the bacteria in the gut more surface area to act on.

As a result, more nutrients and calories are extracted from smaller food particles - although, there is a threshold under which all particles are “small enough” to be fully digested, and some foods, like jelly, will naturally break down in the stomach. In general, this rule of thumb is more applicable to unprocessed, “natural” foods like salads, whole fruits, and steak.

In what ways do you think an analysis of how teeth have evolved in humans might lead to new discoveries?

In many mammals, there is a close relationship between tooth shape, size, and function. For example, the molars of horses are covered in these sharp

ridges which do an excellent job of cutting hay, and lions have these sharp, blade-like carnassial molars which are really good at cutting muscle and tendons.

Our molars, for example, are much smaller than you would expect for a mammal of our size. They also have extremely thick enamel which has woven prisms - presumably these are adaptations for resisting a bite force that is relatively high given the size of our molars.

By having a better understanding of what selective and non-selective evolutionary forces have shaped our teeth, we can get a better understanding of what they were “designed” to do and what we must do to better maintain them now.

For example, our thick enamel and soft, compliant diets mean we wear our teeth much slower nowadays compared to our ancestors. Some have hypothesized having high crowned cusps is the reason abfractions are so common nowadays, and we actually need to be wearing our teeth quicker.

We could also redesign denture crowns so, instead of looking like the teeth they are replacing, they are shaped like a horse's, for example, so they are better at cutting relatively flat food. Could you imagine sitting down to a meal and popping in a pair of dentures with human incisors but lion-like carnassial molars to help you cut your steak!

How do you see anthropoengineering being applied to dentistry?

There are a few dental projects I would love to see get off the ground. One would be to apply what we know about tooth shape and food item breakdown towards the redesign of denture and dental crowns so that people can continue to eat the foods they like, as they lose their teeth.

Another would be to take what we know about the relationship between enamel microstructure and how teeth wear and applying that to false teeth so that they wear in a manner which maintains dental function.

Finally, I think we can translate a lot of what we know about tooth roots and their variation in size and shape, and how they are connected to the bone to improve the ways which we anchor implants to our jaws.

Of course, my list is tailored towards teeth - given my research - but there is also a lot we can use from anthropoengineering to take what we know about how primates chew, for example, to improve masticatory kinematics - jaw movements - and kinetics - muscle activation patterns.

Have dental professionals had an input into your work?

I have talked with a few and we agree there is lots of potential for future work, but unfortunately have not collaborated yet. Mostly, the dental work I have done in the past has been with other anthropologists, biologists, and engineers but I would love to work with dental professionals in a research context. Please get in touch! You can email me on: berthaume@lsbu.ac.uk

¹ <https://royalsocietypublishing.org/toc/rsfs/2021/11/5>

² <https://journals.sagepub.com/doi/full/10.1177/0022034516657992>

A lion's carnassial teeth



Dr Michael Berthaume

Tackling hurdles... ...one leap at a time

WORDS
REBEKAH
SADOK,
CLEMENT
SEEBALLUCK

A discussion on the merits of interdisciplinary collaboration and the potential of free online website development as tools to address barriers to oral health education



“ILLUSTRATIONS AND MODELS FOCUSED ON DOWN SYNDROME ORAL HEALTH FOUND ONLINE WERE LIMITED

of children with disabilities is often reliant on their caregiver's oral health knowledge and attitudes. [Fig. 3]

These behaviours will therefore be the principle factor in shaping the oral health of these children, for better or worse. Having readily accessible, high-quality, and easily understood guidance is therefore of paramount importance.

The why

The lack of high-quality information and illustrations found on Down syndrome oral health, presented an opportunity to develop an online resource to tackle the issue. Rebekah is a recent graduate at the University of Dundee, earning a master's degree in Medical Art. Her brother, Jeremy, is an individual with Down syndrome who is the ultimately inspiration for this resource. He is someone Rebekah has seen experience inequality relating to dental health care first-hand.

Rebekah began drawing her brother in high school fine art classes in Oregon, USA. [Fig. 4]

At this point she also held the position of vice-president of Best Buddies at her school – a club designed to create a one-to-one friendship with intellectual and developmental disabilities. This experience later emerged when Rebekah embarked on her Medical Art course at the University of Dundee, where she began drawing her brother again for the Life Art course. Rebekah has since explored and developed numerous art forms throughout her career from tangible models through to photorealistic digital renders. Rebekah has always felt inspired to showcase this often-unrepresented cohort. Additionally, the influence of a team of dental professionals at the University of Dundee passionate about decreasing

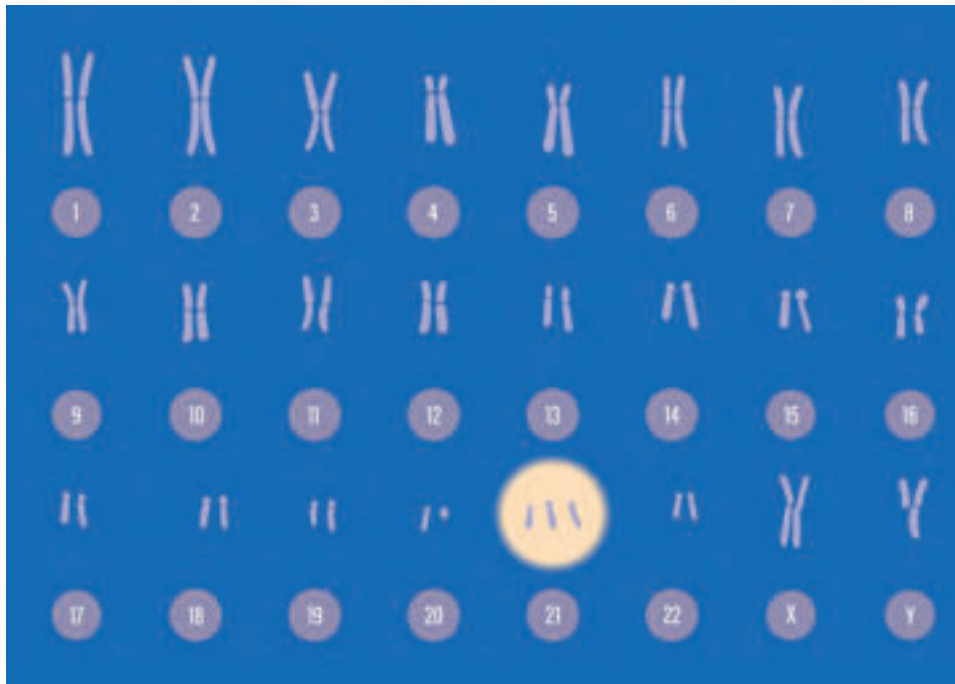


Figure 1
Down syndrome is a common genetic disorder caused by an additional chromosome 21

Introduction

Synergistic collaborations are always worth exploring. This is especially true when the potential output can contribute to patient care or wellbeing. For a number of years, there has been a relationship between the University of Dundee Dental School and the Medical Art programme at Duncan and Jordanstone College of Art and Design, where resources are developed, benefitting both institutions.

Educators from the Dundee Dental School pitch potential projects to the art students, who can then choose to take on the project if it interests them. We first became acquainted through this initiative and collaborated to produce an interactive resource demonstrating fluoride and demineralisation principles. Rebekah's insight and skill was very impressive and the use of free website development tools as a platform for evidence based oral health education held almost limitless potential. There is now a plethora of useful tools that allow creation of interactive websites with relative ease. Gone are the days of reliance on expensive website developers!

Throughout this process, Rebekah expressed a desire to focus her masters project on health interventions relating to Down syndrome. We were very happy to once more collaborate on this worthwhile endeavour. We decided that a tool to educate the general public on oral health considerations for children

with Down syndrome would best fit with our goals. We had similar visions on how to best execute the project. In the next few sections, we will discuss this in more detail.

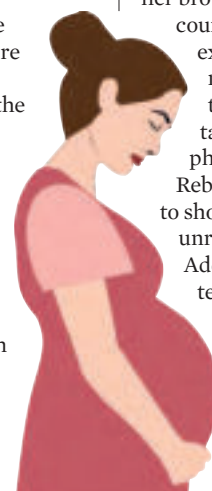
The challenge

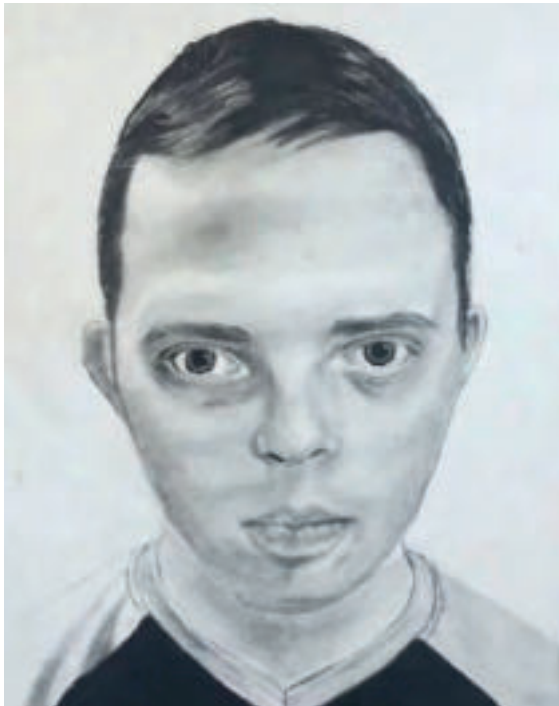
Down syndrome is a common genetic disorder caused by an additional chromosome 21. [Fig. 1]

There is a potential myriad of oral manifestations associated with the syndrome, along with broader medical considerations that can impact on dental treatment. Patients with Down syndrome can also potentially have developmental delay which can vary from mild to severe. Regarding oral health, there are significant inequalities in clinician and parent preparedness and limited online resources targeted at educating parents and carers of children with Down syndrome. In addition, dental resources available focused on Down syndrome do not take advantage of the medical illustration technological advancements that have boomed throughout the digital age. Illustrations and models focused on Down syndrome oral health found online were limited, and the majority of resources were targeted at the clinician. This is surprising given the prevalence of the syndrome and the need for education for all those affected, including the parents and carers.

The main proportion of oral care happens within the home. The dental health

Figure 2 (right)
The proportion of oral care happens within the home. The dental health of children with disabilities is often reliant on their caregiver's oral health knowledge and attitudes





the social gradient of disability support within the field was also motivating.

The aim

Our primary objective was to raise awareness and improve the quality of resources targeted towards Down syndrome oral health education. Many dental diseases can be prevented through appropriately targeted home interventions. Interactive and visually striking resources are more likely to appeal to a broader audience and simultaneously be more inclusive than simple text based educational tools. By training families and caregivers on oral health, the overall quality of life of those with Down syndrome will be improved.

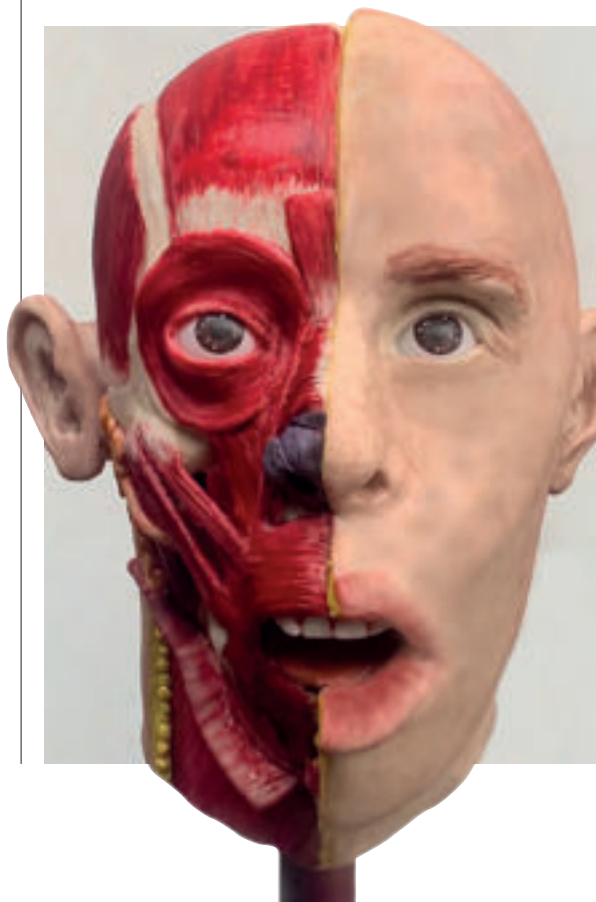
Our second objective was to increase clinician and trainee preparedness when caring for patients with Down syndrome. Dental students can learn more about their future Down syndrome patients by utilising this resource. It is intended that students will benefit from the high-quality 3D models, which clearly demonstrate a number of anatomical considerations associated with this patient group [Fig. 5]. The website may also allow students to gain a more empathic perspective, connecting with the personal inspiration.

The process: Choosing the appropriate platform

An educational website was created because of its free and easy accessibility to anyone, especially

Figure 3
Rebekah began drawing her brother in high school fine art classes in Oregon, USA

Figure 4
Rebekah has since explored and developed numerous art forms throughout her career from tangible models



“

BY DESIGNING A WEBSITE, ALL 3D MODELS AND 2D ANIMATIONS AND COMPLEMENTARY INFORMATION, ARE ALL HOSTED IN ONE PLACE

primary caregivers of Down syndrome and early-year dental students. By designing a website, all 3D models and 2D animations, in addition to an interactive FAQ page and complementary information, were all able to be hosted in one place. The website was created using wix.com, where the domain downsyndromeoralhealth.com was purchased for this project, making it easier for viewers to find. Another advantage of using Wix, is that all the elements on the site are highly customisable and it allows embedding of YouTube videos, Sketchfab 3D models, 2D images and other external components.

As the resource was aimed towards a broad audience, easy-to-understand language that avoided technical terms was used. The modifiable nature of the Wix.com platform allows us also to rapidly make changes to the content, in line with changing guidance and in response to feedback received.

2D animation

Essential subjects related to oral health risks for individuals were

found and listed. The animation goes through a series of expected delays, anatomical features, and possible complications. These topics include teeth eruption, predisposal to gum disease, tooth hypoplasia, tongue fissures, mouth breathing, temporomandibular joint dysfunction, sleep apnoea, and atlantoaxial instability, to name a few. A narrative was then composed, which was latterly reviewed and modified in accordance with expert feedback.

The 2D drawings seen in the animation were created by Adobe Illustrator 2021. [Fig. 6]

Vector lines created the illustrations that allowed for scaling without losing quality or sharpness in the image. The goal of the depictions was to be simplistic yet informative and accurate. Ultimately, all illustrations and voice recordings constructed were imported and edited within Adobe After Effects 2021. The video files were hosted on YouTube, where they were then embedded on to their designated page on the website. This is yet another example of the benefits of modern modular website development tools.

3D models

Accurate and reliable resources were essential when beginning to create the 3D models. Fortunately, a cranium from a person who had Down syndrome was located, and 3D scanned. However, the cranium available was incomplete, and the model was further manipulated to become the skull seen in the resource. The original cranium was missing the maxillary dentition along with parts of the palate.

The missing components, including teeth, mandible, palate, gums, C1-C2 vertebrae, ears, lips, eyes, and facial muscles were extracted from “BodyParts3D, © The Database Centre for Life Science licensed under CC Attribution-Share Alike 2.1 Japan”. The 3D modelling software ZBrush 2020 by Pixologic was utilized because these two separate anatomic models needed to be reshaped, added on, and sculpted into something brand new. This



allowed for texturizing, painting, scaling, and creating new models. The newly created skull later served as the substructure for the models including the écorché, tongue and palate [Fig. 7].

The outcome

The resource showcases anatomic features of the mouth, head, and neck commonly present in people with Down syndrome, explains everyday dental phenomena, and gives overall guidance and recommendations to users. We were given advice and feedback from the Dundee Dental School throughout the project, benefitting from the expertise of Professor Peter Mossey, Dr Abigail Heffernan, Dr Katharine Blain, and Professor Mark Hector, who all offered Rebekah unique perspectives. We worked closely with this dental team, who provided overall guidance, and quality assurance.

Conclusion

Overall, this project was intended to raise awareness of the oral health considerations of people with Down

syndrome and inspire future changes within the field by improving the quality of resources available and showcasing the potentially readily available technologies at our disposal. If a dental trainee does not have an opportunity to provide care to an individual with Down syndrome during the duration of their clinics or in times where online learning is endorsed, then having high quality simulations become crucially important. This is particularly significant during our current predicament, where patient contact is still reduced in light of the global pandemic. In addition, the resource can efficiently be utilised by any dental practitioner wanting to offer

Figure 5 (top left)
It is intended that students will benefit from the high-quality 3D models

Figure 6 (above)
The 2D drawings seen in the animation were created by Adobe Illustrator 2021

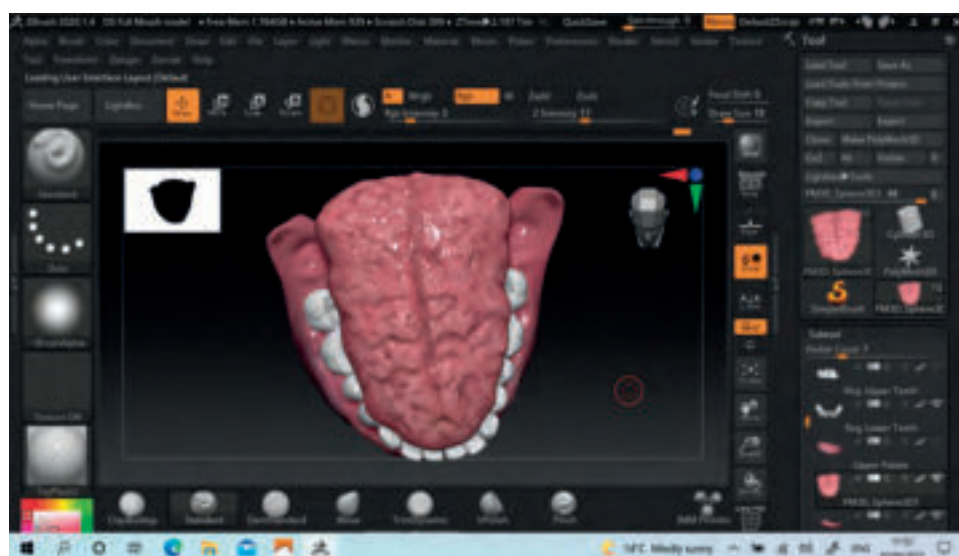
Figure 7
The skull later served as the substructure for the models including the écorché, tongue and palate

additional support to their patients.

Overall, the website proved to be engaging, informative and visually striking. The resource is still evolving, developing and improving. We have clearly demonstrated the potential to rapidly develop websites addressing specific issues. This is a testament to the potential of developing non-profit websites for specific cohorts with particular oral health needs. Such websites could be “prescribed” by clinicians for families allowing them to have the relevant information on hand. There is however, a need to consider the digital literacy required along with access to technology of the end user. We must be aware of the potential of making a digital barrier to oral health.

Future investigators can build upon this research by creating additional Down syndrome dental resources, conducting comparative case studies, or expanding into relevant fields within Down syndrome oral health.

Clement Seeballuck is a Clinical Lecturer in Paediatric Dentistry at the Dundee Dental School and Hospital. Rebekah Sadok is a Medical Artist and recent Graduate of the University of Dundee. You can see examples of her work, along with details of how to contact her on her website www.atomstoart.com. You can also follow Rebekah on Instagram: @atomstoart



Lights, camera, action

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Paisley-based dentist Seema Luthra has added appearing on the big screen to her CV

Born in Glasgow, when Seema Luthra was nine, her parents decided to migrate back to New Delhi for a few years. “It was a huge cultural shock for me,” Seema recalled. “But I soon started to warm to the city.” Her Hindi improved, she developed an interest in cricket, and she became a “huge” Bollywood fan.

“I fell in love with the glitz and glamour of Indian cinema and secretly dreamt of, one day, being in Bollywood,” she said. Seema and family moved back to Glasgow when she was 12 and she focused on her studies and sport, playing tennis competitively for a local club and winning tournaments.

Her family’s medical background steered her towards a career in medicine or dentistry. “I always loved going to the dentist as a child and had a really good experience as a patient. I enjoyed science at school and after completing work experience with medical and dental professionals, I chose dentistry.

“At Glasgow Dental Hospital, we were lucky to be able to treat patients pretty early on in the curriculum which was a great learning experience. Not having a break in the summer like all the other students was definitely the downside though! As a new graduate, my focus was on gaining as much experience as possible within the NHS whilst carrying out different courses to enhance my skills. I always knew I wanted to provide sedation as this was something I was fascinated by at the dental hospital.”

Seema graduated from Glasgow University in 2010 and carried out her VT training in Edinburgh, before moving back to the west coast and taking up an associate position at Kelburne Dental Surgery, in Paisley, in 2012. Her interest in treating

anxious patients led her to complete a Postgraduate Certificate in Dental Sedation & Anxiety Management and has since become an Accredited Supervisor for the mentoring of dentists in Conscious Sedation.

Seema is also an Enhanced Practitioner in Domiciliary Care and has trained in Facial Aesthetics. In addition, she is Liaison Officer for the Greater Glasgow & Clyde Local Dental Committee, which involves running different CPD events for GDPs. And now, she’s in the film business! “Living in India as a child, I used to go to the cinema every week with my family to watch the latest films and would learn all the dance moves off by heart. Secretly, I always wanted to be involved in the industry but when I moved back to Glasgow my focus turned to studying and my career.

