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**Scottish
Dental**

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ISSN 2042-9762

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The next generation

Aspiring dentists in Scotland will benefit from modern, first-class teaching facilities – but what kind of profession will they be entering?

Commenting on the news that the value of NHS practices fell significantly in 2021, Alan Suggett, specialist dental accountant and partner in UNW LLP, said: “These results may come as a surprise to some, coming as they do in the uncertainty of a worldwide pandemic.”

At first, I thought he may have missed out a word; that is, “not” – as in “...may not come as a surprise...”. With NHS practitioner burnout building pre-pandemic, and lockdown prompting many to consider their future, surely it would not come as a surprise that there would subsequently be a glut of NHS practices coming on to the market – thus forcing asking prices down.

But no, Mr Suggett’s logic was that an NHS contract ought to provide certainty in an uncertain world. Well, perhaps, in a previous world. To be fair, he did acknowledge that it “could be the beginning of a trend as dentists turn their back on NHS practices due to uncertainty around their value in years to come”. A colleague, Johnny Minford, of Minford Specialist Dental Accountants, added: “Anecdotally, I’m seeing a lot less interest in buying primarily NHS practices because the uncertainty of required achievement has increased negative attitudes and pulled down prices.”

I understand that corporates, and even fledgling independent groups looking to grow, regard an NHS contract as an important recurring revenue stream. But there are several reasons why it is equally understandable that practitioners – and in turn – the market for NHS practices are turning their backs on our National Health Service. Principal among these is the failure by governments –

Scottish and UK – to come up with a new model of care and an accompanying system of funding.

As we report in the News section, NHS England has abandoned the testing of new ways of providing care with an increased emphasis on preventing dental disease. Around 100 practices that were taking part in the Dental Prototype Agreement Scheme have been told that from 31 March they will revert to the historic, target-based, model of care. And what of Scotland’s new model of care? Hello? Anyone? We’re still waiting.

Meanwhile, consumer trends are fuelling a demand for orthodontics (the so-called Zoom boom) and private dentistry (paid for from

savings made by not being able to go on holiday and, to a lesser extent, not having to commute to work). As Christie & Co notes in its annual report *Business Outlook 2022: Adjust, Adapt, Advance*: “Noticeable trends include the migration of patients from the NHS to the private sector and a general increase in the typical spend of patients, particularly on cosmetic and aesthetic dental treatments.”

Its report notes that reduced activity in the NHS sector, because of the restrictions brought about by the pandemic, has freed up capacity in some practices for private dentistry to be introduced. Practice owners are looking at a more balanced income mix and are actively considering reducing their NHS commitments, when activity returns to 100 per cent, to retain their new private income.

Free NHS dental care at the point of use remains a central policy of the Scottish Government. A recent BDA survey, however, showed that Government plans to revert to pre-COVID models of care risk sparking a flight of dentists from the NHS, with potentially devastating consequences for patient access. New data has already revealed decreases in attendance and ever-widening inequalities.

In this issue, we report on Dundee Dental Hospital and School’s recent £2m refurbishment, which has seen the school benefit from 53 new dental chairs and the installation of innovative pods which allow dental treatment to be delivered in a COVID-safe way. The refurbishment is a significant investment for patients and, importantly say the team behind the project, Dundee is now able to provide the next generation of dentists with modern, first-class teaching facilities.

The question is, what kind of profession will this next generation be entering?



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Here's a plan...

I've written it down and you can read it. Unlike those in power, who have never communicated anything reasonable in advance of public announcements

Looking forward to the coming year, I thought I'd look at what new things in dentistry interest me. Boringly enough, I still can't get over the COVID thing. I know we're all dreadfully fed up with it. However, it has dominated our thoughts and lives for the last (nearly) two years. More importantly, it will define the next several years as we all struggle to come out of this troubled time and get back on top of our patients' dental problems.

So, what can I do to help? I'm trying to be positive here. Speaking to several dentists recently, the biggest problem is the ongoing uncertainty. I've harped on about this before but, in dentistry, business and life in general, having some kind of plan and something to look forward to is essential. A way to control, direct and have a positive, forward-looking outlook is good for us all.

Here's a plan. This is my plan. It may mirror what has been discussed. It may be something that might happen and what the Chief Dental Officer (CDO) and the Scottish Government are going to do. But more than anything, I've written it down and you can read it. Unlike those in power, who have never communicated anything reasonable in advance of public announcements.

Treat this as folly or fantasy. However, if it's written down, then maybe we can start to talk about it. Plan things out. Create some momentum of what to do. I'm pushing the first domino. Let's see if they fall in a pretty, world record-breaking pattern or it's just another fanciful false start.

Current guidance: let's use it as it's meant to be. Standard PPE for all procedures unless you have respiratory symptoms. If you have respiratory symptoms, put on an FFP3. Simple, practical, almost normal. Keep the PPE coming till 2023.

There's going to be a lot of treatment required. We need to support the workforce to do this.

Stop the support. Not immediately, but gradually with targets increased month-by-month, over the next six months or so. We need to change the way we are being paid to re-incentivise hard work and long hours. If we don't, we are never going to get through the work needed. Use the SDR with small amendments, use something we know. A whole new model at this point is crazy. Get on with the massive ***storm of work that needs done. Now.

Stop paying dentists to vaccinate. We need dentists to be carrying out dentistry. If you want a vaccination programme to include COVID boosters, fund it and staff it properly. It's a massive waste of skilled resource to have dentists vaccinating.

If the support (direct and indirect) for dentists changes, it will drive the inevitable NHS exodus. We need this to happen and soon. The Scottish Government

must own this. If they want NHS dentistry in Scotland, they need to fund it and train enough staff to run it. We will need a lot more DCPs. Train more hygienists in two years, not therapists in three. Unless you change how the payment system works, therapists won't get places to work. We need staff and now. Not in three years, when it's too late and the hole is massive. Dentists too. Young dentists are neither inclined nor able to do volume NHS work; the kind that will dig us out of said hole. We need more of them too.

Let the Public Dental Service and dental hospitals get on with specialist care. They have been shackled terribly and redeployed throughout this. There is a mass of referrals coming over the hill for them too. Incentivise basic care in practice to ensure referrals are kept to a minimum. Have a quality review of these referrals and a ceiling for referral numbers based on the practice size and profile. If practices organise in-house care and reduce the burden on secondary care, give them a bonus. If practices are willing to take cases on referral from other GDPs, introduce some enhanced fees. Utilise the specialist knowledge and skills which some practitioners have and reduce the waiting lists. Having some sort of certification and affiliation to the local referral centres could help this. A little work done now to set this up will reduce the increasing burden in the next year.

We need a range of ideas about how to transform the methods of care. However, that needs to happen at the same time as increased patient need is met, free dentistry is rolled out to other age groups and DCPs and dentists leave the profession, or at least the NHS side of it. We need to help ourselves and be proactive. The suppression of normal working patterns and delay of care has gone on too long. It can only lead to more harm, to patients and dental professionals alike.

The inevitable boom in need, and subsequent advanced care, is a huge opportunity for dentistry. Let's grasp the nettle and get on with it. It will be tough, but let's use our collective will and brain power to change things. Think smart, work smart. Do the best for our patients.

This is a plea to dentists to develop our profession. More importantly, it's a plea to the Scottish Government and CDO to use a little free thinking and advance the care of the Scottish people. Don't be reticent. Use this time to make changes. Listen to people in the profession. We may not be at the point for normality yet but waiting until it is without a plan is unprofessional. Not involving the profession or telling them in advance to help businesses organise is criminal. If even one of the ideas above sparks something, then this will be worthwhile. The challenge is huge, but we are clever and adaptable people. We need to rise to it to do justice to our patients and protect ourselves against the coming onslaught.



New fees won't address 'colossal' backlog

Higher examination fees will do little to address the backlog of unmet patient care, says BDA

THE BRITISH DENTAL Association Scotland has said the higher fees for examination announced last month¹ will do little to address the "colossal" backlog of unmet patient care that has accumulated during the pandemic.

While apparently a positive move, the BDA said the reality was that many dentists will have very limited capacity to increase examinations – as they already have an enormous number of patients awaiting treatment. It said that practitioners continue to focus on urgent treatment and that it will be several months before they can see patients for routine treatment.

With high Covid transmission rates, continued restrictions in how dental practices operate, and many staff self-isolating, dentists are a long way from returning to 'business as usual', it added.

Examinations will also require additional time – especially where a full periodontal charting is needed – which will, in effect, negate the higher fees. This demonstrates a lack of understanding of how dental practices operate, said the BDA.

The BDA's Scottish Dental Practice Committee has asked for the methodology that the Scottish Government uses to determine fees. The new examination fees will buy around eight minutes of clinical time from when the patient enters the practice until they leave; if the consultation

exceeds eight minutes, practices will incur a financial loss. The BDA has repeatedly stressed that the Government needs to discuss proposals at an early stage and to take account of dentists' feedback.

Despite the Scottish Government's claims, it is not clear how the new fees will help to tackle inequalities. While BDA Scotland welcomed the extension of fluoride varnish applications (from two- to five-year-olds to two- to 12-year-olds) – which the BDA had previously called for – and the Government's recent announcement of additional resources for children's oral health, frontline dentists have advised that the expansion of the Childsmile programme to include older children may not be practical in dental settings.

David McColl, chair of the BDA's Scottish Dental Practice Committee, said: "The new examination fees barely scratch the surface of massive underfunding. They are well short of the £37 examination fees paid to optometrists and do nothing to compensate for the woefully low fees elsewhere in the SDR. The Scottish Government needs to significantly increase these fees as part of an interim funding model to ensure NHS dentistry remains viable for dentists and our patients."

¹www.tinyurl.com/mrx6ujjb

Additional funding for children's oral health

An increase in the number of toothbrushing packs available to health visiting and family nurse teams in Scotland has been announced by the Deputy Chief Nursing Officer¹.

Community care teams have been encouraged to liaise with their local Childsmile colleagues to agree logistical processes to increase distribution.

It is in response to the pandemic creating a backlog of care and its continuing impact on children's oral health.

Previous recovery measures² included a package of additional funding to support further Childsmile interventions at national and local level. They included the distribution of more than 400,000 additional toothbrushing packs via health visitors, nurseries and childminders, coupled with ongoing education about the benefits of regular toothbrushing.

NHS Boards have also been advised they would receive significant allocations of additional packs and Childsmile teams were asked to work closely with new and existing local partners to enhance contacts and offer support.

The aim of the Childsmile programme is to improve oral health, support the reduction in inequalities in children's oral health and ensure access to toothbrushing and wider dental services for every child across Scotland.

Since Childsmile began in 2006, the percentage of primary one children, free from obvious caries experience, increased from around 40 per cent in the early 2000s to 74 per cent before the pandemic.

Continuing capacity restrictions relating to aerosol generating procedures in dentistry, mean available appointments are being clinically prioritised. The additional funding is aimed at tackling the backlog of care and impact on children's oral health.

¹www.tinyurl.com/bdf8h3f4

²www.tinyurl.com/wahvts77



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philip@sdcggroup.co.uk

England abandons new model of care

Meanwhile, Scotland awaits news of developments post-pandemic

THE TESTING of new ways of providing NHS dental care – with an increased emphasis on preventing dental disease – has been abandoned by NHS England.

Around 100 practices that were taking part in the Dental Prototype Agreement Scheme¹ have been told that from 31 March they will revert to the historic, target-based, model of care. Under the prototype scheme, dentists were allocated greater time to assess the oral health needs of patients and provide necessary care. This reduced the volume of patients that these practices could treat, and their patient base.

In a letter to the practices involved, NHS England said it would contact patients directly to explain the change and that it would offer support to practices to restore their patient base. But the British Dental Association (BDA) said these steps fell short of what is required.

“Reverting to existing models of care has taken up to four years for practices that have left the programme in the past,” said Shawn Charlwood, Chair of the BDA’s General Dental Practice Committee. “Practices are anticipated to face severe staffing problems, aggravated by already acute recruitment problems across the service. Many practices are already facing real issues with their long-term sustainability.”

“The support offered to these pioneering practices is too little, too late. Colleagues who volunteered to find a new and better way of delivering NHS dentistry have been thrown under a bus. After committing years of effort



their reward amounts to a helpline, a few leaflets, and the uncertainty of starting again, effectively from scratch.

“These NHS practices were given the time to care that all dentists require. Going back to chasing targets could take years, and there will inevitably be casualties. Patients will once again pay the price for the reckless decisions taken by [the] Government.”

In Scotland, the design of a new model of care was begun after publication by the Scottish Government of its Oral Health Improvement Plan in 2018. The last formal update was published in January 2020. At a Conference of Scottish Local Dental Committees webinar last summer, Tom Ferris, Scotland’s Chief Dental Officer, indicated that it would be introduced in the lifetime of the current Parliament. Speaking about the SNP’s

pledge to scrap the patient charge, he said: “In my mind that’s tied up with the new model of care that we were hoping to do. There’s probably no point in having two major policy changes over the course of the parliament – ‘let’s make dentistry free and then let’s completely change the system of how we deliver dentistry’.

“Our view is part of that system reform will bring in a new, preventatively focused, patient-centred dental system that is free at the point of care, and we’ll do both things together. That’s a big piece of work which will involve a lot of discussion with a lot of groups, including dental care professional groups whose skill mix might be more important as we go forward.”

¹www.tinyurl.com/2cmmnh7p

Number of registered dentists ‘remains stable’

THE NUMBER OF dentists on the UK Register, following the recent annual renewal period, has remained stable and in line with the trajectory of previous years, according to the General Dental Council (GDC).

On the morning after removals there were 42,215 dentists on the Register, an increase on the equivalent figure for 2021. This year, 1,079 dentists did not renew their registration, which is 2.56 per cent of those on the Register on 31 December. This compares to an average of 2.96 per cent over the previous four years.

Gurvinder Soomal, the GDC’s Chief Operating Officer, said: “Following such a challenging period in dentistry which continues for many, it is encouraging to see

DENTIST ARF	2018	2019	2020	2021	2022
ARF payments received (by December 31st)	40,173	40,659	41,340	41,615	42,066
Other registrations*	163	163	154	248	149
Register count following removals**	40,336	40,822	41,494	41,863	42,215
Removals***	1,368	1,302	975	1,191	1,079
Removals as % of ARF payments received	3.41%	3.20%	2.36%	2.85%	2.56%

* The register is constantly changing. This figure includes ARF payments, restorations and new additions to the Register (between 1 and 5 January 2021). ** Register count in week following the renewal period. *** Reasons for removal include voluntary removal, non-payment, retirement and notifications of death.

the number of registered dentists in the UK remain stable.”

“These figures provide a useful benchmark for the total number of dentists registered in the UK.

“However, it is important to note that they do not provide insight into the number of professionals

working in different patterns (e.g. full time vs part time), how many dentists are working in NHS services compared to private practice, local workforce condition, or the numbers of professionals working in different roles (e.g. academia).”

The General Dental Council publishes monthly registration reports¹ which provide further information.

¹www.gdc-uk.org/about-us/what-we-do/the-registers/registration-reports

NHS practice values drop

But strong buyer appetite for dental businesses was reported in 2021

NHS PRACTICES saw a big drop in goodwill values during the quarter ending October 2021, according to a survey by the National Association of Specialist Dental Accountants and Lawyers. They fell to 138 per cent of gross fees – down from 161 per cent in the quarter to 31 July 2021.

There was a big increase in values for mixed practices which saw practice goodwill at 179 per cent of gross fees – a jump from 145 per cent in the last quarter. Private practice goodwill values stayed steady at 132 per cent of gross fees compared with 133 per cent in the previous quarter.

Alan Suggett, specialist dental accountant and partner in UNW LLP who compiles the goodwill survey, commented: “These results may come as a surprise to some coming as they do, in the uncertainty of a worldwide pandemic. It may also be the case that the pandemic is causing deals to take longer to get done than they usually do and this is skewing the figures in this quarter.

“It could be that this is the beginning of a trend as dentists turn their back on NHS



practices due to uncertainty around their value in years to come – only time will tell. Their guaranteed income at this time still makes them an attractive investment to some buyers. NASDAL colleagues are still reporting that the practice sales market is robust and that sale prices are not being reduced and are reaching their full potential.”

Meanwhile, specialist business property adviser Christie & Co reported strong buyer

appetite for dental businesses throughout 2021, with corporate operators being particularly active. A continued lack of supply of good quality, larger dental practices led to extremely competitive bidding and many sales agreed above asking price, it added.

Practice sales market, see page 26
Practice valuations, see page 30



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Regulation consultation opens

GDC calls for greater flexibility and a faster pace of reform

THE DEPARTMENT of Health and Social Care is requesting views on the arrangements for deciding which health and care professions should be regulated in future.

Its consultation, *Healthcare regulation: deciding when statutory regulation is appropriate*¹, is now open and provides an opportunity to give perspectives on this fundamental question of patient protection.

Although there are no immediate plans to introduce or remove professions from regulation, the Health and Care Bill does include new powers for the Secretary of State for Health and Social Care to decide which professions should be covered by regulation in future. It also seeks views on what factors need to be considered as the basis for deciding when the protective umbrella of regulation becomes necessary to prevent harm to patients and the public in the delivery of health and care services.

A spokesperson for the General Dental Council said: "We have a pressing need for reforms in dentistry, to address the issues caused by our outdated legislation and free



us from some of the very prescriptive rules which limit our ability to innovate and improve how we operate.

"While we welcome this consultation and encourage stakeholders to engage with the proposals, the reforms that we need do not necessarily look to how professional regulation is organised. We are calling for

greater flexibility and a faster pace of reform so that patient safety and public confidence can be ensured through effective registration of all dental professionals."

¹www.gov.uk/government/consultations/healthcare-regulation-deciding-when-statutory-regulation-is-appropriate

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[†] The Dental Defence Union (DDU) is the specialist dental division of The Medical Defence Union Limited (MDU) and references to DDU and DDU membership mean MDU and membership of the MDU.

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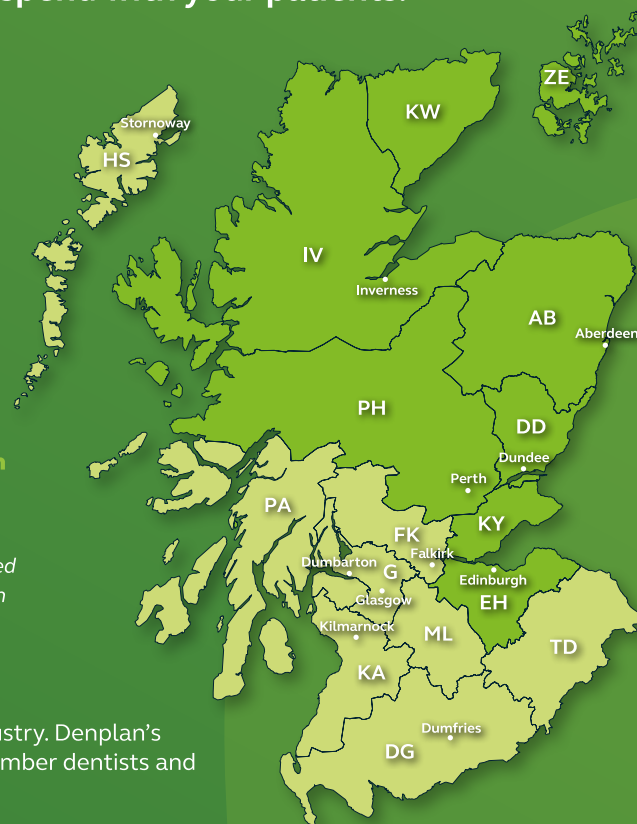
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Collaboration boosts periodontal knowledge

Move ensures periodontal content is in line with current practice

SNOMED INTERNATIONAL has announced a new collaboration agreement with the European Federation of Periodontology (EFP) and the American Academy of Periodontology (AAP).

The collaboration emerged from the need identified by the SNOMED International Dentistry Clinical Reference Group (CRG) to update and augment the periodontology content in SNOMED CT. The CRG provides advice and guidance to ensure that SNOMED CT dentistry content meets the needs of users globally and is implementable in dentistry information systems.

To ensure periodontal content within SNOMED CT is in line with current practice, the CRG advised incorporation of content from the Classification of Periodontal and Peri-Implant Diseases and Conditions, jointly published by the AAP and the EFP.

