ESSENTIAL KNOWLEDGE FOR DENTAL PROFESSIONALS IN SCOTLAND

# Scottish Dental

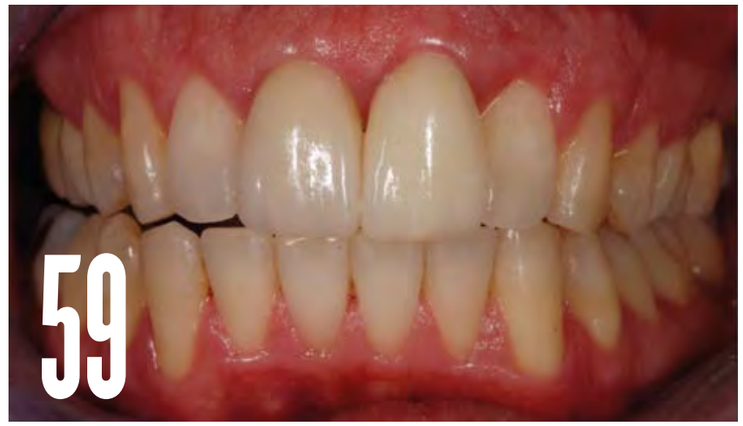
APRIL 2022

RRP £5.50

# Tips and pearls

From the Scottish Orthodontic Conference 2022

see p36



Scottish Dental

CONNECT
ENGAGEMENT IS EVERYTHING

MANAGING EDITOR
David Cameron
david@connectmedia.cc

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

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

DESIGN
Felipe Perez and Stuart Mathie

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



ISSN 2042-9762

**Will Peakin** editor@sdmag.co.uk
Follow Scottish dental on Twitter at: **@ScottishDental**

# Looking ahead

*Now that work has restarted on developing a new model of care, perhaps the profession can focus on its future*

On reflection, I've probably been guilty of over-using the 'why oh why' form of journalism in this column. Perhaps, in the two years of the pandemic, too many pieces wondering why this enforced period of inactivity had not been used to continue the work developing a new model of care which had been under way in the run-up to lockdown in March 2020.

There is still a part of me that wonders. But, maybe, it truly was not the right time to be discussing a redesign. Not only was the focus on merely surviving but, until the COVID-19 virus had been brought under control, we did not know in what state the profession would be left – nor could we usefully envision its future.

Today, we are in a different place. We know the impact felt by the profession. We know the enormity of dealing with the treatment backlog. But we also know the direction of travel that was signposted by the Oral Health Improvement Plan, published in 2018, and the aims that are still valid.

They are a system focused on the prevention – rather than treatment – of disease, the reduction of health inequalities, meeting the needs of an ageing population, increasing services on the high street, improved public understanding of services available, better governance for the sector, and increasing the skills mix of the workforce.

At a conference for dental trainees last month, organised by the Royal College of Physicians and Surgeons of Glasgow, Tom Ferris, the chief dental officer (CDO), began by saying that he wanted to look forward, not back. Not to dwell on decisions made as the virus took hold.

In the context of speaking to people beginning their professional journey, that was entirely correct. Both the UK and Scottish Governments have announced inquiries into the authorities' handling of the pandemic, so there will be plenty of scope for people to question and for officials to reflect.

The CDO did say that perhaps things could have been handled differently and that he and his colleagues, based on lessons learned, "need to sit down and write the handbook for any future CDO". But now his focus is, again, on the new model of care. Before the pandemic, its components were an oral health risk assessment (OHRA), a prevention and periodontal care pathway, an NHS treatment 'toolbox', and a new system of remuneration.

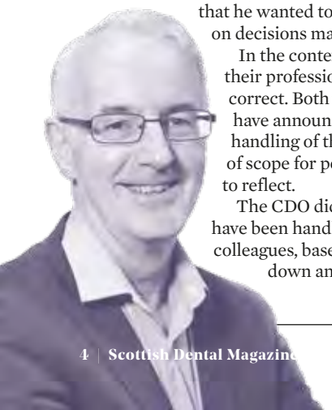
"This is the immediate piece of work for us at the moment," said the CDO, "where we will be reviewing where we've got to in light of the experience of the pandemic."

However, this work has to be set in the wider context of a process which he described as "recovery, renewal and reform". The first refers to the provision of a full range of care. The second to addressing the patient backlog. The third to "moving dentistry forward over the next decade".

For more detail on the CDO's thoughts, see page 28. There is a lot to discuss. An opportunity for the profession to do so, and to look forward, comes on 24-25 June when The Scottish Dental Show makes a welcome return. For more detail, and how to register, see page 46.

But, first, turn to page 24 and read about the aim of John Gibson, Emeritus Professor of Oral Medicine at the University of Aberdeen, to walk 1,200 miles from Land's End to John O'Groats this summer – in the cause of suicide prevention, postvention and research. **#onemanwalkingamilliontalking**.

> WE KNOW THE IMPACT FELT BY THE PROFESSION. WE KNOW THE ENORMITY OF DEALING WITH THE TREATMENT BACKLOG. BUT WE ALSO KNOW THE DIRECTION OF TRAVEL



# Insider

**Arthur Dent** is a practising NHS dentist in Scotland
Got a comment or question for Arthur? Email **arthurdent@sdmag.co.uk**

# System reset

*Definition: a wholesale change necessitated by a breakdown in the structure and ability of a system to fulfil its purpose. For those of us who remember early 'Windows': the blue screen of death...*

This appears to be the rhetoric of both government and negotiators alike. Not to mention practices planning to become private and the corporates purchasing practices at breakneck speed. I've suggested it may not be the time to change. However, with new financial support coming in, only supported for one year, and rhetoric about a new model of care being repeated, I guess I should stop being part of the problem and start being part of the solution.

The NHS. I don't believe a government that gains votes by appealing to those with least to lose, would act to remove NHS dentistry. They have committed to free dentistry for all, this parliament. They've also (if you believe them) added another £20-25m to the budget through fee changes. A smart government would see the writing on the wall that many practitioners will move to private care (this will reduce NHS activity and save them a fortune).

