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Scottish Dental

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‘What about if we make it £300?’

*It pays to help someone do their research, apparently,
but I’d welcome readers’ thoughts*

Invitations for me to connect with people on LinkedIn are not a regular occurrence, I must admit; more what you would describe as occasional. In most instances there is a valid reason; a PR who’s been in touch separately about a client, perhaps, or a source I have spoken to for a story. Every now and then, though, it seems to be completely random, with no obvious reason why we should be connected.

Recently, however, in the space of a fortnight, I have been asked to connect by two people – apparently unconnected themselves, but in eerily similar lines of work. One describes himself as a ‘Healthcare Marketing Consultant & Business Analyst’ and the other as a ‘Healthcare Researcher’.

The former is based in Europe, the latter in the UK. I didn’t accept either invitation and, in hindsight, perhaps should have clicked the ‘Ignore’ button at the time.

Because, there then followed emails from both.

The Europe-based researcher said he was conducting a study on “filling materials”. Would I be willing to take part in a “web-assisted telephone interview” that would take about an hour? He added: “We would like to offer you a 200 GBP compensation for your time (PayPal or bank transfer), paid immediately after completing the interview.”

I wrote back: “Thanks for the invitation, but it’s not something I am able to do.” Twenty minutes later, he responded: “Thank you and absolutely understand your answer. Nevertheless, allow me to insist because this discussion is rather ‘open’ on the subject of dental medicine, and to talk about...”, and he went on to list a series of topics for discussion.

“We are not looking for any info about you or your news organisation and you are always free to decline any given question,” he said. “I would be extremely grateful if you could consider participating, your background and expertise will be very useful to us and participation is absolutely anonymous (first name use only). Would you be kind to consider participating? I would be extremely grateful!”

I thought silence would be the best option. Three days later the same email arrived in my inbox, except for one change: “We have increased compensation to 300 GBP as to reflect the high value of your involvement.”

He gave me some time to think; a full 11 days, to be precise. Then another email: “Allow me getting back to me whether you could still consider participation.” Despite the fractured English, I understood he was keen that we should have that discussion.

In the meantime, however, I had received the second invitation – from the UK-based

I COULD HAVE GONE ALL WOODWARD & BERNSTEIN AND HEADED OUT TO A MEETING WITH DEEP THROAT

researcher – to connect on LinkedIn. Then, on the same day that £300 was being waved in my face, an email from the second researcher arrived: “Hello,” he wrote. “Hello,” I thought to myself. “I have a client,” he said, “who would like to interview (for 1 hour) someone who could be described as a ‘Dental Journalist’.”

“Ok,” I said out loud to myself, brow furrowing slightly. “I think I can accept that description. I’ve been called worse.” He continued: “They would be happy to pay £300 to someone who could do it this week.”

Hm, was this a separate offer or were the two connected? The second brief was certainly different; it didn’t mention anything about “filling materials” and would range across a different set of topics, such as – and these are his words – “Biggest innovations in dentistry in recent years and on the horizon today ... Biggest changes observed in last two years in the areas of interest at conferences, seminars ... COVID related ... Non COVID - within Dentistry and adjacent areas connecting with dentistry, eg sustainability ... What see coming in the future as new focus areas ... At home oral care – where does it feature in this world?”

I’ve never been good at maths, but if it was the former then, by my calculation, I now had the opportunity to earn £600 for two hours ‘work’. Don’t snigger; I am a ‘Dental Journalist’, after all.

I thought long and hard about the offer(s). Well, that’s not true. I just thought, this is weird. Or is this ‘a thing’ in the healthcare sector; paying journalists for their insights? You tell me. I could have gone all Woodward & Bernstein and hit the ‘phones, or thrown on the jacket of my corduroy suit as I headed out to a meeting with whoever is the Deep Throat of the healthcare market research world.

But I wrote this instead; thought I’d crowdsource it.

Correction: In a feature (‘Looking forward’) in the October edition of Scottish Dental, we wrongly described Graham Smith, Chair of the Scottish Public Dental Services Committee, as a consultant oral and maxillofacial surgeon. We apologise for this error, which resulted from information provided to us by a third party.



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A turning point

*Let's get the next wave of professionals trained
and ready to upgrade our profession*

We are near at critical mass. People I talk to have concerns about what is coming and a certainty there will be change. I'm not going to continue harping on about COVID and its effect, but it plays a role here.

Dental professionals' working patterns have changed. For some a little, for many, very dramatically. In the last 20 months, many of us have worked in a more flexible and, perhaps, less time pressured way. Albeit, without financial incentives to work faster or longer and without performing our usual level of activity. While there are many reasons for this and reasons that may not change, I want to explore what's likely to happen and the impact on the profession in the next five to 10 years. I see huge challenges to our ability to cater for the demand.

Firstly, we have a backlog. This will lead to increased volumes of work, increased complexity and increased time required to treat people. This is not a new concept. We won't know the magnitude until we start really addressing it and we don't know how long it'll take to get through. What we do know is that it's coming, and it will be very challenging to our workforce.

Secondly, free dentistry on the NHS will increase demand. Again, it's not certain how this will affect things. However, I suspect the effect will only really be felt after the first wave of the backlog is dealt with and the second phase of more advanced treatment (rather than stabilisation) begins. I think this will be two to three years down the line, when we've done the basics and the Scottish Government has let more age groups access free care.

The final and most complex point is workforce. We've already lost a lot of DCPs. Registration with the GDC is at an all-time low. Many will be concerned about the risk of further disruption to normal dental work and feel their jobs may be at risk. The inflationary pressures on wages and a continued agenda to lift the Living Wage bring enormous pressure to bear on practices to pay top rates, reducing the workforce further. Simpler, less stressful jobs paying similar money will attract people from the profession.

A younger cohort of dentists, keen to strike a more reasonable work/life balance, will not fill the shoes of older workaholics. The pressures, in terms of increased volume and complexity, and inflation-squeezed margins are likely to promote the 'life' and decrease the 'work' quotient of their week. Furthermore, there's a huge drive towards speciality in younger dentists. While benefitting the skills of the profession, the time taken to learn and perfect them, and the inherent decrease in overall productivity, adds to the tension.

Then there's the rest of us. As long as the financial support measures are in place, people will stick. We

now know this will end in April. Time to twist. Anyone waiting to retire will do so. This will have been delayed (if they have any sense) and I suspect anyone who has been swithering will see the workload and difficulties coming and jump ship. Anyone who has enjoyed a more relaxed pace and fewer hours and who can afford not to go back, will work part-time.

The privatisation of dentistry is rearing its head again, too. Some practitioners will not wish to return to NHS care, particularly with the SDR and its inevitable 'hamster's wheel'. They may even change their whole practice business model to private care. Thereby, not only a 'person power' reduction but a loss of NHS dental infrastructure. This will be a huge challenge to the workforce. We will need to adapt to overcome it. Supply and demand economics dictate that, if the Scottish Government wants NHS dentistry, they're going to have to fund it. If we suffer, what I fear could be a 20 per cent plus reduction in the workforce available to perform NHS care, we are going to need to change the way we work. We will need more people: most likely in the form of therapists. They're quicker to train. Quicker to fill the void: should I say cavity? If this is the way forward, we're going to need to adapt our style. More consultant-led care with other providers involved on prescription. The funding model will need to shift too. Therapists can't perform enough care using the SDR to make them viable. If we need many more of them, we'll need bigger infrastructure. Investment in infrastructure is expensive and risky without a well-established system and funding model.

How do we get that? We have to adapt what we've got to suit. In my opinion, a whole new model will create too many risks. Practices (whether independent or corporate) won't invest until they get a handle on the system and banks will make lending more difficult without a track record of profits. There could be a decade of delayed care in dealing with the backlog; loss of staff and dentists; and a new system to get used to before there's any reasonable benefit to the patients and the profession.

It was not my intention in this article to create a doomsday scenario. I'm simply expressing what I think is about to happen to our profession. I don't even have much of an answer. What I would urge is that we think seriously about what will need to happen and invest in people and our infrastructure. Many of these changes were happening in the wider society, not just dentistry. However, Covid has pushed it to the fore and accelerated our change. We must be proactive to ensure the best care for our patients and that we don't burn out trying to wade through the next decade. Turn on the training tap now. Get the next wave of professionals trained and ready to upgrade our profession.

Government plans risk 'catastrophic impact'

Emergency support will be withdrawn from 1 April 2022

NEW STANDARD operating procedures for dentists, published at the end of November¹, will not restore access to dentistry for the public to pre-COVID levels, the British Dental Association has warned.

With high levels of COVID-19 and other seasonal infections, and the emergence of the Omicron variant, the BDA said the procedures will also "do nothing to avert the potentially catastrophic impact of Scottish Government plans to withdraw pandemic support from NHS practices".

Humza Yousaf, the Cabinet Secretary for Health, wrote to all NHS dental teams in October stating that all emergency support will be withdrawn by 1 April 2022, as part of a new policy to return to what the BDA described as the "low margin and high-volume" service operating pre-pandemic.

Patients in Scotland will now be placed

on one of two pathways, given the likelihood of them carrying a respiratory illness. It replaces what amounted to a 'one size fits all' approach that has been in place since the outset of the pandemic, which reduced capacity across the service.

The new model was unveiled on the same day last month (29 November) that the Omicron variant was confirmed to be present in Scotland. Even setting aside any potential spike in COVID infection, large numbers of patients are likely to end up on the respiratory pathway given typical patterns with seasonal flu and the common cold, said the BDA.

It is anticipated dentists may opt for a 'safety first' approach and use flexibility within new protocols to maintain existing protective measures, particularly given the uncertain effectiveness of triage

questions in identifying symptoms of the Omicron variant.

David McColl, Chair of the British Dental Association's Scottish Dental Practice Committee, said: "We are still facing massive backlogs, saddled with a system that is unfit for purpose. New protocols will not soften the blow of plans to pull away emergency support at this challenging time for infections and try and return to a 'business as usual' model during a pandemic."

More than 3.5 million NHS dental appointments have been lost in Scotland since the first lockdown.

www.nipcm.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum

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Oral health team's walk to raise mouth cancer awareness

In Lerwick, the town hall was lit up in blue as part of the campaign

THE NHS ORAL health improvement team in Shetland embarked on a walk around Lerwick last month to raise awareness of mouth cancer for Mouth Cancer Action Month's Blue Wednesday.

Their initiative came as new research by the charity and Denplan, part of Simplyhealth, showed that almost two-in-three (64%) have never checked themselves for signs of cancer in or around the mouth. Carried out as part of November's Mouth Cancer Action Month, the investigation also

found that more than one-in-four (27%) do not know any of the potential early warning signs for the disease.

More than 2,700 people in the UK lost their life to mouth cancer last year – a 48% rise compared to a decade ago.

With almost half (45%) of all mouth cancers diagnosed in stage IV, the most advanced phase of the disease, the Oral Health Foundation is appealing for more people to routinely look for signs of mouth cancer.

As part of Mouth Cancer Action Month, Denplan and the Oral Health Foundation urged people to learn more about mouth cancer. You can find more information on mouth cancer by going to www.dentalhealth.org/mouthcancer and by following the campaign on social media via #MouthCancerAction.

In Lerwick, the town hall was lit-up in blue as part of the Shetland oral health improvement team's efforts to raise awareness.





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Edinburgh dentist wins international award

Awards recognise visionary treatment concepts and outstanding achievements of women in dentistry worldwide

DR EIMEAR O'CONNELL, principal dentist at Bite Dentistry in Edinburgh, was among the winners at this year's Dentsply Sirona Smart Integration Awards.

Dentsply Sirona presented the second iteration of its awards to women in dentistry last month. With the award, which was launched in 2019, the company recognises visionary treatment concepts and the outstanding achievements of women in dentistry worldwide, while creating a network of women in dentistry. The 2021 applicants came from nearly 40 countries.

Dentists and dental technicians from around the world submitted their ideas for integrating digital technologies into the practices and dental laboratories of the future and improving the treatment experience for patients. The award ceremony was attended



by 90 nominees, who had been selected by an international jury of Dentsply Sirona executives and renowned external experts.

Winners were awarded in five categories: Digital

Clinical Workflow; Digital Patient Communication; Innovative Infection Control and Prevention; Management of Dental Equipment; and Smart Lab-Dentist Cooperation. Dr O'Connell was a winner in the Smart Lab-Dentist Cooperation category.

Dr Terri Dolan, Vice President and Chief Clinical Officer at Dentsply Sirona, said: "The significant interest from women worldwide shows us how important awards like this are. They recognise achievement and boost professional confidence, helping us promote gender parity in dentistry to support the next generation of female leaders."

All winners of the Smart Integration Award 2021 can be found at: www.dentsplysirona.com/smart-integration-award

Profession's opinion of GDC hits new low

The results of research undertaken in 2020, designed to better understand professionals', students' and other stakeholders' perceptions of the General Dental Council (GDC), and test understanding of the regulator's role, were published last month.

The results indicate that overall perceptions of the GDC were more negative (58 per cent) than positive (21 per cent) in 2020, and that views amongst the dental team have worsened from when the same questions were posed in 2018. Conversely, views of the GDC improved slightly amongst dental students and other stakeholders.

The report also highlights a lack of universal understanding of the regulator's role, with almost half of all professionals surveyed believing the GDC was responsible for setting clinical standards, which the GDC pointed out – is not the case.

"The findings don't make comfortable reading," said Stefan Czerniawski, the GDC's Executive Director.

Ian Brack, the GDC's Chief Executive and Registrar, added: "The findings in this report illustrate some of the frustrations felt in the sector and where we can direct our efforts.

"The pandemic has thrown up new challenges for us all and exposed some historic ones, not least the need for those we regulate to understand our role and our shared responsibilities in ensuring patients are protected, and public confidence is maintained."

Reflecting on the findings that dissatisfaction with fitness to practise performance was a significant contributor to negative perceptions, Brack continued: "I am accountable for performance of the GDC and very clear about what has not gone well and what we're doing about it.

"I am determined that we will make the improvements we can."

GC symposium addresses challenges of ageing population

IN SEPTEMBER, the Continental European division of the International Association for Dental Research (CED-IADR), together with the association's Scandinavian division (NOF), welcomed more than 500 participants from 47 countries all over the world to the 2021 hybrid CED-IADR/NOF Oral Health Research Congress in Brussels, Belgium.

The event, held over two and a half days, offered a broad scientific programme consisting of state-of-the-art symposia, keynote lectures and presentations by researchers from Europe and beyond. On the first day, GC Europe hosted a symposium focusing on the challenges of an ageing population with respect to cervical lesions. The symposium, chaired by Prof. Avijit Banerjee (King's

College London, UK), was opened by Prof. Jo Frencken (Radboud University, Netherlands) with consensus recommendations for the primary and secondary prevention of root caries lesions and their operative management.

Being a founding father of atraumatic restorative treatment (ART), he emphasised its ease of application and effectiveness of its use in modern caries management. According to Prof. Frencken, ART with high-viscosity glass ionomer cement has been proved to be a successful approach to managing root surface caries.

The next speaker was Prof. Falk Schwendicke (Charité—Universitätsmedizin Berlin, Germany), who pointed out the importance of cost assessment of treatment. The prevalence of non-carious cervical lesions

increases with age. The first focus should always be on prevention and non-restorative treatment. However, when the treatment fails or symptoms arise, restorative treatment is unavoidable.

The series of lectures was closed by Dr Gerry McKenna (Queen's University Belfast, UK), who provided a broad overview on ways to optimise treatment for older adults. In addition to preventive care and preservation of natural teeth, he recommended that tooth replacement follows a functionally oriented approach. At the end of the day, Prof. Banerjee moderated a Q&A session.

For further information contact GC UK on 01908 218999, email info.uk@gc.dental or visit www.gceurope.com

NASDAL DCby1 Practice of the Year Award 2022 launches

Providing access to dentistry for young people is now top of the agenda

THE launch of the 2022 NASDAL Dental Check by One Practice of the Year award has been announced by the Chairman of NASDAL, Nick Ledingham. The award recognises a practice that has successfully introduced the British Society of Paediatric Dentistry (BSPD) Dental Check by One. The aim of the campaign is to increase the number of children who access dental care aged 0-2 years.

It seeks to highlight excellence in the provision of oral care and prevention in children and showcase the opportunity to achieve a real business improvement. Credit is given to applications from dental practices with evidence supporting their contribution to the overall health of their community. The award will be presented at the BDIA Dental Showcase on 25 March 2022.

Nick said: "We look forward to hearing how the entrants have reached out to their communities and engaged with families."



Claire Stevens, spokesperson for BSPD, added: "The last 18 months have been tough for dental practices but as dentistry builds back following the enforced pause, providing access for children and young people will be top of the agenda."

Practices interested in entering should visit www.nasdal.org.uk/award. Entries must be submitted before 5pm, 31 January 2022. The winner will receive £1,000, a trophy, and the right to use the NASDAL Dental Check by One Practice of the Year 2022 title.



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



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

Scots dentist to be Rotary International President

Dundee University graduate calls for people to serve and help others

GORDON McINALLY, a graduate of dental surgery at the University of Dundee, has been selected to serve as 2023 Rotary International President.

Mr McInally, who owned and operated a dental practice in Edinburgh, was the chair of the East of Scotland branch of the British Paedodontic Society and has held various academic positions. He has also served as a Presbytery elder, chair of Queensferry Parish



Gordon McInally

Congregational Board, and commissioner to the church's general assembly.

A Rotary member since 1984, he has been president and vice president of Rotary International in Great Britain and Ireland. He has also served

Rotary International as a director and as member or chair of several committees. He is currently an adviser to the 2022 Houston Convention Committee and chair of the Operations Review Committee. Mr McInally has been a Rotary

member for 37 years and plans to boost member engagement to help grow the organisation.

He complimented the Rotary's ability to adapt technologically during the COVID-19 pandemic, saying the approach should continue and be combined with the best of traditional practices as Rotary seeks to grow and increase engagement.

"We have learned there is a willingness within communities to care for one another," he said, "and we must ensure that we encourage people who have recently embraced the concept of volunteering to join us to allow them to continue giving service."

You can read more about his appointment here: www.bit.ly/31IYzp6. He is the second Rotary president from Scotland.

Rotary brings together a global network of volunteer leaders dedicated to tackling the world's humanitarian challenges. Rotary connects 1.4 million members of more than 46,000 Rotary clubs in more than 200 countries and geographical areas. Their work improves lives at both the local and international levels, from helping those in need in their own communities to working toward a polio-free world.

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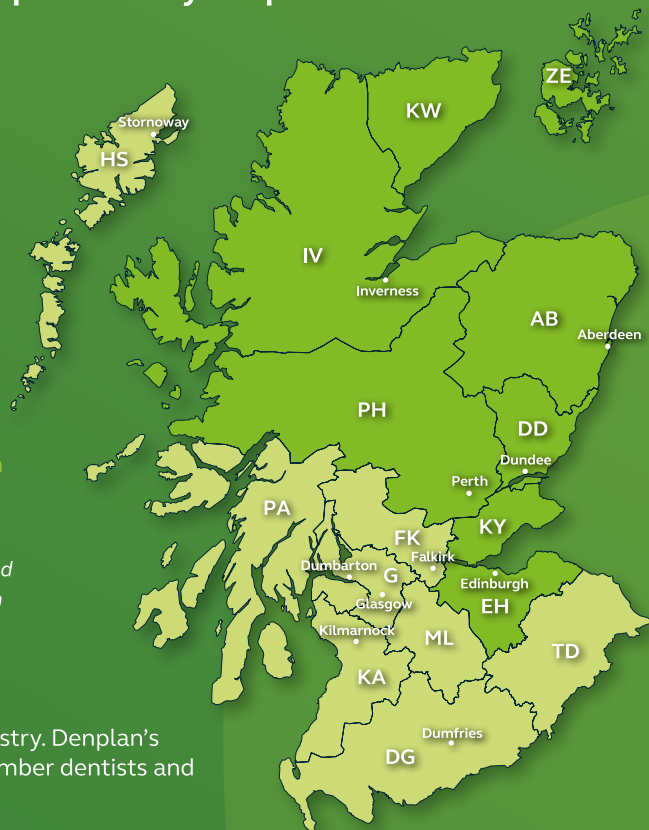


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Greater Edinburgh and East Coast Region

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‘Exodus’ from public dentistry feared

80 per cent of practices will reduce their NHS commitment, survey reveals

THE BRITISH DENTAL Association has warned the Scottish Government plans to revert to pre-COVID models of care risks sparking a flight of dentists from the NHS, with potentially devastating consequences for patient access across Scotland.

In October, Cabinet Secretary Humza Yousaf wrote to all NHS dental teams that all emergency support will be withdrawn by 1 April 2022. Since the first lockdown, NHS practices have operated under a COVID support package, reflecting pandemic pressures and tight infection control restrictions that continue to limit capacity across the service.