“Then, during the first lockdown, I saw an advert on social media from a casting agency looking for extras for a movie, *Bellbottom*, the first Bollywood movie to be filmed and released during the pandemic. It was being shot in Glasgow, so I completed the application and shortly after received an e-mail to say I had been successful. My first day of filming was at a location in Springburn where I was an extra in a chess scene with the Bollywood superstar, Akshay Kumar.

“It was an exciting day, and I was very grateful for the opportunity. I then joined the agency and to my amazement, was offered another day of filming at Prestwick Airport to play airport ground staff. This time, I got the opportunity of a lifetime when the assistant director picked me to have a scene with

“

**I GOT THE OPPORTUNITY
OF A LIFETIME**

lines with Akshay. I was in shock. I was star struck and missed my cue the first time. However, Akshay was very encouraging and supportive throughout the shot.”

Seema was not sure her scenes would be included but, on its release, she received a text from a friend to say she had seen her. “We went to watch it together at Cineworld and they cheered me when they saw me on screen,” she said. “It was quite a moment!”

Seema continues to receive offers from the agency, but dentistry takes up all her time. She and her colleagues are working hard to clear the treatment backlog caused by the pandemic and Seema has also started mobile sedation for practices in Glasgow and Edinburgh.

“The remobilisation has been very challenging,” she said. “The enhanced PPE, fallow times and reduced patient numbers have created a new normal within dentistry. Going forward, the future of NHS Dentistry in Scotland is uncertain, and it is important that we remain united as a profession.” Seema is looking forward to a break, a holiday abroad, hopefully. I’m also looking to focus more on my mobile sedation

across the central belt and, of course,” she added, “take part in more acting.”

“

**I ALWAYS DREAMT OF BEING
IN BOLLYWOOD**





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

The formation of a light well in the centre of the long and narrow plan allows natural light and fresh air to fill the practice whilst floor to ceiling glass partitions to the surgeries further enhance the sense of light and space. The client's colour palette of grey, white and green reinforces the theme of cleanliness, brightness and nature to give an overall welcoming and peaceful aesthetic.
Kingdom Dental, Killarney, Ireland

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enquiries@nvdc.co.uk

NVDC
ARCHITECTS

Align showcases... *digital portfolio*

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Leading global medical device company reinforces its commitment to comprehensive dentistry

Align Technology, who design, manufacture, and sell the Invisalign system of clear aligners, iTero intraoral scanners, and exocad CAD/CAM software for digital orthodontics and restorative dentistry, showcased its full portfolio of products and services at IDS Cologne, held towards the end of September.

Align's presence at IDS was developed as a hybrid experience, with a physical space compliant with public health guidelines for the limited number of in-person attendees, plus virtual experiences specially designed for those attending digitally.

IDS 2021 attendees – including doctors, lab practitioners, and industry partners – learned about Align's innovations, including the Invisalign Go Plus system, the latest addition to general dentists' portfolio for mild to more complex cases.

Attendees also had the opportunity to see how digital workflows are enabled by the Align Digital Platform for the Invisalign system, iTero intraoral scanners, and a suite of proprietary digital tools, including virtual solutions for continuity of care with existing patients. Align also showcased its end-to-end workflows, including the ortho-restorative workflow and software solutions from exocad for restorative dentistry.

"We are committed to providing long-term, agile solutions to help dental practitioners use the Invisalign system and iTero scanners to achieve predictable and efficient treatment outcomes and create positive experiences for patients," said Markus Sebastian, Align Technology senior vice president and managing director, EMEA.

Align announced the new iTero Workflow 2.0 software release with



advanced features that provide enhanced intraoral image sharpness for clearer hard and soft tissue details to aid in treatment diagnosis, while also driving practice efficiency, patient engagement, and a more seamless end-to-end digital treatment experience for doctors and their patients.

"Align's commitment to innovation in digital orthodontics and restorative dentistry reflects our \$250 million annual investment in technology to develop products and services that provide doctors and their patients with a great treatment outcome and seamless experience through the Align digital platform," said Yuval Shaked, Align SVP and MD of the iTero systems and services business.

"Our new iTero Workflow 2.0 software features were developed to simplify and streamline a doctor's daily routine and increase practice efficiency. From a faster, all-in-one scan with enhanced visualisation capabilities to improved patient communication, including the ability to capture, annotate and then share Invisalign simulations or restorative treatment plans digitally, these new

Align's products were showcased at IDS Cologne

features provide doctors with the ability for better clinical diagnosis and help patients better understand their oral health conditions and the proposed treatment options."

The newly released iTero Workflow 2.0 software features include:

Faster scanning: Enables a faster and smoother all-in-one scan for maximum efficiency with 20% less waiting for processing time on the iTero Element Plus Series scanners¹ and 50% faster movement and 25% faster rotation during scanning² for efficient daily use and ease of learning on all iTero Element scanners.

Improved visualisation: The integrated 3D intraoral camera included in the iTero Element 5D Plus imaging system provides enhanced sharpness and improved image quality powered by advanced AI capabilities to deliver clearer soft and hard tissue details to support diagnosis³. In addition, the enhanced capabilities allow clinics to efficiently use intraoral scan images in place of traditional intraoral photos as they can capture multiple intraoral images at different angles automatically with one scan.



invis is evolving your dental practice

The Invisalign Go system is designed specifically for General Dentists to offer minimally invasive comprehensive treatment plans to patients. The unparalleled expertise that comes from having treated more than 8 million patients globally* with Invisalign treatments means greater accuracy, reliability and predictability for every one of your patients. With the number of people seeking cosmetic dental treatments growing by up to 40% every year¹ there's never been a better time to consider how working with us could benefit your patients and your practice.

Find out more at

<https://www.invisalign-go.co.uk/become-a-provider>



invisalign go

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

1. The Guardian <https://www.theguardian.com/index/2019/aug/06/dentists-earnings-rise-private-practice>. Accessed December 2019.

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Next level patient communication tools: The new Snapshot tool and iTero Scan Report provide doctors and their staff with the ability to capture information such as Invisalign Outcome Simulator projections and share it digitally with their patients, allowing patients to make more confident decisions – in the dental chair or at home – which may lead to higher treatment acceptance.

“I am already experiencing meaningful difference with the new iTero software features and have seen significantly reduced scan times,” said Dr Olivier Boujenah, a dentist in France who participated in the limited market release. The intraoral images are much sharper, and my patients are impressed by the details and clarity, which leads them to ask more questions about treatment options. Being able to send digital files with patients when they leave the office through the iTero Scan Report keeps our conversation going even after they are home, and I already see this capability helping with patient acceptance.”

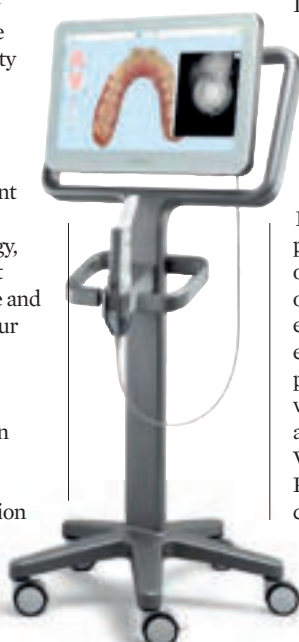
Availability

iTero Workflow 2.0 software features are being rolled out regionally and are expected to be available in all markets where the iTero Element Plus imaging systems are available, including the UK.

The company also announced the launch of a new iTero Element 5D imaging system auto-upload of intraoral photos for Invisalign case submissions. This new functionality eliminates steps and streamlines Invisalign case submissions with intraoral colour scan images that can be used in place of traditional intraoral photos. The iTero Element 5D imaging system wands are designed with advanced technology, including an intraoral camera, that enables the doctor to scan, capture and auto convert the scan into 2D colour photos. This enhanced capability provides practitioners the option to automatically populate the five required images in the prescription form in the Invisalign Doctor Site (IDS) with 2D colour scan photos. Currently, the Invisalign prescription

Align introduced the first professional whitening system optimised for Invisalign aligners and Vivera retainers

Newly released iTero Workflow 2.0 software features include faster scanning, improved visualisation, and enhanced patient communication tools 1 & 2



WE ARE COMMITTED TO PROVIDING LONG-TERM, AGILE SOLUTIONS TO HELP DENTAL PRACTITIONERS ACHIEVE PREDICTABLE TREATMENT OUTCOMES

form requires at least five intraoral photos upon submission, taken with Invisalign Photo Uploader (IPU) or a digital camera. This new auto upload functionality will be available in all markets where the iTero Element 5D imaging systems are sold.

Impressed

“The iTero Element 5D is a milestone in the development and modernisation of my practice,” said Dr Joanna Vorhauser, an Invisalign dentist from Germany. “The technology does not only impress our team, but also our patients and supports us in our communication with them. Now, our patients can see their teeth and oral health from our perspective. The visualisation tools are also great for educational discussions and documentation. With the availability of the 5D auto upload functionality, we can now submit Invisalign case prescription without the need for intraoral photos, which makes the upload to the Invisalign Doctor Site even faster. These improvements are also much more convenient for patients, and my assistant doesn’t have to worry about the quality of the images.”

Align also announced an exclusive supply and distribution agreement with Ultradent Products, a leading developer and manufacturer of high-tech dental materials, devices, and instruments worldwide. As part of the multi-year agreement, Align will offer Invisalign trained doctors an exclusive professional whitening system with the leading Opalescence PF whitening formula from Ultradent, optimised for use with Invisalign clear aligners and Vivera retainers. The system will carry the co-branded name of ‘Invisalign Professional Whitening System – powered by Opalescence’ and will offer the same great whitening outcomes and streamlined practice experience dental professionals expect from the Opalescence PF product during active tooth movement with Invisalign aligners, as well as during passive retention using Vivera retainers. The Invisalign Professional Whitening System will be commercially available globally



in 2022. “A brighter, whiter smile is an important part of the Invisalign patient journey. In fact, a recent North America survey shows that the majority of patients start a teeth whitening procedure during or after they complete Invisalign treatment,” said Raj Pudipeddi, Align Technology chief product and marketing officer.

“We believe that by providing an all-in-one solution that combines a leading teeth-whitening system with the most advanced clear aligner system in the world, we enable Invisalign trained practitioners to enhance their patients’ treatment experience with a seamless workflow that also enables practice efficiency and growth.

“We’re very excited to partner with Ultradent to offer the first professional whitening system optimised for use with Invisalign clear aligners and Vivera retainers,” Dirk Jeffs, Ultradent’s chief executive, said: “We’re honoured to partner with Align to make the top professional teeth whitening products available to more clinicians and patients around the world. Providing Align with teeth whitening products, ideal for use with Invisalign aligners and Vivera retainers, is a considerable step toward our mission of improving oral health globally and we look forward to pursuing this mission together.”

www.aligntech.com

References: 1 Data on file, as of Dec 22, 2020; 2 Compared with previous versions. Data on file as of Mar 29, 2021; 3 Only available on iTero Element 5D Plus imaging systems.



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BEFORE



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ZIRCONIA BRIDGE PORCELAIN - CONOR ADAIR



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- Rita Poddar - The Peppermint Group.

For more information

Tel – 0141 332 9252

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Celebrating a century

GC launches a range of new and improved products at IDS Cologne



The rescheduled International Dental Show, held in Cologne towards the end of September, turned out to be a commemorative occasion for GC, as it fell during the corporation's 100th anniversary year.

In keeping with its 'Smile for the World - Since 1921 - 100 Years of Quality in Dental' theme, the company's senior management reviewed an impressive portfolio of recent product innovations and looked forward with the introduction of some cutting-edge developments.

Strength allied with beauty

GC EQUIA Forte HT is a glass hybrid restorative excelling in strength and aesthetics. The EQUIA system that GC launched in 2007 was the first glass-ionomer-based system that could be used as long-term restorative material in stress-bearing Class II cavities. This was followed by the development of EQUIA Forte, a glass hybrid system with extended indications in cavity size of class I and II restorations. The latest addition to this family is EQUIA Forte HT: a stronger glass hybrid with improved translucency. For glass hybrids, a mix of different particle sizes is used. An intelligent control of the distribution of these glass particles has been developed, improving the strength and handling in EQUIA Forte HT even further. Used in combination

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with the wear resistant EQUIA Forte Coat, EQUIA Forte HT is strong, not sticky and perfect for bulk-filling. The translucency has also been improved, for nicer looking posterior restorations. The refractive index of the matrix is matched with the fillers. As a result, the final restorations will look more natural and aesthetic.

The durability of the EQUIA family as a long-term restorative for posterior restorations is proven by many clinical studies, up to eight years¹. The same and even better performance is expected for the glass hybrids EQUIA Forte and EQUIA Forte HT: the follow-up of studies is still ongoing, with promising results in the first years. These biomimetic restorative systems possess several advantages linked to the glass hybrid composition: chemical adhesion, high moisture-tolerance and low technique sensitivity; making them pleasant and easy to use on a daily basis. On the other hand, the risk of post-operative sensitivity is very low. The EQUIA family therefore represents a decade of restorative therapy on the cutting edge – an impressive example of the expertise of GC in the field of restorative materials.

¹References: <https://www.sdmag.co.uk/2021/09/30/gc-corp-ids-cologne/>

A new standard

With more than one billion composite restorations and a century of established expertise in dental materials, GC is broadening its adhesive portfolio with G2-BOND Universal, a 2-bottle universal bonding system which features exceptional properties in strength and versatility.

GC leads the way with G2-BOND Universal and its proprietary Dual



H-Technology to a new standard in adhesive dentistry, giving clinicians what they would expect from existing self-etch and etch-and-rinse gold standard products, and much more. The Dual H-Technology of G2-BOND Universal enables the advanced optimisation of bonding both to tooth and composite by the smooth transition from hydrophilic to hydrophobic characteristics. The remarkably hydrophobic bond layer, thanks to the HEMA-free composition, lowers the occurrence of water sorption which decreases the risk of degradation and leads to superior durability and unmatched results.

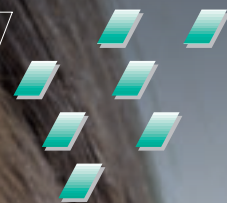
A game changer

G-aenial Universal Injectable has changed the composite market since its introduction in 2018. With its unique characteristics, G-aenial™ Universal Injectable from GC will transform the way you work.

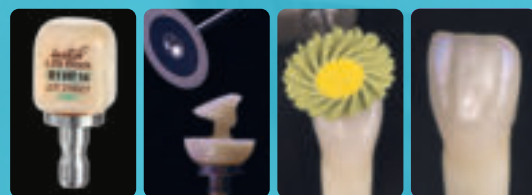
This versatile and user-friendly composite, the winner of many international prizes, is now a dentist favourite thanks to its practicality, optimal physical properties (higher than most paste composites) and great aesthetics. Its injectable and highly thixotropic viscosity allows very good adaptation to the cavity walls, yet it is able to keep its shape



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<http://europe.gc.dental/en-GB>



during placement, making it possible to directly create the final anatomy while injecting in the cavity. Its strength and wear resistance make it perfectly suited for use in posterior restorations without capping and in the Injection Moulding Technique (IMT).
www.gceurope.com/products/gaenialuniversalinjectable

Simplified unishade system

G-aenial A'CHORD is the latest addition to the G-aenial range, the culmination of 10 years of clinical success, representing the ideal balance of simplicity, esthetics and technology in one product. A significant advancement in composite materials, G-aenial A'CHORD is the product of two remarkable proprietary technologies by GC; Full-Coverage Silane Coating (FSC) and High Performance Pulverized CERASMART (HPC). This superior technology enables unparalleled simplification and esthetics: the G-aenial A'CHORD simplified unishade system has five core shades that achieves the esthetics of the 16 classic Vita shades, delivering durable and invisible fillings with natural fluorescence. It is designed for simplicity, giving dentists a versatile universal composite for anterior and posterior restorations.

Strong like rock



G-aenial Universal Injectable is a versatile and user-friendly composite, because of some unique features. It is highly filled and is stronger than many paste composites. Thanks to its injectable and highly thixotropic viscosity, it adapts very well to the cavity walls and margins and fills any void or undercut – but is also able to keep its shape during placement. It can be used for all cavity classes as it is strong enough for posterior

restorations (without capping), and displays optimal aesthetics for the anterior area.

A lot of thought has been put into the handling of this unique composite. GC R&D developed a new technology (Full-coverage Silane Coating) to improve the coupling between the fillers and the matrix. As a result, it's easy to extrude, does not slump or stick to the tip and displays an amazing wear resistance. Moreover, the long bendable tips ensure that even the areas that are most difficult to access can be reached.

In addition to its handling advantages, this composite also offers great aesthetic possibilities with 16 beautiful shades including opaque and enamel shades. The ultra-fine barium particles with a very homogeneous dispersion also help to achieve a great gloss retention in time for a long-lasting shine – and a high radiopacity of 252 per cent for an easy follow-up of your restorations.

<https://europe.gc.dental/en-GH/products/gaenialuniversalinjectable>

Believe in zero compromises

Selecting the appropriate bonding for a given indication and making sure to follow precisely the different procedure steps is not always easy. This is why GC developed G-Premio BOND – a one-bottle universal bonding compatible with all etching modes and which can be used not only for direct restorations, but also for repair cases and hypersensitivity treatment. The result is a universal bonding combining versatility and ease of use with an equally good performance in all situations.

G-Premio BOND shows excellent, long-lasting bond strength on both enamel and dentin, regardless of the etching mode. A unique combination of three functional monomers (4-MET, MDP and MDTP), notably excluding HEMA, ensures excellent stability and bond strength not just to tooth tissue but to all indirect substrates, including composites, precious and non-precious metals, zirconia and alumina for all repair cases. When combined with Ceramic Primer II, G-Premio BOND will create a durable adhesion to any type of glass ceramics. G-Premio BOND behaves like water, despite the presence of fillers and photo-initiators that help achieve a strong bonding layer. With G-Premio BOND's optimal wettability and penetration and a drying procedure that takes just five seconds at maximum air pressure, we achieve an extremely thin film thickness



of 3×m. These characteristics and the absence of HEMA guarantee the preservation of the bonding layer over time, ensuring durable aesthetics without discoloration.

More information at www.gceurope.com

Appealing aesthetics, ease of processing

GC also introduced the GC Initial™ LiSi Press pressable ceramic system and the matching phosphate-bonded speed investment GC LiSi PressVest for pressable ceramics. Both are products of the Initial family, a range of advanced materials for the dental laboratory that have been making life easier for dental technicians for almost 15 years. GC built on Initial's success at IDS 2015 with GC Initial™ LiSi, a special ceramic veneering material for lithium disilicate frameworks.

This pressable lithium disilicate ceramic combines the advantages of modern ceramics with exceptional ease of handling. Its unique High Density Micronisation technology (HDM) uses uniformly dispersed lithium disilicate microcrystals to fill the entire glass matrix. The material presents as enormously stable even after several firing cycles, and has a high flexural strength of 500 MPa. The physical properties of Initial LiSi Press make the restoration highly antagonist-friendly and resistant to abrasion. Its high colour stability and fluorescence also ensure the natural aesthetics of the pressable ceramic material.

Quality is important in procedures; so is quick and easy processing. GC is offering LiSi PressVest, a carbon-free phosphate-bonded speed investment for pressable ceramics. With its high flowability and extended processing time, this permits more processing flexibility before firing. It has been optimised for speed-heating and is suitable for a variety of pressing techniques. In combination with Initial LiSi Press, it makes the resulting reaction layer very easy to remove by sandblasting with glass beads – saving valuable time compared to the usual method. With LiSi Press and LiSi PressVest, GC has added two new compelling products to its Initial LiSi line that make the dental technician's work much easier and speeds it up considerably.



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FS 36436



A year in practice

From stealth masks to red bands - no fallow times, no compulsory FFP3, and a significant reduction in patients waiting for treatment

WORDS
JOHN
DENHAM

In July 2020 we started carrying out AGPs using our newly acquired, face fitted Stealth masks. Having failed to get the Stealth masks endorsed by our health board our next step was to check with our defence union about their use. Having received a positive response we were happy to press ahead knowing full well that they were being used safely in other parts of the UK on a private basis.

The NHS alternative around that time was the limited supply of expired 3M1863 masks that the BDA had advised us not to use. Three of the staff, including one of the associates, failed the face fitting on the Stealth masks but passed on the 3M series, my nurse being one of them. The hard plastic grey straps of the 3M6000 were not as comfortable as the fabric straps of the Stealth and I would watch her don the mask with a sense of guilt that we did not have a real alternative for her.

The AGPs were always allocated a minimum of 60 minutes which allowed for donning and doffing, and the surgery preparation needed to avoid opening any drawers mid-treatment. We would get to the 40-minute mark and my nurse would look at me with eyes that said: "I've had enough," and I would try to wrap things up. She never moaned once, even when we were working weekends to try and ensure all the associates during the week had two surgeries each to operate in to allow for the lengthy fallow times.

My surgery has south-facing French doors which lead out into the practice garden, and these were fully open during that Summer, but even with the blinds down all day, the washable plastic gowns, respirator masks, visors and head covers were intolerable at times. I hadn't signed up for this way of working 25 years ago and I could only imagine how difficult it must have been for medical

colleagues wearing full PPE for whole shifts.