Private practice will expand. However, the private dental budget will not. If anything, it may contract, as we saw following the credit crunch in 2008. Inflationary pressure, higher taxation to pay for Covid, higher Scottish taxation, energy prices and Putin's war in Ukraine will all help to shrink peoples' disposable income. Private care will be more difficult, but absolutely possible. Colleagues will demonstrate the value with their dental and marketing skills. Not to mention taking advantage of the massive waiting times for NHS care.

Secondary care will have extreme pressure through the referrals heading their way. They have been hamstrung by Covid restrictions and diverted resources. This will continue, hopefully to a lesser extent. The increased complexity of treatment delayed by Covid will result in a higher level of referrals and more time pressure.

Workforce planning has been underestimated for some time. The powers that be have thought caries is reducing and care will become easier as time goes on. Personally, I never believed this, but Covid will set us back years in terms of our caries profile and resultant treatment. Younger (than me) practitioners were not interested in 40 to 50 hour weeks. Now everyone has had a taste of reduced hours, it's going to be difficult for us all to revert. There's a flood of retirement requests in the post from April too, not to mention a whole year of graduates missing as training times were extended.

Infrastructure. In normal times, adding a surgery, revamping equipment or a building is a major investment which requires time, money, and guts. No one has been spending much money on this in wake of the uncertainty in our lives. Even the new funding, with three-month review periods and 12 months of 'certainty', does little to inspire hands to delve into pockets. We know we're going to have more work, we know we need more service provision, we know practitioners will be working slower and fewer hours. We need more surgeries.

## All problems. Where's that solution?

NHS care. Create a consultation on a new model: fine. Set a timeline for delivery in three to five years. Let's get the Covid backlog out the way. Accept there's going to be a s**t ton of work to do and fund it. Keep the multiplier at 1.25 until the new model is properly considered, fully consulted and tweaked through pilot after pilot. Move to free care for all: immediately. Scottish Government – you said you were going to do it: just do it. Remove barriers to care. Up the prior approval level to £750 but limit the number of aesthetic elements you can perform before approval (e.g., four crowns/veneer/bridge units before approval required). Define what's possible on the NHS – that gives us clear rules on items of treatment. Address the really out of date fees: like anything to do with lab work.

Private care. Get on with it, people. Do it, do it now, give your patients certainty. It will see you in good stead for the inevitable squeeze on budgets that is coming. If you wait, you will miss the boat. It will also help to solidify the landscape for those who do not wish to move by defining the real Scottish Government dental budget.

Secondary care. We need to expand the 'private sector' for specialist care that can work on NHS fees. For example, surgery clinics taking referrals but avoiding the hospital service, ortho clinics etc. Provide some small incentive to doing in-house referrals or to these other clinics using NHS fees. This will utilise the skills of people that can and reduce the burden on the stretched specialist services. Expand PDS-based consultants to provide local specialist referral services, mostly for treatment plans. They just have to be realistic for NHS care! Help GDPs to provide all the care they can, thereby reducing the burden on secondary care and teaching GDPs in the process. Incentivise specialist qualifications, MSc etc, to increase the GDP skill base. Perhaps part-funding with tie-ins to NHS care.

Workforce planning. It has to be upped, by at least 25 per cent. Do it now: it takes 10 years for a new undergraduate to become a properly productive dentist.

Infrastructure. Re-introduce the SDAI grant. Call it something else but help practices fund improvement and, in particular, expansion. Tie-ins: certainly. Restrict the number of practices providing NHS. Ensure there's a proper business plan in place for new practices. This ensures ongoing value for money and service provision but also ensures re-sale values. This drives investment from younger dentists (or corporates) creating longevity in the system. The system doesn't work without non-governmental investment.

There you go. Scottish Government, get on with it!

# PLANS FOR CONTINUED GROWTH

An interview with Scottish Dental Care Group owners, 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.

Philip and Christopher Friel

**What would you say to a practice owner who is 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 for a dental team 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.

# New model of care work restarting

*CDO outlines a process of 'recovery, renewal and reform'*

**A RESTART** of work on developing a new model of care for dentistry in Scotland has been signalled by Tom Ferris, the country's chief dental officer.

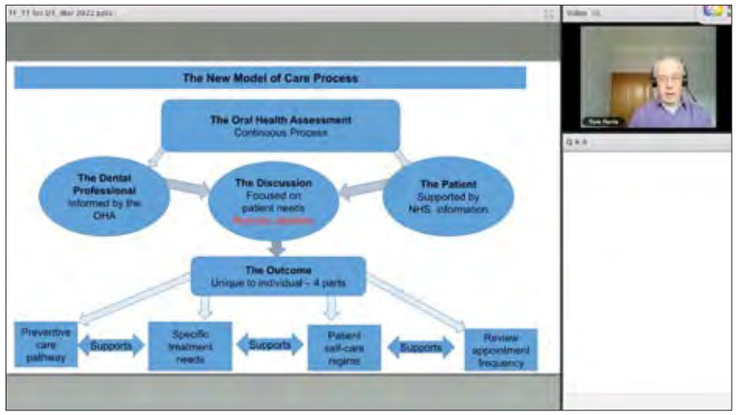
"This is the immediate piece of work for us at the moment," said the CDO, "where we will be reviewing where we've got to in light of the experience of the pandemic."

Before the pandemic, working groups had been established to develop the model which would include introducing an an oral health risk assessment (OHRA) for patients, a prevention and periodontal care pathway, an NHS treatment 'toolbox', and a new system of remuneration.

The CDO's comments came during a presentation to dental trainees organised last month by the Royal College of Physicians & Surgeons of Glasgow. In it he outlined a process of post-pandemic "recovery, renewal and reform" which involves ensuring that a full range of care is available and that the backlog of patients is tackled before putting a new system of care in place.