According to a survey of dentists in Scotland:

- 80 per cent of dentists estimate their practices will reduce their NHS commitment should the Scottish Government withdraw emergency support and return to pre-COVID models of care. Over a third (38 per cent) of dentists indicate they are now likely to change career or seek early retirement in the next 12 months should the policy be taken forward. 15 per cent say they are likely to practice dentistry outside of Scotland, and 1 in 10 estimate their practice is likely to cease operations.
- Half of dentists report that they are operating at less than 50 per cent of

pre-COVID capacity. While the Scottish Government has offered a support package to boost capacity, many practices are unwilling to commit to a broken NHS model. More than 30 per cent say they have not applied, and among those, half (50 per cent) say they are now unable to commit to the NHS long-term. Support for ventilation costs requires a minimum three-year commitment to the NHS.

- 9 in 10 dentists (89 per cent) estimate the removal of emergency funding will have a high impact on the short-medium term sustainability of their practices.

BDA Scotland has warned from the outset that a return to a ‘business as usual model’ – low margin and high volume – will put practices under unsustainable financial pressure and will likely lead to closures or movement to the private sector.

Practices are facing an unprecedented backlog, with recent data from Public Health Scotland indicating that the number of treatments delivered in the year to March 2021 was less than 25 per cent of those delivered in the previous 12-month period, corresponding to more than 3.5 million appointments lost as a result of the pandemic.

NHS dental care, free at the point of use, remains a centrepiece SNP policy. BDA Scotland has said the Scottish Government must change course to achieve that goal, develop an interim funding package to support dentists and their teams as they work through the backlog, and begin work on a new, sustainable model for delivering care.

David McColl, Chair of the British Dental Association’s Scottish Dental Practice Committee, said: “Free NHS dentistry for all is a worthy ambition. Rather than exploring ways to actually achieve that goal, the Scottish Government has blindly headed down a road that could destroy this service.

“COVID has slashed our capacity, yet emergency support will end. Yes, Ministers have offered some support, but with small print many practices simply could not sign up to in good conscience.

“Dentists are unwilling to be shackled to a corpse. When aid hinges on committing to an NHS model that is now frankly unsustainable, it is unsurprising take up appears so modest.

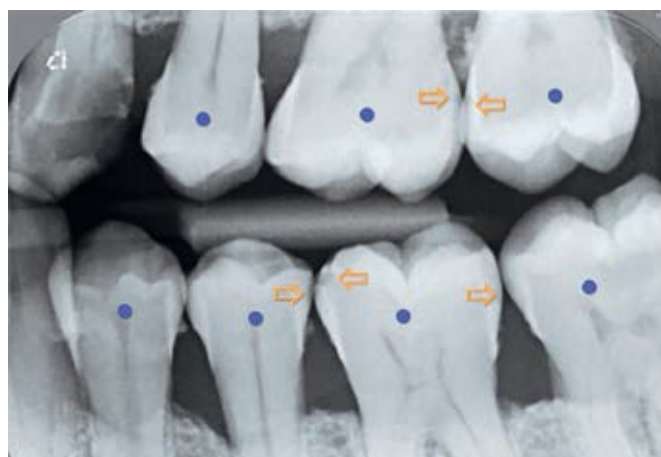
“We doubt Humza Yousaf wants to be remembered as the man who killed NHS dentistry in Scotland. Without a willingness to reflect on choices made in recent weeks that risks being his legacy.”

Study proves benefits of AI technology for dentistry

DEVELOPMENTS in artificial intelligence (AI) are of growing interest to the dental profession and now a peer-reviewed study¹ has proven that a new AI tool significantly enhances dentists’ ability to detect enamel-only proximal caries.

University of Manchester Dental School’s ADEPT (AssistDent Enamel-only Proximal caries assessment) study, published in the *British Dental Journal*, involved 23 dentists, randomly divided into a control arm (without AI assistance) and an experimental arm in which AI assistance provided on-screen prompts indicating enamel-only proximal caries.

Participants in the study analysed 24 bitewings which had



been inspected previously by an expert panel who identified 65 enamel-only carious lesions and 241 healthy proximal surfaces.

The participants in the ADEPT study who used AssistDent® AI software identified 75.8% of the caries – considerably more than

the control group, who found 44.3%. The results reflect the difficulty of spotting early-stage proximal caries when examining bitewing radiographs, as the subtle patterns that represent demineralisation are often missed by the human eye.

The AI tool was proven to aid clinical judgement and, if identified early enough, the disease can be reversed by non-invasive means, a critical aspect of preventive dentistry. The AssistDent® software is developed by Manchester Imaging, a company established to commercialise research into preventive dentistry from the University of Manchester.

¹www.bit.ly/ADEPT-study



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

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

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Improving response for people at risk of suicide

Group established to drive forward approach

A NEW GROUP will be set up to make sure that everyone at risk of suicide can access the right support when they need it, the Scottish Government said, following recommendations made by the National Suicide Prevention Leadership Group (NSPLG).

The Suicidal Crisis Support Action Group will drive implementation of the Time, Space and Compassion approach, a new way to improve help for people who are suicidal. Nigel Henderson, former Chief Executive of Penumbra, has been appointed as National Lead for Suicidal Crisis Support to lead this work.

Kevin Stewart, the Minister

for Mental Wellbeing and Social Care, said: "I welcome the report from the NSPLG and the recommendations it makes on improving responses to people in suicidal crisis. We will consider the recommendations in full.

"To deliver the scale of change set out in their recommendations, a dedicated Suicidal Crisis Support Action Group will be established to take forward and oversee the implementation of this work. The appointment of Nigel recognises his career in developing compassionate support for vulnerable people, including those at risk of suicide. The group will be accountable to ministers and continue to work in close partnership with NSPLG.

"We know there are some excellent examples of suicidal crisis support services across Scotland already, and we have an opportunity to learn from those to make sure this type of support is available right across Scotland.

"Every day, people in our communities, and those working in statutory and third sector services, are responding compassionately to people in crisis. However, there is more we can do. This report offers a real opportunity to transform how we engage and support our most vulnerable people at times of suicidal crisis."

A survey of dental trainees and primary dental care staff carried out in Scotland last year

found that more than a quarter of respondents displayed symptoms of depression, and more than half rated themselves as "emotionally exhausted". Earlier this year, an initiative was launched to encourage all dental workplaces to make mental health wellness a priority².

¹www.gov.scot/publications/third-annual-report-national-suicide-prevention-leadership-group-nsplg/

²<https://mhwd.org>

See also 'Dentists run length of Scotland in aid of aid of mental health support and services' – page 44

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



sdg group

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

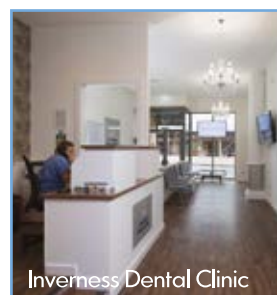
"I had been considering retirement for some time and was determined to find the right opportunity for myself whilst also ensuring that the practice would continue to thrive.

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

The group have a clear, defined progression plan and decisions were made very efficiently.

I would recommend speaking to SDC Group without hesitation if you are ready to take the next steps into retirement or looking to focus on dentistry without the additional responsibilities of running a practice."

Moir Murray, former owner of Linlithgow Dental Practice



Inverness Dental Clinic

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

Christopher Friel
Operations Director
christopher@sdcggroup.co.uk

Philip Friel
Clinical Director
philip@sdcggroup.co.uk

Louise Fletcher
Operations Manager
louise@sdcggroup.co.uk



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

² Taha et al., 2018

Dental firm introduces paperless patient journey

Group has appointed six of its practices across Scotland as 'eco-champions'

CLYDE MUNRO has introduced a 'sustainability protocol' which it says has enabled the group to save the paper equivalent of four trees per month. Around 164,000 forms were completed electronically across Clyde Munro Dental Group's practices between April and July this year, with each form averaging one sheet of paper.

It comes after the Scottish dental firm launched its 'Paperless Patient Journey', encouraging patients to communicate electronically. Clyde Munro has been working with software partners to reduce its paper usage by introducing a user-friendly online patient platform that will replace the traditional paper-based forms.

The pursuit of going paperless comes as part of the group's wider environmental initiative to reduce, reuse and recycle where possible and encourage an eco-friendly dental practice and a greener future for the dental industry as a whole.

Amy Reilly, Head of Commercial Finance and Lead on the project, said: "By using less paper, we can reduce our impact on forests, cut energy use and climate emissions, limit air, water and other pollution and produce less waste.

"We are very keen to encourage all patients who have not already done so to provide an email address or a mobile number as part of their patient record, which allows us to arrange for all communication to be sent to them electronically, including appointment reminders and appointment forms.

"When patients complete their forms using the online patient portal, this not only



Amy Reilly, Head of Commercial Finance, Clyde Munro

offers a key method by which to reduce paper generated in practice but also supports necessary COVID-19 protection procedures."

After appointing six of its practices across Scotland as 'eco-champions', the Glasgow-based dental group has begun to trial a



Torwood Dental Practice in Inverness is one of six 'eco-champions'

number of sustainable ideas that can help to reduce the firm's environmental footprint. These ideas include ink cartridge recycling, eco-friendly dental care products, and reducing plastic cup usage.

Amy added: "We are working together as a business and a community to consciously look at the ways in which we can better manage our environmental impact and to drive change in those areas in which we are able.

"We are passionate about supporting the dental industry to make a difference for the better, not only for our patients but also for our wider society."

Leading the charge - see page 42

Dental labs market set to increase

THE GLOBAL DENTAL laboratories market size is anticipated to reach \$43.5bn by 2028 and is expected to expand at a CAGR of 5.5 per cent.

According to a report, *Global Dental Laboratories Market Size*, published by researchandmarkets.com, this can be attributed to increasing cosmetic dental procedures, the geriatric population, and awareness regarding oral hygiene.

In addition, technological

advancements are also expected to fuel growth. For instance, the digitalisation of dental labs and the introduction of Computer Aided Manufacturing (CAM) and Computer Aided Design (CAD) technology has improved the accuracy of dental appliances.

According to an article published by United Nations, the number of adults in the age group of 80 years and above is anticipated to reach around 425 million in 2050, from

nearly 137 million in 2017. Geriatric population is highly susceptible to dental conditions such as xerostomia, coronal and root caries, and periodontitis. As a result, the market is projected to witness significant growth in the near future.

The market for dental laboratories is highly fragmented and is anticipated to witness a significant merger and acquisition activity from both large dental service organisations and private

equity firms. These mergers and acquisitions are anticipated to lead to market consolidation and enable leverage advantages of white space acquisition.

For example, Smile Brands, a Gryphon Investors backed company, acquired Johnson Family Dental as an add-on acquisition in 2017. This acquisition is anticipated to contribute to the company's growth through the addition of new practice locations.



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DENTAL SPECIALISTS



Dr Kevin Lochhead

GDC No. 62945

BDS (Lond 1987),
M.F.G.D.P.(R.C.S.Eng)

Specialist in Prosthodontics



Dr Pierluigi Coli

GDC No. 104397

DDS, PhD

Specialist in Periodontics
and Prosthodontics



Dr Chris Millen

GDC No. 85443

BDS, MClintDent (Pros),
MFDS RCS (Ed), MPros RCS
(Ed), FDS (Rest. Dent) RCS
(Ed), FHEA

Consultant and Specialist
in Restorative Dentistry,
Specialist in Prosthodontics
and Periodontics



Dr Stuart Campbell

GDC No. 79646

BDS (Dund, 2001),
MPros(RCS, Edin),
MClintDent (Pros) MSc

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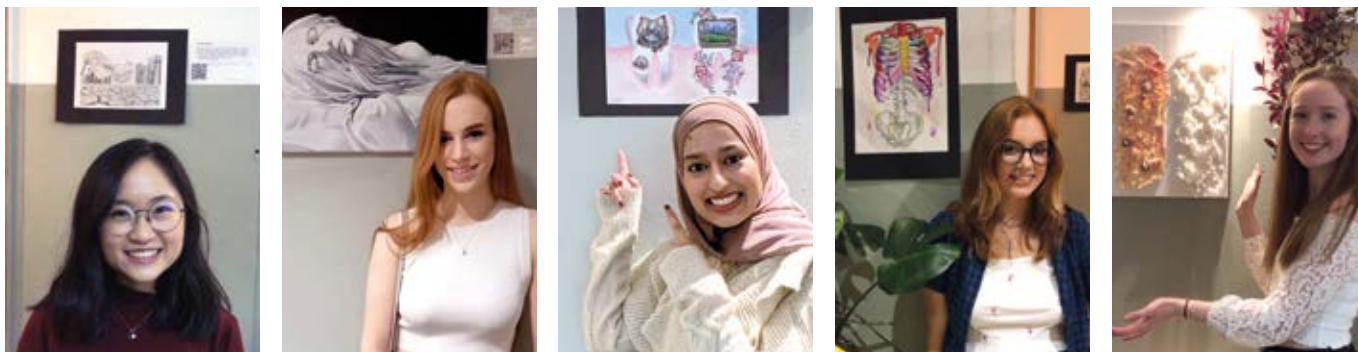


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Pictured (L-R): Yi Xuan Lim, Cara Marcuccilli, Aisha Asif, Libby MacLean, Emma Copley. Also featured in the exhibition were Siya Sharma and Rou Voon Teo.

Dental students 'get their A.C.T. together'

Dundee Dental School has launched an initiative, Art in Clinical Training, where healthcare trainees can express themselves

ART in Clinical Training (A.C.T.) is an initiative developed at Dundee Dental School during lockdown, giving dental students a community and outlet to express themselves, write Cara Marcuccilli and Clement Seeballuck.

After a particularly difficult time for dental students due to the ongoing COVID-19 pandemic, we thought this presented the perfect project for the talented students of Dundee. A.C.T. was also created to allow dental students from different years to collaborate and to build a supportive community. For this reason, the group was open to any dental student with an interest in art, regardless of ability. A theme of 'Decay' was, collectively, chosen for the first

project. Each student interpreted the word and produced a piece in their own medium. The results were incredibly impressive and personal, ranging from renaissance inspired pieces to tarot cards. It was very interesting to see the different directions each student went with their art.

Cara Marcuccilli led the project and created her own piece for the first exhibition. The objective was to highlight decay of traditional art techniques through a study of marble sculptures completed in oil paint. This piece was intended to create appreciation from the viewer of the skill required of older art techniques. The collection featured eight pieces which were displayed at a pop-up gallery hosted by our

local coffee shop, EH9 Espresso. The opening night was a success, after which the pieces were displayed in the shop for a week. For those unable to appreciate the art in person, the pieces were uploaded to Instagram for everyone to enjoy. Going forward the goal is to host pop-up galleries at different institutions, as well as involving students of other clinical courses to further grow the group and future projects.

Any trainee/student from any university is welcome to get involved and join the group. If you would like to follow the progress or create your own pop-up galleries as part of A.C.T., you can contact and follow us on @a.c.t.dundee.

BOS joins European consensus: 'DIY ortho' is hazardous for patients

THE BRITISH Orthodontic Society has joined a Europe-wide consensus that sees 31 professional dental and orthodontic societies, associations, and institutions from 25 countries come together to endorse and fully support a joint declaration regarding the unacceptable and potentially unsafe remote treatment of malocclusions.

The Declaration by EFOSA [the European Federation of Orthodontic Specialists Associations] states the basic requirements that must be met for any orthodontic treatment.

Dentists and orthodontists all

over Europe are witnessing the increasing activities of start-up companies promoting and selling orthodontic treatment using aligners by post with great concern, said the BOS. This type of remote treatment is provided without either proper initial diagnosis or any form of regular clinical monitoring, it added.

"These companies often present their services as affordable, fast, and safe, although they clearly do not meet required professional dental standards," said the BOS in a statement. "Orthodontic treatment without proper initial diagnosis

and regular clinical monitoring can cause severe risks to patients' health."

Professor Christian Scherer, who coordinated the project for EFOSA, said: "The unanimity shown by European orthodontists on this subject makes it clear that orthodontics is more than just aligning the front teeth.

"It is about a holistic approach to care where the patient's best interests are at the heart of our treatments. Every patient should make sure that the basic requirements formulated in the Joint Declaration are also observed in his

or her treatment so that their treatment is practised safely."

Anjli Patel, Director of External Relations for the British Orthodontic Society added: "Orthodontic treatment without thorough clinical face-to-face examination of the patient, x-ray imaging and regular clinical monitoring, is potentially hazardous to the patient's health.

"Any self-administered and remote treatment cannot be justified from a professional medical perspective and thus represents a serious violation of ethical, medical and dental standards."

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2022

28 JANUARY

Scottish Orthodontic Conference

Royal College of Physicians and Surgeons of Glasgow & Online
<https://community.rcpsg.ac.uk/event/view/scottish-orthodontic-conference-28-jan-22>

7-8 MARCH

5th International Conference on Nanomedicine and Nanotechnology

Edinburgh
<https://nanomedicine-nanotechnology.pulsusconference.com/>

10-11 MARCH

Challenging the Dogma in Prosthodontics

P&J Live venue Aberdeen
<https://www.bspsd.org/Conferences/Annual+Conference+2022.aspx>

17-19 MARCH

ICOI Winter Implant Symposium

Georgia, USA
https://imis.icoi.org/Members/Events/Event_Display.aspx?EventKey=ATLANTA22

25-26 MARCH

BDIA Dental Showcase

London Excel
www.dentalshowcase.com

25-26 MARCH

EVDA Congress 2022

Edinburgh Surgeons Quarter
<https://evda-online.com/product/evda-congress-edinburgh-2022/>

1-2 APRIL

European Carriere Symposium, Portugal

<https://web.cvent.com/event/70ccbece-04c1-4ccb-93f2-5183ed39da80/summary>

7-8 APRIL

Euro Implanto 2022, Nice, France

www.dental-tribune.com/event/euro-implanto-2021/

13-14 MAY

British Dental Conference & Dentistry Show

NEC, Birmingham
birmingham.dentistryshow.co.uk

26-28 MAY

ADI Congress

Manchester Central Convention Complex
www.adi.org.uk/congress22.aspx

15-18 JUNE

EuroPerio10 Copenhagen

www.efp.org/europerio

24-25 JUNE

Scottish Dental Show

Braehead Arena, Glasgow
www.sdshow.co.uk

11-13 AUGUST

International Symposium on Dental Hygiene

Dublin
www.isdh2022.com

7-8 OCTOBER

BADT Conference 2022

Crewe
www.dental-tribune.com/event/badt-conference-2022/

10-12 NOVEMBER

BACD

Newport
<https://bacd.com/>

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

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

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One in a... Vermilion



Focusing on the link between paediatric dentistry and orthodontic treatment

Vermilion Orthodontics, a new private orthodontic and paediatric dentistry clinic, was launched earlier this year by Dr David Offord, founder of Vermilion – The Smile Experts, and his clinical colleague and business partner, Dr Aman Ulhaq.

With the patient at the centre of every treatment, Vermilion Orthodontics offers a bespoke service undertaken by its experienced team of specialist clinicians.

“The aim is to provide a high quality orthodontic and paediatric dentistry service with short waiting times for consultation and treatment,” said Aman.

“We want to work closely with our referring practitioners and the team at Vermilion – The Smile Experts, to provide tailored treatment plans for patients.”

Aman is a Consultant/Honorary Senior Lecturer in Orthodontics, and

WORDS
WILL PEAKIN

the Lead Clinician for Orthodontics at the Edinburgh Dental Institute, providing complex multi-disciplinary orthodontic treatment.

At Vermilion Orthodontics, Aman will provide orthodontic service that will cover the full range of treatments, from interceptive treatment for young children to comprehensive adolescent and adult orthodontics.

He is joined by his colleague of seven years, Dr Graeme Wright, a Consultant/Specialist in Paediatric Dentistry.

Graeme is Lead Clinician for Paediatric Dentistry at the Edinburgh Dental Institute and The Royal Hospital for Children and Young People in Edinburgh.

A range of services

At Vermilion Orthodontics, Graeme offers a wide range of paediatric dental services, often facilitated by conscious sedation for nervous or anxious children.

He has a specialist interest in the dental management of medically compromised children, cleft lip and palate, dental anxiety, and paediatric dental trauma.

The paediatric service, offered at Edinburgh's St John's Road clinic, provides the option of anxiety

management with conscious sedation, which is not readily available outside of the PDS or hospital dentistry.

This gives parents and referrers access to sedation services without long waits to undergo treatment.

In addition, the team give advice/ manage cases with dental trauma or those that require surgical removal or exposure of impacted teeth.

Multi-disciplinary treatment

For dentists referring patients, Vermilion also provides accessible and expeditious paediatric dentistry and orthodontics under one roof, with treatments that are consultant-led and overseen by their specialists.

Aman said: “Being closely linked with clinicians from Vermilion – The Smile Experts and our very skilled referring practitioners, we are able to provide complex multi-disciplinary treatment (MDT) with close communication between clinicians.

“For MDT cases, we are in an excellent position to provide treatments which require restorative dentistry, for example hypodontia, or surgical input such as implants.

“Our focus is on aesthetic appliances for both children and adults, with an emphasis on treating complex cases with clear aligners and ceramic labial brackets.”

Launch of study club

As well as accessibility and a swift response for referring dentists' patients, the Vermilion Orthodontics team is also augmenting the support it provides to dentists through the launch of a monthly two-hour study club (both face-to-face and live streaming).

“We will look to assist our referring practitioners by giving advice for orthodontic treatment planning and mentoring for cases they may wish to treat within their own clinics.