The collaboration, which is resulting in the addition of new and updated periodontal content in future releases of SNOMED CT International Edition, will also create mechanisms for maintaining and updating the content to reflect agreed-upon practice in this area of dentistry, and aligns with the Classification of Periodontal and Peri-Implant Diseases and Conditions.

Next year, the three participating organisations will determine future collaborative activities based on emerging global requirements.

"The success and overall utility of SNOMED CT depends on a host of partnerships and collaborative agreements such as this," said Don Sweete, SNOMED



International's chief executive.

"This particular agreement is key to enhancing the breadth and depth of dentistry-related clinical terminology, and will benefit dental patients, dentists and other stakeholders worldwide. It will also help us to avoid duplicating work already done while ensuring we are aligning with work and delivering content in line with current practice."

"The New Classification is the product of the World Workshop on the Classification of Periodontal and Peri-implant Diseases and Conditions, organised jointly in 2017 by the AAP and the EFP. This agreement represents another important step to create a consensus knowledge base for a new classification to be promoted globally," said Lior Shapira, president of the EFP.

Merz launches 'ECADEMY and EVENTS'

Merz Aesthetics UK & Ireland has added two new learning platforms to enhance and support Healthcare Professionals with their medical aesthetics education journey, ECADEMY and EVENTS. Both innovative websites are designed to educate Healthcare Professionals from newcomers to experts. The creation of these websites is part of Merz Aesthetics continuing drive to make the medical aesthetic education more accessible. ECADEMY is an advanced clinical eLearning platform enabling Health Care Professionals access to more than

100+ injection technique, facial assessment and treatment planning video modules. Using artificial intelligence, ECADEMY delivers medical aesthetics education that is tailored to the Healthcare Practitioner with CPD-accredited course and accessible in bite-sized formats. The ECADEMY platform will push boundaries and go beyond a simple online experience. It aims to be a unique education hub, improving peoples' competencies through independent learning. ECADEMY allows Healthcare Professionals to complete courses

at their convenience and in an easily digestible format. Given this, Merz Aesthetics are confident that this platform will prove to be an invaluable resource for everyone interested in aesthetic medicine over the coming years. EVENTS provides Healthcare Professionals with access to both online and real-world medical aesthetics EVENTS and content curated for both Healthcare Professional and Clinic Management Teams, convenient, 24/7, mobile-friendly, access to an ever-growing stream of experts on both business and clinical trending topics.

Merz Aesthetics wants to make it as easy as possible for Healthcare Practitioners to learn and given Healthcare Practitioners have increasingly busy lives, having to attend a course in person can be a barrier to participation. Both ECADEMY and EVENTS deliver high quality educational to Healthcare Professionals in a format that is simple, flexible and at no cost.

More info at: www.merz-aesthetics.co.uk/ECADEMY & www.merz-aesthetics.co.uk/EVENTS



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Call for action over drop in dental visits

Latest data highlights widening inequalities



THE BRITISH DENTAL Association Scotland has called on the Scottish Government to “strongly support” NHS dentistry in addressing the significant reduction in patients visiting the dentist, as data¹ revealed further decreases in attendance and ever-widening inequalities.

Its call came on the day last month that NHS England announced £50m in funding for 350,000 additional dental appointments. As *Scottish Dental* went to print, there had been no equivalent announcement from the Scottish Government.

Registration rates in Scotland remain high due to lifetime registration – more than 96 per cent of the Scottish population were registered with an NHS dentist in September 2021 – but the percentage of children registered fell from 91.4 per cent in 2020 to 87.7 per cent in 2021.

Participation rates – contact with a dentist within the past two years – continued to fall during the pandemic due to ongoing restrictions imposed on dental practices. At 30 September 2021, just over half of registered patients (52.6 per cent) had seen an NHS dentist within the last two years, a considerable reduction from almost two-thirds (65.1 per cent) in 2020. The participation rate among children was higher than for adults (63.9 per cent compared with 50.2 per cent).

Oral health inequalities between the most and least deprived areas in Scotland continue to grow, with the new data showing record gaps in participation rates.

In September 2008, the gap between the child participation rates for the most and least deprived areas was three percentage points; this had increased to seven percentage points by 2010, and eighteen percentage points (55.3 per cent compared with 73.1 per cent) in September 2021. Similarly, in September 2008 the gap among adults was three percentage points; this had increased to six percentage points by 2010, and eleven percentage points (45.1 per cent compared with 56.4 per cent) in September 2021.

The BDA has repeatedly warned that lower levels of participation will inevitably translate into a higher disease burden, with deep oral health

inequalities expected to widen even further, given the cumulative impact of limited access to services, the suspension of public health programmes, and the impact of lockdown diets. Lower participation will reduce the chance of picking up early signs of decay and oral cancers at routine check-ups, and delays in treatment will mean higher costs to the NHS and worse outcomes for patients.

Free NHS dental care at the point of use remains a central Scottish Government policy. The stark results of a recent BDA survey showed that Scottish Government plans to revert to pre-COVID models of care risk sparking a flight of dentists from the NHS, with potentially devastating consequences for patient access across Scotland.

BDA Scotland has long warned 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. BDA Scotland repeats its assertion that the Scottish Government must, in the short term, develop a suitable interim funding package to support dentists and their teams as they work through the backlog, and begin work on a new, sustainable long-term model for NHS dentistry.

Robert Donald, of the British Dental Association’s Scottish Council, said: “[The] figures provide further evidence of the devastating effect of the pandemic on dental services. Plummeting participation rates and the record gap in oral health inequalities present a bleak picture which will take a real commitment of time and resource to fix.

“The Scottish Government needs to heed the concerns of the profession. It’s not just their signature policy of free dentistry that risks becoming unattainable. Failure to act risks sparking an exodus from the workforce that will leave families across Scotland losing access to NHS dentistry for good.”

¹www.publichealthscotland.scot/publications/dental-statistics-registration-and-participation/dental-statistics-nhs-registration-and-participation-25-january-2022

Dundee Dental Hospital’s renewal continues

Dundee Dental Hospital has undergone a £2 million refurbishment which has seen the school benefit from 53 new dental chairs and the installation of innovative pods which allow dental treatment to be delivered in a COVID-safe way.

The refurbishment is a significant investment for patients. It also means the Dental Hospital and School is able to provide the next generation of dentists with modern, first-class teaching facilities.

“By the end of this project, we will have refurbished 80 per cent of the clinical space in three years and will have a building that has some of the best facilities in the UK,” said Professor Grant McIntyre, Joint Clinical Director, Consultant and Honorary Professor in Orthodontics.

Attention will turn to refurbishing the next clinical area, ground floor entrance, Clinical Skills simulation facility, and dental laboratories.

“Dundee has been consistently in the top three of the dental school league tables in recent years,” said Professor McIntyre. “Retaining our reputation is important, but improving our standing is one of our objectives. We not only attract students from the UK, EU and rest of the world, but we also have a diverse staff group with many recruited from the local and UK population and many international, having come to Dundee and remaining here for the duration of their career.”

Renewal, see page 24

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Digital Dentistry Week

Four virtual webinars and four days of on-site-training

FOR MASTERING the digital workflow in reconstructive dentistry, the Oral Reconstruction Foundation has organised — in cooperation with founding partner BioHorizons Camlog — the Digital Dentistry Week for dental professionals. The event consists of four virtual classroom webinars and four days of on-site training from the University of Freiburg, Germany, in February and March.

Top-class experts and instructors from the University of Freiburg, such as Professor Dr. Katja Nelson, Professor Dr. Benedikt Spies, PD Dr. Tobias Fretwurst, Dr. Florian Kernén as well as MDT Siegbert Witkowski will guide delegates through:

- How to use digital scan and impression devices most effectively and how to match their data for accurate case planning
- How to use digital devices and aids for guided implantology in practice
- How to plan cases of varying complexity using backward planning
- How to get more bone volume around the implant bed with different augmentation methods
- How to make every augmentation successful.

The webinars will take place on 14, 21 and 28 February and 14 March 2022 from 18:30 to 19:15 Central European Time. They include a live presentation followed by a 15-minute Q&A session with the following contents in separate webinars.

Professor Spiels and Dr. Kernén will discuss the planning and treatment of simple cases using intraoral scanners (IOS), cone-beam computed tomography (CBCT) and planning software as well as on complex cases using IOS, CBCT, EOS and planning software. Professor Nelson and PD Dr. Fretwurst will talk about the basics of implant surgery and give insights into advanced implant surgery: bone-grafting and soft tissue management.

The on-site training will take place at the University of Freiburg from 23 to 26 March with insights into digital workflows in implant dentistry, prosthodontic concepts and choices of materials provided by Professor Spiels, Dr. Kernén and MDT Witkowski.

www.orfoundation.org/course/digital-dentistry-week-freiburg-germany-2022

Government urged to act on cancer

LEADING FIGURES from dentistry along with MPs joined to sign the latest Mouth Cancer Action Charter towards the end of 2021. The charter challenges the UK Government on six key actions:

- Conduct a government-funded public health awareness campaign on mouth cancer
- Improve access to routine dentistry for earlier detection of cancer
- Enable enhanced training of general practitioners
- Improve training programmes for healthcare staff to spot mouth cancer
- Introduce free check-ups and treatment for mouth cancer patients
- Support the development of better technology to diagnose mouth cancers.

The campaign also encourages patients to check their mouths themselves in front of the mirror once a week. "With this event, we're trying to raise up the politician and policy makers' agenda the importance of mouth cancer and the impact it has," said Nigel Carter, chief executive of the Mouth Cancer Foundation.

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Inaugural College Medal awarded

Glasgow-trained former FGDP Dean recognised for 'considerable contributions' to profession

IAN Mills has become the first recipient of the prestigious College Medal, the highest honour bestowed by the College of General Dentistry (CGDent).

Reserved to no more than one recipient per year, the College Medal succeeds the Faculty Medal, which was previously awarded by the Faculty of General Dental Practice UK (FGDP) to just four individuals. It is conferred for exceptional service of the dental profession and its patients in a manner aligned with the values and mission of the college, and both members and non-members are eligible for consideration.

Dr Mills has received the award in recognition of his considerable contributions to the profession over many years, including through the college and previously the

Faculty, in particular his exemplary leadership at the height of the COVID-19 pandemic, his pivotal roles in establishing the CGDent and securing the FGDP's transfer into it last year, and his promotion of greater equality, diversity and inclusion in the dental professions.



Ian qualified as a dentist from Glasgow University in 1987 and spent the early part of his career working in maxillofacial surgery. In 1994 he moved to Devon, and three years later set up Torrington Dental Practice in North Devon, now an eight-surgery mixed NHS-and-private practice, where he continues to work as a partner.

He joined the Faculty the same year, and after completing its prestigious Diploma in Implant Dentistry, gaining Fellowship and

becoming a Fellowship Assessor, was elected to the National Faculty Board to represent the South West region. He was later appointed Chair of the Examinations Committee and the Faculty's representative on the Care Quality Commission Dental Reference Group, and served as Junior Vice Dean from 2016-17 and Senior Vice Dean from 2017-18 before being elected FGDP's tenth Dean, a post he held from 2018-2021.

During his tenure he represented the profession on a number of committees and working groups, including NHS England's Advisory Board for Dental Systems Reform, the Joint Committee for Postgraduate Training in Dentistry, the Intercollegiate Advisory Committee on Sedation in Dentistry, the Council of the Scottish Intercollegiate Guidelines Network and the Public Health England group overseeing the development of the fourth edition of *Delivering Better Oral Health*.

Early in the pandemic, Ian established a forward planning task group to try to find a way for dental practices to re-open their doors as soon as safely possible.

Convening individuals from more than 30 organisations to develop suitable guidance, he played a key role in its development, working tirelessly to seek consensus on the many challenges of delivering dental services while minimising the risks of transmission.


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Time to integrate

The future for behavioural and social sciences in oral health

THE BEHAVIOURAL and social sciences are central to understanding and addressing dental, oral, and craniofacial health, diseases, and conditions, and are relevant to every discipline in dentistry, according to a new consensus statement. The *Consensus Statement on Future Directions for the Behavioral and Social Sciences in Oral Health*¹ published in the Journal of Dental Research (JDR), highlights the current state of knowledge in the behavioural and social oral health sciences and identifies future directions for the field.

In 2020, the IADR Behavioural, Epidemiologic and Health Services Research Scientific Group sponsored the Behavioural and Social Oral Health Sciences Summit², a three-day virtual meeting of more than 400 oral health stakeholders, researchers, and clinicians with expertise in the behavioural and social sciences. The first international meeting of its kind, the summit served as a launch-point for promoting oral health globally by advancing the robust application of behavioural

and social sciences and built consensus among health scientists and clinicians about essential foci and critical next steps.

Through an iterative process that included incorporation of global feedback, the Consensus Statement identifies important areas of focus, including establishing behavioural and social theories and mechanisms related to oral health, the use of multiple and novel research methodologies, development and testing of new interventions using emerging technologies, and the application of dissemination and implementation science for oral and craniofacial health. This Consensus Statement has been endorsed by the IADR and AADOCR and more than 40 other organisations.

"Optimising oral health and healthcare globally requires active engagement with the behavioural and social sciences," said Dr Daniel W. McNeil, one of two co-organisers of the summit and a co-first author of the Consensus Statement article.

¹<https://journals.sagepub.com/doi/full/10.1177/00220345211068033>

²www.bsosummit2020.com/

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community.rcpsg.ac.uk/event/view/restorative-dentistry-conference-11-feb-22

7-8 MARCH

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

10-11 MARCH

Challenging the Dogma in Prosthodontics

P&J Live venue Aberdeen
<https://www.bsspd.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/>

31 MARCH

Dental Cone Beam 2A Course

Online

community.rcpsg.ac.uk/event/view/dental-cone-beam-2A-31-mar-22

1-2 APRIL

European Carriere Symposium

Cascais, 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/

22 APRIL

Conference of Scottish LDCs

Stirling Court Hotel
scot-ldc.co.uk/2022-agenda/

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, Denmark
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, Ireland
www.isdh2022.com

7-8 OCTOBER

BADT Conference 2022

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

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Dundee *renewed*

WORDS
WILL PEAKIN

While many teaching programmes have undergone a significant shift to virtual learning, in the City of Discovery a physical space is being transformed

The refurbishment of Dundee Dental Hospital & School is continuing apace, and *Scottish Dental* magazine has been given a preview of the most recently completed phase of their renewal.

Having undertaken the last significant refurbishment of the Prosthodontics Clinic, in 2012, and more recently, the Paediatric Dentistry/Orthodontic Clinic, in 2019, the facilities in the rest of the building were in poor condition, said those involved in the initiative. A number of chairs were not working – either hydraulics, upholstery or handpiece attachments – and the cabinetry required regular repairs because of its age. Some of the equipment was also deemed at ‘end of life’, with spare parts for repairs difficult to source no longer available.

“The aim,” said Dr Brian Stevenson, Joint Clinical Director, Consultant and Honorary Senior Lecturer in Restorative Dentistry, “was to provide 53 high quality dental units for undergraduate teaching, postgraduate training, and clinical service. We explored changing the configuration of the units and concluded that the existing provided the best outcome in terms of space and number of dental chairs.

“We invited all the major manufacturers to visit and submit a tender for the ‘turnkey’ project



meaning that they would undertake all electrical, plumbing, flooring aspects as well as chairs and cabinetry. The planning also had to take account the recent IPC 4 Nations guidance which was updated during the planning.”

Professor Grant McIntyre, Joint Clinical Director, Consultant and Honorary Professor in Orthodontics, added: “By the end of this project, we will have refurbished 80 per cent of the clinical space in three years and will have a building that

The Joint Clinical Directors of Dundee Dental Hospital & School, Dr Brian Stevenson and Professor Grant McIntyre, with staff

has some of the best facilities in the UK. Our attention will then turn to refurbishing the next clinical area, the ground floor entrance area, the Clinical Skills simulation facility, and the dental laboratories – all over the next few years.

“Dundee has been consistently in the top three of the dental school league tables in recent years. Retaining our reputation is important, but improving our standing is one of our objectives. We not only attract students from the UK, EU and rest of the world, but we also have a diverse staff group with many members recruited from the local and UK population and many international, having come to Dundee and remaining here for the duration of their career.”

Brian and Grant are Joint Clinical Directors of Dundee Dental



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Aligner And Implant Treatment Planning

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DR RIAZ YAR

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DR MARTIN WANENDEYA

Bridging The Gap With
Atlantis

16TH MARCH



DR TIF QURESHI

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Hospital & School and have been closely involved in its rolling refurbishment. Funding for the latest phase was sought in 2019 and, though the pandemic meant a delay in undertaking the work, it was recognised that the issue of aerosol generating procedures (AGPs) would be a significant consideration in the need to replace older dental units.

Once outline funding was secured for the programme, the major supply companies were invited to survey and submit tenders. These were evaluated, using a rigorous scoring system, prior to the tender being awarded to Wright Dental and Dentsply Sirona.

"Once funding was secured, COVID did not have any significant impact, except for social distancing for the contractors," said Brian. "NHS Tayside and the Scottish Government have funded pods for AGPs, screens and ventilation and these aspects have been incorporated in the overall project running in parallel to the refurbishment."

By the end of summer this year, the second and third floors (Conservation/Periodontology) had been ripped out, and new cabinetry and dental chairs fitted. On the first floor (Oral Surgery/Sedation) and on the second floor (Integrated Oral Care), the dental chairs have been replaced.

Snagging was under way during the autumn, with the painting of all areas to follow. Installation of the new pods,

screens and ventilation came next, to be followed soon by the redevelopment of the ground floor reception area.

Looking ahead, planning will begin for the refurbishment of the fourth Floor (Prosthodontics) and the dental laboratories. "We intend to develop our portfolio of postgraduate programmes in the school but using the hospital facilities for clinical teaching," explained Grant.

While the work has, for the team, been gratifying for its physical manifestation, unsurprisingly in today's world of learning there will be an equally important virtual element. "We have an ambitious plan in parallel with our 4D undergraduate curriculum - Dentistry at Dundee Driven by Discovery - that aims to deliver 3D - Digital Dentistry for Dundee - through a transition to digital laboratory work for both the service and teaching elements across the hospital and school," said Brian.

"We have initiated work on refurbishing the Clinical Skills Laboratory and a key part of this will involve digital teaching and scope for online learning in partnership with the University of Dundee and NHS Education for Scotland (NES). The 'Attend Anywhere' platform offers virtual appointments to patients but has been modified to allow students to observe and participate in virtual consultations, and dedicated equipment and space is needed to undertake these types of appointments."

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Buy...or sell?

WORDS
WILL PEAKIN

2021 was the year for orthodontics and private dentistry, says Christie & Co



Specialist business property adviser, Christie & Co, launched its annual Business Outlook report, *Business Outlook 2022: Adjust, Adapt, Advance* last month which reflected on the themes, activity and challenges of 2021 and forecasted what 2022 might bring across the industries in which it operates, including the dental sector. It reported strong buyer

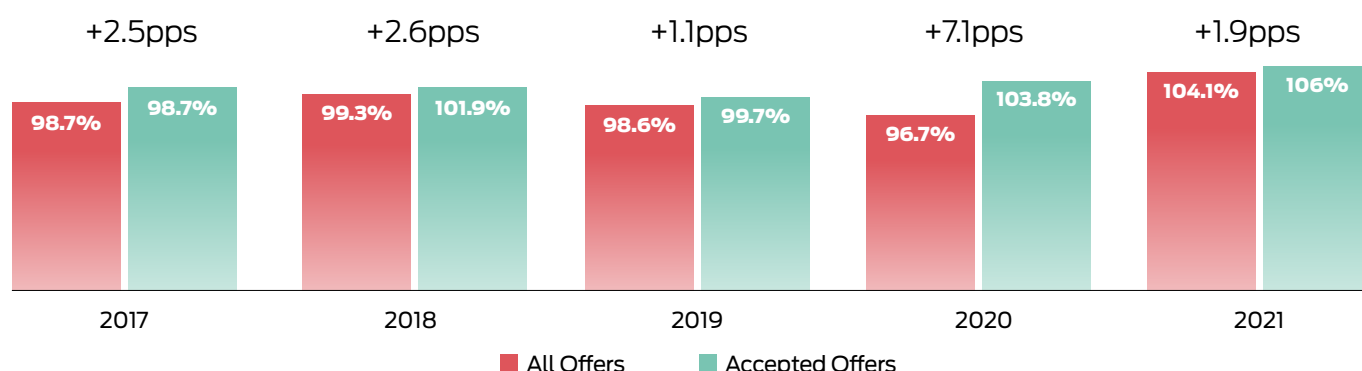
appetite for dental businesses throughout 2021, with corporate operators being particularly active. Established corporate buyers trying to fulfil ambitious buy and build targets face stiff competition from independently-owned dental groups trying to grow to platform size to eventually become suitable for future PE backing – this buyer profile is dominating the higher end of the market.