In terms of how the care is delivered, he said that the independent contractor model "has served us very well" and was currently "the only game in town" apart from the public dental service.

"Is there another way of delivering that," he asked, citing not-for-profit, community interest companies and an entirely salaried service. "I think we need to think through how we would like to see that looking across Scotland, where probably not one size fits all."




The Oral Health Improvement Plan, published in 2018, envisaged a system focused on the prevention - rather than treatment - of disease, the reduction of health inequalities, meeting the needs of an ageing population, increasing services on the high street, improved public understanding of services available, better governance for the sector, and increasing the skills mix of the workforce.

The CDO said that progress had been made on preventative care for children, reducing inequalities through the Community Challenge Fund, and meeting the needs of an ageing population through enhanced skills for GDPs. The pandemic, inevitably, brought that progress to a halt. But, he said, that work was now again underway.

*Tom Ferris on recovery, renewal and reform: see page 28*

## Commendations announced

Six people have received the President's Commendation, which recognises significant service to the dental profession through the College, or former Faculty of General Dental Practice, at local or national level.

They include Paul Friel MCGDent, a general dental practitioner in East Kilbride, who was recognised for his service as Lead Tutor of the FGDP West of Scotland division's MJDF Study Group, "in particular his adaptation in response to coronavirus restrictions of the division's highly interactive face-to-face study evenings into content-rich, virtual group meetings which have provided excellent support to candidates".

Jonathan Hiscocks was commended for his service to the Faculty in Scotland. A former director of its East of Scotland division, for many years he acted as a mock examiner in the preparation of MJDF examination candidates across the country and was the Faculty's representative on NHS Education for Scotland's Dental Committee.

Charles Ormond was honoured for his "remarkable commitment to the Faculty", which he joined at its inception in 1992. He served its West of Scotland division for a quarter of a century in a variety of capacities, including Treasurer, Director, committee member, Candidates' Counsellor for the DGDP and MFGDP, and throughout as a mock examiner for its Study Club, as well as serving in many other roles.

## BASCD scientific meeting

The British Association for the Study of Community Dentistry (BASCD) has organised a summer scientific meeting in Glasgow on 9–10 June 2022, their first in-person meeting since 2019.

The conference theme is 'Build Back Better: Inclusion, Integration and Innovation'. To help set the scene, there is a keynote address from Professor Maggie Rae, President of the Faculty of Public Health (FPH). BASCD is now in partnership with FPH and acts as the special interest group for oral health.

This year is the 50th anniversary of FPH, and BASCD has arranged a special celebration during the presidential dinner at the Merchants House. The social programme includes a bagpiper, highland dancing, Chinese dancing, and a ceilidh.

***Details of the conference programme, abstracts submission and registration are available at: https://bascd-events.co.uk***



# CGDent broadens eligibility

*Move is aimed at breaking down 'unnecessarily exclusionary' barriers*

**THE** College of General Dentistry has broadened its eligibility criteria for membership, enabling suitably qualified non-registrants to join, and offering practitioners with relevant non-dental qualifications the ability to progress to higher grades of membership.

Registration with the General Dental Council or an equivalent overseas authority is normally required for entry as an Associate Member. However former registrants, and those who hold a relevant qualification but may not be required to register with the GDC due to their job role – such as dental academics – are now eligible to join.

Those wishing to join as Full Members (MCGDent), or upgrade to Full Membership, have been required, in addition to meeting the requirements for Associate Membership, to hold either the DGDP, MJDF, MFGDP(UK), MFDS or a Postgraduate Certificate level qualification in a 'relevant dental subject'. However Full Membership is now also open to those whose qualification is in a 'subject relevant to the enhancement of oral healthcare'.

Those wishing to join at, or upgrade to, Associate Fellowship (AssocFCGDent), have needed to hold the MGDS, a Specialty Membership of a UK dental faculty, or a Postgraduate Diploma level or master's level qualification in a dental subject. However, this recently instituted membership grade, which offers a steppingstone to Fellowship, is similarly now available to those whose qualification is relevant to oral heath rather than being strictly 'dental' in scope.

Individuals qualifying under these extended criteria would then be eligible to apply for Fellowship (FCGDent) on the same basis as all other members of the College. This is currently open to existing Fellows of a UK Royal College or overseas equivalent, with a Fellowship by Experience route expected to be announced soon.

Dr Abhi Pal, President of the College, said: "These latest changes offer recognition to a wide range of individuals and professional roles whose contribution to the advancement of general dental practice and oral healthcare is hugely significant."

***The College's ligibility criteria are available at https://cgdent.uk/membership-eligibility/***

# John Craig – posthumous award

*CGDent honours 'a visionary, a pioneer and a tireless moderniser'*

**THE COLLEGE** of General Dentistry has recognised the late John Craig FFGDP(UK) with the posthumous award of a President's Commendation.

Born in Rutherglen in 1943, John graduated BDS from Glasgow University in 1966 and remained a general dental practitioner until he retired from practice in 2002.

He spent more than 30 years of his professional life as a partner in his own practice in Falkirk, where he earned a reputation for the highest standards of clinical excellence, strong mentorship of colleagues, and empathy for staff and patients.

Not content with confining his activities and boundless abilities and energies to his surgery, he was extremely active in almost every aspect of general dental practice through his involvement in many dental organisations.

John possessed excellent skills of diplomacy and organisation and was active in the British Dental Association from the outset of his career, joining as a student in 1965 and culminating in his election as National President in 2005.

A Vocational Trainer from 1986, he was chair of the Scottish Dental Vocational

Training Committee for seven years, and was a member of numerous postgraduate committees including the General Dental Council's General Professional Training (GPT) Committee from 1997-98. John was also involved in a number of dental practice research-based groups.

Instrumental in laying down the foundations of what is now the College of General Dentistry, in 1992 he chaired the steering group which set up the Faculty of General Dental Practice in Scotland.