January 2021, and we finally had enough FFP3 masks - and the face fittings - to make a start on NHS routine treatment. My lockdown 23 March 2020 spreadsheet of outstanding patient treatment still ran to several pages and starting to see a small number of patients for examinations from Spring was only adding to the backlog. Fallow times and cleaning spaces limited us to five AGPs a day and whilst we were all working, we were working reduced sessions.

Two or three dentists working each day out of the six of us and opening seven days a week so that we could see as many patients as possible. Social distancing between the staff and between our patients arriving and leaving were some of our biggest barriers to how many patients could be seen. By May we were all feeling demoralised as there seemed no way anything was going to change before the end of 2021 even with the increasing numbers of patients being vaccinated.

With no holidays to look forward to, a welcome break came along in the form of a summer school at the Edinburgh Dental Institute. My second year of a master's degree in restorative dentistry was coming to a close. It was a much-needed distraction from running a practice during a pandemic and it was during this week that we were shown a short presentation on red band handpieces by one of our tutors, Krishnakant Bhatia. Using water dye and lasers you could see the difference between the aerosol generated by an air turbine and that produced by a red band handpiece. This difference was especially seen when high volume suction was introduced. Here was real clinical evidence that was instantly relatable, and I travelled home that evening knowing full well that if the EDI was using them on their open clinics, then so could we. We bought three red band handpieces the following day.

Back at work, my nurse and I donned our enhanced PPE and I clipped on one of the new handpieces to my Adec 500 micromotor. I turned off the chip air and picked up a new coarse diamond bur and started my first red band handpiece filling. I hadn't discussed what I was doing with my nurse until I was sure it was going to work. Later that morning, a patient attended to have two anterior crowns replaced on the NHS. She had been waiting since 2019 and I wanted to see her treatment completed. As I cut easily through the porcelain and metal, I realised that this new way of working had real potential. Speaking to the patient at the end of the treatment I explained that I was using a new electric handpiece and that I now felt confident it was going to mean a real shift back to how we used to do things pre pandemic.

Several months later and the reception team are booking patients into normal treatment slots. They no longer have to worry about fallow times and extended cleaning spaces. All red band handpiece treatments are carried out using full length disposable aprons, disposable gloves, type IIR masks and face visors. Everyone still has the option of wearing FFP3 masks and the gowns if they want to. Through July and August, it was a relief not having to wear the full gowns in the heat.

Members of the Platt & Common team; Thomas Slack, Fraser Horn, John Denham and Kirsten Hepburn



CONTINUED ON PAGE 114



Who's Who 2022

Meet the new head of Glasgow Dental School...

Professor Aileen Bell will maintain and develop its reputation for excellence in dental education and research

Change has been the overriding theme of this past year-plus. Perhaps obscured by what society, and the dental profession, have endured is that there has been change at the top of dental education in Scotland. We have new leadership in place at Dundee, Glasgow, and soon-to-be, Aberdeen. To open this year's Who's Who, we feature Professor Aileen Bell, Professor of Oral Surgery and Dental Education at the University of Glasgow, and now, with the retirement of Professor Jeremy Bagg (albeit Professor Bagg remains active in a number of fields; see p51), Head of Glasgow Dental School. Professor Bell graduated from the University of Stirling with a BSc with Honours First Class in Biology in 1990. She worked at the Hannah Research Institute in Ayrshire as a Research Assistant on a Mammalian Biochemistry

project in the interim period before taking up a PhD position at Glasgow University in 1990. She developed an interest in clinical research and patient contact and began studying Dentistry as a second first degree in October 1993. She graduated from Glasgow University as the Most Distinguished Graduate for 1998 with a BDS with Honours and was awarded the Dean Webster Prize and the Lord Provost's Prize for the most marks obtained in Dental School Examinations. In 1998, she embarked on a two-year General Professional Training Programme, with one year in General Dental Practice as a Vocational Dental Practitioner and one year as a GPT House Officer in Glasgow Dental Hospital and School. By the end, she had obtained an MFDS from The Royal College of Physicians and Surgeons of Glasgow and was awarded the T.C. White Medal for outstanding performance in part C of the

exam. From 2000-2002 she worked as a Senior House Officer in Glasgow Dental Hospital and School after which she took up the post of Specialist Registrar in Surgical Dentistry in Glasgow. In June 2004, she was appointed as a Clinical Lecturer in Oral Surgery/ Honorary Specialist Registrar in Academic Oral and Maxillofacial Surgery in Glasgow. She completed a Postgraduate Certificate in Academic Practice, awarded in 2007, and she is a Fellow of the Higher Education Academy. She gained an FDS(OS) RCPS (Glas) and obtained a United Kingdom Certificate of Completion of Specialist Training in 2008. She took up the post of Clinical Senior Lecturer/ Honorary Consultant in Oral Surgery at Glasgow University Dental School in May 2009 and was also appointed as Deputy Director of Dental Education and Oral Surgery. In 2012 she took on the role of Director of Dental Education.





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Looking forward

Welcome to the 2022 Scottish Dental magazine Who's Who; the seventh issue of this guide to the profession and associated industries, featuring a selection of leading dental and oral health professionals working in public and private dentistry across Scotland.

The run-up to the last issue was dominated by the pandemic, making it difficult to consider changes in health, and specifically oral health, policymaking.

It was hoped that 2021 would provide greater clarity and stability, so that the progress that has been made in Scotland in public health, in leading-edge treatment, and in disease prevention can be consolidated and taken to the next stage. As we look ahead to 2022, the need for a new model of care that will define dentistry for the rest of the decade is more of a certainty than ever – for reasons that few could have envisaged this time last year.

Earlier this month, the British Dental Association celebrated twenty individuals in the latest round of its prestigious BDA Honours and Awards, for their outstanding achievements, their commitment to the BDA,

and their work for the dental profession.

As Roz McMullan, chair of the BDA's Honours and Awards Committee commented: "Through these times of immense challenge and change, we are proud to be able to highlight the work of those who have gone above and beyond, making our profession better. We are proud to showcase those who have supported our causes, gone over and above for the profession, and/or given exemplary patient care."

Among those celebrated was Dr Graham Smith, Chair Scottish Public Dental Services Committee and consultant oral and maxillofacial surgeon. Dr Smith has been a member of the BDA since 2003 and has worked tirelessly to promote the interests of the dental profession both locally and nationally for the last 11 years.

He has been a member of several Scottish Government committees and was involved with the Children and Young people (information sharing) (Scotland) Bill and the UK Government's consultation on future healthcare regulation.

He has engaged with the Chief Dental Officer (CDO) for Scotland, Scottish Government and health ministers to fight for

oral health issues and the interests of Salaried Dental practitioners throughout Scotland.

More recently he has led the Scottish Joint Negotiating Forum with the CDO and senior civil servants. He has also been responsible for setting up the Urgent Dental Care Centre in Portree, and was the sole dentist working in face-to-face dental care in the north-west Highlands at the start of the pandemic.

Also celebrated was Arabella Yelland, BDA West of Scotland Branch member and visiting GDP/clinical teaching fellow. She is a role model to all her colleagues, but especially to younger dentists who she inspires with her leadership, commitment and dedication to improving patient care.

Over the following pages, we feature some of those representing the best in Scottish practice and business. Space does not allow the list to be comprehensive – many of those deserving of inclusion may not find their names mentioned and we will continue to develop the guide going forward – so it is, by definition, representative.

However, through those who are included it is a way of showcasing wider excellence in practice, in teaching, in research, and in the supply sector.



Tony Anderson

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

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

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

As Associate Postgraduate Dental Dean (CPD), supported by the national team of Assistant Deans and CPD Advisers, he led

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



Emeritus Professor Jeremy Bagg

Until his retirement on 31 August 2021, Jeremy Bagg was Professor of

Clinical Microbiology and Head of Glasgow Dental School. This autumn he returned part-time to the University of Glasgow to focus on the MalDent Project (www.themaldentproject.com) and related global health initiatives. In March 2021 he was appointed Director of Global Health at the Royal College of Physicians & Surgeons of Glasgow for a three-year term. He has recently established the charity MalDent Student Aid (www.maldentstudentaid.org) to provide

financial support for dental students studying at the Kamuzu University of Health Sciences in Malawi.

He will continue as Chair of the Steering Group of the Scottish Dental Clinical Effectiveness Programme (SDCEP). In 2020, he chaired SDCEP's working group which undertook the Rapid Review of Aerosol Generating Procedures in Dentistry in response to the COVID-19 pandemic. He received an OBE for Services to Dental Education in 2018.



Dr Atif Bashir

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

is Principal Dentist at Falkirk Dental Care. In 2020, he became Chair of the newly founded Scottish Dental





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

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

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



Dr M Tariq Bashir

Tariq graduated from University of Glasgow Dental School in 2005 and held SHO positions in

hospitals throughout Scotland before settling at the Visage Cosmetic Dental Clinic, Glasgow.

He has been practising there for over 13 years and his main interests lie in minimally invasive dentistry and endodontics. He has travelled extensively and learnt from renowned clinicians including Newton Fahl, Pascal Magne, Didier Dietschi and John Kois. In 2018 he became the first graduate from Scotland at the Kois Center in Seattle. He completed the intensive 9 step treatment planning, occlusion and restorative focused Kois curriculum.

Last year he graduated with his MSc in endodontology from the University of Chester. He has held a visiting GDP role in the Restorative Dentistry Department of Glasgow Dental School. He has been the BACD Scotland representative and sat on the BACD Education Committee.

In 2018 he co-founded the popular Scottish Dental Study Club with his wife Saimah Ahmed. The aim of the club has been to promote clinical excellence for all clinicians and help deliver the highest standards of care for their patients. The club has brought top names in dentistry from the UK and around the world to Scotland. Tariq is also involved

in postgraduate teaching through his own popular composite training courses. He is now working on further advanced restorative and cosmetic dental courses for 2022. Tariq features regularly in the dental media and was invited by BBC Radio Scotland to host the first *Ask the Dentist* programme and has since featured regularly.

tariqbashirdentistry.co.uk
scottishdentalstudyclub.co.uk



Dr James Boyle

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

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

He renewed his involvement with vocational training (VT) in 1999, when he assumed the role of Vocational Trainer. After five years as a trainer, he was appointed Vocational Training Adviser and became Assistant Director for the West three years later. Within this role, he successfully completed a Master's degree in Education. He was appointed Associate Postgraduate Dental Dean for NHS Education for Scotland in 2015. In this role he is involved in VT for new graduates across Scotland. Within the Royal College of Physicians and Surgeons of Glasgow, he has served as both a member and chair of Dental Education, Training and Professional Development Board, and as Director of Dental Education. From November 2019, he has served as Vice Dean of the Dental Faculty.



Stuart Clark

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

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

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

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

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



Professor Jan Clarkson

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

Programme (SDCEP) and Professor of Clinical Effectiveness at the University of Dundee.

Her remit is to conduct high-quality research and promote the implementation of evidence in dental primary care.

Professor Clarkson has attracted more than £15m to lead UK-wide trials to evaluate aspects of routine dental care involving over 200 dental practices and 5,000 of their patients.

She is a founding member of the Cochrane Oral Health Group and is Joint Co-ordinating Editor. Furthermore, she is Associate Dental Dean for Clinical Effectiveness in NES and Director of the SDCEP.

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

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



Professor David Conway

David Conway graduated from Glasgow University BDS in 1996.

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



Dr Ian Corbett

Dr Ian Corbett, is a Fellow, Council member and Convener of Dental Examinations,

Faculty of Dental Surgery, Royal College of Surgeons Edinburgh and chair of the Tricolligate Specialty Membership Examinations Executive. He is a consultant Oral Surgeon and honorary senior lecturer, with a private referral

practice in Newcastle and has been a Member of the College since 2001 and a Fellow since 2010. He is past Chair and continues to be a member of the Oral Surgery SAB and a member of UK SAC. Ian has extensive experience in both undergraduate and postgraduate education and is an external examiner for the GDC. His research interests include local anaesthesia, on which he has published extensively and presents internationally, having chaired the IADR Dental Anaesthetic Research Group, and been awarded the European Federation for the Advancement of Anaesthesia in Dentistry prize.



Nicola Cross

Director of the Dental Examinations Board, Royal College of Physicians and Surgeons of

Glasgow, Nicola graduated from the University of Dundee in 2004 and has spent most of her career practising in Oral Surgery. She completed her Specialist Training in Oral Surgery in 2016. Nicola has gained Membership in Oral Surgery with the Royal College of Surgeons (2015), a Masters in Implant Dentistry with the University of Central Lancashire (2012) and a Post Graduate Diploma in Conscious Sedation in Dentistry with Newcastle University (2015). Nicola currently works as a Locum Consultant in Oral Surgery in the Edinburgh Dental Institute and as a GDC registered Specialist in Oral Surgery at Glasgow Dental Hospital and School, providing clinical care to patients and teaching trainees at all levels.



Richard Cure

Richard Cure, Convener of Dental Education and Council Member, Faculty of Dental Surgery, Royal

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

Faculty of Dental Trainers and a GDC Education Associate. He examines for the College at MOrth, MFDS and MAGDS.



Roger Currie

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

QEUH, Glasgow. He is an Honorary Senior Clinical Lecturer at the University of Glasgow and an elected member of Council of the Royal College of Surgeons of Edinburgh. He qualified in dentistry from Leeds in 1989 and medicine in Glasgow in 1996, he holds Dental and Surgical Fellowships from both Glasgow and Edinburgh, is a Fellow of the Faculty of Surgical Trainers, and an Intercollegiate FRCS examiner. He was appointed a Consultant in 2003 and has been Chairman of the Medical Advisory Committee at BMI Carrick Glen since 2012. Roger was on the development group for the Scottish Government Referral Guidelines for head and neck cancer in 2014, he is the current lead clinician for skin cancer in the West of Scotland, sitting on the Regional Cancer Leads group, and immediate past Chairman of the Scottish Oral and Maxillofacial Society.



Paul Cushley

Having worked across dentistry - in the hospital service, general dental practice, extensively in the prison

dental service and laterally the Public Dental Service - Paul became National Services Scotland's first Dental Director in 2015. He fronted a successful national campaign, asking dental practices to surrender PPE to the hospice movement when practices closed at the start of the pandemic. Paul subsequently chaired the National Primary Care PPE Group to help the NHS in Scotland re-establish delivery of primary care services - optometry, medical practice, community pharmacy and dentistry during COVID-19 restrictions. Since the start of the pandemic, Paul and his team at National Procurement have focussed on supporting the acquisition,





access and delivery of PPE across Health and Social Care in Scotland. The team subsequently established delivery of free PPE to every health board to help reopen dental practices. Face fitting the workforce and initiation of AGP's to allow dentists to see patients, was followed by direct delivery to every primary care location in Scotland 'right to the door'. Establishment of an online ordering system (PECOS) and sequentially increasing the volume of available PPE have been among the improvements delivered for the dental community.



Ulpee Darbar

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

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

Ulpee completed her training in Restorative Dentistry in 1996 and took up her consultant position in 1997. She has held several leadership positions at the Eastman and outwith, while maintaining a clinical practice. She lectures and teaches widely on soft tissue management, augmentation in implant dentistry and periodontology, management of failures and treatment planning.

She also holds a number of positions for the Royal Colleges and Specialist Societies, is Chair of the Advisory Board in Implant Dentistry for the Royal College of Surgeons of Edinburgh and Deputy Chair for the National Advisory Board for Human Factors in Dentistry, and executive clinical Board member for the National Examining Board for Dental Nurses.



Michael Davidson

Michael Davidson is Director of Clinical and Professional Education

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

graduates in the new millennium, Michael received his BDS in 2000 at the University of Dundee Dental School. He spent his time in general dental practice as both an associate and practice owner in the UK and Australia, before a fortuitous change in direction led him into the dental industry in 2013. In the first instance as Clinical Lead UK & Ireland and then Senior Manager Global Endodontics & Restoratives, at Dentsply Sirona. In May 2020 Michael became Director of Clinical and Professional Education EMEA for Align Technology based in Rotkreuz, Switzerland.

In this role, Michael and his team continue to set the standard in clinical support and professional education for clinical teams who operate within specialist and general dental settings. A perfect storm of environment, constant innovation and digitisation, has made it their mission to fully transform how dental professionals learn, practice and develop.

Michael is always happy to offer free advice and guidance to any dental professional who is considering a move from clinical dentistry into the dental industry (see www.linkedin.com/in/dr-michael-davidson-11514855).



Robert Donald

Robert Donald is Chair of the British Dental Association Scottish Council.

A GDP based in Nairn, he qualified from Edinburgh with honours in 1983, before spending 18 months in a training position at Edinburgh Dental Hospital.

Robert entered general practice in 1985, gaining the diploma in general dental practice in 1992.

He is a past chairman of Independent Care Plans UK and director of Highland Dental Plan.

Robert was previously a chairman of the Scottish Dental Practice Committee, vice-chairman of the Scottish Dental Vocational Training Committee and vice-chairman of the Scottish Association of Local Dental Committees.

He recently retired as a non-executive Director of MDDUS.

In 2021, he is chairing the UK Council of the BDA.



Andrew Edwards

Andrew Edwards, Dean of the Faculty of Dental Surgery and Vice President,

Royal College of Physicians and Surgeons of Glasgow, qualified in dentistry from Dundee in 1987. A period of junior positions in Oral & Maxillofacial Surgery followed. He gained Fellowship in Dental Surgery from the RCPSG in 1993. He qualified MBChB from the University of Aberdeen in 1998. He was admitted as Fellow in General Surgery of the RCPSG in 1993. He went on to higher surgical training in Oral and Maxillofacial Surgery in the North West of England, gaining the Intercollegiate Fellowship in Oral and Maxillofacial Surgery in 2006.

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

Within the RCPSG, he has been an examiner for the MFDS since 2006 as well as Regional Advisor for the North West of England. He was appointed Director of Dental Examinations from 2016 to 2019. He is Visiting Honorary Professor at Dr M.G. R Educational & Research Institute, Chennai. In addition, he holds an Honorary Professorship with The University of Hong Kong.



Dr David H Felix

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

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

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

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



Tom Ferris

Appointed in October 2019, he qualified from Glasgow in 1982 and has worked in general practice, hospital

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

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

Post-pandemic, the Scottish Government is appointing two deputy CDOs to support the recovery of dental services and a programme of change in the delivery of oral health care.



Toby Gillgrass

A Consultant and Honorary Senior Clinical Lecturer in Orthodontics at Glasgow Dental Hospital,

Toby is the clinical lead for the Cleft Surgical Service for Scotland and a member of the Craniofacial Council of Great Britain and Ireland. He is a former programme director for orthodontics for the south east of Scotland is a member of the Specialist Advisory Committee for Orthodontics for the GDC. He is a former chair the Specialty Advisory Board in Orthodontics for the Royal College of Surgeons of Edinburgh is presently the Overseas Lead for orthodontic exams for the Royal College of Surgeons of Edinburgh. He is a former recipient of the Dean's Medal for the Royal College of Surgeons and also a Fellow of the Faculty of Dental Trainers.



Dr Mike Gow

Clinical Director of the Dental Anxiety Management at The Berkeley Clinic, he graduated

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

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

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

com (a dental listing website) and YourDentistRecommends.com (a dental sundry virtual shop, which allows dentists/therapists/hygienists to recommend and sell products directly to patients, earning a small commission whilst avoiding the problems of holding stock.) He also created and runs InterdentalTV. Mike accepts referrals at The Berkeley Clinic in Glasgow (www.berkeleyclinic.com) for dental anxiety management, conscious sedation (inhalation or intravenous), and dental hypnosis.



Professor Mark Hector

Appointed Dean and Professor of Oral Health of Children at the University of Dundee in 2011

and conferred as The Boyd Chair in Dental Surgery in 2015, he demitted office in March 2021 but retains his position as Boyd Professor of Dental Surgery. Professor Hector graduated in Physiology, then in Dentistry in 1981 at Guy's Hospital London. There followed three years at the University of Bristol and Kings College, London, after which he received his PhD.

Following three years in oral medicine and pathology at Guy's Hospital Dental School, he was recruited to The London Hospital Medical College as a lecturer in Child Dental Health. He gained his Readership in 2001 and in 2002 became Professor of Oral Health of Children at Barts and The London School of Medicine and Dentistry. Between 2009-11 he was President of the International Association of Paediatric Dentistry. In 2019, Professor Hector was awarded Honorary Membership of the International Association of Paediatric Dentistry (IAPD) and took on the Presidency of the Association of Science Educators in Dentistry.



Emeritus Professor Richard Ibbetson

Richard Ibbetson graduated from Guy's Hospital Dental School,

University of London in 1974. He spent time in general dental practice in the West Country and





then worked in Northern Canada. He undertook his postgraduate training at the Eastman in London and joined the staff there initially as a lecturer. He was at the Eastman for 20 years, becoming Senior Lecturer and Consultant. During this time developed his major interest in the teaching and clinical practice of Conservative Dentistry and Fixed Prosthodontics.

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

After retiring in 2021, he will continue to examine for the Royal Colleges, and selected universities, and will continue to chair the Dental Committee for NHS Education for Scotland.



Kevin Lochhead

After qualifying from King's College London in 1987, Dr Lochhead committed

himself to intensive postgraduate training, following both international and British training pathways. His special interests lie in complex reconstruction, dental implants and cosmetic dentistry. He has run postgraduate courses and lectures on dental implants, cosmetic and restorative dentistry since 1995.