A continued lack of supply of good quality, larger dental practices led to

extremely competitive bidding and many sales agreed above asking price. Between 2017 and 2021, Christie & Co saw an 11 per cent increase in the number of offers received and 22 per cent increase on unique offers received on dental businesses, showing rising appetite from new market entrants. The average number of viewings per practice rose, also, by 7.2 per cent in 2020 compared with 2019, and a further 9.3 per cent from 2020 to 2021.

For sellers of larger dental

VARIANCE BETWEEN OFFERS AND ASKING PRICE, BY YEAR AND IF ACCEPTED



practices, the choice of buyer has never been so varied. A number of new entrants are looking to build groups and there are also more buyers for larger assets than ever before, which comes with the consolidation of the market.

First-time buyers continue to seek income security through practice ownership, often well supported by major high-street banks, and interest for practices in more suburban locations persists, as local operators are keen to live and work in one area. Patient numbers in suburban locations are also increasing in line with changing working patterns, as many people now work from home so, out of convenience, are choosing practices closer to home, rather than closer to the workplace.

Private dentistry boom

Since most dental practices re-opened in June 2020, patient demand for NHS and private dentistry has been unprecedented, says Christie & Co. The NHS sector continues to experience significant capacity issues caused by a huge backlog of patient appointments, whilst the private sector has boomed. Noticeable trends include the migration of patients from the NHS to the private sector and a general increase in the typical spend of patients, particularly on cosmetic and aesthetic dental treatments.

The reduced activity in the NHS sector has also freed up capacity in some practices for private dentistry to be introduced. Some practice owners are comparing the economics

of running a practice with a more balanced income mix and are actively considering reducing their NHS commitments, when activity returns to 100 per cent, to retain the valuable new private income.

Demand for orthodontic practices

The rise in popularity of aligners, cosmetic dentistry, and the impact of video conferences and meetings over the last year, has led to an upsurge in the number of patients seeking straightening and whitening treatments and a clear increase in demand for orthodontic practices in 2021.

A number of the new orthodontic contracts (7 years + 3 years) have come to the market, and demand for these has been strong, particularly among corporate operators. Values per unit of activity are lower, but contracts are longer and so provide a greater degree of security than before. A limited supply of 7+3 opportunities has resulted in competitive bidding and the same corporate buyers are looking further afield with significant orthodontic transactions happening in the Scottish market where there are no time limited contracts, but they remain as valuable.

What's next?

Looking ahead, Christie & Co predicts that profit margins will come under further pressure as the increase in employer National Insurance contributions is introduced. Practice owners, already

under rising cost pressures, will need to consider ways to mitigate this through better cost management and/or fee increases in the private sector.

In 2017, Christie & Co reported on the shortage of dentists in the UK as a result of the EU Referendum result. These pressures remain, further compounded by an acute shortage of qualified nurses in the profession. Whilst the overall number has been reported as being broadly the same as pre-pandemic, a higher-than-average number have failed to re-register. The BDA is quoted as saying that this number was up to 3,800, with the main causes cited as relatively low pay and changes in working conditions. A lack of transience in the workforce because of the pandemic is also likely to have impacted the recruitment market.

Paul Graham, Head of Dental at Christie & Co, commented: "While many NHS dental practices are experiencing operational challenges, many other practices, especially those with a cosmetic and specialist private offering, are prospering in the pandemic. The increase in consumer spend for higher value private treatments has helped operators to recover and even exceed previous income levels, in many cases.

"Even in the moment of maximum uncertainty in March 2020, the appetite from buyers within the dental sector merely paused. Since then, the favourable dynamics of the sector, which have undoubtedly been emphasised as a result of the pandemic, have really underpinned strong interest and buyer demand. Put simply, there are more buyers for assets than ever before, particularly for larger practices, which comes with the continued consolidation of the market."



EVEN IN THE MOMENT OF MAXIMUM UNCERTAINTY BACK IN MARCH 2020, THE APPETITE FROM MOST BUYERS WITHIN THE DENTAL SECTOR MERELY PAUSED

To read the full report, *Business Outlook 2021: Business Outlook 2022: Adjust, Adapt, Advance*, visit: www.christie.com/news-resources/business-outlook/2022

NHS practice values see a... **big drop**

Last month's publication of the NASDAL 'Goodwill Survey' confirmed continuing uncertainty with the profession

WORDS
WILL PEAKIN

The National Association of Specialist Dental Accountants and Lawyers survey covers the quarter ending 31 October 2021 and includes data on valuations as well as deals completed (i.e., practices bought or sold by NASDAL members' clients in the period).

The quarter saw a varied picture for NHS, private and mixed practices. Overall, there was a small increase in goodwill as a percentage of fee income in the quarter across all types of practice – deals averaged 152 per cent of gross fees – up from 144 per cent in the quarter to 31 July 2021.

The big increase in values was for mixed practices which saw practice goodwill at 179 per cent of gross fees – a big jump from 145 per cent in the last quarter. Private practice goodwill values stayed steady at 132 per cent of gross fees (133 per cent in the previous quarter).

However, NHS practices saw a big drop in goodwill values to 138 per cent of gross fees – down from 161 per cent in the quarter to 31 July 2021.

Alan Suggett, specialist dental accountant and partner in UNW LLP, who compiles the goodwill survey, said: "These results may come as a surprise to some coming as they do, in the uncertainty of a worldwide pandemic. It may also be the case that the pandemic is causing deals to take longer to get done than they usually do and this is skewing the figures in this quarter."

"It could be that this is the



beginning of a trend as dentists turn their back on NHS practices due to uncertainty around their value in years to come – only time will tell.

Their guaranteed income at this time still makes them an attractive investment to some buyers. NASDAL colleagues are still reporting that the practice sales market is robust and that sale prices are not being reduced and are reaching their full potential."

NASDAL member Johnny Minford, of Minford Specialist Dental Accountants, observed: "Anecdotally, I'm seeing a lot less interest in buying primarily NHS practices because the uncertainty of required achievement has increased negative attitudes and pulled down prices – rightly or wrongly."

"On the other hand, mixed practices could be seen as the best of both

worlds – clinical staff can move to work on private treatment with broader freedoms, or push to achieve the NHS targets and keep the steady monthly income coming in at different times of the year as necessary."

The goodwill figures are collated from accountant and lawyer members of NASDAL in order to give a useful guide to the practice sales market. These figures relate to the quarter ending 31st October 2021.

A spokesperson for NASDAL added that, as with any average, these statistics should be treated "as a guideline only".

NASDAL, the National Association of Specialist Dental Accountants and Lawyers, was set up in 1998.

It is an association of accountants and lawyers who specialise in acting for and looking after the accounting, tax and legal affairs of dentists. It is the pre-eminent centre of excellence for accounting, tax and legal matters concerning dentists.

Its members are required to pass strict admission criteria, and it regulates the performance of its members to ensure high standards of technical knowledge and service.

www.nasdal.org.uk

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IT COULD BE THAT THIS IS THE BEGINNING OF A TREND AS DENTISTS TURN THEIR BACK ON NHS PRACTICES DUE TO UNCERTAINTY AROUND THEIR VALUE IN YEARS TO COME



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

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

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Build Back Better

Smiling through challenging times

“The only constant is change”. Reflecting on the last two years in dentistry, no one can argue with this sentiment from Ruaridh McKelvey, Principal Orthodontist and co-founder of Beam Orthodontics. As the Dundee practice approaches its 15th anniversary, what began as a modest operation in a former church has grown and evolved into one of Scotland’s leading orthodontics practices.

Today, the multi-award-winning team spends their days perfecting smiles, with the growth in both premises and team fuelled by a growing demand for specialist orthodontic treatment, especially ‘invisible’ braces — including Invisalign. To accommodate this growth, Beam unveiled a stunning new clinic in 2020 where patients can enjoy their life-changing treatment in comfort and style.

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“WELCOMING PATIENTS THROUGH A LUXURIOUS RECEPTION AREA, A REAL ‘WOW’ MOMENT FOR CLIENTS, THE NEW SPACE FLOWS INTO A STATE-OF-THE-ART TREATMENT CENTRE”

RUARIDH MCKELVEY



“When Beam opened back in 2007, the team consisted of myself and two nurses, but we always had growth in mind,” said Ruaridh. “Orthodontic Therapists were still a new concept back then but, having worked within this business model down south after qualifying, the benefits to our patients and the business itself were clear. We made it our mission to create a slick, efficient model that would allow us to function efficiently and maximise the talent within the team.

“We soon outgrew our existing space and, in 2020, when restrictions allowed, the time came to branch into the ground floor space below. We have since transformed a former restaurant into a beautiful clinic for the hundreds of adults who attend Beam for Invisalign and aesthetic orthodontic treatment each year.

“Welcoming patients through an impressive, luxurious reception area, a real ‘wow’ moment for clients, the new space flows into a state-of-the-art treatment centre. Private patients can enjoy their first free consultation before heading into the clinical space boasting four surgeries, increasing the number of dental chairs from five to nine. So, as well as allowing us to see more patients, the stunning, spa-like setting provides that welcome separation from the

bustling kids’ clinic upstairs, allowing patients to really enjoy the experience and the journey to their perfect smile!

“In this line of work, especially now, the only constant is change. Each member of the team has experienced resilience and change on a whole new level but that has allowed us to grow, both as a business and as individuals. Like everyone working in dentistry, we have had to adapt and evolve our offering within an ever-changing landscape. I’d like to thank every member of our team for their commitment and flexibility while maintaining, and in fact exceeding, the standards we aspire to each day.”

The growing Beam team

Attracting patients from throughout Dundee, Angus, Fife, Perthshire and beyond, five days a week, all year round, Beam welcomes referrals from a wide range of primary care dental partners, providing a seamless experience for the patient. Within the last 12 months alone, over 300 dentists have referred their patients, reinforcing Beam’s reputation as the ‘go-to’ orthodontists in the east of Scotland.

Led by Ruaridh, the team has recently been bolstered by the arrival of Specialist Orthodontist Roxana Lutic. Roxana works alongside Neil



L-R - Roxana Lutic, Neil McDougall and Ruaridh McKelvey

smartphones. Images are then sent to their clinician, providing more engagement, feedback and reassurance. Using technology that is more accurate than the naked eye, patients can scan their teeth regularly, allowing them to track the movement of their teeth and the success of their ongoing treatment, with patients supported throughout this process by Beam's new digital coordinator.

Last but by no means least, Sarah Neave, Marketing Executive, has been appointed to spread the word about Beam's good work to a diverse range of audiences, from families and private patients to the hundreds of dentists who place their trust in Beam each year. Always striving for best practice, Beam's in-house marketing is complemented by membership of The Invisible Orthodontist. This international network provides a professional community for orthodontists, allowing the profession to stay ahead of the curve through ongoing, industry-leading support and training.

*For more information, please contact
Beam: telephone (01382) 202604,
email: hello@beamortho.com or www.beamortho.com.*

McDougall, a highly-experienced dentist with enhanced skills in orthodontics, supported by six (soon to be seven) Orthodontic Therapists and the nursing team.

With unrivalled experience in various appliances and techniques, the team combines more than 30 collective years of orthodontic experience and training to ensure the very best results. Indeed, Ruaridh is now a Diamond Apex Invisalign provider – the only orthodontist in Scotland with the status – placing him in the top 1 per cent of Invisalign providers worldwide.

Ensuring that Beam is fully equipped to meet the growing demand for any type of orthodontic treatment, the entire team is committed to continuous professional development, striving to remain at the forefront of their profession. Two nurses are currently going through their dental radiology training while another trainee Orthodontic Therapist is planning to sit her Royal College Diploma in Orthodontic Therapy exams this summer.

Of course, building on face-to-face consultations and care, technology also has a key role to play. The Dental Monitoring (DM) App allows patients to monitor their progress by scanning their teeth with their



The Beam Orthodontics Team



Rising demand

Delegates met online amid increasing consumer interest in orthodontics

The sixth annual Scottish Orthodontic Conference was held last month. The organisers, Dr. Laura Short and Andrew McGregor had hoped that the event could be hybrid — online and in-person — but continuing concerns around COVID-19 infection rates prompted a switch to online only.

Andy Edwards, Dean of the Faculty of Dental Surgery, Vice President, Royal College of Physicians and Surgeons of Glasgow, welcomed delegates. The programme included Dr Niall McGuinness, Consultant and Honorary Senior Lecturer at the Edinburgh Dental Institute, on the orthodontic management of traumatised teeth and Dr Finn Geoghegan, Principal Orthodontist Specialist Orthodontist Practice in Glenageary, on 3D models and printing. The keynote lecture, TADs and anterior open bite management, was delivered by Dr Richard Cousley, Consultant Orthodontist

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and Clinic Director at the Priestgate Clinic in Peterborough. Dr Mohammed Almuzian, Specialist Orthodontist at the Sunrise Dental Clinic in Edinburgh, shared his 'orthodontic tips and pearls' and Dr Catherine McCanny, specialist orthodontist at St Michael's Orthodontics in Wakefield, presented a session on aligners.

See the next edition for a selection of presentations. The conference was held amid a growing focus on orthodontics. The global orthodontics market was valued at £4.5bn last year and is expected to surpass £16bn

by 2030. The rising prevalence of malocclusion, rising awareness regarding dental problems, technological advancements in orthodontic treatments and the surging number of dentists are the most prominent factors driving the growth of the global orthodontics market.

A rising geriatric population, growing issues related to dental health among children and teens and rising demand for cosmetic dentistry are also among the significant factors spurring the orthodontics market across the globe. A surge in the



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**THE GLOBAL ORTHODONTICS MARKET WAS
VALUED AT £4.5BN LAST YEAR AND IS
EXPECTED TO SURPASS £16BN BY 2030**

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demand for root canal treatments followed by rising investments in research and development by key healthcare companies has led to the production of newer endodontic and orthodontic products, primarily dental implants. Many key manufacturers of these endodontic and orthodontic products are focusing on emerging markets due to their extensive potential for growth as well as to widen their distribution channels.

The supplies segment dominated the market in 2020, accounting for a market share of more than 95 per cent. The surging adoption of clear aligners, rising adoption of advanced technologies, shifting focus towards cosmetic dentistry and new product launches by the market players are the prominent drivers of the supplies segment. Rising awareness of the advances in orthodontics is one of the drivers. The rising adoption of advanced equipment and products like clear aligners, 3D imaging, CAD/CAM software, the Internet of Things and AI-based technologies are expected to provide a lucrative growth opportunity to the market players. Moreover, the rising adoption of these technologies in cosmetic dentistry is further expected to fuel the growth of the orthodontics market.

Meanwhile, the digital orthodontics market was reported to be more than £4.3bn in 2019 and is projected to

grow at a compound annual rate of 11.10 per cent to £9bn by 2026. Digital orthodontics refers to the application of conventional orthodontics through digital mediums.

Digital orthodontics enables orthodontists to take measurements, clear aligners, wires, and retainers using appliances built on digital ecosystems. CAD/CAM platforms are being used in orthodontic treatments as they employ digital scans to fabricate custom wires and plastic aligners to treat patients. Desktop 3D printing is the latest market trend driving the orthodontics market as a 3D perspective provides better visualisation of precise positioning of teeth, in addition to evaluating affected teeth. Moreover, similar changing market trends and rising trends of digitalisation are expected to drive demand in the digital orthodontics market.

The growing presence of companies offering digital orthodontic solutions is further increasing market attractiveness. Growing market players and increasing market developments are expected to further drive demand in the digital orthodontics market over the forecasted period. Shorter waiting times and the cost-effective nature and convenience associated with the digital orthodontics market are estimated to further boost demand.

“THE PANDEMIC HAS PUSHED THE ORTHODONTIC INDUSTRY TOWARDS THE DIGITAL SPACE, MAKING IT A MORE LOGICAL APPROACH IN THE POST-COVID WORLD

However, lack of trained dentists and limiting interoperability between systems may hamper growth in the digital orthodontics market. The use of digital orthodontic solutions has grown post-COVID-19 as the orthodontic treatment can be carried out remotely and requires minimal modifications when the action plan is set.

The pandemic has augmented demand for digital orthodontics as a large number of clinics were shut due to the spread of the virus and movement restrictions. Orthodontists have been able to minimise clinic visits through a combination of in-person and virtual consultation, resulting in reduced in-person contact and increasing the use of digital orthodontic solutions. The pandemic has pushed the orthodontic industry further towards the digital space, thereby making it a more logical approach in the post-COVID-19 world. The 3D printer's product segment is expected to hold a notable market share and is expected to grow at a significant rate during the forecasted period. The market growth can be associated with growing digitalisation coupled with superior benefits over traditional workflow processes. Wider applicability across orthodontic applications is further estimated to drive demand over the forecasted period.

The clinic end-user segment is expected to hold a notable market share and is expected to grow at a significant rate. Increasing investments for the development of a large dental clinic chain coupled with a growing number of trained medical professionals are expected to drive demand in the digital orthodontics market. Growing strategic partnerships within the segment and increasing demand for dental medical tourism are expected to augment growth over the forecasted period.





A tribute to Miss Mary MacDonald

Secretary and administrator to the Dean's office, Glasgow Dental School

Always a supportive face 'twixt the anxious and nervous students and staff, and the forbidding Dean's office'.

Generations of Glasgow dental graduates will remember Miss Mary MacDonald who passed away on 19 October last year, aged 95. Miss MacDonald was secretary and administrator to the Dean's office from 1950 until her retirement in 1986. In these 36 years, she served no fewer than four Deans of Glasgow Dental School: Professors James Aitchison, Thomas White, James Ireland, and David Mason.

Mary was born in Glasgow in 1926. Her father was a sea captain and early in her life the family moved to Dover from where her father captained a vessel operating in the English Channel. Sadly, her father was killed during operations in World War II.

The MacDonald family returned to Glasgow where Mary remained for the rest of her days, living in the Mosspark area. She attended Skerry's College in Glasgow where she studied administrative and secretarial skills preparing for her eventual career at Glasgow Dental Hospital & School.

Her younger brother John followed his father (and grandfather) to sea and became a master mariner. He emigrated to Canada commanding ships on the St Lawrence Seaway. Mary visited the family in Canada and had great affection for her nephew John and niece Fiona

who often visited her in Scotland.

Mary took a great interest in her genealogy, and she traced the family's roots to the Isles of Skye and Jura. She often holidayed on Jura; it was her "favourite place in the world". A close second was the town of Oban, where she also spent many happy days.

Holidays were spent with her lifelong friend Miss Julia (Judy) MacKay whom she met at college. They were friends for more than 75 years. In her tribute to Mary, Judy said their friendship "...was not without a difference of opinion at times, but steadfast throughout; we have laughed and cried together and got ourselves into many a scrape but always managed to come up smiling".

Mary's funeral was held on 17 November last year. Following committal at Craigton Crematorium, a memorial service was held at Sherbrooke Mossspark Church, where she had been a member for most of her life. The service was conducted by the Reverend Donald MacLeod, who had known Mary for many years. Mary's nephew John MacDonald, who had travelled from Canada, gave a wonderful eulogy on behalf of the family.

Many tributes have been paid to Mary by graduates who remember her from Glasgow Dental School. Andrew Hadden, a retired dentist

and an elder of Sherbrooke Mossspark Church recalled: "I remember Miss MacDonald acting as an excellent intermediary between the Dean – Professor White – and students on several occasions. One recollection, as I was then Student President, is of being 'invited' to meet an irate Professor White who had received a complaint from a property owner on the other side of Sauchiehall Street from GDH. It was claimed dental students had been throwing snowballs from GDH car park into his first-floor windows!"

"While waiting to be called to his office I explained to Miss MacDonald that some people had been seen in the car park at lunchtime, and suggested they were possibly students from the Art School. She then had a word with Prof White and, I don't know exactly what she said, but when I went in, he was delighted to hear that GDH students were not responsible, and he would advise the complainant accordingly. Saved me having to argue the case; she was a very helpful lady."