“These study groups will be held in the evening throughout the year - more information will follow soon.”

For more on Vermilion Orthodontics and its services, visit:
vermilionorthodontics.co.uk

Pictured, above:
Dr Aman Ulhaq

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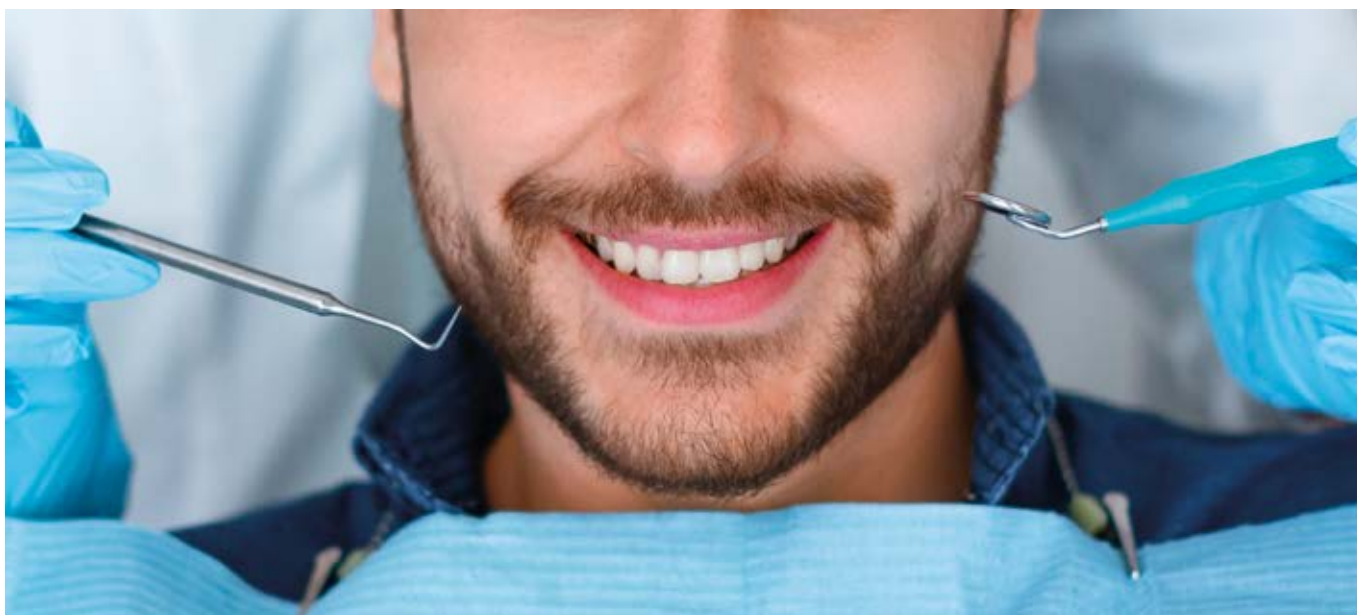
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- ▶ Intuitive and easy shade selection
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Demand is *'higher than ever'*



Increased demand for orthodontic treatment is an opportunity to embrace the many health improvements, both functionally and psychologically, the profession can provide

The 2021 annual British Orthodontic Conference (BOC) took place in September at the Midland Hotel, Manchester.

It combined in-person presentations and a trade exhibition with online virtual access.

David Waring, the British Orthodontic Society's Director, Professional Development, and conference chair, commented: "The last 18 months have been the most challenging time, both professionally and personally, that many of us have ever encountered. We are all hopeful however that with the incredible advances of science we are developing ways of living with and managing the virus and pandemic that has torn our world apart.

"The need for quality orthodontics has not gone away, and the demand is higher than ever.

"Whether that is the impacted canine, or a desire to improve the appearance, the aspiration to seek

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WILL PEAKIN

orthodontic treatment has placed many of us under increased pressure.

"We should look on this as a positive and embrace the many health improvements both functionally and psychologically we can provide. Additionally, the need to continue professional development and learning is always paramount and the British Orthodontic Conference aims to go some way to fulfil this aspiration.

"However, a conference is not only about learning – it is also the wellbeing that comes from meeting colleagues and friends. I am sure I speak on behalf of us all as I relish the time when we can meet, chat, and socialise with friends at the Orthodontic Conference. The British Orthodontic Conference team have had a busy 18 months organising, cancelling, and re-organising a conference and it is with absolute delight that we welcome you to the 2021 BOC."

The pre-conference course offered a hands-on seminar,

followed by small, group case-based discussions. This primarily focused on establishing an enhanced appreciation of joint restorative and orthodontic approaches in diagnosing and managing complex patient cases. The interface between both approaches demonstrated methods to tackle cases such as hypodontia.

Day one of the main scientific programme included the Chapman Prize 2020 presentation, delivered jointly by Professor Padhraig Fleming and Dr Pratik Sharma, in which they presented their mixed-methods research study. It incorporated a randomised control trial (RCT) investigating the effectiveness of full versus part-time Twin Blocks appliance wear, while a qualitative evaluation was utilised to explore the factors affecting compliance with prescribed wear protocols.

This was followed by Dr Simon Littlewood's presentation on enhancing the clinical application of evidence-based tooth retention regimes. It was supported by





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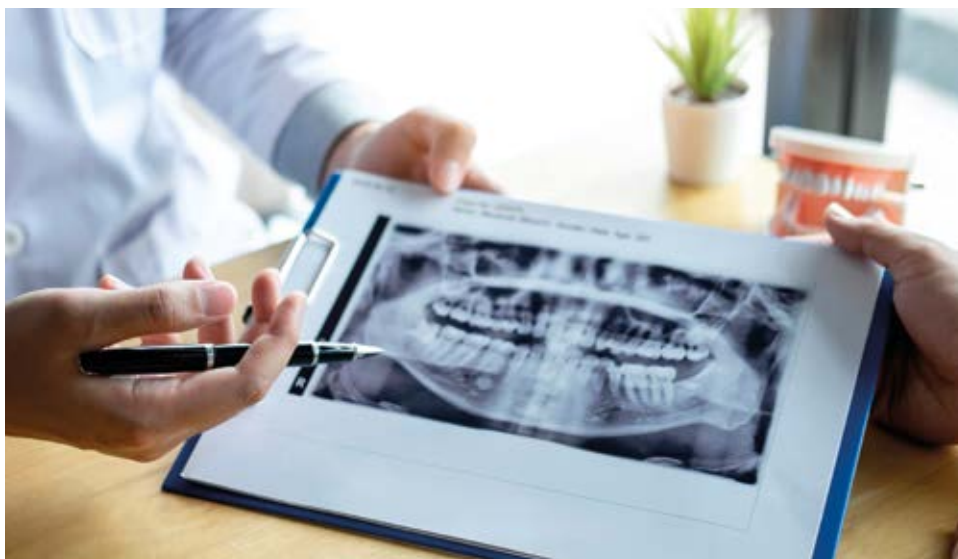


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contemporary research into orthodontic-bonded retainers, ultimately helping mitigate the risk of relapse.

Dr Sarah Good's presentation underlined the significance of providing closely aligned, joint paediatric-orthodontic services and incorporated the presiding evidence that guides the management of complex cases including molar incisor hypomineralisation.

Range of subjects

On the second day, the Northcroft Memorial Lecture 2020 was delivered by Professor Jonathan Sandler. He covered a range of subjects, from the importance of serial clinical photography, to osseointegrated palatal implants as substitutes for headgear, and the effective incorporation of temporary anchorage devices (TADs) into orthodontic practice. RCTs were provided as supplementary, supportive material throughout and provided a comprehensive, evidence-based overview of the techniques discussed.

Dr Alik Tsichlaki presented the Chapman Prize 2021 lecture. Her PhD research looked into the development of a standardised, core orthodontic outcome set for future implementation across clinical trials. The standardised measures installed would look to enable improved outcome consistency between future orthodontic studies and enhanced research yield, while guaranteeing an improved measurement of outcomes significant to all stakeholders including clinicians and patients.

Dr Nicky Mandall followed, reflecting upon her multi-centre RCT. It assessed both the clinical and psychosocial influence of Twin Block treatment delay, as well as the associated dentofacial changes.

Advances in the dental profession will bring benefits to patients

Dr Mandall continued by discussing how the specific research has since changed her clinical practice, as well as future proposals for a further RCT.

The BOC's 2019 dual parallel track sessions, Driving Private Practice and So, You Want To Know About Orthodontics, were repeated in the 2021 programme schedule. The latter was beneficial for those interested in gaining an increased appreciation of the orthodontic speciality training pathway. It was key in highlighting the associative clinical and research commitments required. Dr Guy Deeming's presentation discussed a range of key factors necessary in contributing towards a more cohesive dental team and its unified benefit in enhancing practice performance.

With the aim of increasing awareness around Orthodontic Technology, Education and Design, the 2021 OrthoTED lecture series offered a dynamic and informative insight into various thought-provoking concepts. Topics ranged from the provision of oral health advice through social media, digital marketing and alternative team leadership approaches. This was supported by clinical pearls, providing more specific clinical advice around the utilisation of floss ligatures, video consultations, efficacious pontic-archwire adhesion and much more.



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OFFERED A DYNAMIC AND
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LOOKING AHEAD TO 2022

Returning for its seventh year, the annual Scottish Orthodontic Conference will welcome both face-to-face and virtual delegates and will provide updates on current practice and contemporary topics including temporary anchorage devices, 3D printing and orthodontic management of traumatised teeth.

With a mix of engaging speakers, clinical pearls and panel sessions, the conference will be of interest to those based in both primary and secondary care and is intended to engage the whole orthodontic team and those with an interest in orthodontics.

SPEAKERS INCLUDE:

- Dr Niall McGuinness, Consultant and Honorary Senior Lecturer, Edinburgh Dental Institute (Orthodontic management of traumatised teeth)
- Dr Finn Geoghegan, Principal Orthodontist, Specialist Orthodontist Practice, Glenageary
- (3D models and printing)
- Richard Cousley, Consultant Orthodontist and Clinic Director, The Priestgate Clinic Peterborough (TADs and anterior open bite management)
- Dr Aubrey Craig, Senior Dentolegal Adviser, MDDUS (Update on medico-legal trends within orthodontics)
- Dr Mohammed Almuzian, Specialist Orthodontist, Sunrise Dental Clinic, Edinburgh
- (My favourite 20 orthodontic tips and pearls)
- Dr Catherine McCanny, Specialist Orthodontist, St Michael's Orthodontics (Aligners)

LEARNING OUTCOMES INCLUDE:

- Have updated knowledge in the management of anterior open bite treatment with TADs
- Have an understanding of the management of traumatised teeth undergoing orthodontic treatment
- Demonstrate understanding of 3D printing within specialist practice
- Be aware of updates to clinical skills for aligner treatments and the patient journey
- To have participated in academic discussion relating to current projects/QIPS within orthodontics

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Cracking the molar mystery

WORDS
JULIE RUSS

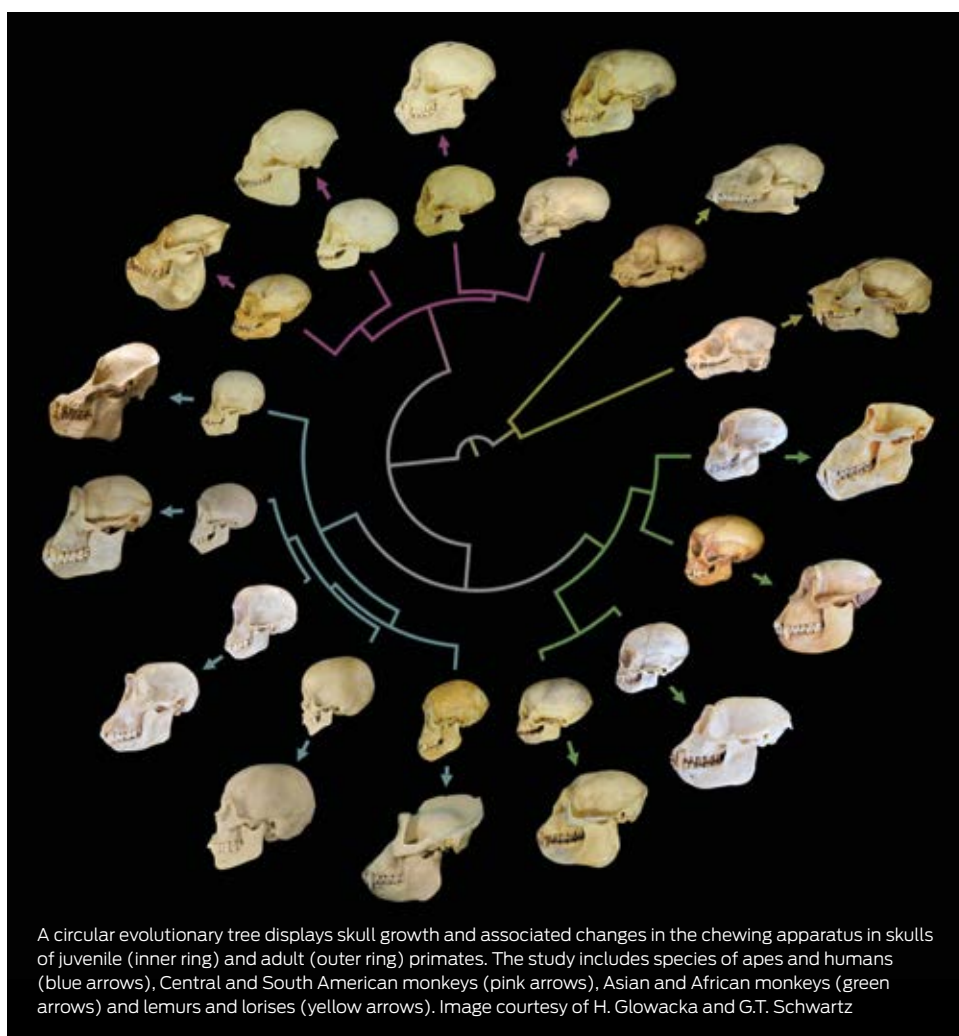
A study of skull growth and tooth emergence reveals that timing is everything

Six, 12 and 18. These are the ages that most people get their three adult molars, or large chewing teeth towards the back of the mouth. These teeth come in at a much later age than they do in our closest living relative, the chimpanzee, who get those same adult molars at around three, six and 12 years old.

Paleoanthropologists have wondered for a long time how and why humans evolved molars that emerge into the mouth at these specific ages, and why those ages are so delayed compared to living apes. Scientists at Arizona State University (ASU) and the University of Arizona have published a study¹ in *Science Advances* that they think has finally cracked the case.

Humans are unusual primates. We are highly intelligent, extremely social, remarkably resourceful, able learners and skilled teachers and, as a result, a remarkable evolutionary success story. A key aspect of our biology allowing these components of the human experience to evolve is our unique “life history,” or the overall pace of life, including how fast we grow, how long we are dependent on mothers for nutritional support, how long it takes us to reach sexual maturity and how long we live. Amazingly, clues to most of these components of our human biology are connected with our teeth.

The one dental feature intimately associated with the pace of growth



A circular evolutionary tree displays skull growth and associated changes in the chewing apparatus in skulls of juvenile (inner ring) and adult (outer ring) primates. The study includes species of apes and humans (blue arrows), Central and South American monkeys (pink arrows), Asian and African monkeys (green arrows) and lemurs and lorises (yellow arrows). Image courtesy of H. Glowacka and G.T. Schwartz

“
CLUES TO MOST OF THESE
COMPONENTS OF HUMAN BIOLOGY
ARE CONNECTED WITH OUR TEETH

and life history is the ages at which our adult molars cut through the gumline. For many decades, evolutionary anthropologists have leveraged the very tight relationship — which exists across all primates — between the pace at which these adult molars emerge into the mouth with the overall pace of life. Modern humans, for instance, grow up incredibly slowly, have a very long and protracted life history and

emerge their adult molars very late in life, later than any other living or extinct primate.

“One of the mysteries of human biological development is how the precise synchrony between molar emergence and life history came about and how it is regulated,” said Halszka Glowacka, lead author and assistant professor at the University of Arizona, College of Medicine-Phoenix. Glowacka is also a doctoral



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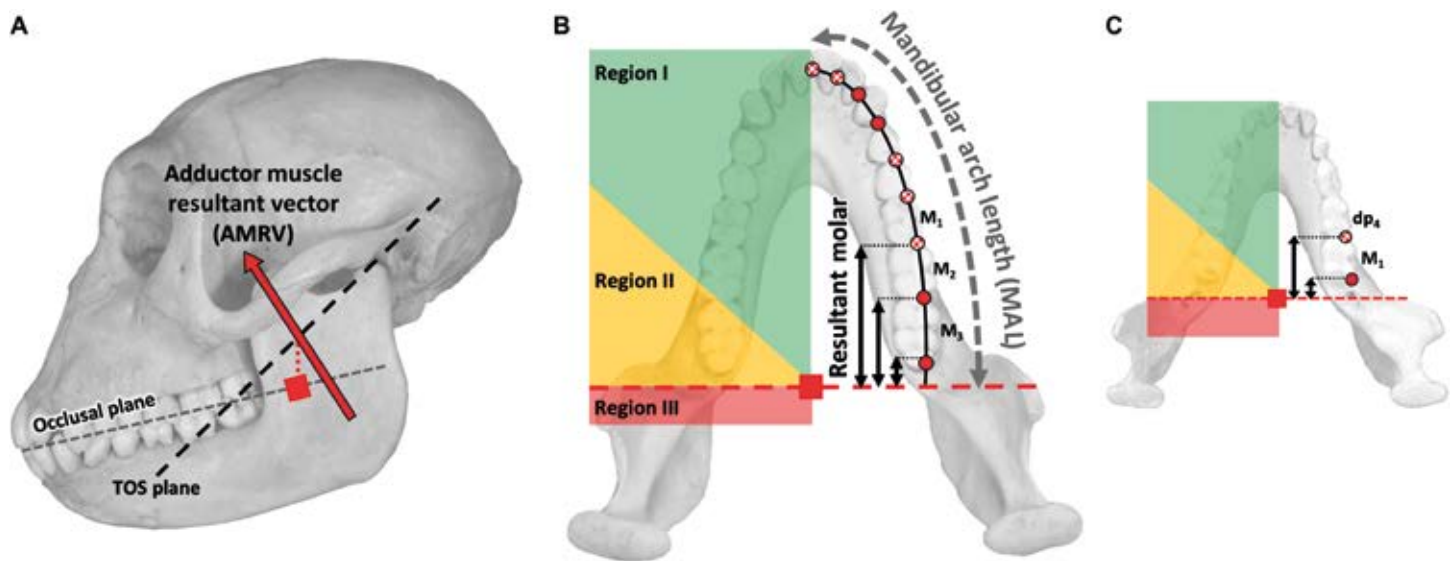


PROFESSIONALLY
USED AND
RECOMMENDED



WHITER
TEETH IN
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Figure 1



“

COORDINATION BETWEEN FACIAL GROWTH AND THE MECHANICS OF CHEWING MUSCLES DETERMINES NOT JUST WHERE BUT WHEN ADULT MOLARS EMERGE

graduate of the evolutionary anthropology program at ASU.

Glowacka and paleoanthropologist Gary Schwartz, a researcher with the Institute of Human Origins and professor in the School of Human Evolution and Social Change, have published a study that provides the first clear answer — it is the coordination between facial growth and the mechanics of the chewing muscles that determines not just where but when adult molars emerge. This delicate dance results in molars coming in only when enough of a “mechanically safe” space is created. Molars that emerge “ahead of schedule” would do so in a space that, when chewed on, would disrupt the fine-tuned function of the entire chewing apparatus by causing damage to the jaw joint.

For the study, Glowacka and Schwartz created 3D biomechanical models of skulls, including the attachment positions of each major chewing muscle, throughout the growth period in nearly two dozen different species of primates ranging from small lemurs to gorillas. When combined with details about the rates of jaw growth in these species, their integrative models revealed the precise spatial relationship and temporal synchrony of each emerging molar within the

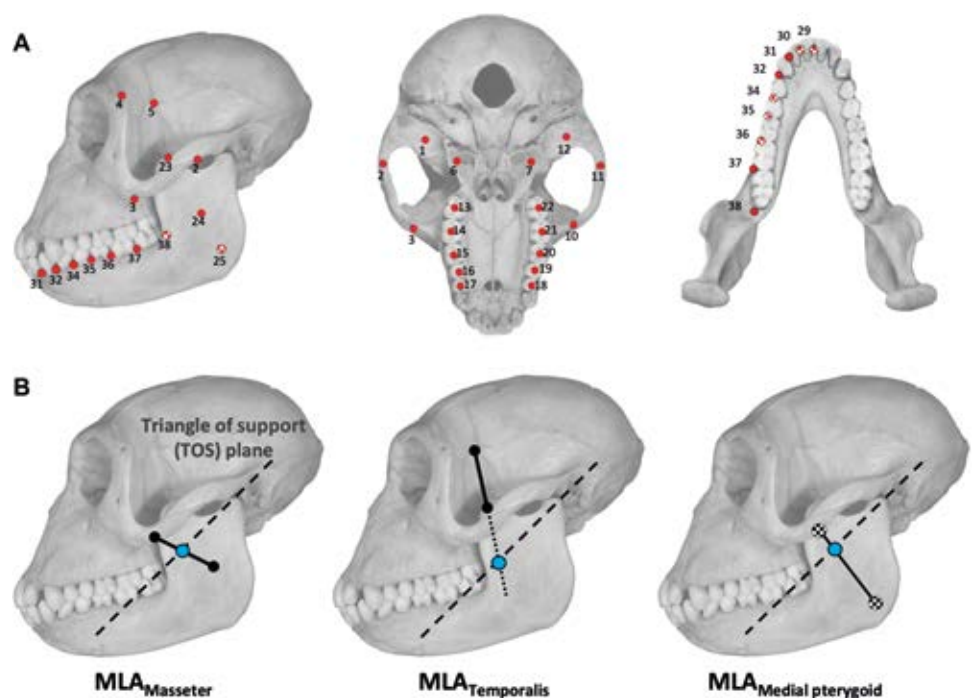
context of the growing and shifting masticatory system. The authors note this research establishes two things — it demonstrates that it is the precise biomechanical relationship between growing faces and growing chewing muscles that results in the tight and predictive relationship between dental development and life history,

and it reveals that our species’ delayed molar emergence schedules are a result of the evolution of overall slow growth coupled with short jaws and retracted faces — faces situated directly beneath our braincase.