Dr Lochhead has represented the Association of Dental Implantology in Scotland and has been a diploma tutor for the east of Scotland Faculty of General Dental Practitioners and a clinical tutor on the MSc in Primary Dental Care at Glasgow Dental Hospital. In 2002, he was recognised by the General Dental Council as a specialist in Prosthodontics.

When he opened Edinburgh Dental Specialists in 1993, the aim was to deliver comprehensive dental care of the highest standard and provide a first-class warm and welcoming service. The centre now has a team of more than forty, all

of whom are united in continuing to deliver dental care of the highest standard. Dr Lochhead is a member of various professional societies, including The Academy of Osseointegration, The Association of Dental Implantology, The American Equilibration Society, The British Society of Occlusal Studies, the British Society of Restorative Dentistry, British Society of Periodontology, The Royal Odontological Chirurgical Society and the British Dental Association.



Dr Sarah Manton

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

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

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

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



Gordon Matheson

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

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

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



Dr Peter McCullum

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

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

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

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

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



David McColl

Chair of the Scottish Dental Practice Committee, Vice Chair of the GP sub-committee of GGC Local

Dental Committee, and a member of the Area Dental Committee of Greater Glasgow and Clyde LDC. He is also the Scottish representative on the BDA Pensions Committee and is on the board of the Scottish Public Pensions Authority. David also runs a busy NHS practice in Govanhill, Glasgow. Outside dentistry, he enjoys cycling, swimming, playing tennis and ski mountaineering.



Gordon Morson

In general practice since qualifying from the University of Glasgow in 1998, he works

in Alloa and has been a partner in a large NHS practice there for 17 years. He is a member of Forth Valley Local and Area Dental Committees and has been involved in dental politics

for more than 20 years. Gordon also has a significant interest in dental education, having organised Forth Valley's educational programme for dentists and DCPs for more than 15 years. He is a VT trainer and regularly contributes to the training programme, speaking about communication and dental politics. In May 2020, he was a speaker in the Oral Health, Urgencies and Emergencies in COVID-19 webinar hosted by The Royal College of Surgeons Edinburgh.



Dr Eimear O'Connell

The first woman President of the Association of Dental Implantology, Eimear works

hard to promote women in dentistry. She received her MFGDP in and FFGDP from the Royal College of Surgeons London and her Diploma of Implant Dentistry from the Royal College of Surgeons Edinburgh; she was the first female dentist in the UK to gain an implant diploma from the RCSE. She received her dental degree from the University of Edinburgh in 1992, and has run her own private practice in Edinburgh since 1996. In 2014 Eimear won a UK business award from Software of Excellence, and Best Overall Practice in Scotland. In 2015 her practice won the Best Patient Care award. Eimear has been using CEREC technology for 15 years and uses digital technology to deliver successful outcomes. Eimear is a key opinion leader for Dentsply Sirona in the fields of implant and digital dentistry. Outside work she looks after her three daughters, enjoys skiing, sailing, hockey and the great outdoors.



Peter Ommer

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

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

practice owner for 15 years.

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



Andrew Paterson

Andrew Paterson graduated from the University of Edinburgh in 1987 and

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

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

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



Dr Sarah Pollington

Sarah Pollington is Director of Dental Education at The Royal College of Physicians and Surgeons of Glasgow. Dr Pollington

graduated from the University of Sheffield in 1992. After working in General Dental Practice, she began part time teaching at the University in 1995 initially in Oral Surgery and then Restorative Dentistry. Following this, she became a full time Clinical Lecturer in Restorative Dentistry in 2001. In 2008, she went on to complete her PhD in novel dental ceramics and then completed specialist training in 2013. Dr Pollington is on the GDC specialist list in Restorative Dentistry, Prosthodontics, Periodontics and Endodontics. Currently, Dr Pollington is a Senior Clinical Teacher and Honorary Consultant in Restorative Dentistry at the University of Sheffield. She is the Undergraduate Lead for Learning and Teaching in Periodontology, Lead for a number of Prosthodontic clinical skills courses and Director of Student Affairs.



Derek Richards

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

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

He is a former editor of the *Evidence-Based Dentistry Journal* and a past president of the British Association for the Study of Community Dentistry. He is a senior lecturer at Dundee Dental School and has been involved with a wide range of evidence-based initiatives both nationally and internationally since 1994. He is co-author of the book, *Evidence-Based Dentistry: Managing Information for Better Practice (Quintessentials of Dental Practice)* and the chief blogger for the Dental Elf website.



Professor William Saunders

Emeritus Professor of Endodontology at the University of Dundee,

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





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

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



Susie Sharkey

Susie used her original qualification in hotel management to start her

career in a practice in the west of Glasgow, where she qualified as a dental nurse and oral health educator as well as managing the practice. She briefly worked for Isoplan and an orthodontic practice before becoming Practice Manager at Dental Fx in 2006.

Susie graduated top of her year from the University of Highlands and Islands with a Professional Development Award in Dental Practice Management and won the Louisa Fraser Memorial Award. She gained an award in Training and Education which enabled her to write a course for nurses aspiring to learn more regarding dental implants. She is a regular columnist for *Scottish Dental* magazine, as well as having contributed to a couple of books on dental practice management. Currently Susie is working as a Treatment Co-ordinator for Dental Fx and is active on dental forums where she is committed to helping out young professionals starting out on their career in dentistry.



Professor Philip Taylor

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

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

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

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



Douglas Thain

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

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



Dr Donald J Thomson

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

oral surgery posts in dental hospitals

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

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

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



Professor Angus Walls

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

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

Professor Walls' research interests focus on the oral health status and care needs of older people. He served as President of the British Society for Gerodontology, the British Society for Restorative Dentistry the British Society for Oral and Dental Research, the European College of Gerodontology and the International Association for Dental Research.

Professor Walls was a member of the RAE panel in 2008 and the REF in 2014 and is a panel member for REF 2021



Alan Whittet

Alan Whittet was appointed Senior Dental Adviser at NHS Scotland in April 2017.

He qualified

from Edinburgh Dental School in 1984. Alan went straight into general dental practice and worked in three different practices over the course of 27 years. The majority of that time was spent in the NHS.

He was an associate at a practice in Stirling for two years before moving to another in the west end of Edinburgh.

After five years he headed to East Lothian and a practice in Longniddry, where he worked for 20 years.

He was a Dental Practice Adviser with NHS Lothian from 1997-2017.

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ANDREW MCGREGOR • PARK ORTHODONTICS

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Specialist in orthodontics and owner of Park Orthodontics

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

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

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

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

Park Orthodontics, 14 Royal Terrace, Glasgow G3 7NY.

T: 0141 332 5107 E: manager@parkorthodontics.co.uk W: www.parkorthodontics.co.uk



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

**Park Orthodontics
14 Royal Terrace
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Michael Tang BDS MFGDP(UK)RCS
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SINCE graduating from the University of Glasgow in 2002, Michael developed a special interest in dental implantology. He receives referrals for implant surgery, from straightforward single unit cases to complex full arch treatments. Referring dentists can also refer patients for CBCT scans, bone/soft tissue grafting, and sinus lifting at his boutique clinic, Kalyani Dental Lounge in Glasgow.

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

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

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ROB LEGGETT • NEW LIFE TEETH



Rob Leggett RDT Dip CDT RCS Ed
GDC number: 116479

A REPUTATION FOR EXCELLENCE

Director New Life Teeth and Scottish Denture
Clinic, Clinical Dental Technician

ROB qualified as a dental technician in 1997 from Edinburgh's Telford College. He has worked in a mixture of the private and public sector spending 10 years working in the NHS including Glasgow Dental Hospital and Edinburgh's Dental Institute before co-founding New Life Teeth and Scottish Denture Clinic.

In February 2009 Rob returned to study a diploma in Clinical Dental Technology which was the first CDT course to be run in the UK, qualifying through the Royal College of Surgeons in December 2009.

Rob is an elected council member of the Dental Technologists Association and sits on the council for DCPs at the Royal College of Surgeons of Edinburgh.

Rob has a special interest in digital dentistry and is proud to be an early implementer of a full digital denture workflow both clinically and technically.

New Life Teeth Lab is one of the most technically sophisticated labs in Scotland, utilising implant planning from 3shape, design software from Zirkonzahn, 3shape and Formlabs as well as milling machines from Zirkonzahn and Ivoclar.

Rob has now been practicing as a clinical dental technician for more than 10 years and within that time has earned a reputation for excellence from his growing list of referring dentists and patients. Rob accepts referrals for all removable dentures with a focus on complex and implant retained overdentures.

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



GEORGE CAMPBELL • INFINITY SMILES



George Campbell, BDS (Edin), FDS
RCPS (Glas), MOrth RCS (Edin), MSc
(Lon) GDC Number: 63331

AT THE FOREFRONT OF TECHNOLOGY

Practice Principal, Specialist Orthodontist

GEORGE Campbell was born and schooled in Glasgow, then studied Dentistry at Edinburgh University. On leaving, he enlisted as a Captain in the British Army, followed by various posts in oral and maxillofacial surgery in which he completed his fellowship of the Royal College of Surgeons.

George spent three years as the Registrar in Orthodontics at Guy's Hospital in London, obtaining his MSc and obtained his MOrth in Orthodontics from the Royal College of Surgeons in Edinburgh.

He worked as a consultant in Orthodontics near London for a year before opening his first practice in Scotland, which has now grown to six practices. He is also included in the Who's Who of Dentistry.

George has trained 15 Orthodontic Therapists in the last 10 years and his practice, Infinity Smiles, is at the forefront of technology including relaxed virtual consultations day and night to suit patients, and the introduction of four new scanners including the latest Invisalign iTero scanner which provides future smile simulation.

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PHILIP CHURCH • MILLERSNEUK DENTAL PRACTICE



Philip Church
BDS DiplImpDent RCS (Ed)
GDC Number: 103165

PUTTING PATIENT SAFETY FIRST

Implant surgeon

PHILIP is an implant surgeon working at Millersneuk Dental Practice, a private practice in Lenzie, Glasgow. He graduated from Glasgow University in 2006 and has subsequently trained in implants, sedation and oral surgery. He has been awarded a Diploma in Implant Dentistry by the Royal College of Surgeons of Edinburgh.

Philip is a member of SAAD, the ITI and the Association of Dental Implantology. He has a keen interest in surgical dentistry and regularly attends training courses throughout the UK and Europe. The practice has invested in the latest digital scanners, CBCT and 3D printers to be at the cutting edge of guided implant and restoration placement. Philip feels this puts patient safety at the forefront of all treatment, carefully planning long term rehabilitation of the mouth.

Referrals for all forms of implant work including full arch and oral surgery cases are welcome at Millersneuk Dental Practice - 112 Kirkintilloch Road, Lenzie, G66 4LQ. Referrals: dentalglasgow.co.uk

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GEOFF GLASS • MILNGAVIE ORTHODONTICS

TAKING PRIDE IN OUR SERVICE

Partner, Specialist Orthodontist

I COMPLETED my undergraduate training at Glasgow University in 1985, years and spent the first three years in the Hospital Service, initially at Glasgow Dental Hospital followed by Royal Infirmary at Dumfries.

After spending a few years in General Practice, I decided I wanted to focus on a career in orthodontics and began work in Specialist Orthodontic Practice with Fraser Stewart at Giffnock Orthodontic Centre in 1990 and spent many happy years there. Thanks to the tremendous support from my colleagues and my wife, Elizabeth, I passed my MOrth examinations (we had three children under five years of age at the time of my exams!).

Taking over Milngavie Orthodontic Practice in 2007 from John Southcott, we relocated to our present, purpose-built practice in 2012. The team at Milngavie really make it a pleasure to work there. Lauren and I sit on the committee of the Scottish Specialist Practitioner Group and give occasional presentations to some of the West of Scotland VT Groups. I am delighted that Lauren has become a partner in the practice; her ideas have allowed the practice to develop more and more.

I would like to thank our team members, who have a great deal of pride in the service that we provide. I am also indebted to our referring colleagues who have continued to support Milngavie Orthodontics during these difficult times.

T: 0141 955 0569
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Geoff Glass, BDS, MOrth, GDC
Number: 60068

LAUREN ANDERSON • MILNGAVIE ORTHODONTICS

HELPING PEOPLE OF ALL AGES

Partner, Specialist Orthodontist

MY CAREER started at home, in Glasgow, where I completed my undergraduate years from the University in 2010.

Having worked in various training posts around the city to gain the experience necessary to apply for a Speciality Training Post and I moved to Newcastle in 2013 to complete my Membership in Orthodontics (MOrth) and Master of Science (MSc) degree at Newcastle University in 2016. Being a 'true Weegie', I returned home to start at Milngavie Orthodontics, where I am now a Partner alongside Geoff Glass.

I enjoy being involved in the profession. This year I created the Scottish Invisalign Study Group and am also the secretary for the Scottish Orthodontics Specialists Practitioners Group. I am also 'Mum' to my two-year-old daughter. I am inspired and empowered by women in dentistry who are able to balance their work and family life and support equality in the profession.

I feel very fortunate to have a job (which I love!) where I can help people of all ages achieve confidence through their smile and I am lucky to work in Milngavie with fantastic referring colleagues and a great dental team.

T: 0141 955 0569
E: info@milngavieorthodontics.co.uk
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Lauren Anderson, BDS MFDS MSc
MOrth RCPSG GDC No 191048

CHRIS BARROWMAN • INFINITY BLUE DENTAL CARE



A QUALITY AND PERSONALISED EXPERIENCE

Principal Dentist, Infinityblu Dental Care

WITH patients at the heart of their practices, Infinityblu offers a quality and personalised experience. An award-winning independent dental practice, Infinityblu Dental Care & Implant Clinic, which started in 2007 as a squat in Pitlochry, has now grown over the past 14 years to a seven-practice dental group. With clinics across Scotland - in Perthshire, Stirlingshire, and Duns in the Scottish Borders - clinical director, and owner, Chris Barrowman's vision of Infinityblu has developed into a well-respected and known dental brand in Scotland.

BEHIND THE BRAND

"Infinityblu Dental Care & Implant Clinic started late 2007 when I took on the unknown and opened a squat dental practice in Pitlochry," says Chris. "I purchased the premises, which was operating as a fruit and veg wholesaler, in 2006, refurbished the entire property, marketed my vision of Infinityblu as a dental practice with the patients at the heart, advertised locally for patients, and opened our doors in October 2007.

"I had worked in general practice as a dental associate for several years before this, and was increasingly frustrated that in general, patients weren't being offered a service where they were the primary focus. I wanted the focus to be the patient, the patient experience, the journey, be able to offer patients what they wanted, making them aware of all the options for their dental care and their smile, not just what the dentist wanted to offer them, or thought the patient wanted.

"My dream was to build a group of Infinityblu practices based around the patients, the patient experience, and by sharing my vision as a dentist and with the team, patients know when they have stepped into an Infinityblu practice."

Infinityblu Dental Care & Implant Clinic became the realisation of Chris's original vision, to create a friendly practice that prioritises patient care. Chris has managed to create a well-regarded dental 'hub', where a full range of in-house treatments are delivered, with a focus on exceptional care, to every member of the family, their friends, and colleagues.

"With Infinityblu practices in Pitlochry, Dunkeld, Crieff, Auchterarder, Alyth, Callander and Duns, we are continuously developing a high standard customer experience in each practice, with the focus being on the patients," he said. "We offer a full range of NHS, Private and Membership Plan services to our patients, from routine care to Implants, Orthodontics and Oral Surgery specialist services.

"My vision is to now grow the Infinityblu name that we've established, and the patient service that has been recognised over our Infinityblu practices and build on this service both in patient numbers in current Infinityblu practices, and in other practice locations."

Chris's primary clinical aim for 2022 is focusing on implants and taking more complex cases using the newest and most up to date technology for implantology in a one-day procedure. And, secondly, increasing the number of Infinityblu sites across Scotland providing specialist oral surgery and IV sedation services for referring dentists.

"Our focus and priority will always be the patients who are the heart of the practice and to offer a quality personalised patient experience to every single patient," he said.



Chris Barrowman, BDS, University of
Dundee GDC Number: 79642

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PAM WALSH • MERZ AESTHETICS

EDUCATION, TRAINING AND MARKETING

Aesthetics Account Manager, Merz Aesthetics

PAM Walsh is the Aesthetics Account Manager for Merz Aesthetics in Scotland and would welcome the opportunity to discuss the Merz portfolio with dental practitioners practising facial aesthetics.

Pam's role is to provide each business with education, training and marketing support to help their businesses thrive. Over the past number of months, Merz has invested heavily in webinar training events concerning basic dermal filler training, through to advanced injecting.

Merz will continue to host multiple clinical and product training webinars through to the end of the year.

Please contact Pam to discuss how you can access these free webinars and how she can support you in your facial aesthetics business.

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A CAN-DO ATTITUDE

Territory Sales Manager

THE UK Dental Division of Zimmer Biomet is pleased to welcome our newest member of the team covering Scotland and the northeast of England.

Stacey Cooper brings more than 15 years of diverse experience within the field of dental. Her career began as a dental nurse in Glasgow working in private practice, and since then Stacey has transformed into a highly ambitious and determined Territory Manager representing the UK Dental Division of Zimmer Biomet in her region.

As a practice manager, Stacey excelled in the area of practice development with a special focus on dental nurse training across various fields. Treatment planning co-ordination roles provided Stacey with the opportunity to expand her communication skills with customers and excel in providing outstanding customer care.

Well-known within her field, Stacey is a personable, approachable positive asset to our organisation with a can-do attitude and a willingness to assist and engage with colleagues, customers and patients alike. With her focus now on dental implantology, Stacey's expertise continues to expand.

Based in Motherwell, Stacey is happily married and dedicates much of her spare time to her beloved dog Dave. She enjoys volunteering at the local animal charity helping those animals less fortunate than Dave!



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THE LEARNING NEVER STOPS

Director

I HAVE been working in the dental technology for 41 years, starting my journey at Dental Technology Services - where Alex Littlejohn gave me an apprenticeship. I worked at DTS for eight years, during which I gained my diploma in dental technology and great experience in every aspect of being a technician, denture work, chromes, and orthodontics before settling in crown and bridge-producing private work in their 'ultra-lab'. I learned a lot from Alex who was a real innovator and who inspired me to want to run my own laboratory. I have always been involved in private cosmetic work, where you are challenged to consistently produce highly aesthetic and functional work to meet the high expectations of the patient and dentist. I have attended countless ceramic, implant, and technical courses in the UK and Europe over the years, going to the home of Ivoclar Vivadent in Liechtenstein to study and learn how to use IPS e.max when it first came out, or to Italy and London with my clients to learn new implant techniques and restoration. In 2009, I formed Adair Dental Lab and set up in Glasgow to focus on building a more private-based laboratory, but never ignoring my longstanding NHS clients. Training intensified as we pushed harder to improve all aspects of my business. At this point my son Conor starts training to be a technician and joined the company, and we have a family business now. In 2014, our lease was up and we had the opportunity to take the floor above Bothwell Dental & Implant Clinic who we have a great working relationship with still. I saw this as an opportunity for my technicians to work closely with dentist and patient and see their work and appreciate the expectation of the patient. It was also a good time for a rebrand to Vitality Dental. This period has seen us really push into the digital era where we have our own in-house milling. We bought into Straumann and Dentsply Sirona for our hardware and software, as their support is first class, and with our increasing implant workload, these companies allow us to work with all implant systems. My son is now a top-class ceramist and easily deals with the digital workflow. We are now working a lot with Vita, who have some great new materials and have already been on several courses with them, so the learning never stops.



Alex Adair, Director E: alex@vitalitydentallab.co.uk T: 0141 332 9252
W: www.vitalitydentallab.co.uk

KIRSTY MORRISON • CARESTREAM DENTAL

FOCUSED ON DENTAL STAFF TRAINING

Application Specialist & Customer Relationship
Partner at Carestream Dental

FOCUSED on providing training in dental practice management software, imaging equipment and intra-oral scanning.

Carestream Dental's dedicated Scottish team is completed with Kirsty Morrison who has over 20 years' experience working in practice, hospital and community environments.

Kirsty has a background in all aspects of Dental Nursing/Practice Management with post qualifications in radiography, sedation and special care nursing.

She has been an Application Specialist at Carestream Dental for six years with a focus on providing training for dental staff in dental practice management software, imaging equipment and intra-oral scanning.

To book training for your practice staff contact Carestream Dental at
0800 169 9692 or email sales.uk.csd@carestream.com

**PHILIP WRIGHT • CARESTREAM DENTAL**

OFFERING EXCEPTIONAL SUPPORT AND ADVICE

Account Manager at Carestream Dental

PHILIP WRIGHT is a qualified Dental Technician with more than 20 years' experience in the dental industry.

Having been a dental laboratory owner for many years, he truly understands the business aspects of a dental surgery and what dentists require to enhance their workflow.

At Carestream Dental, he is the first port of call for anyone with an interest in the wide range of innovative imaging equipment, high-quality scanning solutions and the most intuitive practice management software, providing any necessary product information or advice.

Philip is able to offer exceptional support and advice to all of his customers. Contact Philip directly on 07980 680026 or email philip.wright@csdental.com



T: 07980 680026
E: philip.wright@csdental.com
W: www.carestreamdental.com

KAREN TURNER • SCHÜLKE



LEADERS IN INFECTION PREVENTION

Karen Turner, schülke Territory Manager for Scotland

OFFERING a wide range of infection prevention and free CPD accredited online training.