Retired dentist and Gaelic singer Alasdair Gillies recalled: "Miss MacDonald was secretary to Professor Aitchison when I graduated in 1960. She was there as the friendly and always supportive face 'twixt the anxious and nervous students and staff, and the forbidding Dean's office!"

"As her name suggests, she valued her Highland connections and that was a basis for my having a particularly warm relationship as she followed my Gaelic singing activities with great interest. Dignified efficiency at all times, without a shadow of doubt she was part of the fabric of Glasgow Dental School. The one thing that comes across from every source is the respect in which she was held by all who knew her – remembered with great fondness."

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**THE ONE THING THAT COMES ACROSS
IS THE RESPECT IN WHICH SHE WAS
HELD BY ALL WHO KNEW HER**

How can we stop *the exodus?*

Successive governments' choices have sparked a flight from NHS dentistry – only real reform can turn the tide

WORDS
SHAWN CHARLWOOD



The UK media is focusing on the very real threat to NHS dentistry. MPs have angry constituents knocking at their door – many who are having to wait years for treatment – while some have even pulled out their own teeth in desperation. Analysis by the BBC indicates that NHS dentistry in England and Wales has lost the equivalent of 8 per cent of the workforce. Every vacancy that goes unfilled translates into thousands of patients unable to access care. The service is hanging by a thread.

Clearly these new figures don't tell the whole story. We know counting heads in NHS dentistry is meaningless when those doing an hour a week of NHS work count the same as full timers. What we are seeing here is just the tip of the iceberg. Dentistry was in crisis before COVID hit, with NHS commitments on the wane and many younger dentists simply not seeing a future for themselves in the service.

Now colleagues are exhausted, demoralised and looking for the exit. The Government's handling of the pandemic has merely sped up

what was already in motion, and we are now facing an exodus. Even dedicated colleagues who have never contemplated working anywhere else are now giving up on NHS dentistry. Ministers have failed to grasp that we can't have NHS dentistry without NHS dentists. Rather than punishing colleagues with impossible targets, we need a service that recognises and rewards commitment.

A four-nation struggle

The story in Wales is comparable to England, huge losses borne of the same failed contract. Certainly, Swansea Bay University Health Board is among the worst impacted areas in the UK, losing nearly a quarter of its NHS dentists. However, the Welsh Government has made the right call with no turning back to UDAs. We can hope that action here can turn the tide.

But the BBC figures wrongly imply Northern Ireland and Scotland are islands of calm, with no major losses in recent years. However, this underlying stability misreads what we know is happening at the coal face. The current low margin/high volume item of service model is also

completely unsuited to working in a pandemic and can't form the basis for the recovery. Evidence from members in both NI and Scotland underlines a real crisis is brewing. Across the piece, recruitment problems and unsustainable business models mean real reform is the only way to draw the line.

Time to stem the flow

If NHS dentistry is going to have a future, it will require all four governments to step up. They have the responsibility to ensure decent funding and working conditions are in place for dentists across the UK. It's not that the UK doesn't have enough dentists, it's simply that the choices made by successive governments mean NHS dentistry will keep haemorrhaging talent. Failure to do so will mean more senior professionals taking early retirement and younger ones looking to go private or even head overseas.

These failed contracts are in desperate need of reform, and across the UK our teams are on the case. In England, we've had more than a decade of empty words and tinkering, but now is the time to put the situation right. We need a system that makes our dentists feel valued and offers the best service for our patients. We are asking for a place where dentists would choose to build their career. A service that offers the time and the resources to meet demand.

MPs are already asking Ministers to set a time by which UDAs will be history. In response they have been offered soundbites instead of straight answers. Our work with the media and MPs is keeping this issue on the front pages and at the forefront of Ministers' minds. This exodus is not inevitable. We will continue pushing for clarity and a clear commitment from government – no ifs, no buts.

Shawn Charlwood is Chair of the British Dental Association's General Dental Practice Committee



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We're back!

The team at Scottish Dental is looking forward to welcoming the dental profession again, on 24-25 June 2022 – so make sure to save the date

The Scottish Dental Show is back. Firstly, we would like to take this opportunity to thank our exhibitors, delegates and speakers for their understanding and support over the past two years. Looking ahead, ensuring the wellbeing of all our delegates, exhibitors, speakers and staff will be our top priority.

The new management at our venue, Braehead Arena in Glasgow, have in place a series of enhanced measures, including:

- Requiring proof of vaccine status and a negative test result within 36 hours of attendance
- Use of face coverings in certain areas
- Availability of sanitising stations
- Enhanced ventilation

WORDS WILL PEAKIN

- Regular cleaning of the venue, with a focus on high touch point areas.

In terms of vaccination status, the Scottish Government has said that business events and conferences are exempt. However, as an additional reassurance to delegates and exhibitors, we are adhering to Braehead Arena's insistence on proof of status and a negative test result within 36 hours of attendance.

In addition, the Dental Show team are working to host the event in a way that will minimise risk, including:

- Increasing spacing in the exhibition area
- Increasing spacing of seating in the lecture and workshop areas
- Structuring the Education Programme in a way that will allow a safer flow for delegates transitioning between lectures and workshops
- Cleaning of lecture and workshop

areas between each session.

Traditionally, the two-day event brings people from far and wide to meet fellow professionals and find out about the sector's latest developments. Voted a huge success in 2019 by visitors and exhibitors, we are working hard to make this year's show a welcome return to in-person events for all.

With more than 100 exhibitors demonstrating the latest technology and developments in dentistry, up to nine hours of CPD, and more than 60 lectures and workshops from professionals covering a multitude of topics, delegates have plenty to see and do.

The show's Education Programme, validated by NHS Education for Scotland, will feature dedicated streams on eCPD, Clinical Skills, Business & Management and



Education & Training. Those eligible can also claim CPDA for any session where they attended two consecutive lectures.

The lectures are suitable for the whole dental team and will be delivered by expert speakers from across the world of dentistry, on a range of subjects including:

- Oral cancer
- Medical emergencies
- Disinfection and decontamination
- Radiography and radiation
- Legal and ethical issues
- Complaints handling
- Consent
- Regulation
- Safeguarding children and young people
- Safeguarding vulnerable adults.

From understanding the frequency of medical emergencies and how to manage them, through to recognising the signs of oral cancer, and troubleshooting sub-optimal images during radiographic diagnosis, the Scottish Dental Show's Education Programme brings you the best in continual professional development.

Delivering the correct sequence of



Guest speakers will deliver a top quality programme of lectures with enhanced safety measures in place for delegates

Scottish Dental SHOW 2022

actions during a paediatric cardiac arrest will be covered. Delegates will also have the opportunity to hear the latest guidance on infection control and decontamination, and how to apply it in the practice setting. The concept of non-technical skills, their importance in patient safety, and why they are essential for optimal team-working will be outlined. Adult support and protection and child safeguarding will also be covered.

Get an update on the patient complaint risks which could affect your GDC registration, find out where we are now on regulation of the dental team and about developments in GDC education policy, curricula and quality assurance. Our lectures are also scheduled to include an overview of the endless possibilities of modern-day composites in anterior situations.

There will be hands-on sessions on getting started in aesthetic medicine and an introduction to hypnosis and how it can be applied in dentistry, plus an introduction to the theory, patient assessment, treatment planning, and injection technique involved in non-surgical facial treatments.

Business lectures include the secret strategies that the most successful dental practices implement, buying and selling your practice, staying connected with practice valuations, the dental deals market, current tax issues impacting your practice, and 'tips, trips and traps' of buying and selling.



WITH MORE THAN 100 EXHIBITORS DEMONSTRATING THE LATEST TECHNOLOGY AND DEVELOPMENTS IN DENTISTRY, UP TO NINE HOURS OF CPD, AND MORE THAN 60 LECTURES AND WORKSHOPS FROM PROFESSIONALS COVERING A MULTITUDE OF TOPICS, DELEGATES HAVE PLENTY TO SEE AND DO

2022 SPEAKERS

Among the speakers this year, with more to be announced, are:

- › Jennifer Alexander | Specialist Orthodontic/ Prosthodontic Technologist
- › James Baker | Specialist Prosthodontist
- › Tariq Bashir | Cosmetic Dentist
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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 is 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.

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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, 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. And now, the technology will be rolled out at the Scottish Dental Show with sanitisers and atomisers cleaning lecture and workshop spaces.

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LIFE IS NEVER DULL

*This issue I'm delighted to introduce **Linda Motherwell** who is the practice manager at Allander Dental Care in Milngavie. It was great to speak with Linda recently as she talked me through her journey to becoming a practice manager and her present role in Allander. So, here is what Linda had to say about her life as practice manager in a busy six dentist, mixed practice on the outskirts of Glasgow...*



How long have you worked in dentistry?

I've worked in dentistry for 36 years. I saw a job advertised in Renfrewshire as I was leaving school and I joined the two-surgery practice straight from school. I also attended Langside College where I studied for the national exam for dental nurses. A couple of years after that I also did the Oral Health Course.

Where are you working at present?

I'm the practice manager at Allander Dental Care in Milngavie which has six dentists in the practice: two partners, one part time hygienist, seven nurses and it is a mixed private and NHS dental practice. I've been at Allander for about eight years now and I was at my previous practice for 28 years. The final seven years I was there, there was a new owner who also owned other practices, so I had to travel between practices. There were a lot of changes and at that point I decided that I really wanted to stick to managing one practice.

How long have you been a manager?

I've worked as a manager for approximately 25 years. A few years after I began work at the practice in Renfrewshire, the owner retired, and the associate bought the practice. When I was on reception, I was given more responsibility, taking on small parts of management but without it being called a management role. It just developed from there over time to include more management responsibility.

What made you decide to become a manager?

There wasn't a specific moment when I decided that this is what I wanted to do. It happened gradually. After qualifying, we used to work a surgery and reception rota and I fell into the PM role over a period of time. I am by nature a very organised person, and I found that extra tasks and responsibility was added to my role. It was definitely a case of it evolving over time.

I've noticed that very few people come into management directly. Most are nurses that show a bit of flair and are given added responsibilities. There were a few years when I was a 'nurse with extra duties' before it was formalised, and I became the manager. Eleven years ago, I was in the first cohort of students to study for a PDA in Dental Practice Management through the University of Highlands and Islands. It was great to have a recognised qualification after all the years of actually carrying out the role.

What does a typical day look like for you?

The first thing I usually do is check the answering machine and deal with anything that may be on it. I also make sure that everyone that should be in on that particular day is actually in and we have a full quota of staff. I don't have a dedicated office, so I sit over in the corner of reception and that means that I sometimes pick up the



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“

I'VE NOTICED THAT VERY FEW PEOPLE COME INTO MANAGEMENT DIRECTLY. MOST ARE NURSES THAT SHOW A BIT OF FLAIR AND ARE GIVEN ADDED RESPONSIBILITIES”

calls that come in. I methodically work through the tasks that are on the desk such as rotas, practice folder, utilities, reports to compile, figures to put together, month end appointment analysis. There are always tasks on my desk that need attention, so life is never dull. I do like a tick list! I also work from home one day a week which keeps interruptions to a minimum.

What are the biggest changes have you seen in the industry since COVID-19?

One of the biggest changes is obviously the numbers of people in the practice, both employees as well as patients. As we speak, we are in level 0 and our patients can't understand why our door is still locked. There are also the whole mask wearing

and sanitising procedures for the patients who attend as well as the extra forms that have to be filled in. Patients feel they can just walk into shops and go out for a meal, and it seems to them that our precautions are excessive. However, they have also said that they feel very safe. The last 16 months have obviously been very different due to Covid-19.

Do you think there is a good support network for PMs?

No, not really. I am in a practice manager group where it's a chance to catch up and compare notes. The group is small, and it's been running for about five or six years, meeting quarterly. Since COVID-19 started we haven't been able to have our usual meetings, but we have a WhatsApp group which is great. When working as a PM, you can feel quite isolated, so this group is a lifeline for us.

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

The biggest challenge I face is the whole area of HR. Staffing, holiday cover, sickness, trying to recruit new members of staff – so many nurses have left dentistry. We've got long-term staff, which is great but when someone did leave, I found that the process of recruiting a suitable replacement was much more challenging than I had expected.

What area of management do you find most rewarding?

I love the patient contact and I love seeing the patient journey from beginning to end. It's great to see patients leaving happy. I'm glad I'm not stuck away in an office as I would miss the interaction with the patients. I also love to see everyone helping put everything together for a practice inspection, and then I actually enjoy having to present it.

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

To be honest, I wouldn't change very much. The progression over the years has been very important and learning things year on year on a gradual basis has been a great way for me to move forwards. There have been building blocks along the way.

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

- Be organised
- Delegate
- Don't be scared to ask if there are things you don't know
- Make use of the Facebook forums and groups available which have superb advice

My thanks to Linda for taking time to chat with me recently.

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Ceramic onlays: indications and adhesive principles

John McQueen, restorative dentist,
Advanced Dentistry @ Hyndland Dental Clinic
and Lockerbie Dental

Introduction

In modern-day dentistry, the clinician is afforded a vast armamentarium of restorative options for a carious, failing, or fractured tooth. Advances in adhesive technology and a move towards more conservative options have made the onlay an increasingly popular treatment modality.

In the following case study, we will discuss the indications and benefits of the ceramic onlay vs other treatment options, as well as demonstrate the protocol for preparation and cementation.

Indications

Direct restorations should be limited to smaller cavities, generally, those that are one-third or less of the tooth's buccolingual width. If a cavity isthmus extends beyond this, a large degree of functional demand is placed on the restoration¹. In these scenarios, the large isthmus generally correlates to thin, weakened, cusps. To avoid fracture, an indirect restoration should be considered. A classic clinical example of this would be an old amalgam restoration with a large isthmus +/- a cracked/fractured cusp.

In the past, the go-to option for a tooth of this description would be a full-coverage crown. However, dentists must aim for the most minimally invasive option available. In 2002, Edelhoff and Sorenson published a study showing that a classical preparation for an all-ceramic crown (1.5mm occlusal reduction and 1mm margin) on an upper first molar resulted in the removal of 72.3% of tooth structure. In comparison, an MOD onlay preparation (1.5mm functional cusp, 1mm non-function cusp reduction) only removed 39%² - almost half as little reduction as the crown. Research carried out by Frankenberger et al in 2008³ and Van Dijken et al in 2010⁴ ceramic onlay showed survival rates to be 84% at twelve years, and 76% at fifteen years, respectively. With regards to the incidence of pulp death, dentists classically quote 15-20% risk with full coverage crowns^{5, 6}. Whereas studies have shown, over fifteen years, the risk to be as low as 0.8% with ceramic onlays.⁴ Considering the evidence base, a ceramic onlay provides dentists with an indirect restorative option that can protect weakened teeth for a length of time similar to that of a full-coverage crown. Whilst doing so, its preparation can be twice as conservative, with risks to pulp death a fraction of those offered by crowns.

Figure 1: The patient had two large class II amalgam restorations present in teeth 16 and 17.





John McQueen is a restorative dentist based in Advanced Dentistry @ Hyndland Dental Clinic and Lockerbie Dental. He has a keen interest in contemporary, adhesive dentistry with a focus on minimally invasive methods

Case study

Mr B presented for a routine examination, and the following findings were noted in the upper right quadrant (figure 1). The patient had two large class II amalgam restorations present in teeth 16 and 17. On further inspection, there were ditched margins, signs of fracture lines running from the restorations, secondary caries noted around the MB cusp of 17, and there was a significant overhang on the amalgam of 17. After careful deliberation, we opted to remove these failing restorations along with any caries and planned to restore both teeth indirectly with Emax® onlays. Rubber dam was placed before removing the previous restorations. This would ensure a clear and dry operative field throughout the procedure. Once the failing restorations and any infected dentine were removed, the cavity was cleaned with the CoJet™ air particle abrasion system [Figure 2]. This will increase the bond strength to both healthy tooth tissue and affected dentine^{7, 8}. Now thoroughly cleaned,

the remaining tooth structure could be assessed to allow planning of the restoration's parameters. It was decided at this stage that Deep Marginal Elevation (DME) would be carried out on the distal margin of 16 and the mesial margin of 17 respectively (figure 3). DME is useful, not only as it gives the operator full control over the shape and position of the definitive margin of the prep, but it also increases the ease of rubber dam placement for the fit appointment by raising the margin 2-3mm supra-gingivally. In this case, each margin was treated individually by placing a 50 micron-thick sectional matrix and an anatomical wedge. The enamel margin was etched for 20 seconds using 38% ortho-phosphoric acid, thoroughly washed, and then a two-stage self-etching adhesive (Clearfil SE) was applied to the box. The margins were raised, and the boxes flattened out using incremental layers of a heated nano-hybrid universal composite (Venus Diamond)⁹. Now that the cavity margins are all supra-gingival and the

proximal boxes are flattened out, the preparations can be completed. An Iwanson gauge was used to assess cusp thickness and any cusp <2mm thick was reduced by 2mm and incorporated into the preparation. Care is taken to remove any undercuts and to round out and smooth any sharp internal line angles. The enamel margins are bevelled to a 45° angle using a medium-grit rugby ball diamond – this exposes a greater surface area of enamel rods, therefore increasing enamel bond strength¹⁰, and aids in marginal transition for the final restoration's aesthetics. The final, and arguably most important, stage before impression making, is Immediate Dentine Sealing (IDS)¹¹. Applying a dentine bonding agent (DBA) to freshly prepared dentine ensures the surface is free from contamination, therefore creating the ideal circumstances for dentine bonding¹². IDS allows pre-polymerisation of the DBA, leading to an increase in bond strength to dentine¹³. In the case of indirect restorations, the bond matures and

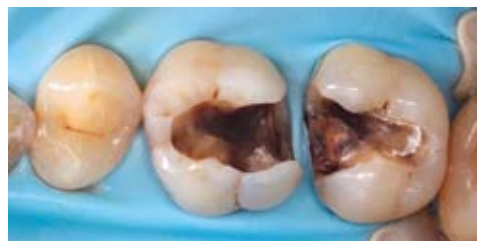


Figure 2: The cavity was cleaned with the CoJet air particle abrasion system.



Figure 3: Deep Marginal Elevation (DME) was carried out on the distal margin of 16 and mesial margin of 17.



Figure 4: The dentine and DME were cleaned again with air particle abrasion and the two-stage adhesive of Clearfil SE bond was applied and polymerised.

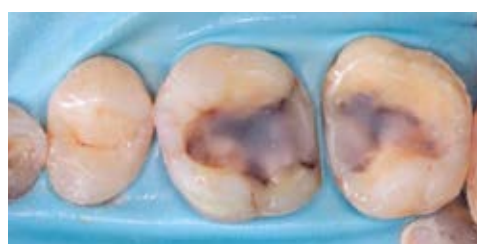


Figure 5: With the preparation now complete, the dam was removed and definitive on impressions made and sent to the lab for construction of two Emax onlays.





Figure 6: Once all excess was cleared the restorations were cured for 20 seconds on each fitting surface and a final polymerisation was completed with a glycerin barrier.

strengthens in a stress-free environment beneath the provisional restoration¹⁴. In 2007, Pascal Magne's article in the *Journal of Prosthetic Dentistry* showed the microtensile bond strength of Clearfil SE bond to be 55.14MPa when IDS was carried out with a two-week delay in final restoration cementation. This is over thirty times stronger than if the dentine bond was delayed to the day of the fit (1.81MPa)¹⁵. In this case, the dentine and DME were cleaned once more with air particle abrasion and the two-stage adhesive of Clearfil SE bond was applied and polymerised (figure 4). An important point to note, is that Magne's research on this topic has been limited to lab-based studies. Further clinical trials will be required to provide a stronger evidence base for IDS in the future. A second cure was completed with a glycerin barrier- this ensures polymerisation of the oxygen-inhibited layer and will also aid in the removal of the provisional at the next visit¹⁵.