Their study revealed the combination of how fast jaws grow with how long or protruding jaws will ultimately become in adults determines the timing of when molars will emerge. Modern humans are special among primates given our prolonged growth profiles and our retracted faces with short dental arcs.

“It turns out that our jaws grow very slowly,” said Schwartz, “likely due to our overall slow life histories and, in combination with our short

Figure 2





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Figure 3

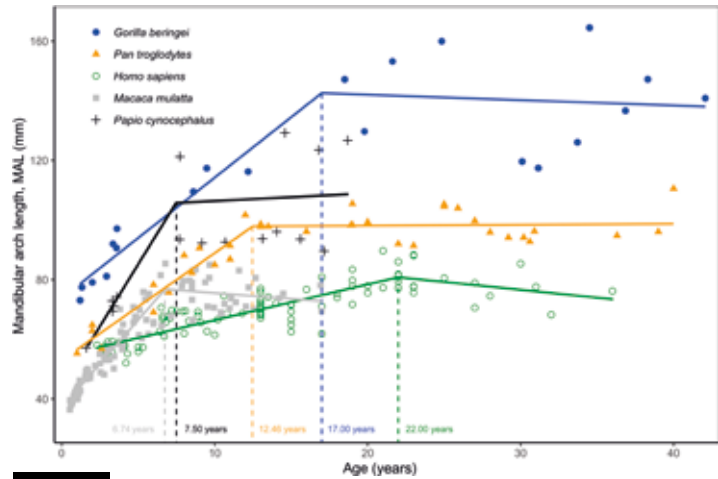
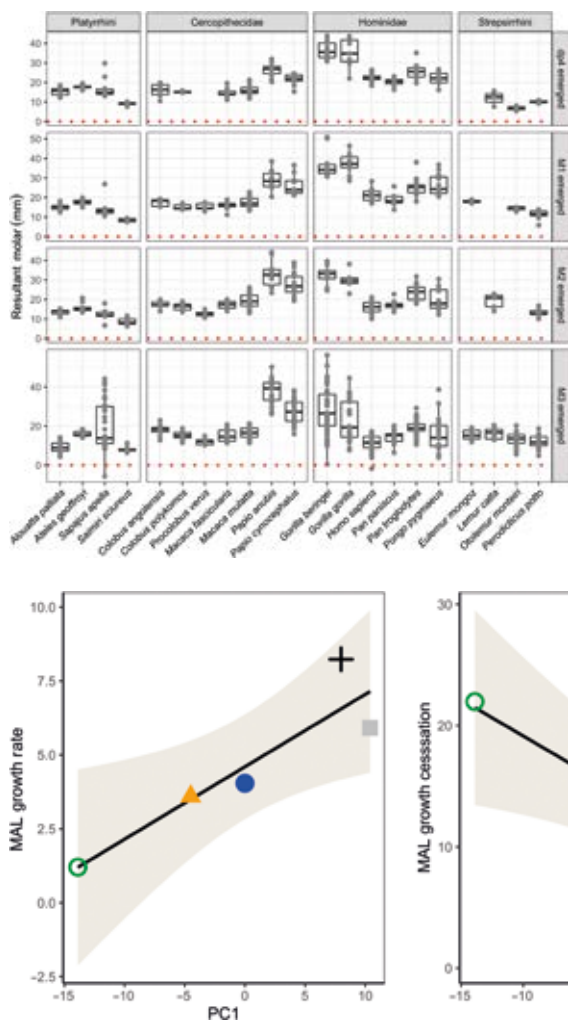


Figure 4

Figure 5

FIGURES

FIGURE 1 Macaque skull indicating overall masticatory configuration and biomechanical variables

(A) Intersection points of each MLA from Fig. 1 were projected onto the occlusal plane, and their average position was used to represent the point at which the AMRV (red arrow) crosses the TOS plane, projected onto the occlusal plane (red square). (B) Occlusal view of mandible illustrating (left half of image): the position of the AMRV at the level of the occlusal plane (red square), extended laterally by the red dashed line, and the main masticatory regions where the CLM predicts bite points could be (regions I and II) and should not be (region III) located; (right half of image) the measurement resultant molar taken from the position of the AMRV to the distalmost border of each successively emerging mandibular molar (dp4, M1-3) and MAL (grey dashed arrow), comprising the summed linear distance from the AMRV, through the last emerged molar and each interproximal space along the entire mandibular arch, terminating anteriorly at infraoral (point no. 29, the midline point at apex of the septum between the mandibular central incisors; see Fig. 1A and table S8). (C) Occlusal view of juvenile mandible mapping out the regions of the CLM and the location of the measurements, resultant molar, and MAL [coloured regions and arrows indicate the same as in (B)]. Checkered circles in (B) and (C) indicate landmarks that are out of view. See text and the Supplementary Materials for details. Photo credit: H. Glowacka, University of Arizona.

FIGURE 2 Macaque skull indicating study landmarks and masticatory muscle mechanics

(A) Lateral view of skull (left), basal view of cranium (centre), and occlusal view of mandible (right) illustrating the 38 landmarks (see table S8) used to capture the position of the three principal masticatory adductor muscles and overall masticatory configuration. (B) Lateral view of the position and orientation of muscle lines of action (MLAs) for the masseter (left), temporalis (centre), and medial pterygoid (right) muscles, as well as the point (blue coloured circle) where each MLA intersects the TOS plane (dashed line). Checkered circles indicate landmarks that are out of view. See text and the Supplementary Materials for details. Photo credit: H. Glowacka, University of Arizona.

FIGURE 3 Position of molar emergence throughout growth

Boxplots of resultant molar for dp4 (top) to M3 (bottom) dental emergence categories for all included primate species. Red dashed line represents the position at which the AMRV crosses the TOS plane, projected onto the occlusal plane (see Fig. 2). Positive resultant molar values indicate that the distalmost molar (i.e., the most recently emerged molar) is positioned anterior to the AMRV.

FIGURE 4 Growth of MAL

MAL growth for ontogenetic series of known-age individuals representing a subset of five primate species. Breakpoints (indicated by vertical dashed lines) indicate ages at growth cessation and are determined by segmented regression.

FIGURE 5 Relationship between life history and MAL growth rate/cessation

PGLS results for the relationships between PC1 and MAL growth rate (left) and MAL growth cessation (right). PC1 scores derived from a PCA of five primate species and includes brain size and the following life history variables: age at first reproduction, IBI, and gestation length.

“OUR JAWS GROW VERY SLOWLY, DUE TO OUR SLOW LIFE HISTORIES, AND COMBINED WITH OUR SHORT FACES, DELAYS WHEN A MECHANICALLY SAFE SPACE IS AVAILABLE

faces, delays when a mechanically safe space — or a ‘sweet spot,’ if you will — is available, resulting in our very late ages at molar emergence.” Glowacka added: “This study provides a powerful new lens through which the long-known linkages among dental development, skull growth and maturational profiles can be viewed.”

The researchers plan to apply their model to fossil human skulls to answer questions about when slowed jaw growth and delayed molar emergence first appeared in our fossil ancestors. They also realise that the approach taken in this study could have implications for clinical dentistry. Because molars do not emerge until a

point when enough facial growth has occurred and the sweet spot appears, “the finer details of the model could be explored in more samples to help understand the phenomenon of impacted wisdom teeth in humans,” noted Glowacka.

Julie Russ is assistant director at the Institute of Human Origins, Arizona State University. This article is published courtesy of the Institute.

Reference:

¹biomechanical perspective on molar emergence and primate life history. Halszka Glowacka H and Schwartz G T, Science Advances, Vol 7, Issue 41.

www.science.org/doi/10.1126/sciadv.abj0335

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It's a clean... sweep

An award-winning Scottish company's technology could transform practices' approach to safety and sustainability

WORDS
WILL PEAKIN

If you have bought Warburtons or Kingsmill Thins, wraps from Asda, Tesco or Morrisons, or are partial to Walkers Shortbread, then you will have used a technology – Reseal-it – that Ken Adams helped develop and popularise. More recently, he invented a technology that allows lidding film to be recycled and which is now used on products such as coleslaw and savoury snacks sold in Tesco and on grapes and blueberries in Asda.

Convenience for the consumer and environmental sustainability have been at the heart of Ken's work over the years. One thing that has niggled him for a while, though, is the content and environmental impact of cleaning products that we use daily at home. The COVID-19 pandemic gave Ken the impetus to explore the potential of bringing a technology to the market which disinfects spaces, is non-toxic and environmentally friendly.

Last year, he started his own company, based in Renfrew, and has launched a brand – Chlorisal – that is based on a unique formulation made from electrolysed water. It is described as the only technology to offer disinfection of surfaces, skin, and the air at the same time. It is said to kill 99.995 per cent of all viruses, bacteria, spores, and fungi, as well as being hypoallergenic and 100 per cent biodegradable.

“When Chlorisal meets bacteria, it causes an imbalance on the bacteria's cell surface, breaking down its defences and allowing an active ingredient, hypochlorous acid, which accounts for only 0.026 per cent of the product, to render it harmless,” explained Ken. “For typical applications, Chlorisal will perform at least 30 times faster than the best household bleach, plus it is also very effective at killing viruses, all



Managing director of Adalec Ltd Ken Adams (below) with an award for 'Most Innovative New Business'



CHLORISAL COMES WITH THE LOWEST CARBON FOOTPRINT OF ANY COMPARABLE PRODUCT AND IS 100 PER CENT BIODEGRADABLE

without the use of harsh chemicals.”

His company has developed a range of products – a disinfectant, a cleaner and degreaser, a sanitiser, and an atomiser – incorporating Chlorisal. While this alone will be of interest to the dental profession – which has currently both safety and sustainability very much on its mind – what will certainly spark interest, when aiming to keep people and spaces safe at the same time, is its range of application systems, which include fogging and misting machines.

“I was initially involved with electrolysed water three years ago”, Ken recalled, “back in the days when we had not heard of COVID. The opportunity to reduce the levels of harsh chemicals being introduced to our homes and workplaces was

exciting, but I decided to remain in the packaging business at the time. Then, with the onset of COVID, the world changed, and I took the decision to take more control of my own destiny and launched Chlorisal in November 2020.

“While there are essentially two products – a disinfectant and a cleaning product – Chlorisal is focused on how they are used by the consumer. For example, the same bulk container can be used to refill the sanitiser and the disinfectant. We are focused on products which meet the needs of our customers, and this is the ethos behind the equipment we supply. The products have been selected as being the best value for money for each application. However, whenever we can help customers use their existing equipment, we will do so.”

What have been the challenges of bringing the product to market?





“Despite being around for many years, electrolysed water is a relatively unknown technology. Previously, a short shelf-life and high cost prevented widespread adoption. The recent advances in manufacturing capabilities have addressed those issues.

“We can now offer a 12-month shelf-life and the cost is comparable with many products in the market. There is still a perception that hand sanitiser must contain alcohol and that disinfectant must smell of bleach.



UNRIVALLED DISINFECTION CAN BE ACHIEVED WITH A PRODUCT THAT IS BOTH KIND TO US AND THE PLANET

Neither are correct and in fact; Chlorisal is far more effective than either alcohol or bleach and comes without any of the downsides.”

With the technology now established, Ken is focused on bringing it to consumers and businesses.

“For consumers, there is an online store on the website. We have received a great response from across the UK and we are building a growing base of loyal repeat customers,” he said.

“However, the main focus has been on B2B sales. Working with a number of key customers across a diverse range of including manufacturing, transport, education, and care, we are building a UK-wide customer base.”

It’s been a whirlwind for Ken and his team. But there have been moments when they take in what has been achieved; developing a company

and brand that has been recognised as ‘The Most Innovative New Business – Scotland’ at The Innovation and Excellence Awards 2021.

“Chlorisal is able to offer a solution that no other technology can offer, namely the disinfection of surfaces, skin, and the air,” said Ken. “The dental professional is particularly well placed to take advantage of the specific benefits this solution can bring. Improved performance, reduced risks, and increased efficiencies are absolutely key to the dental profession.

“That it comes with the lowest carbon footprint of any comparable product and is 100 per cent biodegradable reassures customers that unrivalled disinfection can be achieved with a product which is both kind to us and kind to the planet.”

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Ruth Freeman

1954-2021

Professor Freeman, whose passion was to help make dental care accessible for Scotland's marginalised people, has died aged 67

Research and Honorary Consultant in Dental Public Health. She was Director of the Oral Health and Health Research Programme and Co-Director of the Dental Health Services Research Unit at the University of Dundee.

Ruth Freeman was born in Glasgow on 10 August, 1954. Her parents were mental health social worker Joan Freeman and world-renowned psychiatrist Dr Thomas Freeman, author of *Chronic Schizophrenia*. The family later moved to Dundee where her father practiced as a consultant psychiatrist at Royal Dundee Liff Hospital.

Education

Ruth had her primary education at the city's Demonstration School before going on to the Harris Academy. With grandparents in Belfast, and opportunities in Northern Ireland for her parents, the family relocated when Ruth was in her teens. She began studying for a bachelor's degree in dental surgery at Queen's University Belfast and lived in Antrim not far from her parents. Ruth qualified in 1979 then went on to study for her Master of Science in dental public health from University College London.

Ruth then did her PhD, where she became interested in preventative dentistry, returning to Queen's

inspired by the work of Neil Swallow, who specialised in preventative dentistry for children. Later, she would become the first female Professor of Dentistry at Queen's.

Dental anxiety, children's oral health and their experiences when visiting the dentist were deeply important to Ruth. She was also keen to study how and if dentists worked to treat hard-to-reach groups of patients. Ruth's early work was influenced by developments in behavioural science but also because of her own growing interest in psychoanalytic theory. Her motivation was always to make complex theory accessible.

In her move back to Dundee, to the Dental Health Services Research Unit, Ruth started working with the Scottish Government to improve the dental health of marginalised groups. Her papers focused on the health of homeless people, improving child registrations at dental clinics as well as the oral health of prisoners in Scotland.

Compassion

Her husband, Gerry, recalled that when they went shopping in Dundee: "It was absolutely standard practice for Ruth to sit down with someone who appeared to be homeless. By means of introduction she would ask them about their teeth, and it usually helped quickly form a relationship because they knew she cared about them. She'd then take their lunch order and I was deployed to get that while she helped make sure they knew where to get treatment."

From her Dundee base, Ruth also worked as a Consultant in Dental Public Health for the Highlands and was a board member of the UK Public Health Register. She held an emeritus position at Dundee University and visiting professorships at Central South and Nanjing Universities, China.

Ruth was diagnosed with a rare form of breast cancer in 2017 and passed away a few weeks after her retirement.

Ruth Freeman qualified in dentistry in 1979 at The Queen's University of Belfast. Under the tutelage of Professor Neil Swallow, she completed her PhD in 1983. She studied at the University of London where she completed her training in Dental Public Health.

She was a Member of the British Psychoanalytic Council and a Fellow of the Faculty of Public Health, Royal College of Physicians (UK). Ruth worked as a lecturer in Dental Public Health and Dental Practice at University College London with Professor Aubrey Sheiham before returning to Queen's University of Belfast, where she was Professor of Dental Public Health.

Psychoanalysis

As a psychoanalytic psychotherapist with some twenty years of clinical experience, Ruth contributed to psychoanalytic studies, including the 2018, Routledge edition of *Centres and Peripheries of Psychoanalysis* and the 2015, Penguin Modern Classics edition of *Anna Freud: Selected Writings* (both with Richard Ekins).

Other books included for Oxford University Press, *Preparing for Dental Practice* (with Trevor Burke) and for Quintessence, *Communicating in Dental Practice: Stress-Free Dentistry and Improved Patient Care* (with Gerry Humphris). She was a Professor of Dental Public Health

WORDS
WILL PEAKIN

“

**RUTH WOULD SIT DOWN WITH
SOMEONE WHO APPEARED TO BE
HOMELESS. SHE WOULD ASK ABOUT
THEIR TEETH AND WOULD MAKE SURE
THEY KNEW WHERE TO GET TREATMENT**

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Net Zero dentistry

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A Scotland-based initiative is aiming to support the profession in reducing its impact on the environment – helping practices save money and the planet



At the opening of COP26 in October, the activist Brianna Fruean, of Samoa, told delegates: “Two degrees could mean the end. 1.5 degrees could mean a fighting chance”. Last month, as Glasgow got back to normal – after hosting 38,000 delegates from 194 countries, including 120 world leaders – Alok Sharma, the president of COP26, reflected on the conference’s achievements.

“By any measure, the Glasgow Climate Pact is a historic agreement,” he said. “It was the result of two years of marathon work, and a two-week sprint of negotiations, but we achieved what we wanted. We can credibly say that we kept the goal of limiting global warming to 1.5 degrees above pre-industrial levels in reach.”

While many, including Sharma himself, were upset at the last-minute intervention by India and China that weakened the effort to end coal power and fossil fuel subsidies (the participating countries agreed to “phase down”, rather than “phase out”, coal), the conference certainly

The eyes of the world were on Glasgow during COP26

had the effect of putting climate change at the forefront of thinking among the public, organisations, and sectors including dentistry.

As part of COP26, Glasgow University hosted an international conference, *Sustainability in Healthcare and Education: Global Challenges and Solutions*, which presented new ways of thinking and working to increase sustainability in the delivery of oral and dental care, with a focus on essential medicines, minimal intervention and disease prevention. Last month, the Royal College of Physicians and Surgeons

of Glasgow hosted its *Sustainability in Dentistry* webinar.

But the dental profession in Scotland is not new to the challenge. The first systematic attempt to quantify the carbon emissions of a national dental service was carried out in Scotland. *Taking a bite out of Scotland’s dental carbon emissions in the transition to a low carbon future*¹, published in 2012, calculated the carbon footprint of the NHS dental service in Fife and extrapolated the findings for Scotland as a whole. It found that travel was the greatest source (45.1 per cent) followed by procurement (35.9 per cent) and building energy (18.3 per cent).

One of the authors, Dr Brett Duane, a former lecturer at Dundee University’s School of Dentistry and currently Associate Professor of Dental Public Health at Dublin Dental University Hospital, went on to co-author, and publish in 2019, a series of papers on environmentally sustainable dentistry².

The authors said: “The carbon footprint is one proxy of sustainability and is closely related to expenditure. In 2014-2015, the carbon footprint

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NET ZERO DENTISTRY HAS TAPPED INTO SOME OF THE FOREMOST EXPERTS IN ORDER TO CREATE AN EXTENSIVE EDUCATION PROGRAMME



of dentistry [in NHS England] was calculated to be 675 kilo tonnes carbon dioxide equivalents (CO₂e) with 64.5 per cent related to travel, 15.3 per cent from energy and 19 per cent from procurement. The GDC [General Dental Council] should consider incorporating sustainability education into the undergraduate framework in line with student demands and similar moves by the General Medical Council.”

They added: “There is a need for a wider research agenda underpinning the development of dentistry as a sustainable health service. Within the UK and Ireland there is some early research being undertaken in waste management and behavioural change, carbon foot-printing, life-cycle analysis and understanding perceptions of the dental workforce. This work, however, needs to be developed in parallel and in collaboration with other healthcare partners.”

Into this mix comes a new initiative, based in Scotland but with a UK-wide – perhaps, even international – reach; Net Zero Dentistry.

“

AS A PROFESSION, WE WANT TO BRING ABOUT SMALL DEGREES OF CHANGE THAT WILL HAVE MASSIVE IMPACTS ON OUR ENVIRONMENT

It has been established by Mike Gow, of The Berkeley Clinic in Glasgow, and Marcus Macleod, co-founder of the ‘find a dentist’ site, defactodontists.com, and the dental e-commerce site, yourdentistrecommends.com. They had been discussing single-use plastic in dentistry, and how it could be combatted, over the past few years but their thinking crystallised during the early stages of the pandemic, when practise was on hold. Their discussion engaged a wider audience via Mike’s Facebook-based Interdental - Dentistry Discussion Group.