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

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

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

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

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T: 07970860202
E: karen.turner@schuelke.com
W: www.schuelke.com

RICHARD O'BRIEN • SEPTODONT



BRINGING YEARS OF EXPERIENCE

Product Specialist, Septodont – bringing many years of experience to strengthen our service to customers

SEPTODONT is delighted to announce that Richard O'Brien has joined our team to cover Scotland and the Northeast of England from September 2021.

Richard is well known in Scottish dental circles and brings many years of experience which will strengthen our local service to customers, old and new.

As may be expected from the world leaders in dental pharmaceuticals, Richard will stand behind our range of local anaesthetics and Ultra Safety Plus Twist® needle safety device, while also focussing on our unique tricalcium silicate-based products, Biodentine and BioRoot. He will be pleased to offer help and advice regarding just about anything Septodont.

For support from Septodont in Scotland and Northeast England, either online, by phone or face to face in your practice, contact Richard on 07534 188 447, email robrien@septodont.com or call our head office on 01622 695520.



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PAUL PERKINS • DMG



MANAGING AND DEVELOPING DIGITAL

Business Development Manager for Digital, DMG

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

Paul joined the DMG UK team in 2019 and has previously worked for numerous dental manufacturers in the laboratory sector, so he is a well-known and much-respected member of the dental community.

Paul is responsible for managing our digital product team and developing our digital strategy. He is excited for our new venture into digital dentistry and is looking forward to a prosperous year ahead.

Paul also looks after our laboratory technicians and products associated with them.

He has worked for Ivoclar, in California with Frontier Dental Laboratory, Boots, 3i Implants and most recently DMG.



T: 07530 450598
E: paulperkins@dmg-dental.co.uk
W: www.dmg-dental.co.uk

RACHEL MORELAND • DMG



LOOKING FORWARD TO YOUR CALL

Sales and Marketing Manager, DMG

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

She is happy to discuss any of our DMG products with our Scottish customers, especially Icon, and looks forward to your call.



T: 07854 725544
E: rachelm@dmg-dental.co.uk
W: www.dmg-dental.co.uk

LESLEY MCKENZIE • SDI

YOUR SMILE. OUR VISION.

Sales Manager, SDI, Scotland and Ireland

YOUR SMILE. Our vision. These words define SDI. They reflect SDI's focus on dentists' ultimate goal of achieving perfect smiles for their patients.

Helping dentists and the dental team to produce beautiful, healthy, long-lasting smiles, to work efficiently, and to provide quality and innovation to their patients, is the key goal for SDI.

- Your Smile – Everything SDI does is for the ultimate goal of the dentist: To create the perfect smile for their patients. Perfection means excellence. Beautifully natural, long-lasting materials that are simple for dentists to use.
- Our Vision – SDI continually innovates to provide dental materials that assist dentists and their team to create the perfect smile. Research and development is paramount at SDI. SDI must lead the market and foresee the needs of dentists through our own research and product innovation.

Lesley McKenzie, Scotland & Ireland sales manager, started with SDI in September 2000.

T: 07887 930 923

E: Lesley.McKenzie@sdi.com.au

W: www.sdi.com.au/au



ALLAN WRIGHT • A-DEC

HEALTHIER, MORE EFFICIENT DENTISTRY

Territory Manager for Scotland, A-dec

AS ONE of the largest dental equipment manufacturers in the world, A-dec designs and builds much of what you see in the dental treatment room, including chairs, stools, delivery systems, dental lights, and a full line of accessories.

A-dec's primary focus is to create innovations, simple solutions and superior services that help dental professionals perform healthier, more efficient dentistry. Each piece of dental equipment they produce is designed and tested to withstand the unique demands of a dental practice over at least 20 years of consistent daily use, for dental equipment that you can truly rely on.

Allan Wright is A-dec's Territory Manager for Scotland, based in Stirling. He has worked in the dental industry for more than sixteen years, supporting practices all over Scotland. Allan has an in-depth knowledge of infection control within dentistry, including dental unit waterlines, and as an ergonomics assessor, can help ensure dentists have a lasting career in dentistry by providing an in-practice ergonomics assessment.

For more information on A-dec dental equipment or to discuss your dental equipment needs, contact Allan Wright on 07803 627247 or email allan.wright@a-dec.com.

T: 07803 627247

E: allan.wright@a-dec.com

W: www.a-dec.com



WAYNE MAYHEW • MDDUS



UNDERSTANDING THE CHALLENGES YOU FACE

Customer Account Manager

WHEN it comes to protecting healthcare professionals, MDDUS is always here - keeping pace with our fast-changing world.

As the mutual for our profession, we provide access to indemnity that makes it safer, fairer and simpler to practise.

MDDUS is run for, and with, healthcare professionals so members always come first. You can depend on a personal service that reflects a true understanding of the challenges you face. MDDUS always stands up for your professional best interests.

With valuable support and advice always accessible, you can call on MDDUS whenever you require assistance with a medico or dento legal matter. Whether you are a clinician or a business manager, MDDUS is the trusted choice for all.



T: 07964 532282
E: wmayhew@mddus.com
W: www.mddus.com

RODDY ANDERSON • JOHNSTON CARMICHAEL



RECOGNISING THE ISSUES AT HAND

Partner and Head of Dental, Johnston Carmichael

JOHNSTON Carmichael is a leading independent business advisory and chartered accountancy firm, with 12 offices based across Scotland and one in London. Our multi-disciplinary dental team have the in-depth insight and technical expertise to support your business. With a deep understanding of the industry issues that you face every day, we advise dental businesses of varying sizes and complexities – from partnerships and large group practices to individual dentists.

Roddy Anderson, Partner and Head of Dental, is a member of the National Association of Specialist Dental Accountants and Lawyers (NASDAL), meaning we are always up to date with the latest accounting, tax and industry-specialist knowledge. Roddy is the only NASDAL registered accountant and business adviser in the north-east of Scotland, offering a high standard of technical knowledge and service that is difficult to match, complemented by his team.

Our experienced sector experts provide a range of services including: Year-end accounting preparation; Management accounting; Training on and configuration of cloud accounting software; Payroll preparation; Budgets and cash-flow forecasts; Tax planning and preparation of personal, partnership and company tax returns; Practice valuations; Finance sourcing for practices; Reporting on practice efficiency and profitability. Our in-house Wealth team also has specialist knowledge of the NHS pension scheme and can advise on retirement planning, lifetime allowance, annual allowance and related matters. With a clear understanding of your business, we are able to quickly recognise the issues at hand and take care of all your needs, allowing you to focus on the most important thing – your patients.



T: 07795 235 585 E: roddy.anderson@jcca.co.uk W: johnstoncarmichael.com

MICHAEL KELLY • VICTORIA McMURRAY • REBECCA COX • MACROBERTS



Michael Kelly
Partner



Victoria McMurray
Senior Associate



Rebecca Cox
Associate, MacRoberts

SUCCESS IS CENTRAL TO EVERYTHING

A LEADING Scottish law firm where client success is central to everything MacRoberts does.

With unrivalled commercial experience, MacRoberts' Corporate team is recognised as market-leading legal advisers to Scotland's dental sector.

Led by Partner Michael Kelly (cited as 'the most insightful and commercial advisor I have ever encountered' by one client) leads the team, supported by Victoria McMurray ('a really intelligent and unflappable young lawyer') and Rebecca Cox (Rising Star of the Year finalist at the Scottish Legal Awards 2021), the team is accustomed to working through the complex legal issues that go hand-in-hand with dental deals.

Acting for both buyers and sellers in relation to both NHS and privately run practices, MacRoberts has developed an enormous depth of experience in the sector, participating in more than 30 deals in the dental sector in the last 12 months alone.

The team intuitively understand the issues, and work through deals in a pragmatic and efficient manner, keeping clear communications as a priority throughout.

Our team's vast knowledge and experience means clients can be confident of a first-class service, with some clients recently commenting: "This was quite a complex sale of our small group of dental practices, but it was handled superbly and with the utmost efficiency – thanks to MacRoberts, the whole process was stress-free," and "We genuinely felt well looked after and that the team always had our interests at heart."



Michael Kelly..... 0141 303 1100
Victoria McMurray..... 0131 229 5046
Rebecca Cox..... 01382 339 340
E: info@macroberts.com W: www.macroberts.com

MICHAEL ROYDEN • THORNTONS LAW LLP



A HIGH LEVEL OF SERVICE FOR CLIENTS

Michael Royden, Partner, Thorntons Law LLP

THE THORNTONS Law Dental Team has been advising dentists in Scotland for many years, and has an ever growing number of lawyers who specialise in advice to the profession.

Partner Michael Royden heads up the team and has been focussed on the profession for over 15 years. He is a member of the National Association of Dental Accountants and Lawyers and the Association of Specialist Providers to Dentists.

Michael, along with the rest of the team, spends 75-80% of his working week advising dentists. "When we set up the team all those years ago, we did so in order to provide specialist advice to Scottish dentists," he said. "What we didn't anticipate is that the team would become so well recognised, and I see that as reflective of the high level of service we give to our dental clients.

"Much of our work relates to practice sales and acquisitions, and given the number of deals our team handle on an ongoing basis, we can provide proactive and detailed advice to our clients.

"An example of that is the growing number of practice acquisitions by the dental corporates in Scotland. We have advised a large number of principals selling to all of the main corporates, so we are able to give a strong insight into such a sale, beyond the purely legal aspects.

"I am incredibly proud of our strong connection with the dental profession in Scotland, and I look forward to continuing to grow that association in the years to come."

Michael received the Professional Adviser Award at the Scottish Dental Awards 2019, and is recognised as a leading lawyer in Healthcare by Chambers and Partners 2021.

T: 01382 346222 E: mroyden@thorntons-law.co.uk W: www.thorntons-law.co.uk



IAN MAIN • DENTAL ACCOUNTANTS SCOTLAND



HELPING THE SECTOR IN TOUGH TIMES

Specialist Consultant, Dental Accountants Scotland

IAN is a key part of the team at Dental Accountants Scotland; the only firm of accountants and advisers specialising 100 per cent on the Scottish Dental Sector. Personally recognised as Scottish Accountant of the Year in 2015, Ian is seen as a leading advisor in the sector.

With a wealth and depth of knowledge of the sector honed since 2006, Ian and his colleagues support, challenge and inspire many dental professionals to achieve their potential and goals with their holistic wrap-around support.

Dental Accountants Scotland provide all the traditional accounting and taxation services expected of a specialist in the dental profession but are always striving to go beyond expectations. Ian himself provides expert consulting advisory services for buying and selling Scottish dental practices and tax efficient profit maximisation of practice performance for new and existing Principals.

Dental Accountants Scotland, from their offices in Edinburgh and the Scottish Borders, cover the length and breadth of the country and support a significant proportion of the Scottish dental sector. However, they deliberately limit the number of clients they work with to ensure that they can provide quality service at a personal and connected level with their clients. Empathetic and compassionate, Ian and the Dental Accountants Scotland team truly care passionately about the sector and the success and happiness of all Dental Professionals in Scotland.

Ian provided a widely read and valuable digest on a regular basis (daily at times!) during the COVID-19 pandemic and helped many in the sector to navigate through one of the most challenging times the profession has experienced.

Free of charge review of your affairs on a no obligation basis is available by contacting Ian directly.

T: 01750 700468 / 0131 248 2570 / 07375 700468 E: ian@dentalaccountantsscotland.co.uk
W: dentalaccountantsscotland.co.uk



MARTYN BRADSHAW • PFM DENTAL



SELLING YOUR PRACTICE? THEN LOOK NO FURTHER

Director of the PFM Dental group
and leads the practice sales and
valuations department

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

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

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

pfm
dental

T: 01904 670820
E: martyn.bradshaw@pfmdental.co.uk
W: www.pfmdental.co.uk

CHERYL REYNOLDS • PRACTICE PLAN



ASSISTING, GUIDING, AND SUPPORTING

Regional Support Manager, Scotland

CHERYL HAS recently joined Practice Plan to become a Regional Support Manager in Scotland, working alongside Louise Bone. A key aspect of Cheryl's role for Practice Plan will involve her working with practices that are interested in converting from NHS dentistry to private practice.

Cheryl began her career in dentistry 24 years ago as a trainee dental nurse before studying to become a fully qualified nurse in implants and sedation. She then left working in a practice to take up a role in hospitals, teaching trainee dental nurses for a number of years before moving out into the field to work as a dental nurse trainer.

Cheryl soon progressed to become a Support Training Manager, helping practices with infection control and many other CPD modules within the dental industry. In recent years, she has been working as a Regional Operations and Compliance Manager for a large dental corporate group before setting up her own business, Auxilium Dente Ltd, which supports practices on subjects such as finance and analysing revenue, risk assessments and compliance.

She will be assisting, guiding, and supporting practices in all aspects of the conversion process from assessing the viability of a successful conversion and assisting with team training, all the way through to embedding and supporting the growth of a membership plan.

M: 07966 842309

E: cheryl.reynolds@practiceplan.co.uk

W: www.practiceplan.co.uk

Practiceplan
The business of dentistry
Part of the **WILLIS TOWERS WATSON** Group

LOUISE BONE • PRACTICE PLAN



HELPING YOU MAKE INFORMED DECISIONS

Regional Support Manager

LOUISE JOINED Practice Plan in 2013 as a Regional Support Manager in Scotland, where, for the last eight years she has been playing a leading role in helping practices make the move from NHS dentistry to private practice.

Louise has led a varied career in the industry, starting out as a dental nurse after qualifying at Edinburgh's Telford College, before spending five years working as a dental nurse at NHS Lothian, where she served in the oral and maxillofacial surgery department.

From there, Louise went on to become an Infection Control Support Dental Nurse within the National Decontamination Team for NHS Education for Scotland. She then became a specialist dental nurse with Edinburgh Dental Specialists, before moving positions within dentistry to take up a role as a Clinical Care Coordinator with Dovetail Care Solutions.

Her position with Practice Plan involves having initial conversations with practices who want to explore the idea of going private, before presenting them with all the information they need to make an informed decision.

From there, Louise uses all her experience and expertise built up from her 20 years working in various roles within dentistry, to help guide practices through different stages of the journey on the way to becoming a private practice.

M: 07920 023143

E: louise.bone@practiceplan.co.uk

W: www.practiceplan.co.uk

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TED JOHNSTON • DENTAL ELITE

HELPING OWNERS UNDERSTAND VALUATIONS AND HOW SMALL CHANGES INCREASE PRACTICE VALUE

Practice Valuation Consultant

SINCE STARTING with Dental Elite in 2018 with the focus of growing the Scottish market, Ted Johnston has seen changing attitudes to Scottish dental practice valuations, as buyers and sellers move away from the percentage of turnover metric and instead embrace EBITDA models, allowing for greater goodwill values than previously achieved.

Ted says: "While business valuations have been calculated on EBITDA models for many years, this was slow to be adopted in the dental practice market and Scotland has largely continued to look at valuations on the basis of percentage of turnover.

"In many cases this has meant that profitable Scottish practices have not secured their full value in the past. One part of the job I love is the chance to work with Principals to understand their valuations and how small changes will increase EBITDA and practice value."

TESTIMONIAL FROM DR JOHN MCGREGOR

"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."

Despite the strangeness of 2020 and the large periods of practice closure, where we saw more than £8,321,000 in practice sales, 2021 has seen continued growth and looks to outstrip 2020. Similarly, we can see the increasing demands for valuations for dental practice owners keen to see how their value can grow.



If you would be interested in a free of charge, no obligation valuation to assist with growing your value and your exit strategy, please do contact us on 01788 545900



LOUISE GRANT & ANNA COFF • EQ ACCOUNTANTS



Louise Grant, Partner & Head of EQ Healthcare



Anna Coff, Manager



SUPPORTING CLIENTS TO REALISE AMBITIONS

Partner & Head of EQ Healthcare and Manager

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

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

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

In addition, our healthcare team have been advising our dental clients throughout the COVID-19 pandemic, helping them to secure funding needed to boost cash flow and continue to support their practice since welcoming back their own patients. For more information on the services and support we can offer, visit our dedicated healthcare page www.eqaccountants.co.uk/healthcare

Louise Grant **T: 01382 312110 E: louise.grant@eqaccountants.co.uk**
Anna Coff **T: 01307 474274 E: anna.coff@eqaccountants.co.uk**

JAYNE CLIFFORD • MARTIN AITKEN



YOUR FIRST POINT OF CONTACT

Director, Martin Aitken

LOOKING for advice and want a firm who can give you clear, practical and understandable answers? Someone who knows your industry inside out and talks your language? Martin Aitken has a dedicated dental professionals' team dealing with dentists, dental practices, and the ancillary service providers to the medical, dental and healthcare sector in Scotland

Jayne Clifford MA, CA, Director, Martin Aitken, heads up our dedicated dental professionals' team. She has more than 27 years' experience as a qualified Chartered Accountant, Big 4 trained, and member of the National Association of Specialist Dental Accountants & Lawyers (NASDAL). Jayne and the dental team have worked with more than 400 dental clients, advising them on accounting and tax compliance and on business and financial improvement, therefore we can deliver an accessible level of knowledge and expertise, without the accountancy jargon and legalese. The dental professionals' team experience consists of audit, accounting, finance, strategic management, leadership and succession planning and we thrive on developing long-standing client relationships. Our clients enjoy a permanent and direct relationship with one or more of Martin Aitken's directors and managers. Jayne is committed to achieving success for her clients, so from time to time will call upon the internal expertise of other departments within Martin Aitken. Our objective at Martin Aitken is simple – to be your reliable first point of contact for all your business and financial needs.

We help Associates, Principals and Directors to comply with their statutory accounting and tax obligations and we help them to improve the practice's financial and business performance. We also advise on practice acquisitions, sales, restructures, and succession planning for new and retiring Principals. Our independent financial advisers provide personal finance, investment, and NHS pensions advice, as well as advising on setting up practice pension schemes and insurances.

T: 0141 272 0000 E: jfc@maco.co.uk W: www.maco.co.uk

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HEATHER MACMILLAN, ALAN TUMILSON, GRAHAM KIPPING • DENPLAN



Heather MacMillan
Business Development
Consultant



Alan Tumilson
Business Development Manager



Graham Kipping
Business Development
Consultant

READY TO WORK WITH YOU ON THE BEST OPTIONS FOR YOUR DENTAL PRACTICE

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

Alan Tumilson is Business Development Manager for the region, having spent more than seven years at Denplan, supporting practices of all sizes in Scotland and the UK.

With vast experience in the dental industry, Heather MacMillan is Denplan's Business Development Consultant in the Greater Glasgow & West Coast region.

She is able to work closely with practices to help them not only achieve their business goals but provide the quality dentistry their patients deserve. She has also helped with delivering business planning, bespoke training, and clinical support to dental practices around Scotland.

Graham Kipping has joined Denplan as a Business Development Consultant for Edinburgh & East Coast region, and brings with him a wealth of knowledge which allows him to help develop tailored growth plans and industry-leading support for dental practices.

With many patients now proactively asking for payment plans, there hasn't been a better time to join us. Contact us now for an informal conversation.



Alan Tumilson..... **T: 078235203637 E: alan.tumilson@simplyhealth.co.uk**
Heather MacMillan..... **T: 07818045448 E: heather.macmillan@simplyhealth.co.uk**
Graham Kipping..... **T: 07974832986 E: graham.kipping@simplyhealth.co.uk**
www.simplyhealth.co.uk

ROY HOGG • AZETS



PROVEN TRACK RECORD OF ADDING VALUE

Partner at Azets and Scottish Chairman of NASDAL

ROY HOGG leads the Scottish dental team at Azets. He acts for more than 300 General Dental Practitioners and practices across Scotland, providing a partner-led, expert service that is proactive and tailored to dentists. He has been working with dentists for more than 30 years, consistently delivering sound commercial knowledge and has a proven track record of adding value to, improving and growing dental practices through quality professional advice.

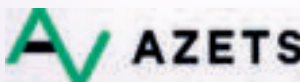
Roy provides accounting and tax services and business advice to clients and has considerable experience of transaction support and corporate finance advisory work. When buying or selling a practice Roy ensures clients have clear guidance from the start. He navigates clients through the dental regulations surrounding the industry to ensure they are fully compliant and aware of matters that may affect them and their business.

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

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

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

Roy presents at seminars on a range of accounting and taxation matters and is a regular contributor to healthcare publications. He was shortlisted for Best Professional Advisor at the Scottish Dental Awards in 2018 and 2019.



T: 01786 460030 E: roy.hogg@azets.co.uk W: www.azets.co.uk

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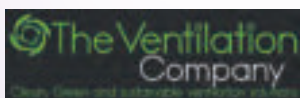
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TO INFINITY AND BEYOND

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

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

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

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

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

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

The purchase and refurbishment process

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

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

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

“

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

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

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

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

"Our investment in staff, patient



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INFINITYBLU DENTAL CARE AND IMPLANT CLINIC, ESTABLISHED BY A SCOTTISH YOUNG DENTIST OF THE YEAR WINNER, CHRIS BARROWMAN, HAS 7 DENTAL PRACTICES IN PITLOCHRY, DUNKELD, CRIEFF, AUCHTERARDER, ALYTH & CALLANDER IN PERTSHIRE AND DUNS IN SCOTTISH BORDERS.