With the preparation now complete [Figure 5], the dam is removed and definitive on impressions were made and sent to the laboratory for construction of two Emax[®] onlays. Cavit[™] was used as the first layer

of provisional restoration (packed into the residual boxes to aid ease of removal) and then the preps were shrink-wrapped in a bis-acryl provisional material (Quicktemp 2). Two weeks pass, allowing our dentinal bond strength to mature and our lab to construct the definitive restorations. Like the preparatory stage, the fitting visit was completed under rubber dam to provide gold standard isolation for bonding. After the fit-check is approved, the intaglio surfaces of the restorations are etched with 9% hydrofluoric acid for 20 seconds, silanated with a two-step silane coupling agent (bis-silane), and then bonded with an unfilled, HEMA-free, hydrophobic resin (heliobond)¹⁶. This is an essential stage in aiding adhesion to silanated ceramics. HEMA is designed as a wetting agent which will draw water into the adhesive – ideal for bonding to moist dentine but will weaken the bond when bonding to a hydrophobic substrate, such as Emax[®]¹⁶. Once the provisionals were removed, the preparations were, once again, cleaned with CoJet[™] air particle abrasion. As well as removing any residual temp material this “reactivates” the IDS¹³. The enamel is etched as it

was for the DME stage and then the entire prep is coated with the second bottle of Clearfil SE and air-dried. It is important not to cure the bond at this stage because if any shallow pools of resin polymerise, they may stop the restoration from fully seating! In this scenario, the cement of choice was a dual-cure composite (Variolink neutral DC). A full chemical cure was allowed to complete, making excess removal much more straightforward. Once all excess was cleared the restorations were cured for 20 seconds on each fitting surface. As with the IDS, a final polymerisation was completed with a glycerin barrier¹⁵. [Figure 6].

In conclusion, advances in adhesive and biomimetic dentistry have afforded clinicians excellent predictability in bond strength whilst maintaining tooth structure with conservative preparations. This type of dentistry requires a sound understanding of the protocols, a selection of high-quality materials and dentine bonding agents, and, above all else, the dexterity and patience to execute the process. When executed correctly it can have a highly successful and deeply satisfying result for both the clinician and the patient.

REFERENCES

- ¹Jackson, R. Esthetic inlays & onlays: Contemporary Esthetic Dentistry. Ed. Freedman, G. Chicago: Elsevier, 2012: 469-481.
- ²Edelhoff, D. & Sorensen J.A. 2002. Tooth structure removal associated with various preparation designs for posterior teeth: Int J Perio Rest Dent; 22: 241-249.
- ³Frankenberger R, Taschner M, Garcia-Godoy F, Petschelt A, Kramer N. 2008. Leucite-reinforced glass ceramic inlays and onlays after 12 years. J Adhes Dent. 10(5): 393-398.
- ⁴Van Dijken, J.W.V.; Hasselrot, L. A Prospective 15-Year Evaluation of Extensive Dentine-Enamel-Bonded Pressed Ceramic Coverages. 2010. Dent. Mater; 26: 929-939.
- ⁵Cheung, G. S. P. Fate of vital pulps beneath a metal-ceramic crown or a bridge retainer. 2005. Int J Endo; 38: 521-530.
- ⁶Saunders, W.P & Saunders, E.W. Prevalence of peri-radicular periodontitis associated with crowned teeth in an adult Scottish subpopulation. 1998. BDJ; 185: 137-140.
- ⁷Van Merbeek, B, DeMunck, J, Mattar, D, Van Landuyt, K & Lambrechts, P. Microtensile bond strengths of an etch and rinse and self-etch adhesive to enamel and dentin as a function of surface treatment. 2003. Oper. Dent; 28 (5): 647-666.
- ⁸Sattabanasuk, V, Burrow, M.F, Shimada, Y, Tigami, J. Resin adhesion to caries-affected dentine after different removal methods. 2006. Aust Dent J; 51 (2): 162-169.
- ⁹Magne, P. Deep margin elevation: a paradigm shift. 2012. Am J Esthet Dent; (2): 86-96.
- ¹⁰Opdam N, Roeters JJ. Necessity of bevels for box only class II composite restorations. 1198. J Prosthet Dent; 80 (3): 274-279.
- ¹¹Jayasooriya, P.R, Pereira, P.N, Nikaido, T, Tagami, J. Efficacy of a resin coating on bond strengths of resin cement to dentin. 2003. J Esthet Restor Dent; 15: 105-113.
- ¹²Paul, S.J, Schärer, P. Effect of provisional cements on the bond strength of various adhesive bonding systems on dentine. 1997. J Oral Rehabil; 24: 8-14.
- ¹³Ozturk, N, Aykent, F. Dentine bond strengths of two ceramic inlays after cementation with three different techniques and one bonding system. 2003. J Prosthet Dent; 89: 275-281.
- ¹⁴Dietschi, D, Monasevic, M, Krejci I, Davidson, C. Marginal and internal adaption of class II restorations after immediate or delayed composite placement. 2002. J Dent; 30: 259-269.
- ¹⁵Magne, P & Cascione, D. Immediate dentin sealing supports delayed restoration placement. 2007. J Prosthet Dent; 98: 166-172.
- ¹⁶Betancourt, D.E. Resin-Dentin Bonding Interface: Mechanisms of Degradation and Strategies for Stabilization of the Hybrid Layer. 2019. Int J Biomaterials; 2: 12-24.

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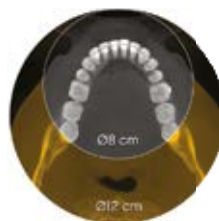
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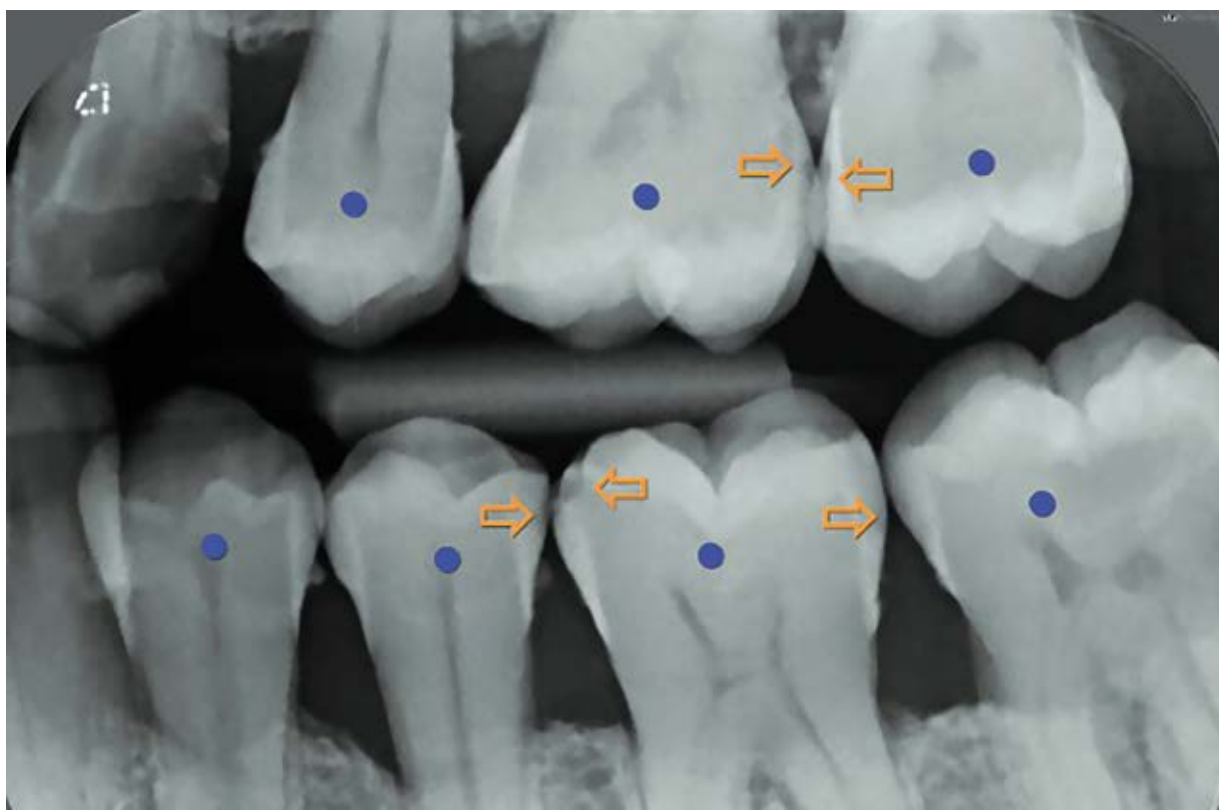


Figure 1: The AssistDent graphical user interface. Orange arrows indicate the presence of enamel-only proximal caries and purple circles indicate that the tooth has been detected and analysed by the AI algorithm

The World Health Organisation identifies dental caries as the most common non-communicable disease, worldwide. As dentists focus on a more preventive approach to professional practice and as Artificial Intelligence becomes more prevalent, this article reflects on the development by Manchester Imaging of its AssistDent® software and the research and technology underpinning it. Minimum intervention – putting down the drill – is clearly a beneficial approach for patients but, in the case of

enamel-only proximal caries, early-stage identification can be difficult. If detected early, the disease can be reversed by non-invasive means, including fluoride treatment, improved oral hygiene and dietary advice. Our focus is on bringing AI into dentistry as an expert colleague – helping dentists to objectively identify issues, while also saving time through speeding up some of the more routine tasks, time which can be invaluable in communicating the benefits of preventive dentistry to patients.

The ADEPT study

In the light of this dual focus – preventive dentistry combined with harnessing the opportunities of AI technology – the recent publication of peer-reviewed research¹ which proves the efficacy of AI in detecting enamel-only proximal caries is an exciting development. The 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





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control arm (without AI assistance) and an experimental arm, who were given AI assistance in the form of on-screen prompts indicating enamel-only proximal caries. The participants in the study were recruited from two sources: practicing dentists who tutor at The University of Manchester Dental School and practising dentists undertaking postgraduate training within The University of Manchester Foundation NHS Trust. 24 bitewings were inspected by an expert panel who identified 65 enamel-only carious lesions and 241 healthy proximal surfaces. These were then analysed by the study's participants, both control arm and experimental arm. The participants who used AssistDent® AI software identified 75.8% of the caries – considerably more than the control group, who found 44.3%. These results reflect the difficulty of spotting early-stage proximal caries from bitewing radiographs, as noted above. The subtle patterns of demineralisation are often missed by the human eye and, as the ADEPT study demonstrates, the AI tool is proven to aid clinical judgement – as an expert colleague.

The AI tool used in the ADEPT study was developed by Manchester Imaging, a company established to commercialise research into preventive dentistry from The University of Manchester.

Hugh Devlin, Professor of Restorative Dentistry at The University and clinical director at Manchester Imaging, commented: "We are delighted to have our research proven through peer review and are excited about the potential of this new technology.

"The potential for early-stage

ADEPT STUDY CHART

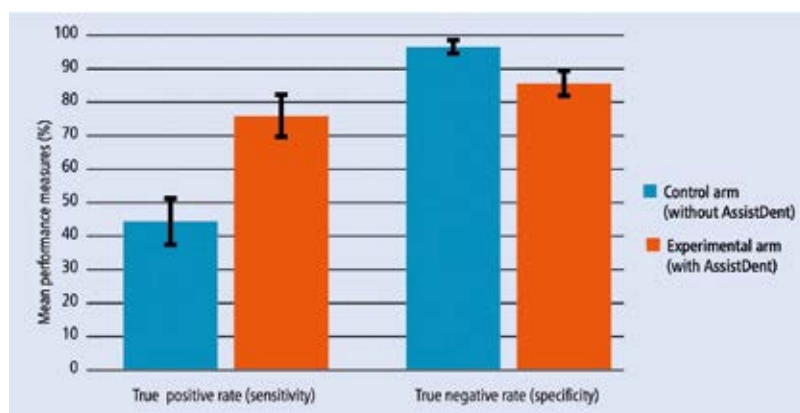


Figure 2: ADEPT study chart showing the mean true positive and true negative rates together with their 95% confidence intervals, for each arm

detection will greatly benefit patients' oral health and help dentists avoid invasive treatment, allowing them to focus on more preventive practice."

Machine learning algorithms

The technology behind the AssistDent® tool is based on machine learning algorithms and the benefits of early identification are clear when one considers that a higher-grade caries that has penetrated beyond the enamel into dentine can be detected with relative ease but, by this stage, preventive action is no longer possible. For machine learning algorithms to offer the clinical gains demonstrated in the ADEPT study, the training examples need to be as close to a recognised Gold Standard as possible. Any false positive examples in the training data will be captured as true positives in the models

and result in similar features being erroneously labelled as positive in the analysed image. Throughout product development, Manchester Imaging therefore focused significantly on the data used to train the AssistDent® machine learning algorithms. Five internationally recognised dentomaxillofacial radiologists were asked to independently identify proximal caries in a set of training images. A consensus data set from these experts, deemed to be Gold Standard, was then used to train the AssistDent® machine learning models. This resulted in a software tool which uses the combined expertise from five authoritative dentomaxillofacial radiologists, leading to an algorithm able to detect the subtle patterns indicative of enamel-only proximal caries.



If detected early, disease can be reversed by non-invasive means, including fluoride treatment, improved oral hygiene and dietary advice



The AI machine learning uses offline training, meaning the training exercise is separate from the run-time execution of the software, allowing Manchester Imaging to train the models using expert observers. Alternatively, with online learning, human input into the process at run-time continually adjusts and improves the models. Often used in applications where the intention is to achieve “human-like” performance such as face or object-recognition, in the case of caries detection the intention is to improve on the general human performance, making the dentists’ performance more akin to an expert dentomaxillofacial radiologist.

AI in dentistry education

The constraints of COVID placed major strains on dental schools, particularly in the safe continued training of dental students where practical, patient-orientated elements faced significant challenges during lockdowns. While AssistDent® has been used by some dental schools across the UK and Europe, Innovate UK – the UK’s innovation agency – recognised the potential for AI to help address these challenges and awarded funding to Manchester Imaging, through the ‘Business-led innovation in response to global disruption’ competition to adapt their algorithms so that dental students can now improve their dental radiography analysis ability remotely. The funding enabled us to repurpose

our technology, to deliver a remotely accessible intelligent learning platform for dental students that can record student’s clinical assessment of a radiograph, automatically interpreting and evaluating it against a gold standard assessment. At an early stage in the project, and to evaluate the novel application of AI-based computer aided diagnosis in dentistry training, a pilot comparative study² was undertaken, with 24 third-year dental student volunteers. Results of the pilot study demonstrated an increased ability in the detection of enamel-only proximal caries by the students using AssistDent®, showing a mean sensitivity level of 0.80 (95%CI plus-minus 0.04), increased from 0.50 (95%CI plus-minus 0.13) $p < 0.01$ shown by students not using AssistDent®. This improvement in ability was achieved without an increase in false positives. Mean false positives per bitewing radiograph recorded by students when using AssistDent® was 2.64 (95%CI plus-minus 0.57), and by students without using AssistDent® was 2.46 (95%CI plus-minus 1.51). A set of example radiographs with expert annotations is available through the platform as a gold standard for student use, or tutors can provide their own images and annotations. The graphical user interface enables students to add their clinical assessment, marking up identified pathologies. A machine learning algorithm automatically analyses the image and intelligently

compares the tutor’s gold standard analysis with that of the student, taking the underlying mouth anatomy into account and giving a detailed breakdown of all the pathology identified (true positives), as well as missed (false negatives) and incorrectly classified (false positives), providing the tutor with a score for each image. Students can now get a detailed breakdown of their performance and learning progress, in conjunction with their tutors, without needing to physically attend the dental school.

Summary

It’s an exciting time – although, of course a challenging one – for the dental profession, including students, practitioners, and patients. The growth of AI is a positive development and, through harnessing the research of one of the UK’s leading dental schools, we are at the forefront of this work. From the flexibility of remote learning for dental schools to the enhanced diagnosis of caries, we are continually exploring the opportunities for continued research and development in AI.

For more information about AI technology for the dental profession please contact Manchester Imaging:

info@manchester-imaging.com

+44 (0)7776 481645

www.manchester-imaging.com

¹www.nature.com/articles/s41415-021-3526-6

²www.medrxiv.org/content/10.1101/2020.06.15.2013730v2

The clinical application of two-piece zirconia implants

Professors Chen, André; Chevalier, Jérôme; Fischer, Jens; Gahlert, Michael; Kohal, Ralf; Özcan, Mutlu; Payer, Michael; Piconi, Corrado; Zechner, Werner; & Drs Maier, Frank; Röhling, Stefan; Tartsch, Jens¹

¹Scientific Advisory Board and Board of Directors, The European Society for Ceramic Implantology (ESCI)



Background of zirconia oral implants

The development of high-performance ceramics – like zirconia – has provided new, metal-free treatment options for both patients and practitioners. Due to its superior biomechanical and biocompatible properties, zirconium dioxide (zirconia, ZrO_2) has pre-vailed over other oxide ceramics and has been used in dentistry for about 25 years. In comparison with other oxide ceramics (for example, alumina), zirconia shows superior biomechanical properties such as high fracture toughness and bending strength¹ that give zirconia implants the ability to withstand oral occlusal forces.²

³ Thus, zirconia as implant material has successfully been established on the market as a reliable alternative to titanium in implant dentistry.⁴

Ceramic implants made of zirconia are not only the focus of current scientific research, also the desire of patients for metal-free, respectively full ceramic dental rehabilitations, is becoming increasingly important: ceramic implants are attractive to patients. A current interview including

more than 270 patients in two countries has reported that 80 per cent of the patients would prefer ceramic over metal implants.⁵

In order to establish zirconia as a reliable alternative to titanium as oral implant material, stable zirconia implants with micro-rough surfaces, showing a safe and predictable capacity for osseous integration, have been developed. At the beginning of 2004, the first one-piece zirconia oral implants were established on the market. Initially, creating micro-rough surface topographies on zirconia implants without compromising the biomechanical stability (such as fracture toughness and fatigue strength) was a challenging procedure from a technical point of view. Consequently, reduced survival rates^{6,7} and numerous zirconia implant fractures were reported for this “first generation” zirconia implants.⁸⁻¹⁰ Since then, the industry has continuously improved manufacture processes to produce micro-roughened zirconia implants with reliable fracture toughness and fatigue strength that show a predictable osseointegration¹¹

and high clinical survival rates at the level of conventionally used titanium implants mid-term^{6,12-15}

Experimental studies have shown that the latest generation of zirconia implants with micro-rough surfaces show an identical hard tissue integration compared with titanium implants.^{11,16-20} However, the different zirconia implant systems on the market show varying surface topographies and not every company offers evidence-based data or provides information regarding the implant surface and the osseointegration performance of the appropriate product. Consequently, clinicians must scrutinise if the chosen zirconia implant system offers scientific data regarding the osseointegration capacity.

In the last two decades, not only surface micro-texture but also implant macro design has been adapted. Whereas the first zirconia implant systems were limited to a one-piece design, two-piece zirconia implants are now available. This developmental process has also been strongly influenced by the predilection



Figure 1:
Orthopantomograph
after two-piece
implant
placement+

of clinicians for two-piece implant designs and confirms a clear trend for two-piece implant designs not only for titanium but also for zirconia implants. Nowadays, one- and two-piece zirconia implants with different designs and diameters that allow the treatment of partially and completely edentulous patients have become available on the market.

Clinical data

Due to the large number of adaptations and further developments regarding zirconia implant designs and manufacture processes in a relatively short period of time, it has become quite difficult for clinicians to assess the available clinical data in relation to the zirconia implants under investigation and to evaluate the clinical relevance of the investigated implant type and the reported results.