“One of the ideas was an e-commerce site based on environmentally friendly dental products,” said Marcus. “But when you looked at the carbon footprint of bringing those to market it was actually not good. So, our thinking shifted to the need for some kind of lobby group for the profession, a ‘voice’ that could articulate meaningful ambitions and a platform that could facilitate realistic, measurable, and impactful steps the profession can take.”

Mike added: “Dentistry produces a massive amount of waste and pollution. Of particular concern is the volume of single use and plastic waste. With increased cross-infection control, more single use items have led this to become a bigger issue in the last 18 months.

Around the world people and businesses are looking for the roadmap to become ‘net zero.’”

He said: “Net Zero Dentistry is working towards solutions for how the dental profession and trade can band together to take responsibility and do our part to make a tangible difference and achieve our goal of net zero dentistry. It sets out to identify, and resolve, environmental and ecological problems within the profession using education, environmental assessments and offset programmes.”

The education modules, and many of the activities, have been designed for team engagement with thought given towards inclusion, physical activities, and mental health. The assessment will consider waste, operational methods, treatment methods, as well as personal and team objectives. Offsetting programmes will adhere to best practice and the highest standards of environmental integrity.

“The Net Zero Dentistry initiative has no political agenda,” said Mike. “Collectively, as a profession, we simply want to bring about small degrees of change that will have massive impacts on our environment. This can be achieved by making small, gradual changes to the way that we dispose of waste, burn energy, consume single-use plastics, and even the procedures we use during treatments.”

Marcus added: “Net Zero Dentistry has tapped into some of the foremost experts in relevant fields in order to create an extensive education programme. We do not align ourselves with any activists or protesters we see on the news. We are the dental profession trying to bring about some behavioural changes that will impact considerably the environment our children will inherit.”

<https://netzerodentistry.com/>

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GREEN SINGLE-USE APRON LAUNCHED

Single-use aprons have become a necessity because of the pandemic. The problem is that a clinic, with about 50 patients daily, disposes of approximately 500 single-use plastic aprons a week. Multiply this by all the clinics, hospitals, veterinary surgeries and so on, and the waste produced is immense.

In response, Eco Green Living has launched an environmentally friendly single-use apron. It behaves exactly like its counterpart, but “with an eco-conscience,” say

the makers. The aprons have been tested in Ireland and approved by a clinical assessment group.

Purchasing ethical PPE as a business is an effective way to show patients that you care about our planet. It sends a clear message that your brand puts the environment at the core of your business. This can help boost a company’s CSR (Corporate Social

Responsibility) and can be built into an environmental policy.

A spokesperson said: “At Eco Green Living, we believe that changes like this from individuals and companies across the UK will start to decrease the ‘plastic mountain’ this country is facing. To further protect the planet, we plant trees with every purchase made, sequestering carbon for years to come.”

<https://ecogreenliving.co.uk/product/eco-friendly-aprons-50/>



Leading *the charge*



Jim Hall, chief executive of Clyde Munro

From toothbrushes to PPE, the dental sector is a major contributor to plastic waste. COP26 has injected real urgency into the debate on climate change – and there will be a heightened focus on what the dental industry can do to make the sector more environmentally friendly and sustainable for patients and practitioners alike.

The sector has come to the realisation that more needs to be done to combat the pressing issues of waste and excess emissions while contributing to a national effort to reduce the impact on the climate. At the forefront of environmental innovation is Clyde Munro Dental Group. The Glasgow headquartered firm is Scotland's largest dental group with 52 practices throughout the country, from the Borders to the Orkney Islands.

Clyde Munro believes that we all have a responsibility to act in the best interest of our communities and has made a concerted effort to address its carbon footprint through its own

Clyde Munro has designated six practices as 'eco-champions' to trial initiatives before their roll-out across the group

WORDS | AMY REILLY

climate targets with a goal to reach carbon 'net zero' by 2030. While longer-term targets are important, Clyde Munro has taken action to make a difference right now.

The group understands the dental industry contributes significantly to the international carbon footprint in a myriad number of ways, and so it has identified key areas of focus by which it can tackle the issue; reduction in emissions, improvements in waste management, including a 'Reduce, Reuse, Recycle' policy, energy management, responsible purchasing, digital dentistry, and carbon offsetting.

These key factors form an action plan which Clyde Munro has already begun to pursue through a number of initiatives, aimed at making a positive contribution to conserve resources, preserve natural habitats and prevent pollution.

Eco-champion practices

Clyde Munro has designated six eco-champion practices where they are trialling various initiatives, before rolling them out across the group. One such practice to benefit from the eco-makeover is Glencoe Dental Centre, which has undergone an extensive transformation to make the premises more environmentally friendly. The practice even features a beehive ready to welcome a colony of bees in spring, a bird feeder and bath as well as a wildflower garden planted by children

from the local primary school, Glencoe Primary School.

Substantial changes have also been made within the practice with internal surgery refurbishments and a revamp of patient and staff areas, focussing on the use of environmentally friendly materials and the introduction of a number of recycling initiatives, including those for ink cartridges and dental care products.

An electric car has been purchased to encourage eco-friendly travel among practice teams between the centre and its neighbouring practice in Fort William, M&S Dental Care. The group is encouraging the introduction of electric vehicles where possible, with a further three electric cars in use between sites at the moment and more to be brought in in the coming months.

Christoff Du Plessis, associate dentist at the centre, said: "Being part of something so different and positive is a great opportunity to make some worthwhile change. As the flagship eco-practice, the Glencoe team are proud to be at the forefront of such an exciting initiative."

"It is an ever-evolving project which we hope other practices within the group can emulate in the near future. Our patients have noticed the changes and we have had very positive feedback from all of them which is really encouraging to hear."

Tackling 'hard to reach' recycling

Clyde Munro has identified dental care products to be a primary source of waste within the industry. To combat this, the group has introduced a breakthrough scheme in partnership with Philips to dispose of some household dental care products responsibly rather than being diverted to landfill.

Clyde Munro's practices have



**WE WANT TO MAKE A DIFFERENCE
NOW VERSUS FOCUSING SOLELY
ON LONGER-TERM TARGETS**



“AN ELECTRIC CAR HAS BEEN PURCHASED TO ENCOURAGE ECO-FRIENDLY TRAVEL AMONG THE TEAMS

now joined Philips' Dental Care Recycling Programme, in partnership with TerraCycle®, the world leaders in recycling 'hard-to-recycle'. The scheme is being introduced to all group practices, where possible, reaching more than 360,000 patients – making it the biggest introduction of the programme in Scotland. As well as used electric toothbrush heads and covers, it recycles the 'non-recyclable', including plastic floss holders, floss containers, electric flosser nozzles and interdental brushes from all brands.

TerraCycle® programmes allow consumers to send in traditionally non-recyclable products and packaging free of charge, which is then recycled into a format that is used to make new products. The participating practices will all offer a collection point within their reception area for patients to drop off dental care products at their next scheduled appointment.

As a further benefit, the practices will receive a charitable donation from TerraCycle® depending on the weight of the recycled material, with all that money donated to Clyde Munro's partner charity, Alzheimer Scotland, or a local charity of each practices' choice.

Another innovation sees Scotland's largest dental group launch a new sustainability initiative that hopes

(Above) Christoff Du Plessis, associate dentist at Glencoe Dental Centre

to save up to 450,000 plastic cups being sent to clinical waste each year. Clyde Munro is reducing its single-use plastic cup waste by half with the introduction of a new eco-friendly protocol that will see patients being asked if they wish to use a cup for a rinse rather than being given one automatically at each appointment. And they haven't stopped there - the other half are being replaced by paper cups.

Digital revolution

Digital dentistry has been identified as a crucial adaptation to achieve the group's sustainability goals. The global pandemic has also made the organisation rethink its policy on offering digital solutions to primarily paper-based responsibilities.

As a result, Clyde Munro has introduced its Paperless Patient Journey, encouraging patients to communicate electronically. Clyde Munro has been working with software partners to reduce its paper usage by introducing a user-friendly online patient platform that will replace the traditional paper-based forms.

The new sustainability protocol has enabled Scotland's largest dental group to now ensure that more than 40,000 forms are completed electronically each month: the paper equivalent of four trees every single month.

Another important step is the planned introduction of 3D scanners into every Clyde Munro practice by the end of 2022. The scanners will enable dentists to carry out impressions through digital scanning rather than using impression moulds and materials. This will reduce clinical and landfill waste and the transport of physical moulds to dental labs, cutting carbon emissions, as well as reducing the level of refits required. Clyde Munro hopes to be 'impression-free by 2023'.

Supplier support

A key component in maintaining Clyde Munro's ecolabels is collaboration with suppliers. The

group aims to responsibly source all goods and materials, where possible from businesses which have demonstrated their commitment to managing their environmental impact.

Partners such as GSK, Wrights Cottrell, Philips, CTS Dental Supplies and Henry Schein, which provide dental products to Clyde Munro, are working on ways to be more innovative and reduce the impact of single-use items. Clyde Munro is working with other supply partners in trialling a number of new clinical items made from more environmentally friendly materials, and with greater potential for recycling. The changes made are even reflected in the cleaning materials, with the group now having moved to the exclusive use of more environmentally friendly cleaning products in partnership with DuoMax Scotland, which are non-toxic and biodegradable, with refillable and reusable packaging.

Jim Hall, the group's founder, said: "It's important we use the platform we have to make as much change as we can. We want to lead the charge in sustainable dentistry and, as Scotland's largest dental group, we feel we have an obligation to make a difference where we can. Moreover, we want to make a difference now versus focusing solely on longer-term targets.

"We have practices all over Scotland, in some of the most naturally beautiful places in the country, and we don't want our practices impacting negatively on these landscapes and communities. Making a number of small changes together, can make a real difference to the environment. Clyde Munro has outlined and actioned a number of initiatives which will help us reduce our impact on the environment and help us achieve our goal of carbon net-zero by 2030."

Strategy

The array of initiatives to help combat the group's carbon footprint also forms part of the Clyde Munro Cares strategy, which aims to deliver both short and long-term results in making a positive contribution to our global environment and caring for those in our local communities.

Clyde Munro was founded by Jim in 2015 with the acquisition of seven practices. Since then, it has enjoyed rapid growth and now comprises 52 practices across Scotland, with more than 430,000 patients and 400 staff.

Amy Reilly is Clyde Munro's Head of Commercial Finance & Environmental Project Lead

<https://clydemunrodental.com>





Running Scotland

Over 12 days this autumn, a team of dentists ran the length of Scotland – 620km – to raise money and awareness for SAMH

WORDS | PADDY WATSON

We're not even halfway and we're all completely broken."

I think that's what Stuart said, somewhere in the middle of the Highlands, as the four of us sat down for a rest midway through a day of running that would reach nearly 70km. By that point we had all already completed four ultramarathons in four days and the strain was starting to show. However, despite our injuries, aches and general

exhaustion, we knew we had another six days to get through and it was only going to get harder. I don't think any of us ever envisaged just how challenging running the length of Scotland was going to be.

The idea of running from John o' Groats to Gretna was born during lockdown. Stuart Campbell, Ryan Stewart, Derek Marner and myself – all dentists working across Edinburgh, Glasgow and Greenock – were certainly no strangers to running long distances, which had become a bit

more of a regular occurrence during the pandemic – as practices closed and we all found ourselves with a bit more spare time to hit the longer runs. It was initially Stuart and Derek who floated the idea of running the length of Scotland, an almost unachievable running target that would really test our physical and mental endurance. Ryan was quickly drafted in as the third member. I can't remember why I agreed to join such an outrageous challenge; I can only presume it was late on a Friday night.

Running for a cause

From the beginning, we knew we had to do this challenge not just for ourselves but for something that we all felt passionate about. SAMH (the Scottish Association for Mental Health) is a charity which provides amazing support and services for adults and young people living with a mental health problem or supporting someone who is.

The issue of mental health was thrust into the spotlight during the pandemic, and with good reason. We were all seeing first-hand, or hearing, stories of people struggling during lockdown, not just in the dental profession but across all communities. With mental health services at breaking point and relying on public support more than ever, we wanted to help in any way we could. We also all found running and the great outdoors had such a positive impact on not just our physical health but more importantly on our own mental health, especially during lockdown. So, if we could promote the benefits of exercise at the same time then that could only be a good thing.

Assembling a team

If someone asked me what the most difficult part about Running Scotland was, it probably wouldn't be the injuries, the lack of sleep, or enduring

Team Running Scotland 2021 (above) from left, Stuart, Derek, Ryan and Paddy

All smiles and in good spirits at the start line (right)





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**WE ALL FOUND
RUNNING AND THE
GREAT OUTDOORS HAD
SUCH A POSITIVE
IMPACT ON OUR
MENTAL HEALTH**

Ryan's chat for 12 days. Rather, it would probably be the nine months of training and preparation that preceded it. Alongside training our bodies to endure back-to-back ultra-marathons, we had to plan the route, book accommodation, source a support crew and raise sponsorship to fund the event. With regards to the latter, we were lucky to have so many great companies provide us with funds, equipment and support to allow us to even get to the start line, and for that we are eternally grateful.

As the event drew closer, at the eleventh hour we managed to find our support team; Dave Scott and Phil Briggs from a company called Sandbaggers. Dave and Phil would really become the fifth and sixth members of Team Running Scotland; without them we would probably have turned the wrong way at John o' Groats and ended up in the sea. It's safe to say this challenge would have been impossible without an incredible team supporting us the whole way.

Getting going

So as we gathered at the John o' Groats signpost, we felt a mixture of nerves and trepidation before we set

The beauty and expanse of Caithness (above)

Injuries and fatigue really started to take their toll (right)



off - on the 29 September - to begin our challenge. The first two days were essentially a warm-up for what was to follow, covering more than 100km across the incredibly remote and beautiful Caithness and Sutherland. Trying to control our pace was one of our first big challenges. As any runner will know, when the starting pistol goes the temptation is to go all out guns blazing, and while we were never

going to set any marathon 'PBs', we knew we had to go at a speed that was fast enough to reach our checkpoints, but also slow enough that we could sustain the same speed day after day. The other major challenge was getting enough calories in. We were burning more than 5,000 per day, which meant that Running Scotland became as much about the eating as it did about the running. We agreed regular pit-stops every 10k or so, to fuel up on real food - bagels, pizza, cake, bananas, tea and coffee etc. Really anything that would give us the energy to get us to the next checkpoint. Normally, with running, it's not advisable to run on a full stomach but we absolutely did not want to ever hit 'the wall', so to speak, so this was something we had to quickly adjust to. Our overnight accommodation usually gave us



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**WE WERE LUCKY TO HAVE SO MANY
GREAT COMPANIES PROVIDE US WITH
FUNDS, EQUIPMENT AND SUPPORT**





the opportunity to relax, refuel and recover from a tough day of running. Some days we would finish around 5-6pm, which gave us plenty of time to unwind. Others, it was closer to 9pm - which meant recovering, eating and sleeping pretty much merged into one; never ideal preparation for the next day. Also, in an ideal scenario, the day's stage would finish at the door of a B&B or hotel. However, it wasn't always as easy as this and there were multiple days where we would have to be driven to the accommodation then back again to our previous day's finish point, to start the next stage.

Battling injuries

Days three and four saw us continue through Sutherland, passing by roaring stags and enduring what can only be described as standard Scottish October weather. It was at this point that injuries and niggles emerged, and occasions where we would become fragmented and split off into groups. While we always had the intention of running as one team, this was probably always going to be inevitable. The donations rolling into SAMH, and the constant support of friends, family and sometimes complete strangers really kept us going, as did Ryan's Facebook

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**THERE WAS A REAL FEELING THAT
WE MAY HAVE BITTEN OFF MORE
THAN WE COULD CHEW**

Live videos which always kept us entertained - even when we were at our lowest. As we descended into the metropolis that is Dingwall, we were glad to have finally ticked off the true 'North' of Scotland and finally enter civilisation again.

Unfortunately, it became quickly apparent that Derek wasn't simply going to be able to run off his knee and ankle injuries, and sadly he had to pull out of the challenge at Fort Augustus on day six. Losing Derek was a big blow; he had been running extremely well up to that point and it was a real reminder that no matter how fit and motivated you are, sometimes things can happen that are simply out of your control. For the rest of us, there was no other option but to continue. However, with Stuart nursing a possible stress fracture and my own knee swelling up like a balloon, there was a real feeling across the next few days that we may have bitten off more than we can chew. Of course, for Ryan the only injury he seemed to be plagued by was over-use of his thumb from social media interactions!

Keeping up morale

At this point, though, the team morale was also noticeably lower, certainly as a result of injuries but also simply the relentless monotony of running day after day. As we completed the stunning Great Glen Way and began the West Highland Way, we had by this point covered more than 350km. But, while we had easily completed more than half of the distance, there was a real sense that another six days of this could be absolutely torture. After a few very difficult days down the West Highland Way - where we split into two groups again, all nursing injured bodies and minds - it took Phil, from our support crew, banging our heads together and having a

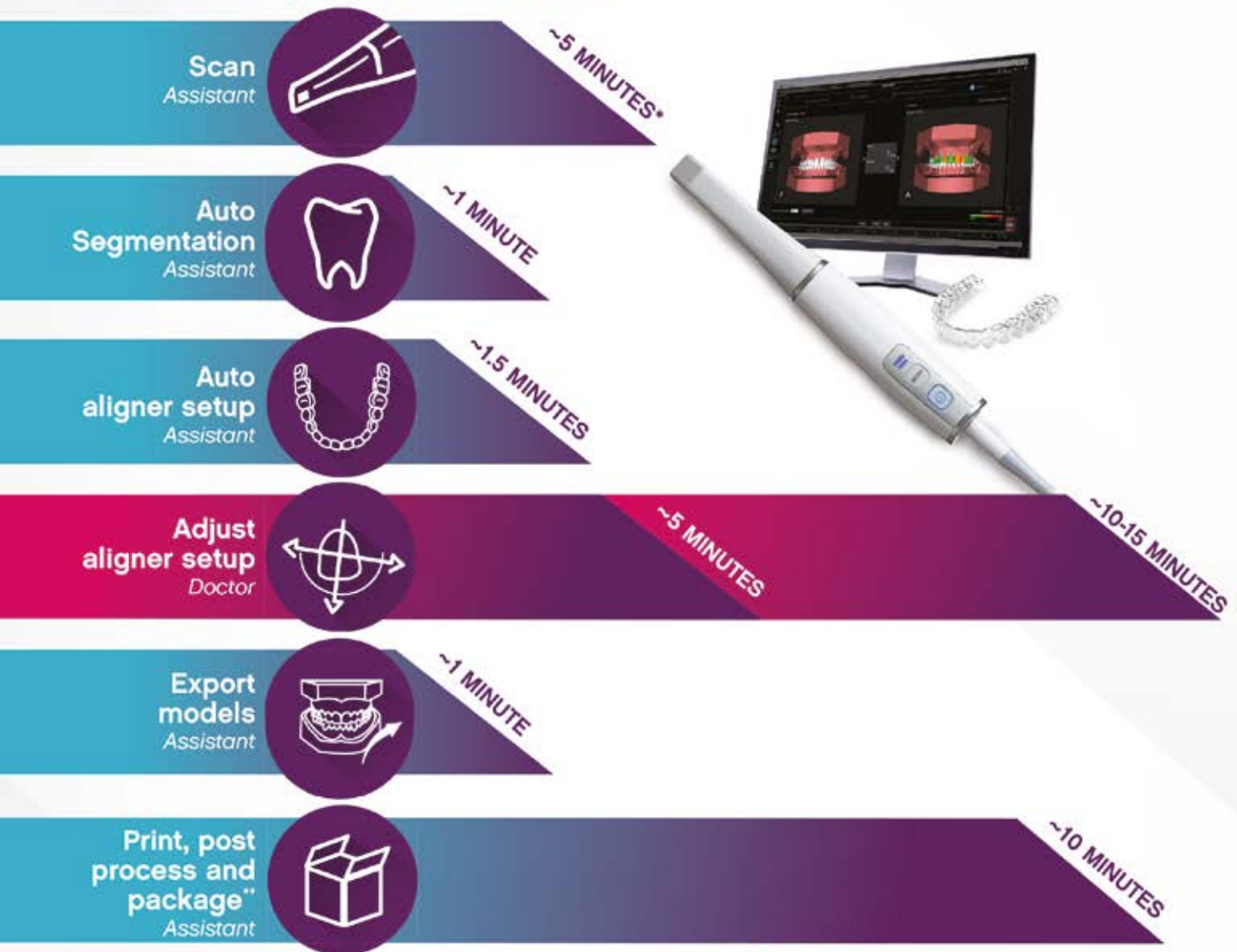


Entering the Devil's Staircase on the West Highland Way (above)

Stunning scenery during the Great Glen Way portion of the run (left)

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*Scanning time varies based on experience.

**For maximum productivity, assistants can load the printer, post curing and carry on with other activities in the practice while the models are printed; requires third-party FDA approved printer.