"At **Infinityblu Dental Care and Implant Clinic** we are always looking for opportunities to grow and develop the business. Our focus is always providing the best quality service to the patient by putting the patient at the heart of what we do." **Chris Barrowman.**

Get in touch today if you are thinking of selling your practice to Infinityblu. We know what is important to sellers - we'll ensure a smooth transition for both your patients and your team, provide quality service and great overall experience.



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

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

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

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

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

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

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

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

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



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IT'S TIME TO RE-EDUCATE YOUR PATIENTS

Months at home have had a profound effect on their sense of self

[WORDS: ALUN K REES]

FOR MY 21ST BIRTHDAY, MY

housemates bought me a Grateful Dead album (*Live/Dead*, as you asked). I couldn't have imagined that I would be quoting lines of lyrics from *Truckin'* decades later, but "What a long strange trip it's been". And it's not over yet.

Since the spring of 2020, dentists have focused on taking care of their own health and that of their family and team members. Patients have continued to show trust in their clinicians but the frustrations from both parties around what treatment can be done, how and when have sometimes strained the relationship.

It's time to start moving away from treading water and to re-energise the patient relationship. Why is it important?

It's easy to be forgotten. Routine appointments have slipped for many people, hygiene visits may have been postponed and become irregular. The discussed restorative or orthodontic treatment plans may have gone on the back burner or forgotten.

Your experience has evolved, perhaps techniques have changed and you are able to offer more or different choices.

The patients have also evolved. Months at home have had a profound effect on many; with time to stare in the mirror they may understand what they don't like about their mouths.

Getting back to the normality of regular



THE TRIP CONTINUES; TAKE THE CHANCE FOR CHANGE THAT IT OFFERS

exams and hygiene will help many to return to their routine of self care and for some treatment may be overdue. In order to be seen to care some patients will need a nudge to return.

After such a length of time both team and patient can take the chance to reintroduce themselves. So why not book a little longer to talk over their future wants and hopes? Now is a great time to allow your team members an opportunity to act on your behalf in some patient interactions. Conversations are a core activity for reminding patients of the opportunities for elective treatment.

Re-visit the opportunities for internal marketing. Remind patients that you always appreciate referrals from existing patients and that you trust them to share their experiences with friends, families and colleagues.

Of course there is a downside to the return to full on clinical contact. Time. It could be that there is a flood of "minor" problems needing to be dealt with that are threatening to occupy all your chairside time. If that is the case then make a diagnosis, provide a "provisional – not temporary" stabilisation and appointments in the future.

Continuing from the challenge above, take the opportunity to revamp, or at least tweak, your appointment book for two reasons. The first is that although most dentists have several things that they dislike about the way they work, but will often tolerate them because change is difficult to justify. Now is the time. Secondly you may be changing your prescribing patterns and want to be able to be more flexible; ring fence certain times and appointments and guard them.

The trip continues; take the chance for change that it offers.

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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WANT TO BE MORE EFFICIENT?

Take a look at processes, practices and your stock, says Nicolas Coomber

In dentistry, “efficient” might be a buzz word used to promote the equipment, tools and materials that enable the delivery of treatment in less time, but efficiency isn’t just about what you are saving, but what you aren’t wasting.

Since Covid, every practice has had to think about how well it runs as a business. Strong businesses would have found it far easier to weather the unprecedented storm – a storm that would have exposed weaknesses and forced changes. For a dental practice to function well as a business, it must ensure it is using all its resources efficiently, including the skills of its team and other physical resources, such as stock. The delivery of high-quality treatment just isn’t enough if the business function is shaky and a badly-run practice will be obvious to patients, too. When your everyday processes and workflows are smooth and slick, this inspires confidence in your service and supports loyalty and compliance.

KEEPING IT SIMPLE

Efficient dentistry is simple, stripped back dentistry: looking objectively at what you offer patients, cutting out the superfluous and prioritising anything that actively improves their experience. What do patients want from their dental practice? A professional service, good value and excellent results. All of these boxes must be ticked, at no compromise to the others, as satisfaction at being able to get an appointment at relatively short notice, receiving excellent, polite service, then paying a competitive price for treatment will be null and void if it fails. All the risks of failure cannot be eliminated entirely, of course, but they can be managed and mitigated. People must be given encouragement to return for regular maintenance reviews which will help them avoid future treatment and retain their own teeth for longer. Loyal, happy patients, who spread the word, will keep you thriving and help you to grow.

Becoming a more efficient practice does not mean making radical changes, or spending money on new systems. It means look at what you have, and making it work better, so less time, money and talent is wasted. Efficiency tips might include offering remote initial consultations, to those who



Nicolas Coomber, COLTENE National Account & Marketing Manager

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want one. In whatever form they take, pre-treatment consultations must be comprehensive and thorough – a clear explanation of diagnosis and/or the steps that will be taken to achieve the desired end result. Patients want clarity and information – give them the opportunity to ask questions and ask plenty yourself, this will allow you to learn about their lives, and ensure that treatment plans are a collaboration.

Skill-mix is another way to become more efficient, so that the dentist is not doing things that other DCPs in the team are trained to do. For some of your patients, your older ones in particular, this may require a shift in their mindset. It might not be their favoured dentist delivering their treatment, but it will be a colleague who is qualified to do the work, effectively, safely and successfully. The patient might actually feel more comfortable

opening up to someone new – perhaps they want to talk about their diet, or their everyday oral hygiene, or the costs for certain elective services. The more knowledge that can be gained about your patients’ lives, the better. Spending more time with your patients really is the best way to keep them in good health for a lifetime.

Practices can also maximise – and optimise – the time that every patient gets to spend with the dentist by reviewing their stock. The shift to a new way of working has presented a good opportunity to audit what you use, and upgrade if necessary. The right materials will not just enable you to finish treatment quicker, but they will enable you to use those extra minutes to improve relationships between you and each patient, no time wasted.

Time-saving materials must offer actual value and multi-function products must be genuinely multi-functional – a good example is being able to use one cement for both luting options. SoloCem™ from COLTENE is a self-adhesive cement that is now multi-use. It can be used on its own, or boosted with One Coat 7 Universal, also from COLTENE: a light-cured product that can be used for all self-etch, selective etch or total-etch techniques. That’s just two products for all indications, separately or together, for unbeatable bond strength on enamel or dentine. So that’s less stock needed for efficient treatments and a stable, strong result. You will get more time with your patients, save on space and the need to purchase additional products.

Efficiency is about cutting back on waste, using resources wisely and only focussing on the elements you need to upgrade your dentistry and the patient experience. Adapt your processes, use the talents of your team wisely and look at your stock. You will help future-proof your practice for whatever challenges that lie ahead.



A HIGH-TECH PRACTICE

Prepare for your patients to be impressed, says Mark Allen, General Manager at COLTENE

For most dental practices, the technology debate can often be summed up in one question, "Is it worth the money?"

The idea of spending at the moment, even if your revenue has stabilised, might be the last thing on a very long priorities list. For some time now, the digital dentistry market, alongside emerging technologies that promise to help you do things better, faster and generally make life easier, has been overwhelming. "Emerging" is important here – such is the speed of development in some areas, that practices and practitioners will be exercising caution, waiting for anecdotal feedback about how a new tool, or piece of equipment actually performed when used with patients.

The arguments for investing are strong, though. Information can be accessed easier (this relates to practice management processes, too). When used correctly, technology improves communication – between the dentist and dental team, between the dental team, patients and laboratory – because you can see more, then share what you see. The ability to see more improves diagnostics and the final result, also supports the stability of treatment and its ongoing maintenance. Technology enables efficient, smoother, safer workflows.

COUNTING COSTS

Yes – but what about the cost? Practices have been able to deliver exceptional care, and successful outcomes without spending more money on X, Y or Z piece of cutting-edge kit. "Value" in dentistry isn't just about money either, it's about the quality of the experience, so that patients stay loyal and recommend you, allowing you to grow and establish a reputation for excellence. Loyal patients are engaged patients, who will follow instructions and attend regular consultations. Loyal patients will accept a treatment recommendation because they understand it is necessary for their long-term oral health, for reducing their risk of dental disease and retaining their own teeth. Does technology really make a difference? If patient-practice-practitioner relationships are the foundation of great dentistry, surely there is no point investing in expensive technologies until this part



Mark Allen

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of the structure isn't rock solid? Should relationships be the focus, then, and where your marketing efforts should be concentrated?

TECHNOLOGY AS A MARKETING TOOL

Do not underestimate how much of a selling point technology in the dental practice is, to patients current and new. If you have embraced digital solutions, it will not go unnoticed. It shows you welcome innovation and are willing to invest in anything that improves not only the patient's comfort and experience, but also long-term prognosis of their treatment. From the convenience of online booking to the reassurance of having a matter explained, then illustrated, via the power of digital technology – this is seriously impressive, and a great marketing tool.

So, shout about it on your website, social media... whatever you use to get your messages across and promote your practice.

It is useful to walk through a patient's journey and try to see what they see. Your adult patients might still have painful memories – literally and figuratively – of childhood visits to the dentist; intimidating, unwelcoming reception areas, an array of medieval looking tools and hard-to-decipher X-rays and jargon to tell them why they needed a filling. Imagine instead, entering an uncluttered reception area, where information can be accessed immediately. Then onwards into the surgery, which has the latest equipment to make an accurate diagnosis, illustrated using cutting-edge wizardry so they can see and understand exactly what the problem is, supporting compliance with your treatment plan. When treatment is delivered, the clinician will then use a combination of their skills, knowledge and experience with carefully chosen technologies to ensure their time in the chair is as relaxing as it can be, swift, and that the outcome is a success.

Exceptional treatment is how you will grow, and technology can help you achieve this. We know the benefits of CAD-CAM, to fabricate accurate restorations, but in other fields, digital solutions are paving the way for upgraded dentistry that offer patients comfort, efficiency, success and value. In endodontics, there have also been visionary developments – the CanalPro™ Jeni, available from COLTENE, offers digital assistance for canal preparation, a "car crash" notification system that warns the endodontist, via an audible signal, when there is a danger of torsional fatigue. Its hi-tech touch screen is impressive, and this piece of equipment is also incredibly effective at speeding up the preparation process, but safely.

The arguments for investing in technology outweigh those against. The key is that technology not only improves results, but also the patient experience. Moving forward, post-Covid, it will be the practices that show they are committed to investment, to nurturing long-term relationships with loyal patients to keep them in good oral health for many years, that will continue to thrive. We're all impressed with the wonders of digital innovation in 'real' life and for your patients (as well as the people who work, and who want to work with you) this translates to dental practice life too.



E-learning in dental vocational training

Alqahtani S, McAllan W, Boyle J, Bagg J, McKerlie R and McLean W

Glasgow Dental Hospital & School, University of Glasgow, Glasgow G2 3JZ, UK

Corresponding author: Saeed Alqahtani, Glasgow Dental Hospital & School, University of Glasgow, Glasgow, UK, E-mail: 2195788A@student.gla.ac.uk



Figure 1
The package included text, images, animation and a series of commentary videos to explore the subject

In brief:

1. E-learning could be a valuable tool in Vocational Training if tailored to trainee needs.
2. Trainers should have the appropriate support to implement e-learning.
3. E-learning technical quality is an important factor in acceptance.

Electronic-learning (e-learning) is well established in teaching and learning today. A shift to an online environment has facilitated the notion of “anytime, anywhere” access to educational material. This has become ever more apparent because of the COVID-19 pandemic. The advantages of e-learning have long been recognised within dental education and it has become considered a valuable resource¹. From a user point of view, individuals benefit from personalising their learning process to accommodate their preferred study pace and place².

This act transforms learning from teacher-centred to active learning by the student³. E-learning has also become widely acceptable by graduate professionals to maintain competency in their practice through educational opportunities aimed at continuing professional development⁴⁻⁶. E-learning offers the opportunity to balance their learning with personal and work commitments. Despite e-learning becoming embedded in many



Figure 2
The package included text, images, animation and a series of commentary videos to explore the subject

dental education realms, little is known about the effectiveness of e-learning during dental vocational training. Vocational Dental Practitioners (VDPs – previously known as Dental Vocational Trainees (DVTs or VTs) are a unique type of learner, in that they have the traits of both undergraduate students and graduate professionals, working in a mentored environment under the guidance of an experienced trainer⁷. Online educational content is available to this cohort of learners. The reliance upon this form of delivery has never been more acute than during the COVID-19 pandemic. Indeed, VT advisers were forced to devise online solutions for delivery of study days and other educational events. These included bespoke packages developed within NHS Education for Scotland,

“off the shelf” e-learning products from commercial providers and study days delivered by speakers using Teams or GoTo. However, there is no research evaluating its effectiveness during their training, nor evaluating VDPs’ opinions towards this method of learning. It was with this in mind that we undertook the present study to gain insight into VDPs’ perceptions and experiences of e-learning as a resource in DVT.

It is without a doubt that users’ acceptance is a major factor for the success of an e-learning educational intervention. We set out to explore the factors important to end users, both VDPs and trainers. To set the scene for our VDPs and their trainers, we developed an online package exploring the provision of post-cores. The intention of the e-learning package was





Figure 3
The investigators then meet and discussed their findings to reach a consensus

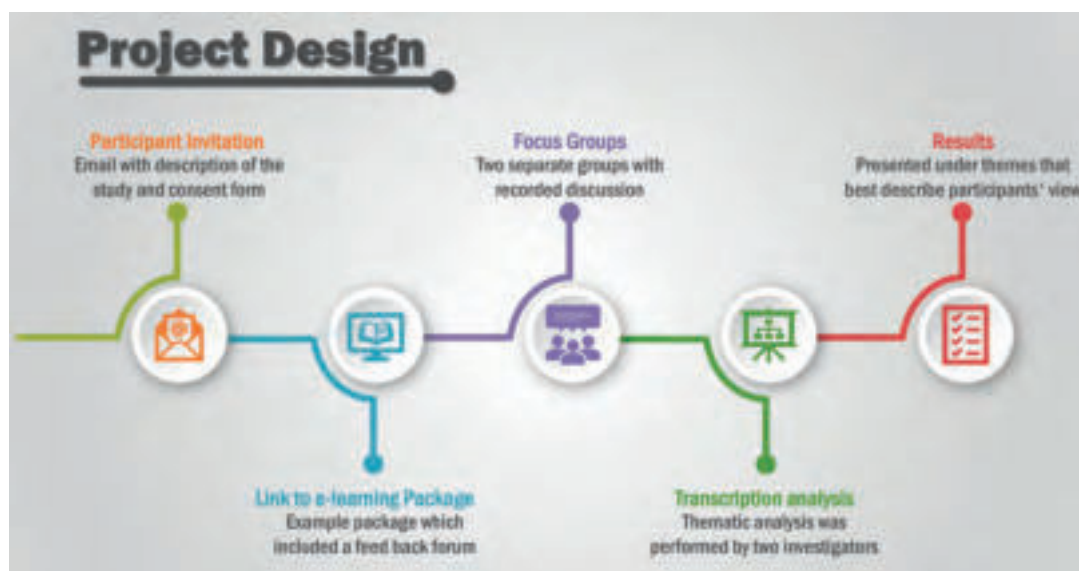


Figure 4
The individualised self-paced nature of e-learning is valued



Figure 5 The qualities that played a role in the acceptance of an e-learning approach

to prepare users to appropriately select cases in need of post-retained restorations and select the necessary treatment strategy. The package included text, images, animation and a series of commentary videos to explore the subject. (Fig. 1 and 2)

We had asked the VDPs and their trainers to view the package and give their feedback via a questionnaire. We also explored their thoughts on e-learning more generally in focus

group sessions. Focus groups can allow an in-depth insight of perspectives on a subject⁸. We hosted two group sessions (one for VDPs, and the other for trainers) to explore their views of e-learning as an educational intervention in DVT. The group discussions were facilitated using a semi-structured interview guide. The guide addressed users' previous and current experiences of e-learning; delivery and support; benefits and

barriers in implementing e-learning in DVT. Prior to conducting these sessions, appropriate consent was agreed by the participants. Sessions were recorded and independently transcribed.

These transcripts were reviewed and coded to identify patterns and themes in the data through a strategy known as a “general inductive approach”⁹. This approach involves two investigators independently reading the transcripts multiple times to extract the most relevant themes that describe the transcripts. The investigators then meet and discussed their findings to reach a consensus. (Project design - Fig. 3)

Understanding

The responses to the questionnaire gave insights into the appropriateness of technical elements, usability, and accessibility of the package, many of which were reported favourably. However, it did not provide a measure of whether this is the best method to support VDPs during their training.

A few comments suggested case-based scenarios or “real-life” patient demonstrations as the preferred method of learning. This is in accordance with growing research suggesting the benefits of this type of learning (i.e., work-based learning or experience-based learning) as an effective gateway to clinical professions¹⁰. It may have been more appropriate to have video content of a patient encounter rather than a simulated post preparation and placement. Such a strategy may improve the perceived relevance to the VDP. Nevertheless, evaluating the technical aspect of an e-learning package is important.

There is a plethora of e-learning

interventions and establishing the technical elements that best suit the learner is important. The current evaluation has explored a single intervention in isolation. In accordance with Cook's¹¹ views, future research should be focused on comparing multiple e-learning interventions to each other. This would aid in determining the most appropriate e-learning tools/content for integration into VDP training. But before starting to compare multiple interventions, it is vital to know how best such an intervention would aid in VDP training. This was the rationale for hosting the focus groups.

The analysis of group transcriptions provided several themes. The following four themes emerged from the VDP focus group:

1. Supplementing Self-Paced Learning

Participants highlighted that e-learning is seen as a supplement to traditional learning methods, in which the individualised self-paced nature of e-learning is valued. (Fig. 4)

2. Content quality assurance

Educational content quality, design and source were factors of importance according to VDPs and were viewed as crucial elements that played a role in the acceptance of an e-learning approach. (Fig. 5)

3. Barriers to implementing e-learning in DVT

The perceived inability of e-learning approaches in developing clinical skills is seen as an important limitation. In addition, factors ranging from learners' learning styles to teachers' teaching approaches were highlighted by participants as factors that could pose potential barriers in developing or implementing e-learning in DVT. (Fig. 6)

4. Desired e-learning approach

Engaging the end-user, the educational content, and technical design were highlighted as factors to be considered upon implementing an e-learning approach in DVT. (Fig. 7)

The following three themes emerged from the focus group with trainers:

1. Pre-conceived attitudes towards e-learning

Trainers stated the potential of e-learning; however, they had reservations towards this approach in their training. (Fig. 8)



Figure 6
Factors that could pose potential barriers in developing or implementing e-learning in DVT



Figure 7
Factors to be considered upon implementing an e-learning approach in DVT



Figure 8
Trainers expressed reservations

2. Challenges in adopting e-learning in DVT

Motivation and technical ability were highlighted from a trainer perspective as barriers to employing e-learning in their teaching. (Fig. 9)

3. Trainers' suggestions for e-learning

They highlighted the importance of quality control; educational content; and timing. (Fig. 10)

Focus group discussions showed that VDPs are satisfied with their level of knowledge with regards to theory, and any e-learning intervention would be viewed as a supplement to their training. Several participants questioned how e-learning would help

them improve their clinical skills. The VDPs recognised the added value of e-learning in allowing for individualised self-paced learning, but that it does not replace the clinical experience offered by their trainer. This was further expressed in the trainers' comments highlighting their role in providing one-to-one teaching as the main goal of DVT, and to tailor the training to the needs of their VDPs.

Importantly, it was suggested that should e-learning packages be developed it would be important to approach VDPs first to obtain their opinions on what would be required. Both trainers and VDPs stressed the importance of the educational content to be led by VDPs and specific to their needs. This further translates into

having topics that help them move into real-life practice environments. Their suggestions were e-learning packages on administrative topics or specific clinical topics that utilise experience-based learning strategies. In addition, technical design was also highlighted as a factor contributing to engagement and acceptability of an e-learning intervention.

Ideas

The suggestions included having a specific short interactive e-learning package with more multimedia and a navigation system.

Both VDPs and trainers state that the essence of DVT is established through the VDP-trainer relationship, with the goal of producing a competent practitioner realised through transfer of experience. Nevertheless, they welcome e-learning as a supplementary resource given that it is supported by their program lead and advisors. This need for quality assurance of the delivered content was highlighted.

In addition, VDPs' opinions showed that they will be more likely to accept and use an e-learning package upon the recommendation of people they trust such as peers or trainers. This could represent a barrier as trainers are currently reluctant to adopt e-learning methodologies in their training.

Adequate

They see that the hands-on training they provide is sufficient for their VDPs, and any more would overload an already demanding training program. Furthermore, while trainers see the potential of e-learning applications, they personally are not fond of this



Figure 9
Barriers to employing e-learning in teaching



Figure 10
Highlighting the importance of quality control; educational content; and timing

method. It has previously been suggested that a lack of IT skills and, more importantly, difficulty in recognising the pedagogical potential of e-learning are major barriers to trainers/trainers adopting this approach¹².

In conclusion, the findings of this study present a first insight into how e-learning is perceived in DVT. As COVID-19 restrictions begin to ease, many advisers are seeking to move back to face-to-face teaching, but it is

unlikely that schemes will revert completely to this form. As described in this study it is perceived that e-learning can serve as a supplemental learning tool in DVT despite proving no match for the availability of an experienced trainer.

Trainees and trainers recognise the potential of e-learning if it is customised to the needs of VDPs.

It should be with this in mind that any blended approach is developed for delivery of DVT.