Various clinical studies investigating different types of zirconia implants were published in the last couple of years. However, it must be considered that some recently published clinical studies investigated zirconia implant

systems that have been further developed in the meantime and that are not any longer available on the market. A meta-analysis has reported that physical properties and ongoing market availability significantly influenced the reported zirconia implant survival rates.⁶ In a systematic review, the authors evaluated clinical studies investigating zirconia implants that were published between 2004 and 2017. The reported one-year mean survival rates for commercially available zirconia implants (98.3 per cent) were significantly higher compared with zirconia implants that are not any longer commercially available on the market (91.2 per cent). In addition, a mean two-year survival rate for commercially available zirconia implants of 97.2 per cent was evaluated whereas the zirconia implant design – one-piece compared with two-piece designs – did not significantly influence the reported survival rates. In this context, it has been shown that zirconia implant survival rates have significantly increased between 2004 and 2017 and that the fracture incidence of zirconia

oral implants was significantly reduced from 3.4 per cent to 0.2 per cent.⁶ Even though meta-analyses estimating overall survival rates are currently limited to one- and two-years' data, single studies reported longer clinical follow-up periods. Regarding commercially available zirconia implants, clinical data up to and after five years of functional loading reporting survival rates of 95 per cent are now available.^{12, 14, 15, 21, 22}

The data of the previously reported meta-analysis were the basis for the clinical recommendations that were created for the sixth ITI Consensus Conference.⁶ In this systematic review, more clinical studies investigating zirconia implants with a one-piece design were included than studies evaluating two-piece zirconia implant designs. Consequently, the main statement of the consensus conference on the clinical application of zirconia implants referred to one-piece implant designs.⁷ However, the data of the meta-analysis has reported that the implant design did not significantly influence the reported survival rates. Based on the currently available clinical data,



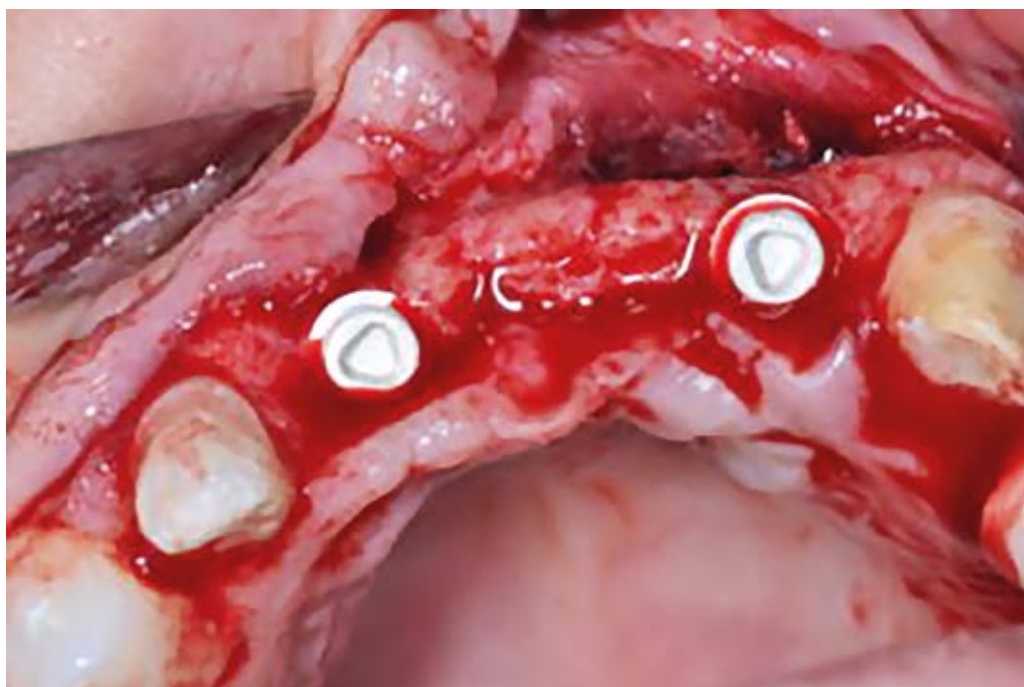


Figure 2:
Placement of
two-piece zirconia
implants

it seems that the studies investigating two-piece zirconia implants report similar survival rates compared with one-piece zirconia implants.

Two-piece zirconia implants – reliable prosthetic connections

Scientific studies have not only examined the clinical performance of two-piece zirconia implant systems, but also evaluated the reliability and stability of screw-retained implant-abutment connections. Most recently, the stability of a titanium-zirconia screw-retained connection has been directly compared with a conventional titanium-based connection in an *in vitro* study. The results have shown no statistically significant differences between the investigated groups. Consequently, the authors reported: “The connection of the tested screw-retained zirconia crowns in two-piece zirconia implants is comparable to standard titanium implants in the specific *in vitro* testing” and: “Based on the results of the present study, the connection between crown and the two-piece zirconia implant seems to be suitable for clinical application.”²³

It is particularly important to evaluate studies and implant systems individually according to the material and type of connection. For example, the stability and fracture resistance of ceramic implant systems was tested *in vitro* in accordance with ISO standard DIN 14801 in various studies. These studies demonstrated that the tested two-part zirconia ceramic implant

systems can withstand the physiological masticatory forces in the long term and the stability is considered sufficient for clinical application.²⁴⁻²⁹

Two-piece zirconia implants – reliable clinical applications

Regardless of the available scientific studies, the question whether one- or two-piece zirconia implants are used depends not only on the preference of the dentist/surgeon, but mainly on the individual clinical situation.

There are specific indications in which the use of a two-piece zirconia implant concept offers a more reliable clinical outcome compared with a one-piece implant design. For example, completely edentulous jaws, soft bone conditions or when bone augmentations are performed simultaneously with implant placement and/or when primary implant stability is difficult to achieve, respectively when uncontrolled mechanical loading of the implant must be avoided.

With a one-piece implant concept, the abutment is an inherent part of the implant that penetrates the soft tissue into the oral cavity. Thus, uncontrolled early loading cannot be completely avoided. Furthermore, with one-piece implants the prosthetic superstructure has to be cemented on the implant. In addition, not every clinical situation allows placing the implant in a correct prosthetic angulation and the implant has to be inserted in an angled axis. Regarding prosthetic implant axis corrections, two-piece zirconia implant concepts offer more options than

one-piece concepts due to the fact, that individually designed abutments can be fabricated.

Moreover, cementation of the prosthetic superstructures can be avoided since two-piece zirconia implant concepts allow for the fabrication of reversibly screw-retained prosthetic reconstructions. Thus, prosthetic “flexibility” and “reversibility” must be emphasised in many clinical situations. Therefore, the use of two-piece zirconia implant concepts – as with titanium implants – has become indispensable in everyday clinical practice.

So far, more clinical studies are available that investigate one-piece compared with two-piece implant concepts. However, based on the clinical data available so far, meta-analyses have reported that the zirconia implant concept – one-piece compared with two-piece – did not significantly influence the clinical survival rates up to 5.1 years (mean follow up: 2.4 years).⁶ Single studies investigating two-piece zirconia implant designs even reported clinical data up to and after 6.7 years of functional loading.^{30, 31}

Summary and Conclusion

Based on the scientific data available to date, micro-rough zirconia implant surfaces show osseointegration capacity compared to their micro-rough titanium implants counterparts.^{11, 16-20}

References: <https://tinyurl.com/2p8eakp4>



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Rob Leggett


NEW LIFE TEETH LAB
transforming your smile

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LEADING THE WAY

Employing world-class technology and techniques, New Life Teeth Lab is blazing a trail

On a crisp January morning, the team at New Life Teeth Laboratory is busy on the various stages involved in creating high-quality dental restorations. In their new, spacious, natural light-filled lab on the outskirts of Edinburgh, technicians are working on a range of implants — from single units up to full arch restorations. They are leading the way in the transformation of dental technicians from ‘mechanics’ to IT engineers. In the past year alone, they have reduced their plaster models by 80 per cent and have a goal of being plaster free in the lab and impression free in the clinic within three years. Environmental impact is very

Rob Leggett and Rosa Garcia in the spacious, natural light-filled lab

important to the team; they are using a cycle courier whenever possible and electric car when not. They also use biodegradable bags for lab work.

New Life Teeth Lab is the partner laboratory of the New Life Teeth clinic, the leaders in full-arch dental implants and cosmetic dentistry in Scotland. But it is also a showcase for other dental clinics looking for a fully supported laboratory partnership. “The aim is to provide only the highest quality dental restorations — in a timely fashion with attentive customer service,” said Rob Leggett, Head Clinical Dental Technician. “We take pride in using only the best restorative systems and consistently invest in

the latest technologies and materials to achieve the best results. We strive for the perfect blend of technical expertise, personal service and dependable results; all underpinned by a strong belief in relationships based on communication and feedback.”

One of the lab’s recent collaborations is with Southern Implants and their newly launched SIREAL system. SIREAL is by virtual prosthesis and on-screen design of surgical guides, allowing prosthetically driven implant placements to increase the predictability and accuracy of implant placements which in turn makes constructing the appliance more predictable. The team, with a combined experience of 100 years, calls on an extensive library of implant systems available via the Zirkonzahn CAD/CAM and milling system. For crown and bridge, Prettau Zirconia is the material of choice for frequently occurring problems like reduced available space, bruxism or ceramic chipping. This highly biocompatible and non-porous material distinguishes itself through its high-translucency and natural appearance. Used with a special colouring technique, veneer ceramics can be

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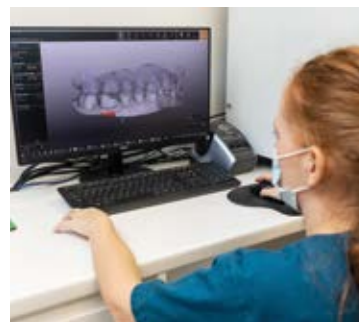
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eliminated. The Prettau Bridge is regarded as the best material for Full Arch cases and New Life Teeth Lab now have over 500 full arch cases under their belt. Digital solutions include Digital Smile Design, bringing patients into the smile design process, and Face Hunter, which brings the patient's physiognomy into this workflow, allowing the dental technician to obtain a result that is much more precise, offering the dentist and patient a near-photorealistic preview of the definitive restoration. Rob is a Clinical Dental Technician and an early implementer of Digital Dentures. He is always looking for ways to improve the service he provides to

his patients, clinically and technically. "Digital Dentures is without doubt one of the biggest things to happen in restorative dentistry in decades - it is great to be at the forefront. We can do full and partial dentures completely digitally, either by taking intraoral scans clinically or designing and milling dentures in the lab. The process is a lot more predictable, and we no longer need to be concerned with issues such as shrinkage in materials. It also reduces our exposure to dust and chemicals, like monomer, which makes life in the lab more pleasant" Clinically, Rob accepts referrals from GDPs for all denture related patients. The Lab also

The lab boasts cutting-edge equipment

provides a service to Orthodontic clinics, Dental Technician Jade explains: "We used to receive alginate impressions for Essex retainers but now that is all done digitally. We receive a file from the dentist and 3D print and return the aligners the next day. We also provide a service for tooth alignment corrections, where the Orthodontist needs to alter the treatment plan and make additional aligners, this can all be done via our software" They also offer a scanning service for orthodontic study models allowing orthodontists to access STL files for treatment planning. Or to print and create models.



ABOUT THE TEAM

"It is very much a team effort at New Life Teeth Lab and everyone has their very important role to play," said Rob "Our philosophy is simple. We believe in changing people's lives for the better. Our service to you is underpinned by three key elements: leading-edge technology, professional expertise and unrivalled skill."

Pictured: Kamila Juchnowska, Miriam Taylor, and Rosa Garcia. Back row: Rob Leggett, Paul Christie, Duncan Robertson, Jade Ritch, and Chris Campbell. The team also includes Krystana Welna.



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Extra-large Teleskoper Orbit: for the elaboration of material blanks with Ø 95 mm, 98 mm, 106 mm or even 125 mm, small zirconia blanks for milling single crowns as well as glass-ceramic and Raw-Abutment® blanks.

Discs can be removed and reinserted later at exactly the same position with **micron range precision** – particularly useful for adjusting the friction of telescopic jobs or for the two-stage production of immediate restorations in case of implant-supported prostheses (Double Milling technique).



OVERCOMING THE STRESSES OF BUSINESS OWNERSHIP

Feeling a little jaded? Go for it and sell – it can be life-changing

Last year, Dr Allan Rennie and his business partner sold four dental practices in and around Glasgow. Like many practice principals, he felt that the pressures of running the business, while still delivering excellent patient care, had become too much. The usual challenges were aggravated further by the many difficulties of the pandemic and so Dr Rennie and his business partner decided to look into the selling process.

Dr Rennie shares his insights into the transaction: "I felt that the administration of running the practices and being a working dentist at the same time had become too much. This was ultimately why I was interested in selling. I did have a few concerns before going to market though, particularly regarding the value of the business. I also expected the selling process to be quite difficult.

"We came across Dental Elite as a friend had known them previously from his days as an implant representative. We worked with

Ted Johnston, who is a great guy and was very attentive throughout. He organised all the practice viewings – I just turned up to show the practices as they were. Ted also handled the bidding process, making it very simple for us."

SUPPORT THROUGHOUT

Though selling a dental practice is always quite involved, Dr Rennie and his business partner were more than satisfied with the support received throughout the process.

They were also pleased to reach an outcome that kept everyone happy, as Dr Rennie continues: "In the end, we were delighted to achieve above the valuation price upon completion. I have stayed on as an associate, which has so far been fantastic – practising dentistry without the stress of running a practice."

There are several things that vendors can do to make the practice sale process as smooth as possible. This begins with careful planning and meticulous record keeping, which both ensure that everyone has access

to the information they need at any point during the transaction.

REDUCING STRESS

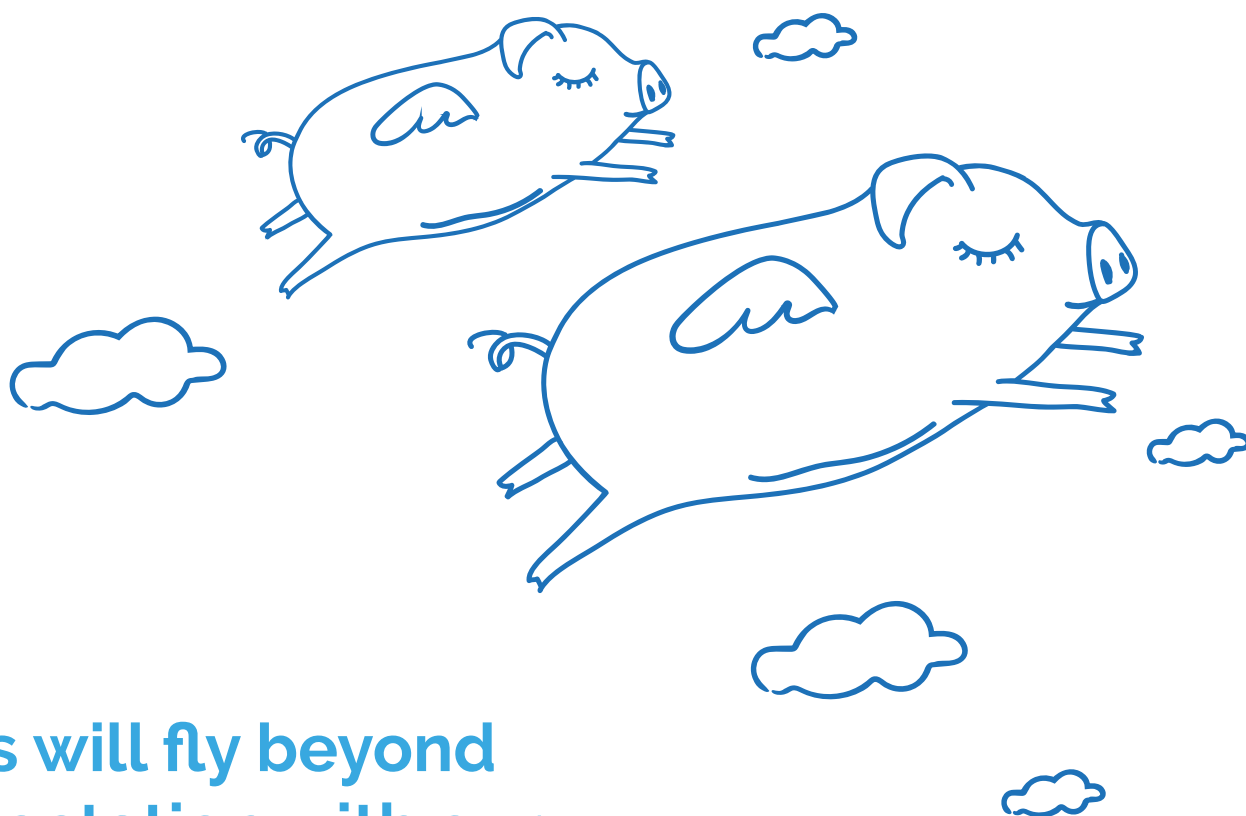
Dr Rennie offers some advice from his perspective for any principals considering or approaching the sale of their business: "On reflection, the two main challenges of the sale were, without a doubt, keeping the sale confidential and the due diligence process. Despite this, I would advise any practice owner who is feeling a little jaded to go for it and sell. This has been life-changing for me, and my stress levels have reduced massively.

"I would also definitely recommend Dental Elite. The Elite Buyer aspect where the buyer pays Dental Elite's fees was a huge help financially as a vendor, and the service we received from Dental Elite was excellent."

If a practice sale is in your future, even if it's still a few years away, you can never be too prepared. For more guidance on how to get started, you can download an array of free guides from the Dental Elite website or contact the team for a chat!



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WHAT WILL YOUR PAYROLL LOOK LIKE IN 2022/23?

What you need to know to start preparing for the new tax year.

Following the Autumn Budget 2021 announcement – and news of the national insurance (NI) rise that preceded it – what do you need to know to start preparing for the new tax year on 6 April 2022?

A new UK-wide 1.25% 'Health and Social Care Levy' will come in from April 2022, based on national insurance contributions. It will be paid by working adults, including people over the state pension age (unlike normal NI, which is not paid by pensioners).

Your business will have to start paying 15.05% NI on an employee's earnings over £175 per week (£9,100 per year) and employees will start paying 13.25% NI on earnings over £190 per week (£9,880 per year). Employees' NI will drop to 3.25% on earnings over £967 a week (£50,270 per

year).

But from April 2023, once tax systems have been updated, the Levy will be separately split out on payslips as a separate 'tax'. At this point, working adults above state pension age will start contributing.

In the interim (from April 2022), a payslip message will be needed to highlight the change to employees. Suggested wording is awaited from HMRC.

The Employment Allowance is still available to claim £4,000 for 2022/23, providing the Employers Class 1 NI bill is less than £100,000 in the 2021/22 tax year.

However, businesses in receipt of Government funding, i.e. NHS income, must assess whether they qualify for this. If the NHS income makes up half of your overall income, then you cannot claim this allowance.



Louise Grant
Partner & Head of
EQ Healthcare
✉ louise.grant@eqaccountants.co.uk
☎ 01382 312100.

Aside from the headline NI changes from the 2023/24 tax year, the Levy will have implications for payroll in terms of things like:

- P11Ds, Benefits of Kind, Payrolling of Benefits and IR35
- P60s, P45s and P11D forms
- Attachment of earnings/court orders

These changes and impacts are why the Levy is not being split out in April as they will take time to change these across payroll software.

If you have employees under 21 (or apprentices under 25), check that you're using the NI category letter M (or H for apprentices under 25).

For more information or advice regarding your payroll, please get in touch with Louise Grant.

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PLANS FOR CONTINUED GROWTH

An interview with Scottish Dental Practice Group owners, Philip and Christopher Friel.



Philip and Christopher Friel

SCOTTISH DENTAL CARE GROUP HAS GROWN EXPONENTIALLY – HOW WAS IT FOUNDED AND HOW DID IT GROW SO QUICKLY?

PF: I bought my very first practice in Kilmarnock back in 2003 and I always had plans to grow and develop a large private practice which I did with the launch of Advanced Dentistry in 2010. My brother Christopher and I then launched Scottish Dental Care Group in 2016 and this has grown since then to 16 clinics through tactical acquisition, and our plan is to keep growing. I've always been passionate about delivering great patient care and have been heavily involved in teaching, mentoring, and lecturing on many aspects of dental implantology which has been my primary focus. Following on from his experience in dental market acquisitions in England, Christopher could see an opportunity in the market for a Scottish family-owned dental group. That ownership structure is different to most other corporate groups, in that we personally retain majority control which is particularly important to me from the clinical point of view.

WHAT MAKES THE SCOTTISH DENTAL CARE GROUP ACQUISITION STRATEGY AND INTEGRATIONS PROCESS DIFFERENT?

CF: There is a necessary process to go through with all acquisitions no matter who the purchaser might be, but we try and make that as painless as possible for vendors. In looking at any differences where Scottish Dental Care Group is involved, perhaps the flexibility of options for sellers is something that we can offer since we have full control over our process and determine payment

structures in a way that will most suit the seller. With the clinics that we acquire, we do so on the basis of the strength of the teams in place and the reputation gained by the practices under their existing ownership. That being the case we tend to favour a "business as usual" approach on takeover, with perhaps some aesthetic changes or new technology made available, such as intra-oral scanners and such like. Immediately prior to an acquisition, we have open and honest conversations about what being part of the group means with the entire dental team. This ensures the integrations process is as smooth as possible and all team members feel included and excited about the acquisition process.