Running Scotland 2021 completed

Starting the celebrations with Dave Scott (right), half of our incredible run support crew (below)

serious team-talk to get us working as a team again to try and get this thing finished. This was needed and really felt like a turning point. Running as a unit again, and with friends and colleagues supporting us, we left the bonny banks of Loch Lomond and, on day nine, headed for Glasgow where, despite our bodies still feeling battered and after a slight adjustment to our planned schedule, our spirits were immeasurably higher. With pit stops in dental practices to fuel up on tea and cake, and with the support of runners alongside us, we easily ticked off the next few days - thanks to the kindness of so many amazing people. While the scenery may have become less dramatic, in all honesty we were just happy to be progressing as a team again, with Gretna now seeming like an achievable target.

The end in sight

Some might say the M74 isn't the most ideal backdrop to a length of Scotland run. However, the small motorway service road, with its more direct and flatter route, compared with the ups and downs of the Moffat Hills, was an easy decision to make. By this point we were moving, albeit with swollen feet, ankles and knees, employing a

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WE HOPE OUR RUN HAS INSPIRED PEOPLE TO GET OUTDOORS AND ENJOY SCOTLAND'S BEAUTY



run-walk tactic. But we also simply wanted to get this thing done, and if that meant a less scenic, easier route, then so be it. We ticked off the last few days from New Lanark, following the motorway towards the border, enjoying the delights of the many service station hotels along the way.

At lunchtime on 10 October, one day later than originally planned, we arrived at Gretna - to cheers and Champagne, from friends and family. We had done it. We had run the length of Scotland.

What next?

I'm now writing this several weeks later, almost feeling fully recovered, and partly considering my next challenge. I know that Stuart, Derek and Ryan are considering an attempt at the running the West Highland Way in one go, and possibly an attempt of the running the length of another country, let's hope something a bit shorter this time! Would I run Scotland again? Maybe ask me that in a few months. I'm not writing off Running Scotland 2022, just yet.

I can probably speak on behalf of the whole team, when I say it was the most amazing, unforgettable and intense challenge we have ever done. At the time of writing, we have raised more than £12,300 for SAMH thanks to the generosity of so many people. As our event slogan reads: "One run can change your day, many runs can change your life". We hope our run has inspired people to get outdoors and enjoy the beauty that Scotland has to offer, but more importantly the money raised for SAMH will go towards changing lives for the better for people in Scotland, that is for sure. For that, thank you to you all.

Scan here to watch the official Running Scotland 2021 film:



Running Scotland would like to say a massive thank you to their event sponsors and run partners:

Kalyani Dental Lounge, Extreme Business with Chris Barrow, Rachel Barrow Web and Design, Quintess Dental, Quoris 3D, Sweden & Martina, PW & Partners, Vision Dental Laboratory, Kitchens International, Biohorizons Camlog, Perioacademy, Tunnock's, GSS Autocentre, Ashley Latter, Scottish Dental Study Club, Christie & Co, Dexshell, EDZ, Active Root, Stewart Brewing

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When did you last see a medical emergency in practice?

A research team at Newcastle University is investigating their prevalence – and needs your help

Medical emergency events can occur anywhere within a primary dental care setting, whether in the surgery, the patient waiting room, reception or even the bathroom! How confident will you feel when it happens to you?

The GDC identifies managing medical emergencies as an essential skill that requires up-to-date evidence of capability and recommends that all registrants maintain their competence by carrying out at least two hours of medical emergency related continuing professional development (CPD) annually. Furthermore, members of the dental team must understand and be trained in their role for managing a medical emergency.

It has been suggested that most members of the dental team will encounter a medical emergency in their professional career. However, there is limited up-to-date data regarding how often medical emergencies occur in primary care in the UK. Although there have been more recent studies on medical emergency prevalence elsewhere, the last study to investigate the prevalence of medical emergency events among dentists in the UK is now 22 years old.

Approximately 7.6 million people are diagnosed with cardiovascular disease in the UK, with the number expected to rise due to an ageing and growing population. Furthermore, by 2040, diabetes

WORDS
DR IAN
CORBETT



is expected to affect one in 10 people. Polypharmacy is also becoming more common and is driven by an ageing population and the increasing prevalence of co-morbidities. These, in combination with several other factors, lead to an increased risk in medical complications in dental practice, which the dental care team need to be ready to manage.

According to the literature, the most common medical emergencies in dental practice include: vasovagal syncope, acute angina, seizures, and hypoglycaemia. The 1999 UK study reported myocardial infarction to be very rare, with only two out of 302 dentists reporting to have patients who have experienced this.

Changes to medical and surgical management techniques for many disease processes may have also influenced the profile of medical emergencies dentists encounter. With this in mind, a research team at Newcastle University is currently undertaking a survey investigating the prevalence of medical emergency events and the confidence of the dental team in managing them. The results of the study will hopefully

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**APPROXIMATELY 7.6m PEOPLE ARE
DIAGNOSED WITH CARDIOVASCULAR
DISEASE IN THE UK**



inform training needs and help the dental team to feel more prepared for when an emergency occurs.

Can you help?

The team is looking for dentists, specialists, dental hygienists and therapists to take part in the survey; this includes those working in all aspects of primary care, including general dental practice, specialist practice and community dental services. The simple online survey is anonymous, takes only a few minutes to complete, and has full UK ethics approval. At the end of the survey you have the opportunity to enter a prize draw for a chance to win a £50 Amazon gift voucher. To take part in the survey please scan the QR code or visit the URL, where you will also



find further information. Thank you in advance for helping to make patient safety a priority.
bit.ly/medemergencies

Dr Ian Corbett is a Consultant Oral Surgeon and Honorary Senior Lecturer in Oral Surgery at Newcastle Dental Hospital

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CONSERVATIVE DENTISTRY TO HELP FIGHT DENTAL PHOBIA

Mark Allen, General Manager at COLTENE, on why a minimally-invasive approach benefits patients

Dental phobia has continued to endure, despite decades of technological advancement and with the days of drill and fill long gone. But this does not reassure those who remain fearful of the dentist, which is around 1 in 10 UK adults, that their experience won't be traumatising in some way.¹

Dental phobia is associated with poor oral health.² The obvious consequence of being too anxious to attend for regular consultations, or not making an appointment when in pain, is that problems won't get intercepted early. An issue that could have been fixed easily then becomes advanced enough to require a major intervention.

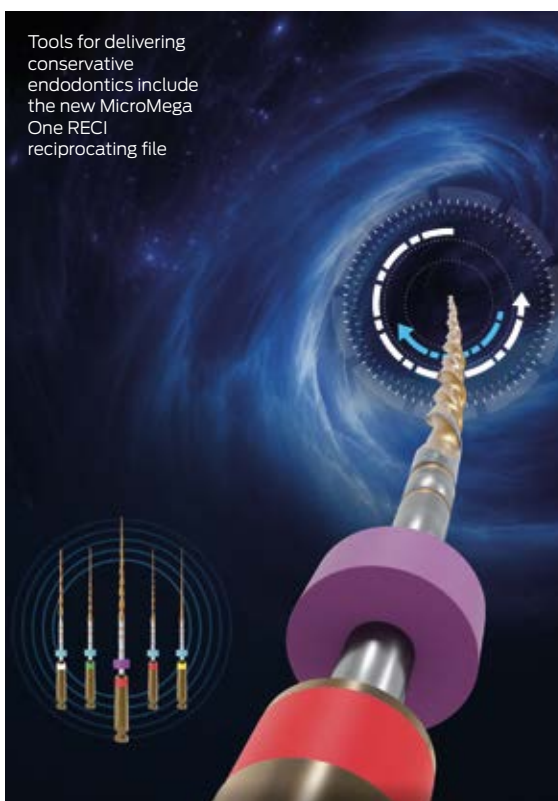
Anxiety is often rooted in a person's fear of not being in control; being prone to the dentist's chair, feeling self-conscious and uncomfortable, while their mouth is examined by a near-stranger. Yet a crucial element of the preventive approach now favoured by practices is that the patient is the one in the driving seat. They must be willing to take ownership of their health and know the role they must play in reducing their risk of disease.

Patient-focused care means taking an individual's specific needs into account. Even before diagnosis, there needs to be substantial information-gathering by the dental team, not just to discover behaviours that could compromise oral health, or limit their treatment options, but to gain a true picture of all the patient's concerns, no matter how small they believe them to be.

A very anxious patient might require support outside the practice. Cognitive behavioural therapy (CBT), is a short-term talking therapy that has shown to be successful with reducing dental anxiety and increasing attendance. Severe cases of phobia might even benefit from clinical psychology.³ But if the anxiety is mild to moderate, maybe exacerbated by new oral pain ("something terrible must be wrong"), you may be able to allay their concerns via collaboration and communication, to ensure that your clinical aims align with their needs and expectations.

Education is where it starts. What is making them nervous? Is it a bad childhood experience, fears about infection control or a particular treatment? Or is it a control issue? If a person tells you they're nervous, the fact

Tools for delivering conservative endodontics include the new MicroMega One RECI reciprocating file



they've presented at all means the glass is half full. These patients would benefit greatly from talking with every practitioner who will be involved in their care, with supplementary resources to read in their own time. Keep the door open for further queries though and emphasise that this isn't about supporting them through just one treatment, but keeping them in oral health for years to come. If a patient asks about sedation, for example, this is an option but it won't help them overcome their anxiety in the long term.

This is a key reason why a minimally-invasive, conservative approach massively benefits patients, wherever they are on the dentally-anxious scale. With the healthy tissue and enamel protected, the patient can avoid further problems and keep the result stable. Treatment is efficient, so less time in the dental chair, which is also a way to keep costs down, if that is something else that they are

worried about. The techniques for minimally-invasive dentistry allow the clinician to use the latest materials and tools, developed for this way of working. So, anxious patients will get the gold-standard of care, using the most advanced products on the market.

Endodontic therapy has associations of being painful and invasive, with no guarantee there won't be a reinfection, when it is actually the most efficient way to save a tooth. For an anxious patient who requires a tooth to be endodontically treated, they need to know that it will get them out of pain, fast. Tell them the processes and products you will use, to fight fear of the unknown. Quality endodontic treatment is a quicker solution than an extraction, with the significant benefit it will support better long-term oral health. Tools for delivering conservative endodontics include the new MicroMega One RECI reciprocating file, available from COLTENE. This file is very thin, yet strong and flexible, for minimally-invasive treatment that preserves the healthy tooth tissue. Based on the MicroMega controlled memory technology, as used in its One Curve file, the design of this instrument supports a comfortable experience for the patient and enables the techniques that lead to successful outcomes.

Conservative dentistry is invaluable when treating dentally anxious patients. A reputation for delivering efficient, comfortable treatment can allay fears of an ordeal, encouraging people to seek an early intervention to get them out of pain and avoid invasive procedures. A dentally anxious patient – like any patient! – wants to spend the least amount of time at the practice as possible and minimally invasive tools, techniques and materials, along with a preventive approach, offers them the chance to take control of their fears and elevate their oral health and general wellbeing.

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



Mark Allen

REFERENCES:

¹Helping patients face their fears. King's College London, 14 February 2020. Link: <https://www.kcl.ac.uk/helping-patients-face-their-fears>

²Heidari, E., Newton, J., Banerjee, A. Minimum intervention oral healthcare for people with dental phobia: a patient management pathway. Br Dent J 229, 417–424 (2020). <https://doi.org/10.1038/s41415-020-2178-2>

³King's College London, 14 February 2020.

MANAGING THE PRACTICE FINANCES

If you have recently opened a new dental practice, taken over a practice, or have been running one for a while and would like to get a better handle on the finances, the following tips are for you

GETTING TO GRIPS WITH THE BOOKS

In today's world, with everyday life becoming more digital and interactive, managing your accounts and tax is no different. The online cloud accounting environment is growing exponentially with a range of programmes, add-ons and apps available to assist you in streamlining your dental practice and its operations. The flexibility of use, ease of information available and all-round slicker delivery puts cloud software miles ahead of the more traditional desktop versions and endless spreadsheets.

Cloud accounting systems can be accessed anywhere (the practice, at home, on a train or even on the beach if you can't switch off...) and simple tasks like creating and sending invoices, matching payments and reconciling your bank can be done by a few clicks on your smartphone or tablet. You should speak to your accountant about the best package and apps for your practice. Ensuring that you have the bookkeeping in hand is often overlooked when setting up and growing the practice (especially if you have little financial knowledge) but this is one of the key controls that should be implemented from the outset – either completed internally or by engaging a bookkeeper.

COMPLIANCE

Running a dental practice brings with it a certain amount of compliance in terms of the accounts and tax. Company accounts require to be submitted to Companies House within nine months of each financial year end. HMRC also requires payment of Corporation Tax in the same nine-month period. Sole traders and partnerships are required to pay taxes twice per year in January and July. Your accountant will generally prepare the submissions on your behalf.

Your accountant should also meet with you to develop your tax planning strategy, taking into account your business, personal and family circumstances – it's never too early to consider inheritance tax and creating a tax plan for your life (and beyond). The government's directive that all businesses offer workplace pensions brings an additional compliance burden upon principals, both from a financial and admin perspective.



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MANAGING CASH AND CONTROLLING COSTS

Cash flow will be the biggest challenge when opening a new practice. Unless you are in the fortunate position of having a significant amount of capital to invest, managing the cash position of the practice could be the main task as the practice grows. Some suppliers may not offer you favourable credit terms in the early stages until you build up a payment history with them. So, it is important that cash movements are forecasted as much as possible to ensure that the practice is operating within its means.

Review costs on a regular basis to ensure that you are not overspending and look for areas where you can actively reduce costs – all this will go towards effective cash management. Ideally, you should be thinking at least six months ahead in terms of operational activity and planning to ensure that all cash commitments can be met in line with expected income etc. It is also worth considering a 'safe' balance in your practice, for example, the level of cash to be retained at any one time. This safe balance should be enough to cover short term commitments like payroll should activity not go as planned.

MEASURING PERFORMANCE

It's important for dentists to understand the numbers side of the business so that they can gauge whether or not they are making good returns. As with all businesses, principals of

dental practices need to recognise and be alert to trends and learn when to make changes to their operations and strategies. NHS income should be monitored monthly and will highlight whether the practice's volume is expanding or contracting. It is also useful to look at the income to payroll ratio and your gross profit percentage.

Return on assets / capital employed – are all of your asset supporting income? Your premises, surgery equipment and fixtures and fittings should all be supporting income. This measure calculates what return you are generating from the assets and capital you have invested in the business. You should set a target each year and measure progress against it.

Your accountant should be reviewing these and a few additional key measures with you on a regular basis. If you choose to go with one of the cloud accounting packages, a great deal of the above is automatically calculated and graphically presented, thereby enabling you to keep an eye on the practice's key numbers, trends and, ultimately, your business' success.

Don't forget about protecting yourself and your practice against the unexpected. For instance, if you were to lose a fellow principal or a key employee to a serious illness for a period of time it could have a major impact on your ability to service patients. Speak to us about the types of cover you should have in place for yourself and the practice.

GET REAL



Realistic thought depends on an ability to interpret conditions and facts in a consistent and accurate manner

The past two years have bought us excuses for all manner of things. From behaviour to budgets, from patients to planning and from training to travel.

One upside is that it has been easy to find something to blame, something that everyone else understands and can share your frustration. The downside is that too many have got used to playing this blame game and avoiding responsibilities. This is by no means unique to dentistry but some in the profession can tend to indulge themselves. I routinely take the temperature of social media, online forums and groups, but recently I have felt all the enthusiasm of a New Year's Day bather in the Irish Sea. It's grand for a few minutes, but the novelty soon fades as your core temperature starts to fall.

My suggestion to my clients and audiences over recent months has been simple and to the point. "Get Real". What I mean is that they should consider where they are, what is the truth, the facts and the reality of their current situation and what they are going to do to move things in their chosen direction.

This is not an encouragement to indulging in that phrase beloved of some gurus, "positive thinking". Living in the hope that things will miraculously improve by embracing positive vibes, is not a plan, it is a hope and comes close to relying on Mr Micawber's fingers crossed motto: "Something will turn up".

Nor should you to sink into "negative thinking", which can be all too easy. When the shocks to the system arrive in threes, fours or more, which they can, there is a temptation to believe everything is against you and, depending upon where you are in your state of mind, things are hard to improve.

I learn as much, if not more, from my clients as they do from me. One of them, who I always refer to as "Jimmy", had a black belt in Aikido and a Dojo in his back garden where he taught the martial art. I learned through him that the best way to approach

any number of problems or challengers is to focus on them one at a time. Do it any other way and you will lose the battle.

Back to "Get Real" or "Realistic Thinking" and my take on it to help you to get through the hard times and out the other side. *The Dictionary of Psychology* says: "Realistic thinking is encapsulated thinking processes grounded in an honest appraisal of all relevant data and conditions in different situations. Realistic thought allows a clear-headed adaptation of thought and behaviour and depends on an ability to interpret conditions and facts in a consistent and accurate manner."

The important words here are honest, relevant, clear-headed, consistent and accurate. In order to come to grips with the problems and to think clearly you need to put some space between problems and yourself. A great challenge of modern life is those invited interruptions via our digital technology which can leave us with little space to think and to see the bigger picture, essential to solve problems.

That space can come from walking around your neighbourhood or sitting on your own in a quiet bar or café. Hotel lounges or lobbies always work for me. Anywhere that you cannot be interrupted by your phone and that has a mental distance between you and your immediate problems.

Start by listing your problems or challenges. This can be as long a list as you wish – you will return and edit it later.

Ask yourself one question: "What do I truly want from my one and only life?" Your answer does not start "it would be nice if"; there's no "nice" here, what are you passionate about? What is really important to you?

Next question: "Where am I now?" If you could measure your current place compared with what you want, how far away are you, at what percentage of capacity?

"What is stopping me moving forward?" Just one thing. This should take you back to your first list – the problems/challenges. What advice would you give to your best friend, your sibling or your child if they approached you with the same problem? Knowing what you know, how would you help a total stranger?

What is the first thing that needs to be done, can you do it now? If not now, what action can you take that will move you forward. Remember, nothing happens without you (or someone acting on your behalf) taking action.

What's the next thing that is stopping you? Repeat the exercise, but no more than three or four times. It is important that you do not succumb to overwhelm with too many actions to take, which can manifest itself as procrastination.

Look at your list of problems and challenges; have the priorities taken at all? Sometimes they can act as action is shifted.

Repeat the exercise routinely, when times are hard, do it every day.

Get Real and Keep It Real.

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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- ✓ In the first half of this fiscal year, completed sales topped £70m.
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PREPARE YOURSELF FOR INTEGRATION

The Dental Elite team is not just here to help your transaction, but also to ensure that integration is stress-free

Buying or selling a practice can be a long process and finalising a transaction can be a welcome relief – finally, it's all over.

However, the completion of a sale isn't the end of the entire process as the next part is integration. Similarly, to selling or buying a practice, integration can be stressful unless both parties are well prepared. There are a few things that you need to get in order for integration to run as efficiently as possible.

THE KEY SUPPLIER

The vendor will provide a list of all active commercial contracts and inform them that the business has changed hands. This is important because the suppliers need to know that a) the previous billpayer is no longer the one responsible for payment and b) the new owner is authorised to make any changes to the account. As long as the buyer has ensured that there are no major problems or discrepancies with existing suppliers or labs, it can be highly beneficial to maintain existing contracts and relationships in the short term.

PAYE PROTOCOL

HMRC needs to be informed about the business' payroll and PAYE must be performed every month with the buyer sending relevant information to HMRC when payroll is processed. In order to do this, they will need a Government Gateway login and an employer PAYE reference number. When it comes to buying a limited company, the PAYE reference number won't change and access to Government Gateway can be set up long before everything is finalised.

Using an outside agency to manage the payroll is an option but there are products such as Xero and Sage that can help to simplify the process for ease and convenience.

PENSIONS IN THE WORKPLACE AND AUTO-ENROLMENT

Each employer must, by law, automatically enrol their employees into a pension scheme and send all the data to the practice's pension

administrator each month. The buyer must be prepared and able to carry this out.

ACCESS TO THE BUILDING

Nobody wants to start their new venture being locked out. That's why it's sensible to have an extra set of keys cut and labelled – leave them in a safe space or with someone you trust. As well as this, key cards and alarm codes need to be kept in a secure location.

ACCESS TO THE ELECTRONICS

It is crucial to ensure that buyers have access to all electronic systems on the premises or linked with the business. Making a list prior to completion will allow this to run more smoothly and this will include things such as:

- › Website backend (everything behind the scenes)
- › Website domain registrar
- › Sign in for Google Ads, Microsoft Ads or similar
- › Sign in for Facebook/Instagram/LinkedIn or any other relevant logins
- › Telephone portal (if using voIP, or similar)
- › Practice management software
- › Xero, QuickBooks, or similar
- › Document storage such as Dropbox, or similar
- › Server login details
- › Waiting room screen, if applicable
- › Pension provider access.

ACCESS TO THE BANK ACCOUNTS

Making payments from the company bank account is common practice, at least in the short term, if you are buying a limited company. To ensure prompt access to the business's finances, all relevant mandates need to be pre-prepared and submitted to the bank straight away upon completion of the sale.

STAFF RECRUITMENT

As part of due diligence, you should have been informed of any changes to staffing. This means you might need to replace an individual and recruiting the right person for the role means giving yourself as much time

as possible, so start early. The idea of recruiting can be stressful but, fortunately, Dental Elite's recruitment team would be honoured to help with this process.