His talents were not limited to the dental profession; he was also a sportsman, whose first love was climbing, undertaking expeditions throughout Scotland and in the Pyrenees, the Alps and the Himalayas. He was a skier, golfer, and also an accomplished musician, being a folk singer, guitarist and jazz band banjo player.

John suffered a stroke two and a half years ago and was nursed at home by his wife Irene until he died in September 2021. His funeral drew hundreds, demonstrating the high regard in which John was held by so many generations in the profession.

Dr Abhi Pal, CGDent President, said: "John was a visionary, a pioneer and a tireless moderniser."

*Full story: www.sdmag.co.uk/2022/03/28/posthumous-award-to-john-craig/*



# SDA's inaugural conference

**THE** Scottish Dental Association held its inaugural conference on Saturday 5 March, hosted by the Royal College of Surgeons Edinburgh, which included special guests Maria Seroczynska and Anastasia Martin who made an appeal on behalf of the victims of the war in Ukraine.

Professor Phil Taylor provided an insight into how the Royal College of Surgeons Edinburgh can help with the career progression of dental practitioners through provision of CPD, resources and appropriate courses.

He drew attention to the fact that there is a shortage of dentists in the UK and that, to save costs, the GDC were exploring the possibility of fast-tracking overseas dentists' applications to work in the UK by reducing the qualifying requirements that are currently in place. He touched on the role of dental therapists , and how they could help alleviate patient backlogs, and discussed extensive post graduate training costs that dentists undertake to progress their career.

Hugh Taggart, general dental surgeon, gave a harrowing account of how he was investigated by Practitioner Services Dental (PSD) and was wrongly pursued for "mis-claimed" treatments he provided correctly for patients. The investigation started in 2011 and carried on through to 2019, when the PSD withdrew shortly before the case was due to go to court.

Other speakers included Iona McLay, the dental business and selling skills coach, Louise Bone, Regional Support Manager at the Practice Plan Group, and Rami Sarraf, General Dental Surgeon and co-owner of First Alba Healthcare, who provided a fascinating insight into his multicultural roots, encompassing his childhood in Syria and Poland and his progression through Europe before eventually settling in the UK and Scotland.

*www.thescottishdentalassociation.co.uk*

# Sustainable care consensus published

*FDI World Dental Federation paves the way for an industry code of good practice*

**FDI WORLD** Dental Federation (FDI) has launched its inaugural Consensus Statement on Environmentally Sustainable Oral Healthcare aimed at moving the oral healthcare sector towards more environmentally friendly ways of working.

"It will come as a surprise to many people that the healthcare sector is responsible for around five per cent of global greenhouse gas emissions, of which oral healthcare is an important contributor," said Professor Ihsane Ben Yahya, FDI President and dean of the Faculty of Dentistry, Mohammed VI University of Health Sciences in Casablanca.

"The dental industry has a collective responsibility to reduce its environmental impact and [the] consensus statement is the first major step to achieving that."

Oral healthcare contributes to the environmental burden through air pollution arising from the release of CO2 associated with travel and transport.

Other factors contributing include incineration of waste, lack of recyclable packaging, the greenhouse gas impact of anaesthetic gases such as nitrous oxide, and the high consumption of water.

The statement identifies the complex drivers that underpin current behaviours and practices and recommends remediation strategies based on the '4 Rs': Reduce, Recycle, Reuse and Rethink.

While highlighting some of the unavoidable environmental impacts linked to providing accessible oral healthcare and reducing inequalities, the statement also makes the case for minimising "avoidable" oral healthcare.

"Prevention is better than cure and it is the most impactful and practical way of reducing the need for clinical interventions and associated environmental impacts," said Professor Nicolas Martin, Chair of the FDI Sustainability in Dentistry Task Team and Clinical Professor in Restorative Dentistry in the School of Clinical Dentistry at the University of Sheffield.

The FDI's Sustainability in Dentistry project was established to motivate and inspire commitment to reduce the collective CO2 footprint of dentistry, targeting practitioners, patients, and the supply chain. The project is supported by our founding partners: Colgate, GSK Consumer Healthcare, Dentsply Sirona, Procter & Gamble and TePe.

*For more information please visit www.fdiworlddental.org/sustainability-consensus-statement*

## Full re-start of ORE is announced

**THE GENERAL** Dental Council (GDC) has announced the full re-start of Parts 1 and 2 of the Overseas Registration Exam (ORE), following its suspension in March 2020 because of COVID-19. The GDC has also published the full 2022 schedule of the Part 1[1] and Part 2[2] exam.

Gurvinder Soomal, the GDC's Chief Operating Officer, said: "The suspension of the exams due to Covid restrictions – for almost two years – represents a long and frustrating period of uncertainty for candidates.

"Publishing the schedule and starting to book candidates on exams today are, therefore, vital steps forward in reopening routes for overseas qualified dentists to be able to come and work here in the UK."

Meanwhile, the regulator welcomed the UK Government's proposals to amend the restrictive legislation which governs international routes to registration with the GDC. One aim of the proposals is to address long-standing capacity issues with the Overseas Registration Exam (ORE) which have been exacerbated by COVID-19.

[1]*www.gdc-uk.org/registration/overseas-registration-exam/ore-part-1*

[2]*www.gdc-uk.org/registration/overseas-registration-exam/ore-part-2*

Geraldeen Irving

## New PDS clinical director

**NHS** Lanarkshire has welcomed its new clinical director of public dental service, Geraldeen Irving.

Geraldeen, previously assistant clinical director of the PDS for NHS Greater Glasgow and Clyde, said: "I'm very excited to join the public dental service within NHS Lanarkshire.

"I'm especially grateful for the warm welcome I have received from the team since I came into post.

"As with all specialties, COVID-19 has had a massive impact on how we work and how we deliver care to our patients. It is clear that dental services across Lanarkshire have really pulled together and adapted in order to keep delivering the essential dental treatments that our patients require."