WHAT WOULD YOU SAY TO A PRACTICE OWNER CONSIDERING RETIREMENT OR THINKING OF SELLING THEIR PRACTICE?

PF: To a practice owner considering retirement or thinking of selling I'd urge them to have a confidential chat with myself or indeed any other dentists who have joined the Scottish Dental Care group of practices. The benefits of selling allow clinicians who were considering retirement to benefit from the shared resources we offer such as HR, Marketing, and Operations and we take all of the administrative tasks that go with running a practice out of their hands and allow them to get back to treating patients. For retiring dentists, we allow them to receive the full benefit for all of their years of hard work and dedication, ensuring that the patients under their care, and the teams that they have built, are well looked after and can continue to flourish. We have multiple options for vendors including full payment up front for the acquisition as opposed to deferral of funds.

WHAT ARE THE LONG-TERM CAREER BENEFITS TO THE DENTAL TEAM OF WORKING IN A SCOTTISH DENTAL CARE GROUP PRACTICE?

PF: Working for Scottish Dental Care Group opens several different career pathways for clinicians and the whole dental team. For example, there are opportunities for professional development that can give associates an advantage over those working in independent practices. There is also the advantage of being able to diversify and learn new skills like facial aesthetics or restoring dental implants. As a rule, we like to promote from within the group, so this allows dental nurses and reception teams to further their careers into treatment co-ordination or operations if they wish to do so. We have a digital strategy across the group with numerous CBCT scanners and installation of digital intra oral scanners in all of our clinics as we progress.

In addition, we have a fantastic educational offering both with our annual CPD weekend but also ongoing educational courses with industry leading educators throughout every year.

WHAT IS THE SECRET OF SCOTTISH DENTAL CARE GROUP'S SUCCESS?

CF: I'm not sure there's necessarily a secret, but we have a structured approach to what we do that is reverse engineered from the end point that we want to get to. We have a trusted Board of Directors who work very closely together to enable key decision-making processes, like recruitment and acquisitions, to be made swiftly in order that we maintain momentum. We also like to retain the family business ethos across all of our sites so that everyone feels included. Finally, with any business, hard work pays off!

WHAT DOES THE FUTURE HOLD FOR SCOTTISH DENTAL CARE GROUP?

PF: Scottish Dental Care Group will continue to grow. We will see another six clinics join the group in q1 2022 together with a number of practices later in the year, all of which we feel will add to our geography and capabilities, allowing us to grow in a focused and targeted way. We will also open our Head Office and training location in Glasgow and we're confident that having more people in place to support our network of clinics will solidify our reputation and expedite our plans for future growth.

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.



WHY I MOVED TO A PRIVATE PRACTICE DURING THE PANDEMIC

Suki Singh talks to associate Hussein Hassanali about his experience of moving from practising NHS dentistry to private

Before the pandemic struck, Hussein Hassanali was working at a practice he had been at for almost a decade and was spending 95 per cent of his time delivering NHS dentistry.

With a desire to challenge himself and upskill, Hussein had already been thinking about moving towards private dentistry before March 2020.

And during the pandemic, he found himself with more time to do just that.

In the first lockdown, Hussein completed courses and refocused on what it is he truly wanted to achieve and the kind of dentistry he wanted to do. This led him to move to the Thorpe Dental Group, where 99 per cent of his work is private.

I caught up with Hussein to hear more about how he used his time positively during the lockdown to regroup and change focus and how he feels since making the move to private...

SS: How have you found the past two years' working in the pandemic?

HH: For me, that first lockdown was a good opportunity as it gave me the time to do something I'd wanted to for a while, which is write my portfolio and get my restorative diploma.

I'd worked myself so hard over several years to keep doing more and more within the NHS and, at the same time, I was getting less and less for it. I was reaching a period in my life where I was thinking about whether I fancied taking a career break and the first lockdown actually felt like it provided that for me.

It almost reset me. When I came back I had a different mindset of the way that I wanted to achieve things. I'd focused a lot of time during that period on online CPD in non-clinical skills, such as communication. I tried to make that period work positively for me. I wrote down my goals and what I wanted to achieve.

What made it a difficult period is all the terrible things that were happening and the way that the NHS was affected. Practices had to close, it was very

slow to open up and there was a lot of emergency care. Nobody really knew what was going on.

I feel like dentistry was treated like medicine's irrelevant sibling because there was no mention of how dentists were going to get protected and what dental care patients needed. Everything at that time was, quite rightly, devoted towards intensive care and the hospital system. But then, when people realised that there is a lot more that's still needed outside of medicine, dentistry still felt quite ignored and that felt very disappointing for patients.

There were so many people needing access to care and lots of patients who weren't part of an NHS practice were being turned away because there just wasn't space for them. It felt like I couldn't find the time or the capacity to help everybody that needed it and that was difficult.

SS: What made you realise you wanted to move towards private dentistry?

HH: I'd built up a fairly decent network of people outside of my own practice and spent time with dentists with special interests that I referred to for some of the more advanced work that I couldn't do myself.

Seeing the careers that they had, how fulfilling it was and the way that they really challenged themselves and pushed their own boundaries to really make their day-to-day work interesting, made me feel like I wanted to be able to try and do what they did. And while I still have some way to go, I'm now moving in that direction.

SS: And how do you feel now you are practising privately?

HH: My everyday work is still mostly day-to-day general dentistry and keeping people fit and healthy, which is not too different to when I was working in the NHS. What I feel is different is that my work is more aesthetically driven in terms of the way that I'm doing things and what patients are more interested in.

I'm enjoying doing dentistry and doing more

interesting and challenging work, rather than spending all my time either firefighting or just trying to keep patients' caries-free and filling gaps with some amalgam.

I can't say I would never go back into the NHS; the last two years have taught us we don't know what the future holds, but even if I wanted to go back I'm not sure there will be that many NHS practices around to do that. There's a lot of talk about what sort of systems they're bringing in or how it's going to go and what might change; it's very uncertain.

For example, part of the reason that I did a diploma is because they were thinking about bringing in Tier 1 and Tier 2 practitioners and I thought, if I wasn't moving out of NHS dentistry that becoming a Tier 2 practitioner would have provided a career progression for me within the NHS system. Now, that's almost been buried and the pilots have been kicked into the curb with everything going back to the UDA system from April 2022. I'm not sure how many practices will want to move back to that.

SS: Thank you Hussein for sharing your thoughts and your experience of moving to private dentistry.

ABOUT HUSSEIN HASSANALI

Hussein graduated from the University of Liverpool in 2009 and completed his PG Dip in Restorative Dentistry in 2020 which granted Fellowship of BAARID. He is an Associate Dentist at Woodthorpe Dental Centre (part of Thorpe Dental Group).

ABOUT SUKI SINGH

Suki is a Regional Support Manager at Practice Plan, the UK's leading provider of practice-branded patient membership plans. To find out more about Practice Plan, visit practiceplan.co.uk



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KEY PRACTICE DOCUMENTATION

What is the importance of these documents, and why do practices need them?

We act for all sorts of practices, from sole practitioners to large practices which operate as partnerships or limited companies. All of them are different in some way, but in each case, there will be certain categories of documentation that they should have in place to protect the practices, the principals, associates and staff. Sadly we can't say that every one of our clients will have that documentation all neatly arranged. In some cases they will be lacking at least some of this essential paperwork, in others, it will be in place but may not be entirely up to scratch and could do with upgrading.

What is the importance of these documents and why do practices need them? It isn't just us being lawyers creating work for ourselves, the lack of some of these can have serious implications for a practice, perhaps not immediately, but potentially when a key change in the practice occurs (such as a change of partners or when the practice is to be sold). So what are we talking about?

EMPLOYMENT CONTRACTS

As most are aware, every employer has an obligation to provide their staff with a written statement of employment particulars. This doesn't necessarily take the form of an employment contract, but it will certainly contain all of the main elements of a contract. These documents are for the benefit of employer and employee and set out details such as salary, holiday entitlement, notice periods, etc.

Aside from being a breach of employment legislation, not having a written statement of employment particulars issued on time would potentially lead to an increased payment should an employee raise a tribunal claim against the practice.

ASSOCIATE AGREEMENTS

The associates are a key part of most practices. As they are not employed, there isn't the same legal obligation to have a written contract in place. However, from a commercial point of view, having well-drafted written associate contracts in place is very important.

One obvious advantage of a written contract is that it sets out, very clearly, the financial and other arrangements between the principal and the associate, reducing the risk of any disagreements or misunderstandings. Issues such as pay structure, working days commitments, and various leave scenarios,



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such as holidays, maternity leave and sickness absence will be covered. These situations can be very problematic for either party where there is no contract in place, as the law doesn't imply any specific provisions to cater for them.

In turn, it sets out what will happen when an associate leaves the practice (such as restrictive covenants and retentions). Having no paperwork in place can otherwise cause particular difficulties in such circumstances.

PARTNERSHIP AND SHAREHOLDER AGREEMENTS

Some practices operate as sole practitioners, but many operate with more than one principal. Such practices are structured, from a legal point of view, as partnerships or as limited companies. In either case, the importance of having a written agreement recording the relationship between the principals should not be underestimated.

In a partnership there should, rather obviously, be a Partnership Agreement put in place. The equivalent in a company is a Shareholders' Agreement. The exact wording of each document is different, but the same key areas will be covered in both of them.

Firstly, the agreement should set out how each of the principals will share in the profitability of the practice. Some will be paid a simple percentage of the profits, others may be either wholly or partly linked

to the treatment income generated by the principals themselves. Either way, clearly setting out the profit-sharing arrangements is essential, as not doing so has the potential to cause disagreement.

The agreements will cover a broad range of other issues, from working commitment from the principals, locum arrangements in the event of the absence of various natures and how decisions are reached within the practice. For example, are there any decisions that are of particular importance and should only be reached if all of the principals agree?

Looking longer-term, the agreement should address what happens should a principal wish to leave the practice. Can they sell their interest in the practice to a new dentist? How will their share of the practice be valued, etc? While this is seldom a focus for principals when they first go into business together, it should be addressed then, when neither principal has any immediate plans. Leaving it to nearer retirement time, conversely, can create significant issues as the principals may by then have very different ideas about how to handle such a scenario.

Ideally, every practice should have all of this documentation in place. We know from experience that that isn't the case. However, don't despair, if you are lacking any of these key documents, it isn't necessarily too late to correct the position for the future.

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Our clients represent a wide range of practice types and each one can be assured of our in-depth knowledge and commercial understanding of the dental sector.



“ We were grateful for Michael's experience and skill as he anticipated problems and guided us through some challenging situations. We were able to concentrate on our work, leaving him to negotiate our future. I have personally recommended Thorntons to many colleagues. They are a very safe pair of hands.

- GRANT MITCHELL ”



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WHO IS THE PERFECT BUYER FOR MY PRACTICE?

It's important that you take an educated decision

With so much pressure on the Scottish dental profession, it is not surprising to see that many practice Principals are considering their future and choosing to exit ownership at this point. At present, despite the ongoing uncertainty at the time of writing, goodwill values are remaining at an all-time high level. We have recent market intelligence of numerous transactions completing at 10-15 per cent above valuation in the Central Belt of Scotland.

As the only accountant focusing 100 per cent on the Scottish dental profession, we have more than 100 practice sale transactions experience and expect to complete on 10 in Q1 2022. This places us well to control the process and ensure that the optimal result is achieved for our clients. As a result of our

market awareness, we have recently been invited to present on behalf of NES on this subject and the recording is available on their portal.

Despite the column inches dominated by the corporate groups' PR teams at present, we are seeing a 70/30 split of sales in favour of the independent vs corporate buyers. Like everything in life, there are pros and cons involved with either type of buyer so it's important that if you are looking to 'cash in' on your life's work that you take an educated decision on which type of buyer would be most appropriate for you.

You need to look beyond the headline offer terms and lean on your advisers to ensure you fully understand the conditionality involved in any corporate deal. This can introduce the risk of up to a



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Director, Dental
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30 per cent adverse difference in the price offered if the retention period is not completed adequately.

With the two main Scottish Corporates of Clyde Munro and the Real Good Dental Company still showing real appetite for acquisitions, alongside Portman and Dentex gaining a foothold, we are now seeing a competitive landscape emerge between the corporates for market share. Given that they would be considered 'sophisticated buyers' you should ensure that you choose experienced and commercially focused professional advisers for your own team.

If you would like any free advice to consider your options, then we would be delighted to help as always. Feel free to give us a call or drop me a note.

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THE SCOTTISH DENTAL MARKET: A YEAR IN REVIEW

By Joel Mannix, Senior Business Agent – Dental, Christie & Co

Christie & Co sold a record number of practices in 2021 – a 260 per cent increase on 2020 – thanks to huge buyer appetite, with many prospective purchasers going out of their comfort zone, considering more rural areas for practice ownership.

We've sold a range of practices from private to mixed income, and specialist dental clinics to orthodontic practices.

The majority of deals are achieving premium prices as well as enhanced post-sale conditions, with buyers moving to improve their offers in order to beat competition and secure the sale.

Since 2019, we've seen Scottish instructions

increase by 15 per cent and viewings of practices increase by 38 per cent which indicates that, although supply in the market is improving, it still cannot meet the current demand.

A few key Scottish deals from 2021 include the sale of Moray Orthodontics' to a large Scottish group, Smile Dental Clinic to a pair of first-time buyers, West End Dental Practice to a first-time buyer and former Associate at the practice, and Fairmilehead Dental Practice & Implant Centre to a national dental group.

What to expect in 2022

As we move further into 2022, the dental



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

industry finds itself in the same juxtaposed state of operational challenges and high commercial demand.

Appetite from buyers is at an all-time high with Christie & Co facilitating much of the market success. We are likely to see a larger number of practices coming to the market in 2022, which will help satisfy buyer demand.

Ongoing COVID-19 variant outbreaks can make upholding levels of revenue difficult.

However, the increase in consumer spend for higher value private treatments has helped operators to recover and, in many cases, exceed previous income levels. 2021 was a big year for the Scottish dental business market, and we expect 2022 to be even bigger.

2021 WAS A RECORD YEAR FOR PRACTICE SALES IN SCOTLAND!

CHRISTIE & CO
Dental



Christie & Co Dental...



Generated **530+** viewings

1:2

Secured a minimum of **1** offer for every **2** viewings



Received **330+** offers, with an aggregate value of **£630m+**



Completed on **110+** practice sales



Sold **75%** of practices to independent buyers

Here is just a small selection of some of the practices we sold in Scotland in the last 12 months:



Fairmilehead Dental Practice
Edinburgh



Scotstoun Dental Practice
Glasgow



Moray Orthodontics
Elgin



Links Dental Practice
Edinburgh

Don't leave the sale of
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to chance

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Please get in touch for an initial discussion:

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Senior Business Agent
T: 07764 241 691
E: joel.mannix@christie.com

Paul Graham
Head of Dental
T: 07739 876 621
E: paul.graham@christie.com



Over the last few years, and in the recent decade in particular, we have witnessed the age at which dentists sell their practices prior to retirement come down, with the majority of my clients now selling between the ages of 50 and 55. While the increasing burden of administration and compliance has been a factor and more recently the stress of running the practice through the pandemic, most often their decisions are based on financial matters.

There are significant factors making retiring dentists sell their practices earlier than they would have anticipated:

REASONS TO SELL EARLY

Peak values: Firstly, owners realise the values of practices are at a record high. We have seen a sharp rise in values over the last decade and the way in which values are calculated are far more sophisticated meaning that this has a bigger correlation with the profit. The positive news is that there has not been any negative impact on goodwill because of COVID-19 and values look to stay strong.

Hassle factor: Dentists seeking retirement often tell me their reasons for wishing to sell are to reduce or eliminate the hours of administrative work required or the staffing issues – recruiting, sickness cover and more recently the stress of COVID-19 and all that

it brings in the ways in which the practice has changed.

A number of dentists who sell their practice may wish to remain in the practice as an associate – to carry on the clinical aspects of dentistry, which they still enjoy. While this is not often a requirement from buyers, I have dealt with a number of dental practice sales in which the principal wanted or needed to stay on, and this was part of the sales brief. As we are in such a buoyant market, the vendor certainly has more choices than ever.

Retirement income: Many of my clients are ‘cashing in’ on the high value of their practices and therefore eliminating the risk that these values may go down in the future. However, should they still need an income, they often agree to remain at the practice as an associate. This does not necessarily mean a fixed ‘tie in’ with ‘financial retentions’ (money held back from the sale proceeds) but secures a position for them to continue working until they are ready to retire.

While, as a principal, you’ll understand that



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

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your income will likely fall after the transition to associate within your former practice, the loss is often not as much as you think. For example, if a principal had earnings of £150,000 that reduced by £40,000 to £110,000, the net loss of income would actually be around £24,000 per annum once tax liabilities are accounted for. This net loss could be mitigated in other ways. The sale of practice proceeds may be used to clear any outstanding business loan, mortgage or other loans. This will reduce the amount of net income required. Other expenses, such as surgery insurance, practice expenses (locum cover), life cover and income protection, are often also reduced.

Practice sale proceeds could also be invested to generate a regular income to add to the associate earnings. Contributions to pensions potentially stopped – although it would be vital to seek expert independent advice before doing so. This would usefully form part of a personal financial review with an independent financial adviser. My independent financial adviser (IFA) colleagues say their clients are often pleasantly surprised by the outcomes from such reviews.

THE MARKET ISN'T SLOWING

The practice sales market has been very active over the last decade and are no signs of this slowing down. Therefore, many principals are seeking to cash-in the value of their practice because, if sale prices do go down, it could mean them working for a number of years to make up the difference. If early retirement seems attractive, you should seek professional advice on the likely value of your practice and your potential income in retirement.

Martyn Bradshaw is a Director of PFM Dental and heads up the sales and valuations department. Established in 1990, PFM Dental is a leading professional service provider for the dental profession providing sales and valuations, wealth management, financial advice and accountancy.

PFM Dental and Thorntons Law are hosting a free ‘Preparing for Retirement’ seminar in Glasgow on the 22 June which is ideal for anyone considering the sale of their dental practice or retirement. To book your free place, or for more information, visit pfmdental.co.uk/news-and-events or contact Laura Naylor on 01904 670 820.

<https://pfmdental.co.uk/could-you-retire-early/>
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“
THE PRACTICE SALES MARKET HAS BEEN VERY ACTIVE OVER THE LAST DECADE. THEREFORE, MANY PRINCIPALS ARE SEEKING TO CASH IN

A must attend afternoon event for practice owners within 10 years of retirement with presentations from leading practice sales agency PFM Dental and dental solicitors Thorntons, including sessions on **goodwill valuations**, the **legal aspects of selling** and **NHS pension options**. Our experts will give you a valuable insight into current market conditions and offer practical advice on your retirement options.

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- The legal process
- NHS Pension and early retirement options

Exciting new seminar venue for 2022!
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Wednesday 22nd June
1.30pm - 5.00pm

Schedule

- 1:00 - 1:30** Arrival (and light lunch)
- 1:30 - 3:00** Selling your practice, valuations
and the current market
- 3:00 - 3:15** Break/Q & A
- 3:15 - 4:15** Legal aspects of selling
- 4:15 - 5:00** NHS pension and investing
your proceeds
- 5:00 - 5:15** Close and time for questions



The Panel



Martyn Bradshaw, sales and valuations - a market update, preparing your practice for sale - plus tips to enhance its value. Martyn oversees hundreds of practice sales and valuations each year.



Jon Drysdale, wealth management - NHS pension and early retirement, HMRC pension allowances and how to make the most of your money beyond the sale. Jon has 15 years' experience advising dentists.



Michael Royden, partner, Thorntons Law LLP - Key steps in the legal process on a practice sale. We will consider the process of diligence and the contract for selling the practice, designed to assist you in preparing for sale. Michael has specialised in advising dentists for over 20 years.



Ewan Miller, partner, Thorntons Law LLP - Ewan will be addressing some of the property issues which regularly arise in a practice sale, identifying potential problems which can be rectified ahead of a practice sale. Ewan has specialised in advising dentists for over 20 years.

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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.



Jayne Clifford,
Director, Martin
Aitken, and member
of the National
Association of
Specialist Dental
Accountants &
Lawyers (NASDAL).

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www.maco.co.uk



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.