NHS PAYMENTS

The NHS payments in any practice will be paid via BACS transfer. This means that upon completion it's integral to ensure that the bank details are correct so that the correct person receives the monies.

CARD MACHINE

It's important to get this ordered ahead of completion. There would be nothing worse than not being able to open on your intended first day in practice because you can't take payment.

STAFF CONTRACTS

You may be buying a practice owner's assets and will therefore need to amend associate contracts from the principal's name to the new owner's name, formally novating via a Deed, which needs to be witnessed. Alternatively, there is the option to issue the entire team with brand new contracts. Within the scope of TUPE (Transfer of Undertaking [Protection of Employment] Regulations 2006) this could be a great idea. Of course, staff contracts will automatically novate under TUPE but tidying them up after completion is good practice to ensure everyone is adequately protected.

THE APPORTIONMENTS

This can be one of the most complicated parts of the entire process as the business doesn't close to wait for completion. It means ensuring that any owed monies are paid to the right people involved. These calculations will be based on: the most recent NHS schedule, patients under treatment, up-to-date UDA performance, patients who have pre-paid for treatment, and monies already collected under patient charge revenue (later deducted from future NHS statements). This process can of course be stressful, but a specialist dental accountant will be able to help.

APPOINTMENTS AND SCHEDULING

Changes to the staffing structure and daily rota can happen post-completion which must be clearly communicated to the team. It could also be advantageous for the new





principal to maintain some free time in the diary to allow for last minute queries or more time to get to know staff and patients. Being prepared reduces the risk of running late and gives the team a chance to ask questions during the day.

HOLIDAYS

How are people's holidays kept track of? This is something that needs to be discussed as part of the handover process. It's also important to calculate whether either the buyer or vendor owes monies for any over or undertaken holiday among the team prior to completion.

SOCIALISE!

You may be apprehensive about taking on a new team if you're the buyer as generally the human race doesn't like change and this could lead to an unwelcoming team. However, the best way to tackle these kinds of issues is to face them head-on. It could be a good idea to arrange a social event in order for everyone to get to know each other in a less formal setting.

DON'T PUT THE PRESSURE ON YOURSELF

The integration process can be just as stressful as the buying or selling process as

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THE INTEGRATION PROCESS CAN BE JUST AS STRESSFUL AS THE BUYING OR SELLING PROCESS AS THERE IS A LOT TO GET THROUGH. MANY THINGS CAN GO WRONG BUT BEING PREPARED CAN MAKE THE JOURNEY EASIER”

there is a lot to get through. Many things can go wrong but being prepared and having the right kind of support can make the journey a whole lot easier.

There is support available! Dental Elite supports clients throughout their entire journey. The team is not just here to help your transaction, but also to also ensure that integration is stress-free. The team possess an abundance of skills and experience which

ensures that they pay indisputable attention to detail, and you can also go to their website and download the full integration guide – why not get a head start?

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

DID YOU KNOW?

Strictly Confidential can assist with funding, business plans, cash flow information, accountants, solicitors, due diligence, insurances, dental equipment and so much more...



Normally, Dentists made major decisions about their career twice a year!

That usually happened when they were away from their practice for a couple of weeks and had quality time and peace, to consider their future.

Statistically it was just after the New Year and then again in September.

The New Year speaks for itself.

September you ask? Well... Dentists thinking of retiring would usually wait until the schools resumed, to go on holiday.

But then again...nothing has been normal for such a long time!

Strictly Confidential Ltd has been assisting both Principals and Associates achieve their goals for nearly 20 years.

What makes us different from the rest? That's easy; our background and dental acumen!

Gillian and Trisha have only ever worked within the Dental Profession...both in practice, hospital settings, practice management and latterly with major dental companies in the UK.



Over the years we have learned that not every Dentist wants his practice sale advertised on

'The Internet' as this can sometimes cause major problems:

- Associates and staff learn of their intentions and become very anxious and worried.
- They may be concerned that their principal will sell to a large corporate.
- Patients then hear that their trusted Dentist is selling and seek a new Dentist.
- All of the above can affect the goodwill and future sale of the practice.



Also, when acquiring a practice, the last thing an Associate wants is his Principal to know he/she is actively looking!!

DID YOU KNOW... that we offer an 'ASSIST TO BUY SERVICE' to Associates who are perhaps buying from their principal or indeed another selling agent.

Let's face it; it's a bit of a minefield trying to do everything yourself, whilst also working!

We can assist with Funding, Business Plans, Cash Flow information, Accountants, Solicitors, due diligence from a Dental perspective, Insurances, Dental Equipment etc ... and SO much more!

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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.

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- Angela Harkins

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UNINCORPORATED DENTAL PROFESSIONALS

Changes are afoot and planning ahead is key, says Louise Grant

HMRC is set to change the basis period for all unincorporated businesses, meaning they will have to pay tax on the profits earned in the tax year, irrespective of when their accounting period ends. This change could affect many dental professionals whose year-end does not coincide with the tax year end and who operate as a partnership or sole trader.

While it is recognised that such a change is intended to simplify the taxation of trading profits, there are concerns that the proposed reform was being introduced too quickly. Short term complications, the bunching of accounting work and additional costs has persuaded HMRC to delay the 'tax year basis' of assessment until 6 April 2024, with the transition year being 2023/24.

The government will treat any excess profits arising in the year of transition as a one-off separate item of taxable income.

This will minimise the impacts on allowances and means-tested benefits. In addition, the time period for the carry back of losses in the case of excess overlap relief will be extended from one to three years.

Most will likely choose to align their accounting year with the tax year and it is important that you discuss this with your accountant now to ensure a smooth and tax efficient transition.

The government will explore whether to introduce administrative easements when submitting tax returns with provisions figures ahead of the transitional year. The options being considered include:

- Allowing provisional figures to be amended when filing the tax return for the following year.
- Allowing extended filing deadlines for certain taxpayer groups.
- Allowing differences between actual and provisional figures to be included in the



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following year's tax return.

Planning ahead for this change is key. If you'd like to find out more information or get advice regarding your tax status, please get in touch with Louise Grant.

Your Practice. Energised.

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

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

For further information please contact:

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HOW PRACTICE PLAN CAN HELP MAKE YOUR CONVERSION A REAL SUCCESS

Regional Support Manager, Louise Bone, explains how the whole Practice Plan team is on hand to support you when it comes to considering a move towards private practice – as well as holding your hand to ensure your conversion goes as smoothly as possible...

KNOWLEDGE AND EXPERIENCE

When it comes to knowledge and experience there really isn't a more expert team out there. The field team alone has a combined experience in dentistry of more than 300 years, and I have been working in the industry in Scotland for the past two decades.

For much of that time I have been helping practices convert to private practice – and over the years I have seen every type of conversion there is – and dealt with every issue there is to deal with. We have first-class marketplace knowledge of the dental sector's topical issues, so when there are industry changes, we are right on top of them, informing practices and giving them the advice they need.

TAILORED ADVICE, TRAINING AND PLANS

When you join Practice Plan, all our advice is tailored to the needs of you and your team because every conversion is different. We will crunch all the numbers and information with you, look at the competition and demographics of the area to advise you on whether the move

to private is right for you and, if so, what the best type of conversion might be.

Our membership plans are tailored to suit your needs. We use our experience and knowledge to come up with suggestions about what is the right plan for you, and what the correct pricing structure would be to help you grow your practice.

When it comes to training, we will build a bespoke training plan that meets the needs of both your patients and your practice staff. More often than not, during the time of conversion I'm often found in the practice helping to explain to patients why the practice is moving to private treatment and the benefits they will gain by opting to join the practice's membership plan.

MEETING YOUR NEEDS

As well as the support myself and our new Regional Support Manager, Cheryl Reynolds, can give you and your team, we have a larger team beyond us that can help your practice thrive. Our first-class marketing department is on hand to help you with all your needs, from your website and social media, to producing brochures, flyers and

literature that help to inform your patients of your prices and plan benefits.

HOLDING YOUR HAND TO ACHIEVE YOUR DREAMS

What many practices say to us when they reflect on their conversion is that Practice Plan were there for them every step of the way, helping with any apprehensions and holding their hand throughout the process. During the entire conversion process the control is always with you – we are there to support you and that support continues well after you become a private practice.

If you're thinking of making the move to private and want to take the first step, why not contact the team at Practice Plan.

The team has experience of helping more than 1,500 dental practices to transform the profitability of their business through the combination of a well-populated plan and personalised support, including marketing, business advice, events and training.

To set up an initial conversation with either Louise Bone or Cheryl Reynolds, call 01691 684165 or go to www.practiceplan.co.uk/nhs.

The NHS to private **CONVERSION EXPERTS**

If recent events have made you think seriously about making a move to private dentistry, then we are your natural partner. We can assess your situation and practice suitability for a full or partial conversion and you can always rely on us to provide honest and open analysis and advice.

Our dedicated team of knowledgeable and experienced conversion experts have helped 100s of dentists make a successful and life-changing move from NHS to private practice. We exist to support you and your team - every step of the way and onwards into the future.

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CORPORATES: A READY-MADE MARKET?

Analysing the pros and cons and what's involved from the seller's perspective

Selling a dental practice is the culmination, in most cases, of a life's work. A retiring dentist is likely to have built the practice up over decades, and so it is only right that they achieve the best outcome possible. Aside from valuing the practice, one big question is who the buyer is going to be?

Many of our dental clients who have decided to sell their practices eventually sell to one of the corporate groups, or at least have offers from them as part of the marketing process. In other cases, our client is approached directly by one or more of the corporates and ends up doing a private deal with them.

A sale to a corporate doesn't suit everyone, and for some they would never consider proceeding in that way. However, for others the structure which comes with a sale to a corporate fits the bill and could be exactly what they want. So, what might be involved from a seller's perspective?

PAYMENT STRUCTURE

Firstly, and rather obviously, the price is important. The same goes for any sale, but the corporates have their own financial models which they use to value a practice, and so arriving at the right numbers for you is clearly going to be a key factor in your decision whether to proceed.

Alongside that, a sale to a corporate more often than not involves a slightly more involved payment structure. Most sales to an individual dentist will result in the whole price being paid up front at day one.

However, corporates tend to have a structure which involves payment of a proportion of the price at day one, with a balance paid at a later date.

Sometimes those deferred payments will be linked to certain targets being met in future years, such as turnover targets. In others they are linked to the seller remaining as an associate with the practice for a period after the sale completes. Each corporate is different, and they may vary their approach from practice to practice.

Having some of the price paid at a later date may not be ideal for some, but it is generally a case of evaluating the terms in detail, gauging the risk of the future payment not being forthcoming, and comparing the deals on offer from any other buyers.

This sort of structure can be perfect for someone not wishing to retire completely and who is happy to continue to work as an associate for a few more years.

That way they can work to achieve whatever targets have been set by the buyer, while continuing to earn an income. Do think through whether the change from being the boss in your own practice to working in it will suit you as



that change of dynamic is something which some sellers struggle with.

It is also very important to understand the tax liabilities which will arise from such a deal. Deferring parts of the price doesn't necessarily mean that some of the tax bills are delayed, so make sure that you liaise with your accountant so you don't get any nasty surprises.

SALE PROCESS

So if you decide to sell to a corporate, what should you expect from the sale process? Is it the same as selling to an individual dentist? Well, in broad terms, it is the same, as the legal and accounting steps aren't significantly different. However, there are some key areas where the process is slightly different, and which we always flag up to our selling clients.

First of all, there is the diligence process, where the buyer seeks certain information and documentation from the seller. All corporate buyers have specific and fairly detailed diligence requirements, and while the subject areas covered are fairly standard, you will require to provide more detail than would be required by an individual buyer. That does make the process more time consuming, and is something which you simply have to accept – trying to short circuit the process just won't work, sadly. The legal documentation involved in a sale to a corporate tends to be a

fair bit more detailed and lengthier than would be the case selling to an individual buyer, although again, in broad terms, it will cover similar areas.

You should expect a bespoke Business Purchase Agreement (or Share Purchase Agreement if you are selling your company) to review and for your lawyer to negotiate on your behalf. Ideally, your lawyer will be familiar with such sales and will be able to guide you through the key issues to get the best detailed terms from your perspective.

PREMISES

Finally, many of the corporates don't wish to buy premises. Their focus is on investing in practices, and not spending their cash on bricks and mortar.

Some of them have connections with other companies who might be willing to buy the premises from you separately, but in general you may need to accept that you have to retain the building and lease it to the buyer.

So, the big question for a prospective seller, should I consider a sale to a corporate or not?

The simple answer is, go with what matches your aspirations. If the structure of any deal (corporate or otherwise) doesn't suit you, then the answer is simple. But if it ticks the boxes, then with the right advice, you can make a corporate deal work for you.



Michael Royden

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STEADY THE SHIP OR JUMP SHIP?

It's a decision that must not be taken lightly

As 2021 ends, and the profession continues to weather the storms of COVID-19, we find ourselves in the centre of a recruitment crisis. This topic has been at the forefront of conversations, not only with our own dental clients, but throughout the whole Scottish Dental Sector with tensions building for months, leaving practice owners burnt-out and seriously considering 'jumping ship.'

On top of the existing challenges faced by the sector many Principals are finding the unfolding employment crisis an insurmountable problem.

Although this seems like an ideal time to exit the profession for some, this decision must not be taken lightly. Steadying the ship

can be achieved and retaining the existing dental team is paramount. There is no doubt whatsoever that your dental team members are looking to you for your leadership. Last year we identified that many practices were crying out for help, not knowing if they were remunerating their team fairly when benchmarked against the industry average. We answered this by undertaking the largest wages and remuneration survey performed on the Scottish Dental Sector. This was very well received and of value to many. As part of our standard proactive support service, we have crunched the numbers for many of our clients to allow them to get comfortable around increasing their teams' wages, retaining their team, and bouncing back



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higher after the impacts of COVID-19 have faded.

We had planned that this survey would be updated every two years, but by demand we will be surveying again before 2021 concludes to help practices make key decisions on pay rises and retain their team.

If you would like to participate in our wages survey and receive a bespoke report comparing your own practice wage levels with the industry average, then do please drop me an email or look out for the survey link in our COVID digest or our Facebook page.

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FIVE THINGS TO CONSIDER

Are you thinking about selling your practice, but you're not quite sure where to start? Here are five tips from Joel Mannix, Senior Business Agent at specialist business property adviser, Christie & Co, to get you started

Seek specialist advice. It may be tempting to cut costs by going it alone, but this is likely to result in losing you money in the long-term and limit the number of offers received. Instead, do your research and be sure to enlist the help of a good business property adviser, solicitor, and accountant, all of whom can help you maximise the profitability of your practice.

Don't be tempted to splash the cash. If you're thinking about selling, you may be tempted to spend a lot of money doing up your practice to get it 'sale ready'. Be careful with this – you may end up spending money which doesn't really make a difference to the value of your business.

Instead, consider speaking with your business adviser about the best ways to maximise your practice's profitability.

Keep everything up-to-date through the due diligence process. Make sure your accounts and management figures are up-to-date, and associate and staff contracts are in place – all of this will get you the most accurate figure when your practice appraisal is conducted.

Try to maintain business as usual. Selling up can be an exciting prospect but be sure not to take your foot off the gas – keep the deal on track and mitigate any price reduction.



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



Keep your options open. When thinking about the type of buyer you would like to hand your business over to, keep your options open. Make sure to explore and compare different offers and buyers to ensure you're getting the right deal, both in terms of monetary offer and post-sale conditions.

Don't leave the sale of your practice to chance



With just a few more weeks of the year left, this is what the Christie & Co Dental team has achieved so far in 2021:



Generated 500 viewings

1:2

Secured 1 offer for every 2 viewings



Received 300+ offers, with an aggregate value of c. £510m+



Completed on 100+ practice sales



Sold 75% of practices to independent buyers



I had many doubts that I would be able to sell my practice and retire during a global pandemic. I need not have worried because with Christie & Co's help and support, the whole process went (almost) without a hitch. Even when we hit a slight bump in the road, their expert advice and calm reassurances smoothed the path and brought the deal to a very satisfactory conclusion. I cannot recommend Christie & Co highly enough.

Dr Marion Duthie, Former Principal, Duthie Dental Practice

Are you thinking of selling your practice in 2022?

There has never been a better time to consider your options.

Get in touch with your local specialists for an initial discussion.

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E: joel.mannix@christie.com

Paul Graham
Head of Dental
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GETTING YOUR PRACTICE VALUED

Martyn Bradshaw, from PFM Dental, on how expert advice could mean a difference of tens – even hundreds – of thousands of pounds

Around two decades ago, the value of a dental practice was correlated with the turnover. Nowadays, a practice should be valued on a multiple of the profit, which demonstrates the viability of a practice for any purchaser. However, this is not as simple as looking at the profit from your accounts and those estimating the value of their practices themselves could be leaving themselves short-changed by tens of thousands or even hundreds of thousands of pounds.

The modern-day calculation looks at the EBITDA (earnings before interest, tax, depreciation, and amortisation), or what you may consider as a reconstituted profit figure. As the name suggests, loan interest, tax, depreciation and amortisation (for those with limited companies) is added back. However, this is only the start. There will be a number of other costs which need to be considered, such as the personal subscriptions of the owner, personal insurances, indemnity and also tax mitigating costs that may be used to suppress the profit/tax.

However, this is all well and good if you are a single-handed dentist working five days a week and all is obvious. What if you are only working three days with an associate working five days? What if you refer to a hygienist/therapist who is undertaking an element of work? What if you are a large practice and don't work in the practice, would you get the same value as the same practice where you were working in the practice?

An experienced dental practice valuer is able to bring practice to a status quo and although the practices may seem simple, the calculations do need someone who understands exactly what they are doing.

WHAT SHOULD I BE EXPECTED TO PROVIDE?

Typically, there is little information in your accounts that can be used, other than the fixed overheads of the practice. At PFM we would usually request the following:

Gross fees for the last 12 months per dentist

This brings a valuation up to date, but also allows an analysis of who performs the income. Bearing in mind each associate may have a different associate cost, this is vital. It also demonstrates any vulnerabilities (high-grossing dentists etc) the practice may have which need to be overcome. Allowances also need to be confirmed.



Staffing

Staff are transferred via TUPE regulations and as such a buyer will be responsible for their contractual arrangements going forward. Since the accounts were produced there are likely to be changes, whether this be pay rises, staff leaving, new staff, maternity... all of which needs to be considered. Any family members not working in the practice can also be removed.

Accounts

Three years is a general requirement for most buyers and their bank, which demonstrates trends. However, a valuer is likely to take minimum information other than the fixed overheads from these, although they should be used to sensor check items.

What multiples are used?

Once calculated, the EBITDA is multiplied to calculate the value of the practice. However, a good agent will look at the practice under an 'associate led' model and 'principal led' model. Both give a different EBITDA (think profit) figure, both having a different multiple applied. The multiple will also be determined by the type of practice, location and ultimately the demand the practice should get – which is where the experience of the valuer will come in



Martyn Bradshaw is a director of PFM Dental, one of the largest professional advisory firms for dentists, including sales and valuations, financial advice, and accountancy.

www.pfmdental.co.uk
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SUMMARY

Whether you are a partner and selling/buying to the other, selling to an associate, looking at corporates, or want to sell on the open market, we suggest everyone has a valuation. This way you can ensure that you have an accurate figure, and do not lose out on £1,000s for incorrectly calculated values.

To also ensure that you get the maximum price for the practice, and choice of buyers, using a good dental agent will ensure that your practice achieves as wide an audience as possible while keeping the sale confidential. Even if you are looking at corporates, having someone experienced in selling can mean the difference of £100,000s.

A recent sale that we dealt with involved a client who had received an offer directly from a corporate, and then instructed us to value. After valuing it was obvious the offer they had received directly was too low, by around £200,000, and after then being instructed to sell, we liaised with the corporate and identified that they had made an incorrect assumption and had also not spotted an error that we did in the clients' accounts. Not only did we get this offer increased, but we then went to a number of other corporates and ended up with £400,000 higher than the original offer.

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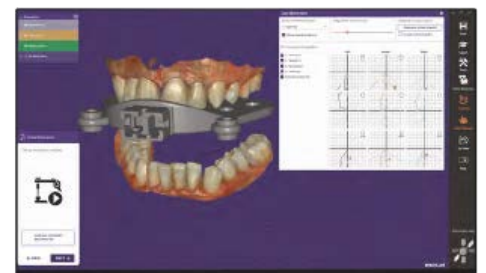
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Your reps across Scotland

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

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

This special feature aims to give you some insight to who you and your practice managers will

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

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

dental teams and their practices going forward.

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

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

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LOUISE and **CHERYL**, both Scottish-born Regional Support Managers for Practice Plan, are available to assist, guide and support practices when it comes to seeking independence from the NHS. Using their extensive experience, they can explore and assess the viability of a successful NHS to private conversion specific to any practice so that all the information is provided to make an informed decision.

Practice Plan has supported over 1,500 dental practices to transform the profitability of their business through an extensive and industry-leading range of personalised support.