Geraldeen's key priorities are to remobilise services and to get staff into the roles they were doing pre-Covid – taking on board the learning over the pandemic.

She added: "Lanarkshire has a fantastic reputation of general dental service and public dental service working together – particularly during the pandemic that really shone through."

# Row over fitness to practise cases

*GDC says MDDUS 'refuses' to correct 'misleading' statement*

**CROSS-REGULATORY** research to understand how the concept of seriousness is understood and applied by UK healthcare regulators in their fitness to practise work was published last month.

While the results highlight a complex picture with some fundamental differences between the regulators and no standard definition of seriousness in fitness to practise, the research found some similarities and consistency in how the concept of seriousness is generally understood and used.

For professionals, the work underlines the importance of engaging with their regulator where fitness to practise concerns have been raised, and the importance of having legal representation.

John Cullinane, the GDC's Executive Director, Fitness to Practise, said: "The findings in this report will inform all our work where the concept of seriousness is relevant and provide useful evidence to inform our ongoing work to improve our fitness to practise processes.

"Our outdated legislation, however, severely limits how much progress we can make, preventing proportionate and responsive approaches in many areas of our work. We continue to press the Government to deliver the reforms they consulted on last year which we believe will give us the freedom to make significant improvements for the benefit of patients and professionals."

The Medical and Dental Defence Union Scotland said that the GDC was urging professionals facing fitness to practise concerns "to ensure they engage legal representation". The GDC responded by saying: "That statement is untrue, and we asked MDDUS to correct it. They have refused to do so."

## Tributes paid to Sir David Mason

**IT** was with sadness that the Royal College of Physicians and Surgeons of Glasgow reported the death of Professor Sir David Mason, a Fellow of its Faculty of Dental Surgery.

Sir David was the Dental Convenor at the College between 1977-80, a role now known as Dean of the Faculty. He was a great figure in the dental profession and served as the Head of Oral Medicine and Pathology at Glasgow Dental School for 25 years.

Sir David was a graduate of the University of St Andrews (LDS, 1951). After completing his National Service in the Royal Air Force and working in oral surgery and pathology at the Dundee Dental Hospital, he came to study at Glasgow and graduated MB, ChB in 1962.

He was in general practice and a visiting dental surgeon at the Glasgow Dental Hospital from 1956 to 1962, then Senior Registrar, before becoming Senior Lecturer in Dental Surgery and Pathology in 1964. The University awarded him an MD in 1967.

Among many offices, David was Chairman of the National Dental Consultative Committee from 1976 to 1980 and 1983 to 1987 and President of the General Dental Council from 1989 until 1994. Sir David was awarded a CBE in 1987 and was knighted in 1992.

## Mike Gow appointed history chair

**MIKE** Gow, of The Berkeley Clinic in Glasgow, has been appointed Chairman of the Henry Noble History of Dentistry Research Group.

The group has an interest in the researching, sorting, preserving and archiving of historical dental material for the benefit of current and future dental historians.

"I'd love to see the work of the group grow so that we can discover and protect more of our history," said Mike. "It is a truly fascinating topic. Please support the group by following on social media and more importantly sign up as a member - for just £10! - details at www.historyofdentistry.group".

Earlier this year, Mike featured on Channel 5's History of Britain with Tony Robinson. Speaking from the BDA Museum, he spoke about the history of his family, including Edward Tull-Warnock, who was one of the first black dentists to qualify in the UK.

After the death of his parents, Edward was adopted in 1900 by Jeanie and James Warnock and moved to Glasgow. Jeanie's brother, James Aitken, was a dentist by trade with a surgery in Glasgow's Gallowgate.

James Warnock was a block-printer, a very skilled occupation requiring manual dexterity, and he decided to switch careers and became an apprentice to his brother-in-law, as a dentist.

Edward was an outstanding student and won prizes for his operative work at the Incorporated Glasgow Dental Hospital.

He then went on to learn anaesthesia at the Royal Infirmary and graduated in 1910 with a Licentiate in Dental Surgery (LDS).

# Fellowship ‘by experience’

*CGDent invites dental professionals to follow new route*

**THE COLLEGE** of General Dentistry (CGDent) has launched a landmark new route to fellowship based on experience and has issued an open invitation to suitably experienced dental professionals to apply.

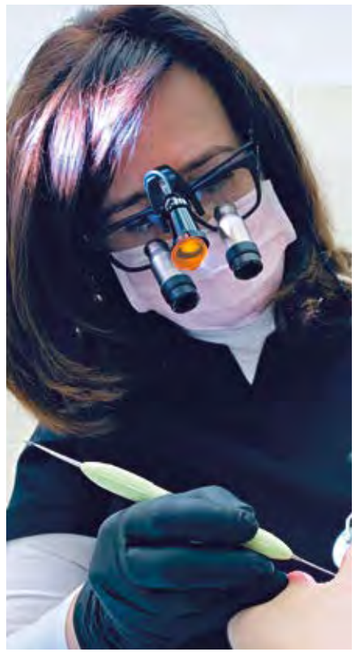
The community of Fellows lies at the heart of the college, providing leadership and collectively supporting the development of dentistry, as well as reflecting the values of the organisation and its focus on professionalism.

In line with the college’s ambitions and inclusive approach, applicants do not need to be an existing member of the college, and fellowship is open to all members of the dental team should they meet the criteria. However, a minimum of ten years’ practice as a registered dental professional is required for the application to be considered.

For each of the five domains – Clinical; Teaching, Learning & Assessment; Leadership & Management; Publications & Research; and Law & Ethics – two sets of criteria have been published.

Evidence for capability in a domain using the standard criteria will need to be accompanied by a reflective account of professional development covering that domain, which will be assessed by the college’s Membership Admissions Panel. However, meeting the ‘gateway’ criteria will automatically qualify the applicant under that domain.