Your reps across Scotland

In this special section, we feature some of the leading company representatives supporting the dental profession across Scotland with 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 into 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-19, so dental representatives can provide a valuable service to find out what is new in the industry, and to offer

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 82-85.

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DECADES OF EXPERIENCE TO HELP PRACTICES THRIVE



Practiceplan
The business of dentistry

Part of the **WESLEYAN** Group

Louise Bone
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PRACTICE PLAN draws on decades of experience to help practices thrive. With many years' experience working in dentistry, Louise Bone and Cheryl Reynolds understand first-hand what challenges dentists and their teams are facing.

Louise's knowledge comes from working as a dental nurse in an oral and maxillofacial surgery, an Infection Control Support Nurse in the National Decontamination Team for NHS Education for Scotland, a specialist dental nurse with Edinburgh Dental Specialists and a Clinical Care Coordinator.

In 2013, she joined Practice Plan as a Regional Support Manager (RSM) and since then has been using that knowledge to support dental teams to grow and develop their business, as well as guide dentists who want to leave the NHS.

Cheryl has worked in dentistry, including in hospital and theatre settings, for more than 20 years. Over the decades she has worked in a variety of roles including training nurses in infection prevention and control, Head of Compliance and a teacher of multiple continuing professional development (CPD) verifiable courses. Cheryl also has the accolade of being Scotland's only Institution of Occupational Safety and Health (IOSH) qualified registered dental professional. Now, as an RSM for Practice Plan, Cheryl is turning her experience and expertise to helping other practices thrive.

As RSMs, Louise and Cheryl are there to help practices build profitable and sustainable businesses through a well-populated membership plan. They do this not just from their own experience, but also as members of a team of RSMs with a combined experience of over 300 years and by being part of Practice Plan, the UK's leading provider of practice-branded patient membership plans.

Practice Plan partner with over 1,700 dental practices across the UK and have expertly supported many of those to gain more independence from the NHS or change plan provider, which is now possible via a hassle-free Easy Switch bulk transfer process.

Alongside flexible plans branded to your business, Practice Plan also offers ongoing support including expert business consultancy, events, a member-exclusive Resource and Learning Hub (including CPD) and an in-house marketing and design team.

We'd love to hear from you and discuss how we can help your practice now and in the future. You can contact us via 01691 684165 or visit: www.practiceplan.co.uk for more information.

DELIVERING EXCEPTIONAL CUSTOMER SERVICE



Richard O'Brien
Regional Product Specialist
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AS a world leader in Dental Pharmaceuticals, Septodont has consistently led the way in delivering high-end products for your practice and your patients. Richard O'Brien worked in dental retail and manufacturing and comes with extensive experience within the dental industry. Richard uses this vast knowledge to better assist you and your practice. Well known in Scottish dental circles for his friendly demeanour, Richard takes pride in delivering exceptional customer service in a professional manner.

Now producing over half a billion dental anaesthetic cartridges every year, it's no surprise that Septodont lead the World in dental pain management, but Septodont have been at the forefront of innovation too: with over 800 articles in PubMed, you can be assured that Septodont's bioactive materials can be trusted to benefit both your practice and your patients. Biodentine™ and BioRoot™ RCS, based on Active Biosilicate Technology, are revolutionising the treatment of deep caries, "irreversible" pulpitis and RCTs.

If you would like to find out more about any of Septodont's products or would like a product demonstration – either in person or online – please feel free to contact Richard:

DMG DENTAL UK WELCOMES NEW TERRITORY MANAGER



Donna Morrison
Product Sales Manager for the UK
✉ donna@dmg-dental.co.uk
☎ 07375 150194

WE ARE pleased to welcome Donna Morrison to the DMG Dental UK team as our new Territory Manager for Scotland.

Donna joins us from an extensive and interesting background in dentistry, having worked in the industry for 33 years. She began her career as a dental nurse, working in practice for 15 years, before moving into sales. Her first sales job was with a leading dental manufacturer, she then moved on to work with Dental Directory for 10 years. Donna returned to the manufacturing side of the industry before a period at Wrights and The Ventilation Company.

Donna especially enjoys working on hands-on courses and carrying out in-practice training. This will be a vital part of her role at DMG Dental UK, as we place a strong focus on educating our customers on our range of products to help them maximise opportunities and offer patients exceptional treatments.

Donna is looking forward to her new adventure heading up and being an integral part of the core product team at DMG. This is a role she has always sought, and she is excited about the new challenge.

You can contact Donna directly via email at donna@dmg-dental.co.uk or on 07375 150194.

HELPING PRINCIPALS MAXIMISE THEIR VALUE



Ted Johnston
Practice Valuation Consultant
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SINCE starting with Dental Elite in 2018 with the focus of growing the Scottish market, Ted Johnston has seen changing attitudes to Scottish Dental Practice Valuations, as buyers and sellers move away from the percentage of turnover metric and instead embrace EBITDA models, allowing for greater goodwill values than previously achieved especially with increased corporate consolidation across the country. Ted says "While business valuations have been calculated on EBITDA models for many years, this was slow to be adopted in the Dental Practice market and Scotland has largely continued to look at valuations on the basis of percentage of turnover. In many cases this has meant that profitable Scottish practices have not secured their full value in the past. One part of the job I love is the chance to work with Principals to understand their valuations and how small changes will increase EBITDA and practice value." Despite the strangeness since 2020 and the large periods of Practice closures and Covid restrictions, we saw over 120 dental practice deals complete so far in the 2021-22 Fiscal Year and at the current rate the next fiscal year will outstrip that figure again.

Testimonial from Dr. John McGregor

"Initially, I was not completely sold on the idea of selling my practices, but my business partner thought we should test the water and see what possible outcomes there could be for the business. While still sceptical we had a meeting with Ted Johnston from Dental Elite and he explained the possible deals available at the time, which I thought would be unachievable as they really seemed too high. He reassured me that the figures were current and could at quite possibly be higher. He was actually right. His advice and knowledge throughout the process really was excellent. He kept us well updated on when we were to receive an offer and what the situation was with the buyers. He got us the best deal."

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

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Colin Hart
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☎ 07771435110
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SOUTHERN Implants is a privately-owned, global osseo-integration company founded in 1987.

Focused on the top end of the market, our implant range has been specifically designed to simplify complex cases, reduce the need for grafting, reduce the number of visits needed to complete the treatment and to facilitate straightforward restorations.

Our well proven surface with over 21 years of published data, the high-strength Grade IV pure titanium we use and our unique co-axis angled implants, Inverta and MAX implants that complement our regular implant range, combine to facilitate predictable immediate treatments that work with biology and biomechanics, to facilitate successful long-term treatments. Our clinical support and product specialist in Scotland is Colin Hart, Regional Manager for Scotland. Colin is well known for his cheerful presence and exceptional clinical and customer support. Please contact Colin directly for any enquiries.

LEADING RECRUITMENT AND VALUATION ADVICE



Sian Storer
Recruitment Consultant, MediCruit
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✉ sian.storer@medicruit.co.uk

WITH more than seven years' experience in the dental recruitment industry, Sian Storer has become an adept Recruitment Consultant to practices all over Northern England, Scotland and Ireland. Sian aims to provide skilled and qualified dental candidates to dental practices in the UK as well as find the perfect roles for dental professionals seeking work.

Peter Cummings has over 27 years' experience in the dental industry working for both a blue-chip dental supplier and manufacturer and independent dental marketing companies. His expertise includes business development, marketing and sales, recruitment, project management and team management. Peter is responsible for conducting detailed business appraisals and valuations with practice owners to assist them with their exit strategy. His extensive knowledge of all aspects of dentistry enables him to provide valuable market insight and advice which is tailored specifically to the dental practice owner's business.



Peter Cummings
Practice Valuation Manager, MediStates
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OFFERING EXCEPTIONAL SUPPORT AND ADVICE



Philip Wright
Account Manager at Carestream Dental
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✉ philip.wright@csdental.com

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.

Carestream Dental's dedicated Scottish team is completed with Kirsty Morrison who has over 20 years' experience working in practice, hospital and community environments with a background in all aspects of Dental Nursing/Practice Management with post qualifications in radiography, sedation and special care nursing. Kirsty has been an Application Specialist at Carestream Dental for 7 years with a focus on providing training for dental staff in dental practice management software, imaging equipment and intra-oral scanning.

To book training for your practice staff contact Carestream Dental at 0800 169 9692 or email uksales@csdental.com



Kirsty Morrison
Application Specialist at Carestream Dental

MERZ AESTHETICS – A VISIONARY APPROACH TO THE USE OF ULTRASOUND IMAGING



Over the last decade, medical ultrasound imaging technology has improved dramatically, creating clearer and more defined pictures. The advancement to portable devices has improved the accessibility of ultrasound and therefore improved patient care. We find ourselves in an age where ultrasound is sophisticated enough to fit in your pocket whilst seamlessly sending images to your mobile device.

Merz Aesthetics recognise the importance of patient-centered treatment and care, and the role ultrasound will play in the field of Medical Aesthetics and therefore have invested in Vscan Air™ and Venue Fit Ultrasound™ (both from GE Healthcare) for all of the Healthcare Practitioners that deliver training on their behalf. Coming together with the team from Cutaneous (www.cutaneous.org), Merz Aesthetics training partners practically worked through the many advantages towards patient treatment protocols; identifying previous Hyaluronic Acid filler treatments, mapping vascular anatomy and managing complications over two days training in Glasgow.



DR SEVI SAYS...

Merz Innovation Board Member
Dr Julia Sevi attended the training in Glasgow and has this to say:

"Merz has taken a visionary approach to the future of ultrasound imaging in aesthetic medicine by facilitating skills training, and creating a collaborative environment in which the many potential applications can be developed."

Merz Aesthetics believe their substantial investment in medical ultrasound imaging demonstrates their commitment to improving patient safety and setting the standards for future patient care in aesthetic medicine. UK colleagues and international experts spent two inspiring days learning to visualise live facial anatomy through ultrasound imaging, and also gained insights into the ultrasound-led assessment and management of adverse events from leaders in the field.

Accessible high definition ultrasound could now be within the reach of many clinics, and I believe this will herald a revolution in care. The introduction of point of care routine scanning has the potential to improve safety and efficacy, and having been privileged to now use it in my daily practice, I cannot imagine ever working without it - it would

feel like being asked to drive my car with my eyes closed! At Aesthetic Health we now increasingly use ultrasound imaging throughout our patient journeys, and so far the patients and team love it. This starts with assessment of tissue depth, thickness and individual anatomy during consultation, to better plan the treatment prescriptions. Patients' fascination at visualising their internal anatomy supports patient engagement and a greater understanding of the rationale behind their treatment plans. Regular review of the evolving changes in tissues help us monitor the regenerative responses, to keep the plan on track, and to illustrate the internal tissue changes to our patients.

At the point of care in the treatment room, ultrasound can be used before, during and after treatment for vascular mapping and optimal placement of treatment for enhanced safety and efficacy. In adverse event management, ultrasound opens up the potential to improve outcomes through a national network of trained practitioners with centralised skills and audit. It also has the potential to augment aesthetic medical training through upgrading 3-D anatomy via live anatomical assessment of all facial layers and fine tuning our accuracy of treatment delivery. For anyone feeling daunted at the thought, I would encourage you to dive in, because surely any direct vision of the internal anatomy of your patients is better than none. Your skills will evolve quickly once you start and soon you will wonder how you ever treated without visualising the internal landscape of your patient, before diving in.



For all enquiries, please contact Lucy Dowling: lucy.dowling@merz.com

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 by email to UKdrugssafety@merz.com or on +44 (0) 333 200 4143.

Merz Pharma UK Ltd, Ground Floor, Breakspear Park, Breakspear Way
Hemel Hempstead, Herts, HP2 4TZ Tel: +44 (0) 333 200 4140

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SCAN ME



ADVANCING MEDICINE IN AESTHETICS



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

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

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

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

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

IT AND NETWORKING

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

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

DENTAL CHAIR SUPPLY

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

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

IMAGING SUPPLY

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

way on your digital dentistry journey. The Planmeca range consists of a wide choice of world-class 3D CBCT X-ray machines which feature Planmeca's unique pioneering Ultra Low Dose protocol and the world's first Correction Algorithm for Latent Movement; Planmeca CALM™. Planmeca's digital portfolio also consists of a range of advanced intraoral X-rays and chairside digital impression solution PlanFIT, featuring the jewel of the crown, intra-oral scanner Planmeca Emerald. IWT have access to Planmeca's dental mobile showroom PlanDemo, where you can experience the complete digital workflow in the comfort of your practice surroundings. Available to book at a time that suits, it's the perfect tool to introduce you to the world of digital dentistry.

PROJECT MANAGEMENT

IWT specialise in providing end-to-end project managed solutions. When carrying out dental surgery or full practice renovations, we provide a comprehensive solution second to none. Project management includes installation of all equipment, plumbing and electrical works, to final decoration of the new area.

We provide every required service to complete all installations to remove the stress of your refurbishment project from all practice staff. Our high client retention rate is of great pride to all at IWT and is testimony to our dedicated team of expert technicians and the exceptional service we provide. specialise in providing end-to-end project managed solutions. When carrying out dental surgery or full practice renovations, they provide a comprehensive solution second to none.

Project management includes installation of all equipment, plumbing and electrical works, down to final decoration of the new area. They provide all services to complete the fit-out, which removes the stress of the refurbishment from all practice staff.

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



The Ventilation Company

Clean, Green and sustainable ventilation solutions

The Ventilation Group are the industry experts in dental ventilation and our purpose is to return your practice to pre-pandemic operations. With our knowledge and experience in sourcing, installing, and maintaining dentistry ventilation, we offer an end-to-end service tailored to your practice's needs. Trusted by many practices already, it is our aim to bring you on our journey towards improving Scotland's dental health. You have a duty of care for your staff and patients (Corporate Social Responsibility).

INCREASE YOUR

 PROFITABILITY  COMPLIANCE  EFFICIENCY  APPOINTMENTS

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

We understand the impact COVID-19 has had on the industry and patient dental health. With mandatory fallow-times and public hesitancy over virus transmission, the number of patients returning for check-ups and treatments has fallen way below pre-pandemic levels. Significantly, oral cancer referrals in Scotland have dropped by 30% since the onset of the pandemic. Upgrading your ventilation could significantly help increase your daily patient intake and ensure a safe environment for those returning.

The services we provide make the process of fitting new ventilation simple and affordable for our clients. We involve ourselves in every step of the process, overseeing the entire progress of the install. From preliminary measures of surveying the practice - determining which system would best suit, to the maintenance of the ventilation following the physical install. We also provide consultation to NHS practices when it comes to applying for government funding. Crucially, we have kept our processes as efficient as possible to ensure affordable, universal access to our services – whether you are an NHS or private practice.

At The Ventilation Company, we take pride in being green, clean and sustainable. Thus, when providing our universal service around Scotland, we look to minimise our carbon footprint. Therefore, while the March 2022 deadline for NHS funding is fast approaching, we aim to plan ahead and cover your location in a sustainable and well-planned manner.

With our accessible, end-to-end service, there has never been an easier time to improve your ventilation to help you return to normal service. Contact us now for a free quote and we can start your journey towards cleaner and more effective ventilation.

> TRYCARE



IMPLANTOLOGY COURSE 2022

Supported by Trycare and Adin implants, delegates attending all three modules of the Quest Implantology Course 2022 will learn everything they need to know to start implementing simple implant treatment plans, plus 36 hours of CPD!

Accredited by The Royal College of Surgeons of Edinburgh and presented by Mr Girish Bharadwaj, the course will give delegates a thorough basic knowledge of implantology. This includes an overall perspective of implantology with an evidence-based approach; the necessary surgical and restorative skills to implement simple treatment plans; an understanding of the challenges involved in the surgical and prosthetic phases of treatment; and an understanding of when to refer based upon their skill levels.

On completion of the course participants should be able to diagnose and carry out treatment planning for patients requiring implants; be able to carry out initial risk assessment and consent the patient appropriately; insert and restore implants under supervision in a simulated environment; be able to identify the complexity of individual cases and place implants in simple cases under supervision as well as referring for additional support and guidance based on treatment needs and their skill set.

The course will be held in Edinburgh. April 22 and 23: Module 1 (Basic Theory and Hands on flap design). May 20 and 21: Module 2 (Surgical and Restorative Concepts including Live Surgery) and June 17 and 18: Module 3 (Maintenance including Live Surgery). Course fees are £1250.00 (including VAT) per module and £3500.00 (including VAT) for the full course.

For further information or to book your place contact info@ochilviewdental.co.uk

> TRYCARE

DISCOVER THE MAGIC OF TRYCARE!



Over recent years, it has come to our attention that a lot of dentists think that Trycare is a new company, a small company, only do "speciality" products, are more expensive than other companies and don't do deals. Whereas, in fact, Trycare are none of these things!

As the UK's fastest growing dental supplies company, Trycare are located at the epicentre of UK dentistry and can trace our pedigree back over 75 years of delivering reliability, service, innovation, value, knowledge, products and honesty to our customers nationwide. We can provide an unparalleled level of dental knowledge to support our customers' desire to deliver the best possible treatment to their patients.

In the last four years, we have quadrupled the size of our warehouse to enable us to stock even more products and meet the demands of the ever-changing dental environment. We listen to our customers' wants and needs. It is true that we are justifiably proud of the many unique "speciality" products exclusively available from Trycare including Adin implants, Osteobiol from Tecnos, the complete Tokuyama range, Biomin, Kerator overdenture attachments and many more. However, in addition to these, we offer all the consumables you need on a day-to-day basis to run your practice seamlessly.

Plus, we constantly monitor our prices against our competitors to ensure that we are at least evenly matched if not even better priced! And we offer the Trycare Price Pledge that we will match any like-for-like price.

To discover the magic of Trycare for yourself contact your local representative, call 01274 885544 or visit www.trycare.co.uk

> SHOFU



GINGIVA AND ENAMEL SHADES FOR GREATER INDIVIDUALITY

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

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

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

Thanks to their excellent spreadability and sculptability, even fine details of the tooth morphology can be reproduced without difficulty.

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

> ALIGN TECHNOLOGY

ARE YOU READY TO GO?



Align Technology, Inc. has announced the launch of Go Day to enable general dentists to discover more about its Invisalign Go portfolio. The online event runs from 7pm on February 24 to give general dentists the opportunity to explore how Invisalign clear aligners and a digital workflow can help them provide comprehensive dental care with improved aesthetic and oral health outcomes, as well as a better patient experience.

This free, online event covers these topics with the help of two experts who will explore how the integration of the Invisalign Go system with additive prosthetics provides a minimally invasive treatment approach, and how the minimally invasive approach of the Invisalign Go Plus system helps GPs achieve long-lasting treatment in a short timeframe.

Prof. Camillo D'Arcangelo will present 'Non-invasive, simple and predictable dentist for aesthetic and functional rehabilitation', and Dr Camilla Morrison will present 'Minimally invasive dentistry and the integration with Invisalign Go Plus'.

Align Technology's Jody Carter, Senior Director, Marketing GP Channel EMEA, Abhishek Ganguly VP, Sales GP Channel EMEA, and Lee Taylor, Vice President of Marketing EMEA will introduce the Invisalign Go system and provide information on the Invisalign Go portfolio, including Invisalign Go Plus.

The event is open to Invisalign providers and non-providers and will be presented in English, with online translations available in Italian, German, French, Polish and Spanish.

To register please visit: www.invisalign.eu/provider/gp/professional-development/educational-events/3GUORFgQBx0byKlqhXD8FG



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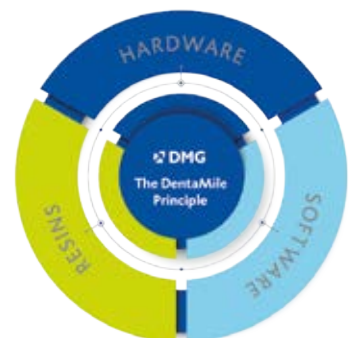
Complete solutions for the digital workflow

At DMG, we know that the key to success is efficient working practices for the whole dental team.

Our digital portfolio – DMG DentaMile – follows this approach with an integrated system, aiming to simplify the digital workflow.

DentaMile can be set up easily, you just need a computer and an internet connection to get started. No major training is required, meaning that you can start designing files and printing work almost immediately.

With perfectly intertwined software, hardware and materials, stepping into the digital world just became a whole easier with DentaMile!



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



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