If you're considering making the move from NHS to private provision due to the current climate and restrictions placed on NHS dentistry in Scotland, Louise and Cheryl have the experience and understanding to support the transition and help your practice flourish.

A thriving plan membership has demonstrated its ability to support dental practices with regular cash flow through the challenges that COVID-19 has raised. Louise and Cheryl will be on hand to support you and your team in setting up a plan membership that is beneficial for both your practice and your patients.

If you're looking to leave the NHS, or you are unhappy with the support you receive from your current provider, with Louise or Cheryl, your business is in safe hands.



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Please contact Colin directly for any enquiries.



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GC DENTAL

GILLIAN WYLIE, SCOTTISH PRODUCT SPECIALIST



GC was established in 1921 and consequently celebrated its 100th anniversary on the 11th February 2021. Through decades of product innovation, research and development and world-class manufacturing, GC has firmly entrenched its commitment to partnering with dental professionals and promoting oral health for all.

GC has been recognised by both dentists and dental technicians alike as a provider of consistently, high-quality products that are easy to handle, as well as being capable of delivering the highest service standards to our customers. Our dedication to dentistry continually results in product development that provides value to our customers.

We have the pleasure to introduce you to Gillian, who has recently joined GC as our Scottish Product Specialist. Gillian comes with a wealth of knowledge and experience within dentistry stemming from her dental nurse background and working with some of the key companies within the industry. Gillian's experience and professionalism has provided and continues to allow her to support dentists and their team. Focusing on good customer service!



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COLTENE

KIRSTY MCLAUGHLIN, TERRITORY SALES MANAGER FOR SCOTLAND



A WELL-KNOWN face within Scottish dentistry, Kirsty is thrilled to have joined COLTENE as Territory Sales Manager for the area.

Kirsty started her career at 18, as a dental nurse. She did this for 16 years, took a break to complete her degree, then returned to nursing in a senior role. She also took the lead on infection control and training of other nurses before moving to a non-clinical position.

Kirsty's extensive experience means she knows exactly what professionals and patients need. She worked with several high-profile dental suppliers before getting the call from COLTENE and is ready for her new adventure.

She says: "My time in practice means I understand the importance of exceptional customer service, as well as quality products. When it's the best in the business, you're remembered for the right reasons.

"I'm looking forward to building on old relationships and making new ones. I enjoy connecting with people on a personal level, sharing hobbies and passions from outside of work too. I love walking my dog, also needle felting. They're great ways to unwind if I've been on the road all day.

"The team at COLTENE is fantastic; we share similar backgrounds, we're positive, people-focussed and want to help as many of you as possible. I'm optimistic for 2022".



Contact Kirsty McLaughlin
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M: 07788 146109

KULZER DENTAL

BARRY MCLELLAND, PRODUCT SPECIALIST



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Our UK and Ireland technical support team has been with the company for many years and bring a wealth of experience and knowledge.

Barry has recently joined Kulzer and has over 10 years' experience within dental. He is a qualified Dental Technician with a keen interest in crown and bridge.



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CARESTREAM

PHILIP WRIGHT, ACCOUNT MANAGER



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 our latest CS Model + Aligner software, providing any necessary product information or advice.

Philip is able to offer exceptional support and advice to all of his customers.



Contact Philip Wright
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SEPTODONT

RICHARD O'BRIEN, PRODUCT SPECIALIST



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

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.



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

PILLARS NOT FILLERS

by Dr Dev Patel

Dr Dev Patel discusses treating young patients and why he believes the term “filler” is no longer relevant, especially when looking to achieve natural looking results for this patient demographic.



If I were to sit here and tell you that the term “dermal filler” has become obsolete in aesthetics, you would probably think I was joking. But, hear me out. I am not saying this to be controversial or because I don't use these products regularly in my practice, quite the opposite. Like most aesthetic doctors, “fillers” are one of the mainstay treatments I offer in my clinic. However, I believe the word “filler” is no longer an accurate description of the products or techniques we use in aesthetic practice, as it only reflects a small portion of their capabilities. This is something I tell my patients at their very first consultation. Of course, we do still “fill” some lines, such as the fine static lines around the mouth or tear trough. For these types of treatments, I use a blanching technique with BELOTERO® Balance.¹¹ I inject the product superficially into the dermis to ensure I do not unduly change the contour of the face in that area, as that is not the aim of this treatment. But that, for me, is where “filling” ends.

Sadly, in an unregulated industry, many people are still being “filled”. Some patients are treated as if their face is one empty compartment that can be filled up, obliterating all angles and curves. We can't possibly expect our patients' features to remain human-like and natural if we employ this approach. Thus, I explain to patients that they should think of these products as ‘dermal pillars’ and that our aim is to establish support and structure to achieve a more complementary contour to the face.

Are aesthetic treatments always anti-ageing?

In a word, no. Many years ago, when I started in aesthetics, I declined patients under 30 for anything other than lip fillers. Fast forward to more recent years, and that approach now seems medieval to me. While I welcome the new legislation banning the use of injectables on under 18s, I explain to my patients that ageing is a multi-layered process and that we mature from our mid-20s onwards. The skin itself changes, with increased laxity, primarily due to loss of collagen. Its support structures also diminish with the shrinkage and downward movement of fat compartments and the depletion of the facial skeleton. Thus, the primary benefit of dermal fillers (returning to that term for now) for someone in their 50s is likely to be restoring this lost support where the product is used in place of the fat and bone that was once there. With certain dermal fillers, especially my favourite RADIESSE® Plus⁶ (calcium hydroxyapatite), one can also offer patients the bonus of a prolonged skin-boosting effect, which peaks around six to nine months after treatment.

Case study of a young male patient

So what about the 20-something patient, as shown in the images? (Figure 1). This young man is at the peak of aesthetic beauty (I use that term in the global sense), so why would I treat him when he has not experienced the loss of bone and fat support that come with ageing? In his case, there is a genetic deficit of the support in question, namely fat. He was never meant to have it. It is who

he is. Unfortunately, as is the case with many patients who present to me, the impact of this fat deficit can be significant in their lives. They may face comments such as, “Are you ill?” or “Are you not eating?” or “You should see your doctor and get checked out”. I have heard these examples and more from several patients. Of course, there will be many more people out there who won't be making such comments to their faces, but their behaviour will nonetheless be influenced by the person they see in front of them. Why? Because, like the sound of it or not, humans respond more positively to humans that appear healthier. In fact, this applies to almost everything we see in nature.

If I presented a freshly picked rose to you, you would most likely say, “Oh, thank you for this beautiful flower”. If I give the same rose to you a few weeks later when it is wilting with black-rimmed petals, you'd probably say, “Why are you giving me this thing?”. Health is beauty, and we are drawn to healthy things. There is plenty of evidence to back this up from studies conducted by psychologists and cosmetic surgeons/physicians.¹⁻³ Going back to our young male patient, we can see that this is not about restoration but about enhancing a natural deficit to improve his quality of life.

Mid-face approach with RADIESSE® Plus

RADIESSE®⁷ was approved by the FDA in 2005 and has remained one of the few fillers that have approval. RADIESSE® Plus⁶ – a pre-mixed version

with 0.3% lidocaine – was launched in 2015. RADIESSE®⁷ is backed by extensive research⁴⁻⁹ and is indicated for medium to severe folds and wrinkles in the face and to treat facial wasting in HIV+ patients. It's made of calcium hydroxyapatite, consisting of microspheres of calcium suspended in a gel. These microspheres immediately improve folds and contour and stimulate the production of new collagen and elastin, which peaks at six to nine months post-treatment. In expert hands, the complication rate is extremely low.

In the case shown here, a single treatment lasting 30 minutes was performed. A total of 3ml of RADIESSE® Plus⁶ was used with both needle and 22g cannula to achieve a 3D contour that reflected a healthier face. 0.5ml of BELOTERO® Balance¹¹ hyaluronic acid filler was also placed in each tear trough. Looking at this patient's photos when he attended for a review two years later (Figure 2), you can see there is still a marked improvement from the images prior to his treatment in 2019 (Figure 1). This is a common observation in patients treated with this product. I am also happier using RADIESSE® Plus⁶ in more mature patients with skin laxity. As it does not work by attracting water, I believe it gives more natural-looking results and much needed collagen in the months to come. I strongly recommend 1-1 training on the product and using it only once you are a competent and experienced injector.

Human versus alien

There has been such a rapid advance in not only the knowledge we have of the ageing face but also facial anatomy. Yes, that's right, the anatomy I was taught at medical school was not wholly accurate! Modern techniques of scanning with dyes have revealed sub-compartments, e.g. supportive fat pads, that we previously believed to be one continuous layer of fat.¹⁰ This has enabled us to broaden our insight into how we assess the face and where to inject it. The educated injector can thus take a much more holistic approach with dermal fillers, considering areas previously unconsidered by even the most expert of injectors, and indeed areas which most patients will still not ask to have treated. Examples being the temples, chin, forehead and pre-auricular area. The number one psychological

hurdle for someone considering treatment is the fear of looking unnatural after treatment. I am not surprised, considering that we rarely see natural results highlighted in the press. This does not make news. Trout pouts and over-puffed celebrity cheeks make news. If they are bombarded by these images, then, of course, our patients will have this fear. In the UK, many injectors are poorly equipped to appropriately treat, and thus many people can have their human-like features morphed into distinctly un-human and "alien-like" forms. However, we can demonstrate that with the intelligent use of high-quality products and ensuring global harmony is maintained in the face, one can simply bring a degree of freshness back to the individual. As I have said before, if someone can tell my patient has had work done, I have failed.

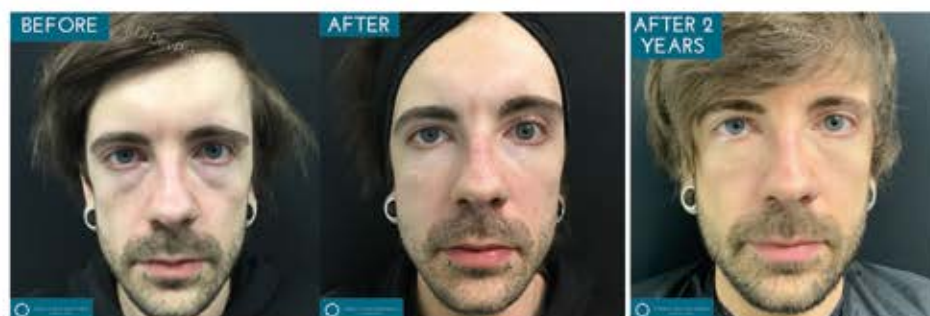



Figure 1

Figure 2



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

References: 1. Humans judge faces in incomplete photographs as physically more attractive. *Sci Rep* 10, 110 (2020). <https://doi.org/10.1038/s41598-019-56437-4> 2. Facial attractiveness: evolutionary based research. 2011 Jun 12; 366(1571): 1638-1659. 3. The carotenoid beta-carotene enhances facial color, attractiveness and perceived health, but not actual health, in humans. *Behavioral Ecology*, February 2017 4. A multicenter, randomized trial comparing calcium hydroxylapatite to two hyaluronic acids for treatment of nasolabial folds. *Dermatol Surg.* 2007;33(suppl 2):S144-S151. 5. Calcium hydroxylapatite versus nonanimal stabilized hyaluronic acid for the correction of nasolabial folds. *Dermatol Surg.* 2008;34(2):210-215. 6. IFU RADIESSE® Plus 7. IFU RADIESSE® 8. Calcium hydroxylapatite filler for facial rejuvenation. *Dermatol Surg.* 2008;34(suppl 1):S64-S67. 9. A randomized, split-face, histomorphologic study comparing a volumetric calcium hydroxylapatite and a hyaluronic acid-based dermal filler. *J Drugs Dermatol.* 2014;13(9):47-52. 10. The Fat Compartments of the Face: Anatomy and Clinical Implications for Cosmetic Surgery. June 2007 - Volume 119 - Issue 7 - p 2219-2227 11. IFU BELOTERO® Balance

MERZ AESTHETICS®

THE BENEFITS OF SPEED INCREASERS – MORE HYGIENIC AND SAFER

B.A. International offers a range of handpieces that are 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, microorganisms 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.

In order to reduce aerosol spatter, consider using an electric motor with red band contra-angles, as these generate less aerosols than high-speed turbines, as they run at a lower RPM, and generally benefit from internal anti-retraction systems.

If you don't have the benefits of an electric motor, a cost-effective 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. The motor has a speed range of 1000-40000 RPM, internal spray and LED. Brushless motor technology ensures a longer life cycle. You can set your desired speed at the control box and program it in using one of the two memory functions. No technician is required to install this motor.

There are 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. The top range Ultimate Power+ BA200LTS boasts highly durable DLC coated bearings and a titanium body. The mid range BA250LT has ceramic bearings and a titanium body with a PVD "smart coat". Both have fibre-optics.



Bundle deals with the motor and one red band contra-angle (BA200LTS or BA250LT) are currently available from B.A. International, starting from as little as £899+VAT.

WHAT ARE THE BENEFITS OF USING SPEED INCREASING CONTRA-ANGLES?

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The Ultimate EM420, with a speed range of 1000-40000 RPM, internal spray and LED.

electric motor, 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. B.A. International contra-angles have an ergonomic design for better grip and are durable.

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The Optima EOS350 is an extra-oral suction unit designed to capture aerosols and airborne droplets generated during dental procedures. A HEPA14 filtration system traps particles ≥ 0.3 micron, while double UVC lamps inactivate viruses and bacteria that are trapped by the filter. The unit is easily wheeled between surgeries using its ergonomically located pull handles and is easy to clean. Other features of the unit include a quiet operation at 58db (air cond. volume) and an intelligent control panel with digital indicator for ease of use.

Together with a switch to speed increasing contra-angles, this can help mitigate the risk around aerosol generation.

“

IN ADDITION TO HELPING REDUCE AEROSOLS DURING PROCEDURES, RED BAND SPEED INCREASERS HAVE A NUMBER OF OTHER BENEFITS OVER HIGH SPEED TURBINES”

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

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BA200LTS or BA250LT

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- ▶ Desired speed can be set up on the control box directly.



EM420

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- 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.

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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.

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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.

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The Ventilation Company assesses, surveys and assists your application to capture funding of up to **£1,500** per chair* enabling your practice become compliant and efficient.

*Subject to NHS commitment

THE TIME IS NOW FOR GOVERNMENT FUNDED VENTILATION UPGRADES

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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.

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> VIRACOAT



VIRUS KILLING PPE MASK: VIRACOAT JOINT VENTURE WITH THE MEL GROUP

ViraCoat Ltd's ViraCoat 3 Ply Type 2R Surgical Face Mask, ViraCoat FFP2 Respirator Mask and ViraCoat FFP3 Respirator mask, a new range of antiviral and antimicrobial personal protective equipment (PPE) masks that begin to kill COVID-19 and other viruses on contact, are to be manufactured at Sudbury in a joint venture with The MEL Group.

Stuart Hawkins, Head of Group Projects at The MEL Group, said: "Early last year we decided to enter the PPE mask market and designed and started production of our own in-house developed mask. Then we were introduced to ViraCoat. The ViraCoat range of masks is a very significant advance, adding a virus killing coating which makes it superior to other mask products. So, we decided to pool our resources to manufacture a world-beating product."

The finished masks are lightweight and soft; ergonomically shaped for comfort and to create an effective barrier against aerosol virus droplets; and have an adjustable nose bridge wire to ensure a good nose seal. The range conforms to EU Standard EN149:2001 + A1: 2009 type filtering efficiency. The antiviral and antimicrobial coating begins to kill COVID-19, its variants, and other virus infections, on contact, reducing risks to staff and patients of contamination while putting on and removing the masks and when disposing of them. This means masks can be used for longer, reducing cost.

<https://viracorp.global>

> TRYCARE

BIOMIN F FOR KIDS FEATURES IN HEALTHY CHILD

Dr Ranj Singh from television's CBeebies *Get Well Soon* programme is guest editor of the November issue of *Healthy Child*, which will provide a wealth of information and advice to help parents make the best decisions for their children's wellbeing and development.

In the November issue, Dr Ranj is covering some of the common problems affecting UK children including shocking research that nearly a third of five-year-olds and nearly half of eight-year-olds have obvious tooth decay in their primary teeth. Also, 35 per cent of 12-year-old children are too embarrassed to smile or laugh due to tooth decay or missing teeth.

The magazine will be freely available via WH Smith and WH Smith Travel, 30 paediatric hospitals and to 120,000 paid subscribers, a total circulation of about 500,000 UK families.

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BioMin F is a genuine Practice Builder enabling patients to enhance their smile and improve their oral health and comfort. It is the only toothpaste approved by the Oral Health Foundation for sensitivity relief and remineralisation.



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Anaqa disposal syringes are available from stock in 5 colours, White, Red, Purple, Green and Blue. Priced at £7.44 for a pack of 24, equivalent to just 31p each. They enable practices to have all the benefits of a safety syringe while enjoying the benefits of using their favourite brand of needle. All prices exclude VAT.

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

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> SHOFU

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> TAKARA BELMONT



100 YEARS YOUNG

Takara Belmont celebrated its centenary in October. The company started out originally making parts for daily essentials such as clay charcoal stoves; ten years later it ventured out into the manufacture of barber chairs. These chairs are iconic within the industry and offer the same levels of functionality and durability as their dental counterparts, which they started to manufacture in Osaka 1921. X-ray equipment was also added to the dental portfolio. As well as being a key supplier to the dental and hairdressing sector, the company also supplies surgical tables for the medical industry.

The company today is proud of its history and heritage and its distribution network that encompasses 120 countries around the world. Their ethos has always been to support the work of professionals who use their equipment and the clients/patients they serve. The company is committed to reducing its carbon footprint and has launched a project to achieve zero waste within its business.

Speaking on behalf of the UK arm of the business Belmont UK, Managing Director Stephen Price commented, "Belmont equipment is renowned for its robust engineering. No wonder, it's so popular in dental schools. Innovation is integral to Japanese manufacturing and over the years dental treatment centres have evolved and now include the aesthetic features demanded by the industry, along with the durability for which we are renowned."



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> 3M

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SIMPLICITY AND RELIABILITY IN ONE



Dr Mervyn Druian, from The London Centre of Cosmetic Dentistry, explains the benefits of using the new 3M Scotchbond Universal Plus Adhesive in practice: "I was instantly impressed by how easy it was to use. It removes the need for additional primer so it's streamlined the way I work and it reduces sensitivity as well. By simplifying my restorative workflows, it has also proven how reliable it is – I would absolutely recommend it to other professionals. The customer care from 3M has been simply amazing."

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MSc Clinical Implantology

2 years, part-time | Glasgow | September 2022

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

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

Course Overview

Module DX4016 Clinical Implantology Year 1.

MSc course introduction followed by 13 days of lectures and hands-on tutorials:

September 2022:	MSc Course Induction. Two-day virtual MSc in Clinical Implantology course induction.
1st Oct 2022:	Treatment planning and case selection. Face to face contact day with hands-on workshops.
22nd Oct 2022:	Basic sciences for Implant dentistry. Pre-recorded lectures; live webinar discussions; end of module assessment.
12th Nov 2022:	Implant Design. Pre-recorded lectures; live webinar discussions; end of module assessment.
3rd Dec 2022:	Surgical skills for Implant dentistry. Face to face contact day with hands-on workshops.
7th Jan 2023:	Occlusion. Pre-recorded lectures; live webinar discussions; end of module assessment.
28th Jan 2023:	Restoring Implants. Pre-recorded lectures; face to face contact day with hands-on workshops.
18th Feb 2023:	Digital Workflow in Implant Dentistry. Pre-recorded lectures; face to face contact day with hands-on workshops.
11th March 2023:	Bone Defects. Pre-recorded lectures; live webinar discussions; end of module assessment.
15th April 2023:	Complications and their management & Revision. Pre-recorded lectures; live webinar discussions; end of module assessment.
6th May 2023:	Case reports. Case Report Presentations covering Case selection & treatment planning – each delegate to present one case.
20th May 2023:	Cadaver course. Face to face contact day with hands-on workshops.
To be completed before 28th Feb 2023:	CBCT Masterclass. 2 days, consecutive. Day One: On-line Module; Day two: Contact day. Choose from a selection of dates at a location near you.

Module DX4017 Utilising the evidence base – completed online

Module DX4016 End of year Assessment

Date TBC.

Complete 5 Clinical days - supervised clinical practice.

You will assess and plan appropriate treatment for patients. Includes: case assessment and treatment planning, including use of radiographic stents and CBCT.

Module DX4026 Clinical Implantology Year 2.

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

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

Final examinations.

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

Turnkey Surgery Installations

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

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



IT Support

- Supply & install of IT Hardware
- Server based networks
- Phone & Audio Visual



Stern Weber Dental Chair Package to Include

- Turbine with Fibre Optic
 - Scaler
- Electric Micro Motor
 - LED OP Light
- LCD Touch chair control panel
- Built in Suction Tube Cleaning System
- Built in Instrument Tube Cleaning System
- Includes required Durr wet line valves



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

Alastair Fraser, Principal Dentist, Greygables Dental



Support Driven Excellence

Speak to us today 0845 200 2219 info@iwtdental.co.uk www.iwtdental.co.uk



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