Anyone who already holds a fellowship with one of the UK or Ireland Royal Colleges or their faculties of dental surgery or dentistry, with the Royal Australasian College of Dental Surgery, or with the American Academy of Implant Dentistry, will not need to apply for Fellowship based on experience, but can instead apply for



Fellowship by Equivalence, which succeeds the Faculty’s Fellowship ad eundum route.

Successful applicants will be entitled to use the postnominal designation ‘FCGDent’, will receive access to live CPD events and an online library of more than 900 hours of content, an online Personal Development Planning tool, and other benefits.

*Full details are available at https://cgdent.uk/fellowship*

Philip and Christopher Friel

## BGF invests in SDC Group

**THE SCOTTISH** Dental Care Group has secured a multi-million pound minority investment from BGF, the UK and Ireland’s most active growth capital investor.

With a turnover of £11 million, the SDC Group currently operates 15 clinics across the central belt, Dumfries and Galloway, the Highlands and Grampian. This includes the recently acquired Castle House clinic in Inverness, and the Grandholm and Granite City clinics in Aberdeen.

BGF’s multi-million-pound investment will enable the growing dental group to implement ambitious growth plans in the coming years through the continued acquisition of high-quality clinics across Scotland.

Founded in 2016 by brothers Philip and Christopher Friel, Scottish Dental Care offers a full range of NHS, private and cosmetic dental treatments, including all aspects of dental implant and reconstructive dentistry, together with short term orthodontics and facial aesthetic treatments across its clinics.

## Teledentistry guidance issued by the BOS

**THE BRITISH** Orthodontic Society (BOS) has released its guidance on teledentistry[1] and remote interactions in orthodontic care.

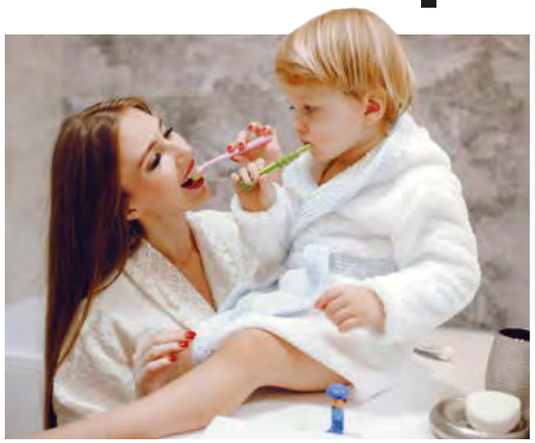
Further to statements from both the GDC and the CQC in 2021, the BOS have produced the guidance to help orthodontic providers and their teams better understand the scope of teledentistry services and technologies as part of orthodontic care, as well as the associated issues. In addition, it will direct teams to the current regulatory frameworks, resources and highlight best operational practice.

Teledentistry can enhance patient care, assist in achieving agreed treatment outcomes, and strengthen the relationship between clinician and patient. Potential benefits of integrating teledentistry technologies and procedures into orthodontic care include greater accessibility, better patient engagement and experience, reduced physical appointments – ideal from a COVID-19 perspective as well as reduced carbon footprint, and above all, increased treatment efficiency. However, the BOS still has significant concerns surrounding the appropriate examination, diagnosis and consent process for ‘DIY orthodontic’ systems as well as ongoing supervision and the nature of the relationship between patient and treating clinician.

[1] *https://tinyurl.com/yc2fn866*

# Strategic partnership announced

*Dentsply Sirona teams up with the Platform for Better Oral Health in Europe*



**AS PART OF ITS** sustainability strategy Beyond: Taking action for a brighter world, Dentsply Sirona has joined the Platform for Better Oral Health in Europe as a corporate partner.

The Platform is a joint initiative of the Association for Dental Education in Europe (ADEE), the Council of European Chief Dental Officers (CECDO), the European Association of Dental Public Health (EADPH), the Oral Health Foundation and the Pan-European Region of the International Association for Dental Research (PER-IADR), and a wide range of Associate Members.

Its goal is to improve oral health and the prevention of oral diseases – as well as address oral health inequalities and challenges, especially among vulnerable populations like children and adolescents, the elderly, and those with special needs.

With this partnership, Dentsply Sirona will further expand its role in enhancing awareness around the importance of better oral health and the critical role oral health plays in improving every person's overall health. The company believes that its commitment towards "a high quality, solution based, pandemic-resilient, and digitally driven oral health system" will be amplified by the joint work of the Platform, its members, and its corporate partners.

"We are pleased to welcome Dentsply Sirona as our new corporate partner. This new partnership will support our mission to promote better oral health for all in Europe," said Professor Georgios Tsakos, the Platform chair.

"At Dentsply Sirona, we believe that everyone, no matter their circumstances, age or location, deserves access to oral health care and it is part of our sustainability strategy to increase access to high quality oral health," said Jorge M. Gomez, Chief Financial Officer and Head of the Dentsply Sirona Sustainability Programme.

"Partnering with the Platform and its members will allow our efforts in this field to have even more impact as we create a common European approach towards improved oral health, education and access to care in Europe."

# Healthy smiles animation launch

**AN ANIMATION** promoting good oral health and healthy eating for young children was unveiled by the Lanarkshire Chinese Association (LCA) earlier this year.

New College Lanarkshire graduate Ruben Fernandez created the film designed to encourage regular toothbrushing and healthy eating choices. He was commissioned by the LCA while a student of HND 3D Computer Animation at the College's Motherwell Campus.

The three-minute-long animation had its debut at the bowling pavilion of Hamilton Palace Sports Ground as part of the LCA's Annual General Meeting and Chinese New Year celebrations.

Ruben, who is originally from Spain and now lives in Blantyre, said: "I really enjoyed animating the character – this is the stage when you give it life and imagine his personality, how he speaks, and how he acts."

The Healthy Smiles project is funded by the Scottish Government through its Oral Health Community Challenge Fund.

*To watch the animation, visit: https://youtu.be/S9PeJEMc1mE*

ESCHMANN

# For infection control

**PROVIDING INGENUITY** in infection control since 1830, Eschmann continues to stay at the cutting-edge of technology with its range of innovative solutions.