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Immediate loading of Axiom Bone Level implants on locator abutments with a full upper denture to restore immediate function and aesthetics

Dr Waseem Noordin MSc ImpDent (Lond), BDS, DiplImpDent RCS (Eng) (Adv cert), LDS RCS (Eng), MFGDP (UK).

Introduction

A 74-year-old retired lady was referred to The Park Dental Practice for the restoration of her missing and failing maxillary dentition with dental implants. The patient had been suffering from dental phobia for most of her life and had avoided seeing a dentist for regular examination. She only attended when in acute pain and discomfort. This resulted in the loss of all her upper posterior teeth and all her lower molars except the 36 and 46.

Due to a slightly exaggerated gag reflex, the patient could not tolerate a full palate prosthesis. She, however, presented with a 'horse-shoe' shaped removable upper acrylic denture, which she reluctantly used for aesthetic reasons only, as it was unstable during chewing. Her medical history was clear, and she was fit and healthy.

The patient's initial priority was to have her upper jaw restored, with a prosthesis which would be completely stable during function. She also requested the prosthesis to be 'fixed' in her mouth on the same day as the remaining failing anterior teeth were extracted. She wanted a low maintenance prosthesis, which would allow for ease of oral hygiene measures.

We discussed the possibility of fixed implant retained bridgework and a removable implant retained denture using Locator attachments. Due to financial constraints, she opted for the latter option. The patient was also aware that if she wanted to 'upgrade' to a fixed prosthesis in the future, then that would be possible with Anthogyr Multi-unit abutments.

Assessment

A thorough extra-oral examination, including the patient's profile and lip support, was carried out (Figure 1).



Figure 1: Profile view



Figure 2: Intra-oral view of remaining maxillary teeth





Figure 3: The OPG radiograph confirmed the absence of any pathology in both jaws and presence of large maxillary sinuses

An intra-oral clinical examination was undertaken, which showed the remaining teeth had drifted and were mobile. The upper alveolar ridges had ample keratinised mucosa with adequate bone width and good bone height (Figure 2).

The lower 46 was compromised and the patient was very reluctant to lose it as it had never caused her any problems. We decided to carry out some root planing of this tooth and keep it under review. The remaining dentition was sound with a healthy periodontal status.

The OPG radiograph confirmed the absence of any pathology in both jaws and the presence of large maxillary sinuses, with inadequate bone volume below them for the placement of dental implants in these regions, without sinus grafts (Figure 3). The patient was very reluctant to undergo any sinus grafting procedures.

A CBCT scan of the upper jaw was taken to accurately assess the anatomy of the maxilla, the trajectory of the alveolar ridges and to ascertain if immediate implant placement was going to be possible (Figures 4). The scan confirmed adequate bone volume in the anterior maxilla, with good bone height beyond the apices of the failing teeth and intact labial alveolar plates, the density of the trabecular bone was adequate to allow for very good initial primary stability for the immediate placement and loading of the implants. The CBCT scan also confirmed inadequate bone volume beneath the maxillary sinuses (Figure 5).

Figure 4: A CBCT scan of the upper jaw was taken to accurately assess the anatomy, bone volume and trajectory of the alveolar ridges

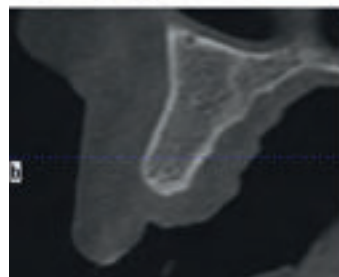
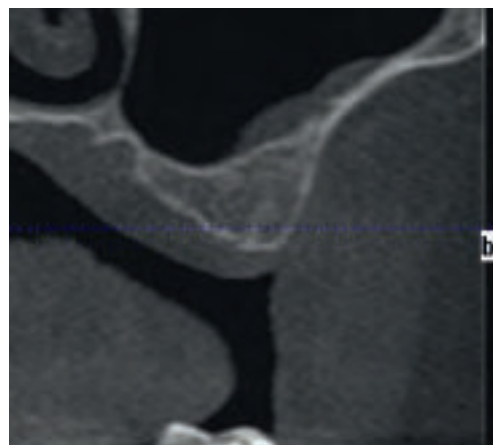


Figure 5: Inadequate bone below the maxillary sinuses



A well-fitting immediate partial 'horse-shoe' shaped upper acrylic denture was constructed prior to the planned implant surgery. The patient's consent was obtained during the construction of the denture to ensure that she was happy with the final aesthetic outcome.

The technician had relieved the denture in the anterior alveolar region to allow room for the locator attachments and the metal housings, which would be picked up in the denture, chairside, immediately after implant placement for immediate loading.

Implant placement

The CBCT scan was used to plan the immediate placement of implants in the 13 and 24 regions following the extraction of these teeth (Figure 6) and placement in the 14,12 and 22 regions. Anthogyr Axiom® PX BL (Bone Level) implants – a Straumann Group brand – were placed under intravenous sedation. One 4 mm diameter/10 mm length implant was placed in the 14 region. Four 4mm diameter/12mm length implants were placed in the 13, 12, 22 and 24 regions.

All implants were placed in healthy bone using the simple drilling sequence of the Anthogyr implant system. The primary stability achieved was excellent. Locator abutments size 4mm diameter and 3.4mm gingival height were tightened into the implants at a torque of 25Ncm. Platelet rich growth factor (PRGF) was placed into the remaining extraction sockets and the soft tissue sutured (Figure 7).

The locator metal housings were then attached to the Locator abutments (Figure 8) and picked up, in the denture, directly in the mouth with cold-cure acrylic. Once the acrylic had fully set, securing the metal housings within the removable denture, the denture was removed from the mouth and adjusted (Figure 9). It was then immediately fitted and secured back on to the Locator attachments (Figure 10).

The patient left the surgery with new implant supported teeth. The locator abutments allow for up to 40-degree angle correction between implants. Axiom® PX Bone Level® is a very user-friendly implant. The implant surgical kit, and the steps involved during the surgery are straightforward, resulting in minimum trauma to the bone and osteotomy site. The implants afford excellent primary stability, due to the thread design, even in soft bone. The prosthetic kit is also easy to use and sterilise.



Figure 6: Immediate extraction sockets

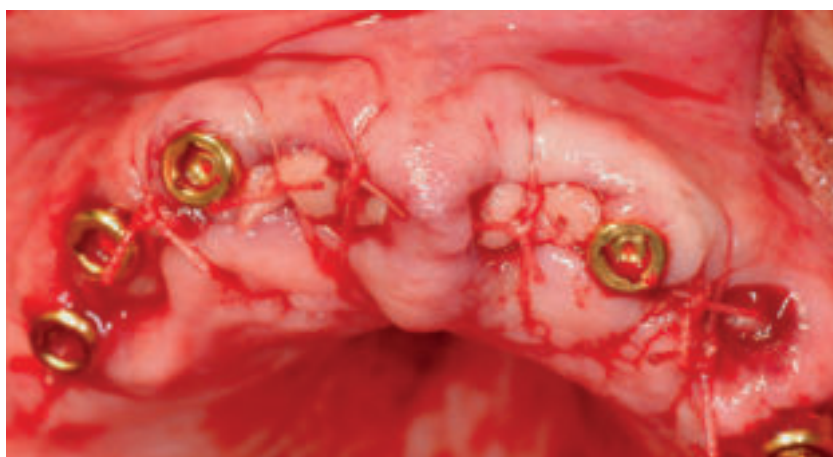


Figure 7: Implants placed, and Locator abutments attached

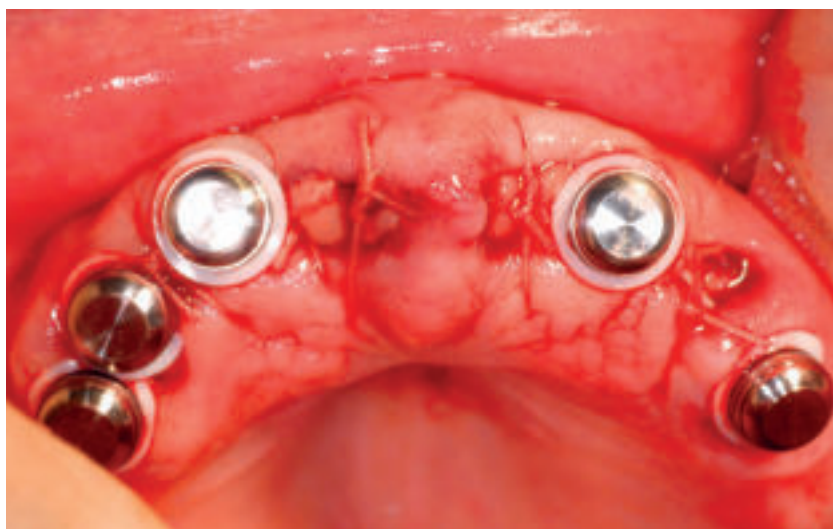


Figure 8: Metal housing on Locator abutments just before pick-up in the denture



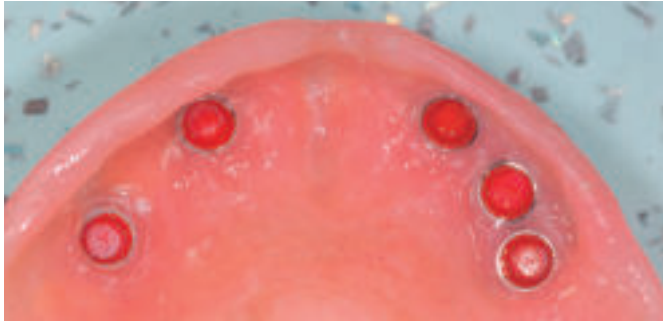


Figure 9: Metal housing precisely secured in the denture



Figure 10: Denture fitted immediately following implant placement



Figure 11: Anthogyr Axiom® PX BL (Bone Level) implants in the anterior maxilla



Figure 12: Following three weeks of undisturbed healing



Figure 13: Following 12 weeks of complete healing

Figure 14: Profile view immediately following implant treatment



Maintenance of the final Prosthesis and Locator abutments

Immediately following surgery, the patient is advised to adhere to a soft diet and not to remove the denture for two weeks, but keep it very clean by brushing and using a Waterpik. The patient was then reviewed at appropriate intervals to assess healing and an OPG radiograph taken as a baseline record (Figures 11,12,13).

The patient was very pleased with the final aesthetic result, which improved her confidence when talking to people. She was once again able to enjoy chewing food without discomfort (Figure 14).

Dr Waseem Noordin is a faculty member of Practical Implant Dentistry Academy,

with over 33 years of experience in all aspects of surgical and restorative implant dentistry. He regularly lectures and runs courses in this field. Waseem helps colleagues in planning cases and one-to-one mentoring in all aspects of implant treatment. Dr Noordin is a Fellow of the International College of Dentists. He was a tutor, lecturer, cohort director and examiner of the FGDP Diploma in Implant Dentistry at the Royal College of Surgeons of England for ten years. He was a board member of the FGDP (UK) for nine years and director of the Central London Division.

The Park Dental Practice, 166
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¹ Prager W et al. *J Drugs Dermatol*. 2017; 16(4): 351-357

² Micheels P et al. *J Clin Aesth Derm*. 2015; 8(3): 28-34

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MANTRA FOR SUCCESS

Dr Melissa McKay

Dr Melissa McKay from Signature Clinic London shares insights into her work ethics, treatment approach, and mantra for safe practice and why BELOTERO® is her product of choice in her clinic.



Understanding faces and how to achieve consistently good results with them takes time, patience and skill. It also takes a deep respect for and understanding of facial anatomy and the person you are looking to treat.

I have had an incredibly varied career path to get to the point I am today – and I am still learning. Every. Single. Day. I wanted to introduce myself and give readers an insight into my clinic, my approach to treatments and my mantra. So, where did it all start? Well, I have always had a passion for arts and love to be creative. Still, while art came easily to me, my drive was the challenge of a scientific path which eventually took me to medical school at Leeds University. Of course, this involved blood, sweat, and lots of tears but also exposure to the responsibilities we would have as qualified individuals. There is something quite unique about being in any aspect of healthcare – a privilege to obtain an insight into people's behaviour and personalities. Our patients open up to us freely, and trust is the core of a successful relationship that will be the basis for you building a successful career.

Undergraduate life introduced multiple specialities, and it was not long before I began focusing on surgery, with Plastics and Reconstructive Surgery as my main interest. I did whatever I could to spend time getting more exposure in theatre, assisting my mentors,

and taking the opportunity to see and do as much as possible. Once I qualified and completed house officer jobs, I embarked on a surgical training rotation. I was fortunate to have worked under and with some phenomenal surgeons during my early career, many of whom I am still in contact with.

Rotating through roles that gave me exposure to management of burns, hand surgery, breast (reconstructive and cosmetic) and craniofacial, amongst other surgical specialities, provided a vast knowledge platform for me that I have found invaluable in shaping my approach to my work today.

“I HAVE BEEN LUCKY ENOUGH TO UNDERTAKE WORK INTERNATIONALLY AND HAVE DEVELOPED AND REDEVELOPED MY SKILLS OVER TIME”

I worked to obtain my Membership of the Royal College of Surgeons, before redirecting to a career as a General Practitioner. My need to continue interventional procedures continued, and I performed minor surgery for six years alongside this role. However, it was not until I moved into my career in aesthetics

that I knew I had arrived. Aesthetics, for me, has combined my love of surgery with the familiarity of the doctor-patient relationship I loved in General Practice, with the feeling of utter fulfilment of my desire to treat people. It gives immense satisfaction when you can undertake a procedure that might not only improve your patient's confidence in themselves but release (sometimes years) of emotional distress or hurt. I am able to sensitively treat patients with congenital craniofacial malformations that have been through years of painful operations to provide an additional layer of support where they have reached a surgical ceiling. I am able to help a patient who is fearful of a surgical solution to achieve their aesthetic goals.

I have been lucky enough to undertake work internationally and have developed and redeveloped my skills over time. Attendance at numerous conferences and courses is essential in professional development. Shadowing my peers to keep abreast of new products, tips, and tricks have been invaluable in my growth and understanding of treatments of the face. Part of my work enabled me to write and deliver training courses approved through Hamilton Fraser Insurance and has led me to the training of numerous delegates from around the world in the techniques of lip augmentation, liquid rhinoplasty and facial rejuvenation.

My approach to treating a patient has always been first – to observe and listen. The importance of studying and analysing the face of your patient whilst they relax in your presence provides invaluable information for you as their treating clinician. You can identify involuntary quirks and slight movement of their faces, and in doing so, they are also feeling more comfortable with you. This information will help you shape your treatments. The added trust that develops from the relationship you build makes for an easier pre- and post-treatment journey for both patient and practitioner. A full facial assessment is essential in every procedure. Education for your patient is key about how their face is ageing and what can be done to alleviate their concerns, but most importantly, what the limitations are with what you have to offer. Do not be afraid to refer elsewhere to a colleague for an enhanced treatment you may not provide. Your willingness to do this will place you in high regard with them. They will trust your judgement and will be likely to return for other treatments down the line. Continual learning and working towards ongoing improvements in your techniques over time – adapting your skills is a necessary part of this industry. Learning from colleagues, peers, and mentors should be a career-long obsession. Factors to consider with any treatment request is what is the underlying cause for the problem in front of you? For example – with a request for a lip filler



treatment – what are the goals for the individual?

- Simple Augmentation
- Profile balancing
- Correction of craniofacial anomalies

To decide what is important in achieving a completely natural-looking result and ensure the final result is harmonious with your patient's features, firstly consider the underlying facial structure: What is the bony alignment? Do they have a recessive or projected jawline? What is the dentition like? Do they have an overbite or long maxilla? Is there a change to the bone structure contributing to an apparent asymmetry within the overlying soft tissues? Have they had any other procedures or previous injections that could impact the results you are trying to achieve? If

there is anything of concern, consider working with that patient and discuss the options thoroughly with them. Only once you have considered these can you plan the best options for treatment with your patient. You should also discuss your choice of filler with them and the rationale behind that, keeping their aesthetic goals in mind. I use the BELOTERO® range of hyaluronic acid dermal fillers from Merz Aesthetics as I find they offer consistent and natural-looking results. I always take a scientific approach to my treatments and choose the appropriate products backed by science.

Following these simple principles, you can always work towards achieving great aesthetic results.

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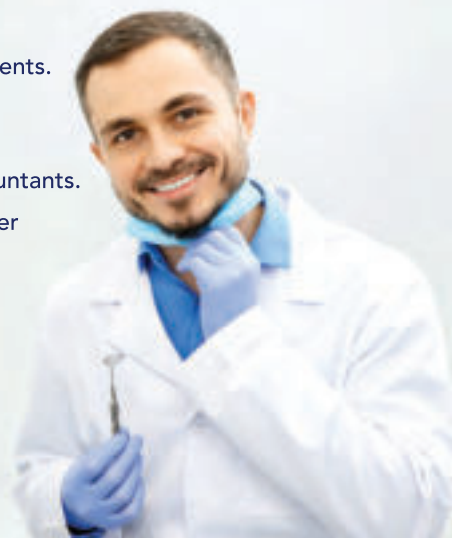
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STATUS SYMBOLS IN DENTISTRY

It's not a time to be complacent – review your contracts, working arrangements, and run the CEST tool

Discussions about whether an Associate Dentist is truly self employed have cropped up many times over the years. HMRC have also undertaken some investigatory 'fishing trips' in the recent past in an effort to explore whether they had scope to challenge the customary status of self-employment in the sector. Given the need to repair the nation's finances post pandemic, it would be natural to expect that all avenues for increased tax take will be explored going forward.

HMRC recently announced that, with effect from April 6, 2023, the automatic acceptance of self-employed status if the BDA or DPA model contracts were used shall no longer be the default position. This,



Suzanne Hendrie
Head of Tax
suzanne@dental
accountants
scotland.co.uk

quite reasonably, has raised anxiety levels in the Scottish Dental Sector. But what is the risk really?

Our advice is that, in reality nothing, has changed and the employment status of an Associate will be dictated by the 'on the ground' relationship between practice and performer. There are a number of status indicators which are used in cases to determine status and precedents set around the valid indicators. These indicators include the supply of 'tools of the trade', choice of delivery method, ability to make a trading loss, ability to send a substitute, etc. Notoriously difficult to be definitive HMRC have provided an online tool (CEST) which can be used to check the current arrangements and give an indicative ruling

on status. HMRC will accept this ruling in a future dispute as long as the questions were answered accurately and truthfully. Importantly, this must reflect the working relationship in place.

Our recommendation is that you review your contracts, working arrangements, and run the CEST tool on your Associate contract(s) and keep a copy of the ruling safely on file for future. We anticipate more investigatory reviews will emerge from HMRC once their teams are redeployed from the Covid support front line.

It's not a time to be complacent and I suggest you tidy up any elements of concern sooner rather than later. If you would like to discuss things free of charge, please do get in touch. Happy to help.

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POSSIBLE CHANGES FOR ASSOCIATE DENTISTS

Licensed contracts with practices are well established within the dental profession. But a recent HMRC review has seen the department announce plans to take away the concession of self-employed status from April 2023

Many dentists in general practice work as associates, who pay a licence fee to a practice for use of the premises, equipment, materials and staff under an agreed contract with a practice.

The British Dental Association (BDA) have a standard contract for this relationship and HMRC use this to operate a concession that automatically classifies them as self-employed and means their earnings are treated as trading income.

In April 2018, HMRC wrote to associate dentists about a review they were holding into their self-employed status.

The review found that in many instances the standard contract was replaced with a bespoke contract and where the standard contract was used, the terms were not

adhered to in practice. As a result of the review, HMRC have now updated their Employment Status Manual (ESM4030) to state that, as of 6 April 2023, the concession will be withdrawn and the employment status of all associate dentists, both new and existing, will need to be assessed using the usual employment tests.

We would advise associate dentists to take this opportunity, in advance of April 2023, to check their status using HMRC's CEST toolkit and to review their daily working practices.

There may be a more formalised requirement for practices to check the employment status of associates.

If you'd like to find out more information or get advice regarding your employment status, please get in touch with Louise Grant.

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SELLING YOUR DENTAL PRACTICE?

Here's what you need to consider...

The dentistry sector has one of the most complex and strict regulatory frameworks, which means that buying or selling a dental practice can sometimes feel like a labyrinth. However, with the right advisers and support, it doesn't need to be that way.

There are more buyers for practices than ever before

One of the most fascinating aspects of the market at the moment is seeing the number of new entrants looking to build a portfolio. For sellers, the choice of buyer has never been so varied.

We are also seeing a reinvigorated appetite from independents and first-time buyers purchasing their own practices – not a new trend by any



means, but a surge in activity that has been emphasised by the pandemic as Associates seek income security through practice ownership, leading to more competitive tension when marketing.

An opportunity to negotiate
For a certain type of seller, buyers may

be willing to offer further incentives, including an equity participation and/or future revenue growth of the business and/or its profits.

The evolution of the traditional 'deferred consideration' is driven by competition between buyers but also the changing view that, if a seller and a buyer's interests are aligned, a business is more likely to flourish and both parties should share in the upside.

Don't leave the sale of your practice to chance

Negotiating the post-completion terms in a dental sale is a highly sensitive and specialist area, and experience has taught us that the devil is in the detail in order to maximise the best possible sale outcome.

More than ever before, it is vital that sellers seek trusted and professional advice when considering a sale of their practice. Sellers dealing directly with a buyer are highly likely to receive unfavourable and unrealistic conditions attached to a mediocre offer. With the right information and expert advice, you can be confident that the best deal will be attained.