Whether you want to add an extra level of protection to your practice with one of our Novaerus Protect air disinfection units or want to elevate your infection control to new heights with a state-of-the-art Little Sister autoclave, Eschmann has everything you need to provide your staff and patients with an unbeatable level of protection.

Plus, Eschmann offers exceptional service and support with our unrivalled Care & Cover contracts. With no hidden charges, Eschmann Care & Cover includes Manufacturer's Annual Validation and Pressure Vessel Certification (PSSR/PVI), unlimited breakdown cover (including call-outs, parts and labour), as well as annual Enhanced CPD User Training for your staff, depending on the system.

*To find out more about their comprehensive range of solutions, visit www.eschmann.co.uk or call 01903 875787*

# Artis Dental joins the Clyde Munro stable

*Founder of Balerno practice says move will bring in new techniques*


From left: Hollie Smith, Brian Clough and Naomi McGuire

**A LONG-ESTABLISHED** dental practice in Balerno has joined Scotland's leading dental group. Artis Dental and Implant Studio has joined the Clyde Munro Dental Group with its two dentists and 10 support staff promising "business as usual" for its 4,500 patients.

Founded 16 years ago by owner Brian Clough and his wife Edel, Artis Dental services has a thriving patient base, not only in west Edinburgh but as far afield as St Andrews and the Scottish Borders.

Brian, who is in the second year of a Masters in Restorative Dentistry at Edinburgh University, said the acquisition would allow him to improve patient care by introducing the new techniques learned on the degree course.

Drawing on the resources of a large group like Clyde Munro will also ensure the continued high quality of care is maintained at Artis Dental while allowing an expansion of services and personnel.

Kirsty Dace, Chief Development Officer with Clyde Munro, said: "Artis Dental and Implant Studio is an excellent addition to our network of family dentists."

Meanwhile, Clyde Munro has launched a dental nurse trainee programme in a bid to tackle major staff shortages in the sector – 20 people across the country have been enlisted in the 12-month course, working towards qualifications in dental nursing. The programme aims to introduce people new to the industry about the fundamentals of the profession, from chair-side assistance skills to patient journeys.

In another initiative, practitioners at the group have also committed to a target of treating at least 1,000 children with a fluoride varnish (FV) application – one of the most effective treatments for preventing tooth decay in children from the age of two – in dedicated out-of-hours clinics by the close of 2022.

## Updated guidance for ACs and APTs

**THE SCOTTISH** Dental Clinical Effectiveness Programme (SDCEP) at NHS Education Scotland (NES) has published the second edition of its highly accessed Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs guidance.

The guidance provides clear and practical recommendations to support dental teams to manage and treat this patient group safely and effectively.

It includes advice to inform bleeding risk assessment and decision making for the dental treatment of patients prescribed anticoagulants or antiplatelet drugs. It is based on the most current evidence and has been updated using SDCEP's NICE accredited methodology.

Professor Jan Clarkson, SDCEP's director, said: "We have also taken the opportunity to incorporate some advice to support environmentally sustainable oral health. This signifies the beginning of SDCEP's commitment to embedding sustainability into all of its guidance."

The full guidance and quick reference guide, together with information to share with patients before and after they receive dental care, is available via the SDCEP website: www.sdcep.org.uk

## Solving the MIH puzzle

**ONE IN SEVEN** children are affected by Molar Incisor Hypomineralisation (MIH) of one or more teeth. Yet, the precise aetiology is still unknown today. The current armamentarium has its limits and knowledge is often insufficient.

A group of experienced specialists from the academic field, paediatric and general practitioners gathered at GC Europe's campus to embark on a long-term collaboration to solve the MIH puzzle.

MIH is affecting the quality of life of many children, who must deal with chronic pain and hypersensitivity, aesthetic problems and more often than not, many visits from dentist to dentist.

Despite interest from researchers, practitioners and patients and their parents, many questions remain unanswered. The aetiology seems to be complex, and the clinical appearance shows a broad variation, which makes this phenomenon very hard to study.

It has become quite clear that to find better solutions, research of a high level of quality and including a large population is needed. With this unique collaboration between well-known academics, pioneers in MIH and practitioners, the aim is to study a large and representative group.

*Visit https://campaigns-gceurope.com/mih/ for product details, treatment plans, videos and webinars on the topic of MIH*

# THE CENTRE FOR IMPLANT DENTISTRY

## Offering structured training to General Dental Practitioners

It is commonplace now for dentists to be faced with patients who need implants, especially those who don't want to wear a denture. However, in terms of the number of implants placed in this country, we are behind many other countries.

One of the many hurdles for patient access is the lack of awareness around the field of implant dentistry and the lack of readily available information within the profession. The Centre for Implant Dentistry was established to provide a source of advice on implants and a referral service to General Deental Practitioners.

"Many of our colleagues tell us that they struggle to give their patients the correct information about implant options," said Tariq Ali, the centre's clinical director. "While they really want and need to suggest this treatment option, they don't feel confident to do so."

The Centre for Implant Dentistry offers structured training to general dentist colleagues. It has run the Ultimate Implant Restorative training course for a number of years and is currently on cohort 10.

"We aim to open up the possibilities of implant dentistry and help dentists on their implant journey," explained Tariq. "This runs from an introduction to implant dentistry, so dentists are better informed right the way through to surgical placements and mentoring. So whatever level someone is at, we can help."

The centre believes in a team approach and welcomes team members to the practice while offering implant nurse training and sales training. That way everyone on the dental team can benefit.

"The Ultimate Implant Restorative Course is a brilliant course for anyone who would like a better understanding of all aspects to do with implants and restoration of these implants," said Dr Yi-Heng (Henry) Chen BDS.

"I attended this course shortly after finishing VT as I wanted more knowledge on the different ways that we can restore implants – Tariq has taught that and much more! Being able to do the first few restorations with the team at the Centre for Implant Dentistry is great as you will have mentorship and can discuss the best restorative scenario for your patients. The team is lovely and would be happy to help with anything."