By Paul Graham, Head of Dental, Christie & Co

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

Don't leave the sale of your practice to chance

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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.
W: pfmdental.co.uk
T: 01904 670820
M: 07538 363288

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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SELLING YOUR PRACTICE IN UNCERTAIN TIMES

The right person might be just waiting in the wings to help you realise your plans, writes Michael Royden

As most of you will know, the market for dental practices in Scotland has been strong for many years. There have been periods in the last few years where the turnover in practices has been at an all-time high. That isn't reflective of a lack of confidence and principals rushing for the exit (although I'm sure that some were keen for the exit door to open!). Instead, it reflects the perception (quite rightly) of the intrinsic value in practices, and the strength of belief from a number of stakeholders (including crucially the banks) that owning a practice is a good investment for the future.

Rewind to March 2020 and of course the world was turned on its axis. Lockdown proper was put in place throughout the globe, and that impacted on people's perspectives on life in general. Many saw their futures very differently, and that is continuing to influence how everyone views their lives and their careers. So how has that affected the practice market?

The simple answer, you will be pleased to hear, is very little. Admittedly the initial period of lockdown flattened practice activity to almost zero. That was understandable, who would want to buy a business which was closed for several months (and of course no one knew how long that would last)? Coming out of the closure period, however, many practices sales and acquisitions were reactivated and since that time the Thorntons dental team has seen a very high level of activity, with deals being

regularly agreed between willing buyers and sellers. So why is that and what sort of activity is there?

I think the first reason for the high level of sales at the moment is due to the pandemic. Principals who were perhaps still a few years from looking to sell have re-evaluated the future and decided that the burden of running a practice is heavy and is only going to increase in coming years. That is undoubtedly true to an extent, and so we can understand why some of our clients are looking to sell at this time.

Conversely, some associates have seen the upheaval caused by the pandemic and decided that they would rather have more control over their destiny by being a practice owner. That has meant that we have seen more associates buying their first practice, either outright or through a partnership buy-in.

Added to that, the corporates still have a very strong appetite to acquire practices, with a number of them being very active in Scotland. That has driven the level of the market to an extent, and of course ties in quite neatly with some sellers who have decided to sell earlier than originally planned. In those cases, the sellers are comfortable to work for the corporate for a number of years whilst realising most of the value in their practice now.

Coming out of the period of practice closures, there was a concern that the value of practices would be less than before the pandemic. That really hasn't transpired. The fact remains that practices are seen as a



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

substantial asset, and the pandemic hasn't really affected that view. There is a lot more uncertainty about the future, such as how NHS dentistry in Scotland will develop in future years, what will the financial/contract model look like, etc? However, in the main the perception of the profession hasn't changed significantly.

The banks' willingness to lend to dentists buying a practice has changed slightly, but it remains the case that finance for dentists is much more readily available than in many other business areas.

In turn, we have seen strong competition for some practices, which tends to have the effect of bolstering prices. In some cases practices have gone to what would be called in the housing market a 'closing date', with multiple offers being received.

There was some argument from one or two of the corporates last year that the uncertainty caused by the pandemic had a negative influence on practice values. However, that hasn't panned out, largely as practices are viewed as being a long-term investment, and the intrinsic value in practices has not dissipated.

So, if you are a principal who has been thinking about selling, don't be put off by concerns that now is not the right time, and that there is too much uncertainty to take the plunge. There are definitely a lot of willing buyers out there, with available sources of finance, and the right person might be just waiting in the wings to help you realise your sale plans.

A trusted source for legal advice

Our clients represent a wide range of practice types and each one can be assured of our in-depth knowledge and commercial understanding of the dental sector.

“Michael Royden and his team of solicitors at Thorntons made the sale of my practice so much easier and simpler. They gave me sound advice on all areas of the sale; and have a detailed knowledge of the market and of the nuances of dental practice. I felt confident as Michael dealt with any issues quickly, calmly and efficiently. I can't praise Thorntons highly enough.

- Keiran Fallon, MBE



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SUPPORTING YOUR FUTURE

Buying a practice just prior to, and during, the pandemic has been a challenge – but the team at Strictly Confidential are experienced in smoothing the process



Have you been working as an associate for a while and want to take that next step towards fulfilling your dream of owning your own dental practice? Or do you want to relocate your existing practice?

Strictly Confidential have many years of experience in this field and a sterling reputation for providing advice and information for successfully purchasing new premises for a practice.

They do all the groundwork to let you get on with your day-to-day work, at the same time as sourcing the relevant information for your new venture. Strictly Confidential will go through every detail with you and offer advice when purchasing a practice.

The past 18 months have clearly been a difficult period for the profession and purchasing a practice during this time will have come with particular challenges. But changes in people's circumstances has also created opportunities for practitioners to take their career and business to the next level.

We spoke to two practices who have benefitted from the experience, insights and

Gillian Wylie
M: 0791 468 8322
O: 0141 468 8276
gillian@strictly
confidential.co.uk



Patricia Munro
M: 0790 613 5033
O: 0141 468 8276
patricia@strictly
confidential.co.uk



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outstanding support that Strictly Confidential offer. Vipul Pawar and Shivani Singh recently purchased Rosyth Dental Care. "We are a husband and wife team and have already run a successful practice in Lanarkshire," said Vipul.

"Our loan for the practice was approved before the pandemic, but as soon as COVID started the bank said their funding has been halted. This created a small problem for us as we were just about to take over which meant we had to play the waiting game till funding was approved."

Strictly Confidential's Patricia Munro and Gillian Wylie, who have been supporting practitioners to develop for the past 18 years, were key to the buying process.

"Both Patricia and Gillian kept us abreast with regular updates in regard to buying the practice even before the pandemic started," said Vipul, "and provided us with regular reassurances during the pandemic. They spoke to the legal team, the banking team, and sellers on our behalf and kept us abreast with the latest developments."

Vipul and Shivani, and their six-strong

team of two Associates and four nurses, have plans to develop the new practice, building on the strong foundation provided by Strictly Confidential's guidance and support.

Nadia and Azeem Sheikh recently bought Bonnyrigg Dental Care, a three-surgery practice in Midlothian. They too faced challenges in passing through the various stages of purchasing but were supported throughout by Strictly Confidential.

"They introduced us to the practice," said Nadia, "and introduced us to business advisers to help with the funding and lawyers to help with due diligence. They kept us fully informed during the whole process and were always available when we had any questions. The Strictly Confidential team also helped with buying procedure by giving us check lists of things to get done during the purchase."

As the profession works hard to deal with the backlog of treatment built up during the pandemic, the market for practice sales and purchase remains strong so, if you are considering buying make sure your first call is to the team at Strictly Confidential.

Strictly confidential

Sales

Valuations

Purchase

Recruitment

Strictly Confidential has been operating for over 18 years within the Dental profession in Scotland.

We can source and supply all relevant information regarding sales, valuation and acquisitions of Dental Practices and we can also assist with recruitment.

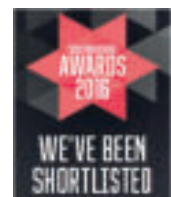
“Patricia and Gillian were an effective team who listened to me and they actively sought the most suitable buyer for my practice. I successfully sold and found the process as stress free as it could be as I let go of the practice which I had built. I would be happy to recommend both Patricia and Gillian as professional and caring agents.”

- Angela Harkins

Tel Trisha Munro on 07906 135 033
email - patricia@strictlyconfidential.co.uk

Tel Gillian Wylie on 07914 688 322
email - gillian@strictlyconfidential.co.uk

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With NHS funding deadline fast approaching, choose the best team of experts to cover your location in a sustainable and well-planned manner



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The Ventilation Group are the industry experts in dental ventilation and our purpose is to return your practice to pre-pandemic operations.

With our knowledge and experience in sourcing, installing, and maintaining dentistry ventilation, we offer an end-to-end service tailored to your practice's needs. Trusted by many dentists already, it is our aim to bring you on our journey towards improving Scotland's dental health.

We understand the impact COVID-19 has had on the industry and patient dental health. With mandatory follow-times and public hesitancy over virus transmission, the number of patients returning for check-ups and treatments has fallen way below pre-pandemic levels.

The Ventilation Company

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Significantly, oral cancer referrals in Scotland have dropped by 30 per cent since the onset of the pandemic. Upgrading your ventilation could significantly help increase your daily patient intake and ensure a safe environment for those returning.

The services we provide make the process of fitting new ventilation simple and affordable for our clients. 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 also provide consultation to NHS practices when it comes to applying for government funding. Crucially, we have kept our processes as efficient as possible to

ensure affordable, universal access to our services - whether you are an NHS or private practice.

At The Ventilation Company, we take pride in being green, clean and sustainable. Thus, when providing our universal service around Scotland, we look to minimise our carbon footprint. Therefore, while the March 2022 deadline for NHS funding is fast approaching, we aim to plan ahead and cover your location in a sustainable and well-planned manner.

With our accessible, end-to-end service, there has never been an easier time to improve your ventilation to help you return to normal service.

Contact us now for a free quote and we can start your journey towards cleaner and more effective ventilation.

**** NHS FUNDING ENDS 31ST MARCH 2022 ****

“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.**

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No fallow times, no compulsory FFP3 wearing, no wasted time donning and doffing, and more importantly a significant reduction in the number of patients waiting for treatment. Patients have commented on the reduced noise levels from handpieces compared with the air turbine handpieces.

We have changed to each dentist in turn being the emergency dentist for the day, which enables the other dentists who are in to get on with their day undisturbed. It is so much better being able to lift a drill and get that filling done, get a tooth accessed, there and then, instead of having to schedule an AGP. More emergency patients can be seen each day using red band handpieces.

We have four or five dentists in each day currently and again it is the two-metre social distancing within the practice that remains the barrier to all six dentists in at the same time.

Has the red band handpiece way of working come along too late for the profession? We have a growing recruitment crisis and the uncertainty and the changes in day to day working need to be resolved by the Scottish Government.

In a recent poll (end of September) by the Scottish Dental Practice Owners group, 92 per cent of respondents were “not optimistic about the future of NHS based dental

“IT IS SO MUCH BETTER BEING ABLE TO LIFT A DRILL AND GET THAT FILLING DONE, GET A TOOTH ACCESSED, THERE AND THEN, INSTEAD OF HAVING TO SCHEDULE AN AGP”

practice in Scotland” and 89 per cent were “unwilling to return to the pre-pandemic low fee, high-output model of NHS care delivery.”

What we need is the new IPC guidance that was promised to us by the end of September, by our CDO, back in July.

There is plenty of evidence out there. Meethil et al, 2021¹, have characterised the type and source of the microorganisms in dental AGPs finding that is the irrigant fluid that “contributes to the majority of the bio load” and that the patient’s saliva is diluted between 20 and 200 times. The main source of “microorganisms in aerosols” being the dental equipment itself, not the patient.

Dudding et al, 2021², describes the “unlikely event” of an aerosol interacting with and then being large enough to carry the virus, avoiding being diluted by the irrigant and then proceeding to interact with a susceptible host (patient or dentist/DCP).

Let’s move forward with real evidence, definitive protocols and regulations so all practices are clear in the way that we will need to be working. It’s over to Scottish Government for a new model of care for NHS dentistry or I fear it will be too late for a number of NHS committed practices.

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¹Meethil, A.P. & Chaudhary, Prem Prashant & Dabdoub, Shareef & Kumar, Purnima. (2021). Sources of SARS-CoV-2 and Other Microorganisms in Dental Aerosols. Journal of Dental Research.

²A clinical observational analysis of aerosol emissions from dental procedures

T. Dudding, S. Sheikh, F. Gregson, J. Haworth, S. Haworth, B.G. Main, A.J. Shrimpton, F.W. Hamilton, A.J. Ireland, N.A. Maskell, J.P. Reid, B.R. Bzdek, M. Gormley

PROFESSIONAL FOCUS

THE BENEFITS OF SPEED INCREASERS – MORE HYGIENIC AND SAFER

There is a range of handpieces compatible with electric motors

As infection control continues to be a popular topic, along with AGP (aerosol generating procedures), more questions are being asked how to reduce aerosol spatter - and therefore reduce risk of virus particle transmission - in the surgery. Handpieces generate a visible spray that contains large particle droplets of water, saliva, blood, micro-organisms and other debris. This spatter travels a short distance and settles out quickly, landing on nearby surfaces such as the floor, operatory surfaces or the patient.

To reduce aerosol spatter, consider using an electric motor with contra-angles, as these generate less aerosols than high-speed turbines and generally benefit from internal anti-retraction systems. If you don’t have the benefits of an electric motor, a solution may be a ‘plug and play’ electric micromotor which connects directly to your delivery system. B.A. International’s Ultimate EM420 is an example of such a motor.

There is a range of handpieces that are compatible with electric motors. B.A. offers, among others, red band contra-angles which are perfectly suited to the micromotor. Bundle deals with the motor and one red band contra-angle (BA200LTS or BA250LT) are also available. Other benefits of using electric contra-angles



include a higher efficiency at cutting various materials including machinable glass ceramic and silver amalgam, a smaller head diameter which allows for greater visibility of the treatment area, and a quieter operating noise

which is more comfortable for the patient.

For more information on B.A.’s products or services, please contact the team on 01604 777700 or info@bainternational.com.

Red band speed increasers for aerosol mitigation

Bundle Offer

EM420 with a 1:5 handpiece
BA200LTS or BA250LT

EM420+BA200LTS

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RRP £1,778

EM420+BA250LT

£899

RRP £1,618

- Red band handpieces generate fewer aerosols than high speed turbines due to lower RPM.
- Desired speed can be set up on the control box directly.



EM420

- Plug and play electric micromotor for easy and cost-efficient conversion to electric.
- Connects to your chair's air supply.
- Perfect for speed increasers (red band)
- Internal spray and LED.
- Desired speed can be set on the control box and programmed using one of the two memory functions.

EM420

£749

RRP £999

BA200LTS

- Premium red band contra-angle.
- Highly durable DLC coated bearings.
- Titanium body.
- 3 years warranty.

BA250LT

- Red band contra-angle with PVD coating.
- Ceramic bearings.
- Titanium body.
- 2 years warranty.



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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

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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.

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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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ADIN: "THE OBVIOUS CHOICE"

Marcos White, owner of award winning The Courtyard dental practice in Huddersfield, Government Advisor on Digital Dentistry and Course Leader for the Digital Growth Webinar Program is also one of the UK's leading advocates of Adin implants. When asked why he uses Adin implants he said: "I have been placing and restoring implants for over 10 years now. For the last seven years I have committed to only use digital intraoral scanning to restore all my implant dentistry.

"When I was looking for an implant system to best complement my approach, I sought out simplicity. I was looking for a concise implant portfolio that covered the most commonly needed implants sizes. I was also looking for a simple restorative platform - so that I wouldn't have to buy, or be confused by, a multitude of scan bodies. I found all that in the Adin system - a single restorative platform across all their implant widths and lengths, which means I need a single scan body for every implant I ever place. I have now placed and digitally restored over 2000 Adin implants. I have digitally planned and executed over 100 full arch implants cases. All with Adin."

To find out how Adin implants can help you build your Practice and reduce overheads visit the Trycare website, www.trycare.co.uk/adin, where you can download the Trycare Surgical Essentials and Adin Catalogues. Alternatively, please contact your local representative or call 01274 885544.

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Tokuyama are the only composite manufacturer to use patented spherical filler particles within their composite materials. Each variant utilising spherical particles of different diameters to maximise their optical and physical properties for the desired indication. In addition to optimised optical properties resulting in enhanced aesthetic restorations, Tokuyama's spherical filler particles offer other significant advantages compared with the irregular shaped filler particles used by all other manufacturers. They are quicker and easier to pack into nooks and crannies, reducing the risk of voids; easier to sculpt and carve, producing enhanced morphology of the final restoration; and a much smoother surface finish which has a natural high sheen that requires minimal if any polishing. Tokuyama's development of spherical filler particles has culminated in Omnichroma the world's only colourless universal composite. It is the only universal composite that can match every tooth colour no matter what shade of white. In addition to the advantages associated with Tokuyama's patented spherical filler particles, employing Omnichroma within your practice means freedom from shade-matching procedures; money saved on overheads and reduced waste from expired rarely used Vita shades; and no need to replace restorations after tooth bleaching. These benefits were recognised by the Dental Advisor in their 2020 Product Awards Winners in the Innovative Products Of The Year category.

For more information about the complete Tokuyama range, including Omnichroma, contact your local Trycare Representative, call 01274 885544 or visit www.trycare.co.uk

> TRYCARE



FREE OSTEIOBIOL

Trycare, UK Distributors for the complete Tecnos range including OsteoBiol GTO, are offering Delegates who attend the Bone, Biomaterials & Beyond Academy's Guided Bone Regeneration Symposium in Seville, Spain, on 23 October 2021, will get two free 0.5cc packs of OsteoBiol GTO. They will also be able to hear some of the world's leading authorities in GBR for virtually nothing!

Delegates can also book a place on the Bone Lamina and Modified Hard Lamina Technique Workshop by Christopher Kottgen between 15.00 and 18.30, places limited to 25, and an Evening Gala Dinner. To book your place at this unmissable event visit www.bbb.academy.

Tecnoss's OsteoBiol® GTO® is the state-of-the-art Second Generation Guided Bone Regeneration Material. All Tecnos OsteoBiol products are Second Generation because they exhibit 100% conversion to human new bone within a finite, 12 to 24 month period. Available in 0.5 and 2.0cc syringes, OsteoBiol® GTO® is Tecnos's state-of-the-art ready-to-use pre-hydrated biomaterial. OsteoBiol® GTO® contains Tecnos's innovative OsteoBiol® TSV Gel which ensures optimal stickiness of the material, allowing easy adaptability to the recipient site and extreme stability.

Conceived as a universal biomaterial, easily adaptable to any bone defect, it is particularly indicated for horizontal augmentation of two-wall defects and socket preservation with compromised buccal plates.

For more information, call Trycare Ltd on 01274 885544 or visit www.trycare.co.uk/osteobiol

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

> CARESTREAM

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Contact Carestream Dental: 0800 169 9692 or visit www.carestreamdental.co.uk Follow us on: Facebook & Instagram @ [carestreamdental](https://www.instagram.com/carestreamdental).uk

> PANTHERA DENTAL

PRECISION-MADE APPLIANCES FOR SNORING AND SLEEP APNEA



Dentists now have the opportunity to prescribe world-leading precision-made oral appliances from Panthera Dental (Quebec, Canada) for the treatment of obstructive sleep apnea (OSA) and snoring.

Panthera Dental has grown rapidly in recent years to become a major player in North American sleep dental markets. Its custom-made Digital Sleep Apnea Devices (D-SADs) are designed and manufactured using high-precision proprietary CAD/CAM processes and 100% medical grade type-12 polyamide nylon. This material has proved to be a game changer in oral appliance manufacture, being light, smooth, strong, flexible, durable and resistant to bruxism.

The D-SADs are also extremely customisable with a wide range of plateaus and bands allowing for over 300 design combinations. All Panthera appliances can be adapted to every possible morphology.

Panthera Dental's 'Industry 4.0' manufacturing process uses robotics and AI to produce appliances with unmatched precision and traceability, enabling dentists around the world to help patients live longer, healthier lives and provide an alternative solution to CPAP therapy. The Panthera D-SADs have FDA 510(k) clearance and are CE marked.

www.pantheradental.com
www.pantherasleep.com
 Training and products, contact Iain Spray, UK & Ireland Sales Manager: iain@pantheradental.com
 Read more: <https://tinyurl.com/6p7fntsa>

> 3M

STRESS-FREE RESTORATIVE DENTISTRY

Alastair Fraser from Greygables Dental in East Kilbride reveals what he thinks of some of the newest solutions from 3M Oral Care.

"I have been using 3M products since qualifying as a dentist in 2012, but much more so after completing my MSc in Advanced General Dental Practice and taking over my practice in 2017.

"I find 3M Scotchbond Universal Plus Adhesive straightforward to use and adaptable to my needs. Its simplicity and versatility are very appealing. Having used many other bonding agents over the years, I have found 3M Scotchbond Universal Plus Adhesive to consistently be the most effective and have always come back to using it after trying alternatives.

"3M Scotchbond Universal Plus Adhesive handles very well, is easy to work with and gives an excellent bond strength whether placing direct composite restorations, cementing indirect restorations or resin retained bridges. The single bottle system removes the need for an additional primer and makes things easy for both myself and my staff.

"Another reliable and simple to use product is 3M RelyX Universal Resin Cement. It is a mainstay of my practice."



More info: 0845 873 4066 & www.3m.co.uk/dental. Contact 3M reps by phone or via video. 3M, RelyX, & Scotchbond are trademarks of the 3M Company.

> SHOFU

BEAUTIFIL FLOW PLUS X BY SHOFU



Beautifil Flow Plus X is a flowable bioactive composite for durable anterior and posterior restorations.

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This injectable hybrid composite for anterior and posterior restorations builds on the clinically proven handling benefits of Beautifil Flow Plus; it is non-slumping, self-levelling and non-dripping.

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The composite is available in nine common tooth shades plus various dentine, enamel, bleach and effect shades, based on the shade range and featuring the proven shade stability of the entire Beautifil product line.

For further information please contact Shofu – 01732 783580, sales@shofu.co.uk, www.shofu.co.uk

> W&H UK

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

Alastair Fraser, Principal Dentist, Greygables Dental



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