> "WE AIM TO OPEN UP THE POSSIBILITIES OF IMPLANT DENTISTRY AND HELP DENTISTS ON THEIR IMPLANT JOURNEY

Tariq Ali

By simply having a better understanding or actually getting involved, by treating your own patients, means you will experience the benefits that implant dentistry has to offer. There comes a great deal of satisfaction by helping patients achieve their ideal treatment option for their specific problem.

Implant dentistry is one of the tools you can offer in your practice to allow this to happen. Not only that, but many dentists also report that implant dentistry is an exciting field to be involved in. This can be in the form of providing the restoration for your patient or indeed the whole treatment process.
The Centre for Implant Dentistry is ideally placed to guide you at all stages.

The friendly team would be delighted to hear from colleagues who wish to get involved

**The Centre for Implant Dentistry welcomes referrals for implant dentistry, periodontal and restorative referrals. The referral process is easy - simply fill out the referral form on our website. Tariq and his friendly team would be delighted to hear from colleagues who wish to get involved in implants. If you would like more information, then they can be contacted on 0141 248 1444 or email info@centreforimplantdentistry.com**
**Implantologists: Dr Tariq Ali BDS (Glas) MJDF RCS MFDS RCPS(Glas) DipImpDent RCS (Eng), Dr Gregor McIntosh BDS (Dund) MFDS RCS (Edin) DipImpDent RCS (ENG), Dr Mark Nelson BDS MSc (Rest Dent) MFDS RCPS (Glasgow) and Dr Mairi Henderson BDS MJDF (RCS Eng) Pg Cert Imp**
**www.centreforimplantdentistry.com**
**Centre for Implant Dentistry, 100 Berkeley St, Charing Cross, Glasgow G3 7HU**

# One man Walking... ...a million talking

*John Gibson is walking from Land's End to John O'Groats this summer in the cause of suicide prevention, postvention and research*

WORDS
WILL PEAKIN

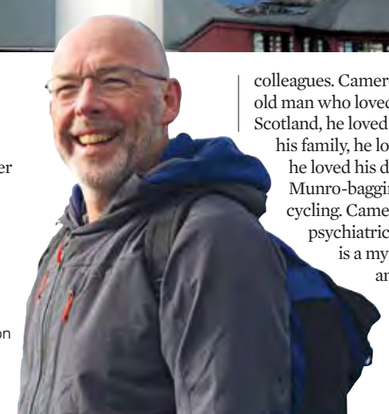

The next sentence you read may strike you as tone-deaf, insensitive, or just plain wrong. Listening to John Gibson speak about his and his wife Isobel's loss of their son Cameron to suicide – a son, but also a brother, grandson, friend and colleague – was somehow life-affirming.

This is because John not only spoke about the devastation caused by this completely unexpected moment in their family's life, but also about a relatively small – though it turns out, significant – step he took to help survive his bereavement; and that was to walk, in the fresh air.

That decision, taken initially for his own mental health, has ultimately led to #onemanwalkingamilliontalking, a wide-ranging initiative launched by John and Isobel and backed by friends and colleagues who will be joining or supporting him on his walk from Land's End to John O'Groats (or LEJOG, as it is also known) this summer.

Looking to the future, with a newly formed charity – The Canmore Trust (SC051511) – the initiative will also be developed by a range of people whose life is defined, or whose work is driven, by an effort to understand suicide. This combined effort has one aim; to reduce the number of people who die by suicide. That is why I found John's description of his experience and his aims, life-affirming. He, his family, friends, colleagues, people with experience of suicide, academics, communities in general, will through their effort – I am convinced – save lives. That was one of the enduring thoughts I had after our conversation.

John announced the walk, and spoke about the family's experience, in a Facebook post last autumn. In it he said: "It has been a shattering experience and a devastating journey for me, for Isobel and for Cameron's brother and sister, Malcolm and Eilidh, and also for aunts and uncles, grannies and grandpa, cousins and the wider Gibson family. It's been a devastating journey, too, for Cameron's friends and colleagues. Cameron was a 24-year-old man who loved life. He loved Scotland, he loved travelling, he loved his family, he loved his livestock, he loved his dog. He loved skiing, Munro-bagging, surfing, and cycling. Cameron had no obvious psychiatric illness, and his death is a mystery. Two years on, and we are as much in the dark about the



John Gibson

reasons for Cameron's suicide as the day it happened.

"As a family, we've benefited hugely from the love and support of many friends and from the input of professionals working in suicide and mental health. I have a new second family, in Survivors of Bereavement by Suicide; the most gracious, beautiful, and caring people you could ever meet."

John added: "My time over the past two years has not just been spent grieving, although our grief has been intense and continues to be so on a daily basis. I've also been observing, over these last two years; observing the things that I think need to happen to make a difference in this strange world of suicide – suicide prevention, suicide postvention and research into why so many people take their own lives in Scotland, and in the wider UK, today.

"Is it a psychological disorder? Is it a physiological/medical disorder? Is it a societal disorder? Or is it some combination of the three. We need to find out and we need to take action. And that action needs to be taken now before any further lives are lost."

The Canmore Trust has been established in memory of Cameron, who died on 20 October 2019. He was a veterinary surgeon – a job he had always wanted to do. While his death is a mystery to family and his colleagues, it is known that the suicide rate among veterinary surgeons is about four times the national average.

The demography of suicide in the UK is also changing, explained John. Twenty years ago, more than 90 per cent of those taking their own life had a history of depression, anxiety, OCD or personality disorder. Now, that figure in some sectors of society is thought to be around 50 per cent with the other 50 per cent being a spontaneous act, often with no known precipitants.

"So," said John, "this carnage could affect any individual and any family at any time. We have to act quickly to reduce the suicide rate in Scotland. Our family remains broken by the loss of our son and brother, and we are motivated to do everything in our power to ensure that no other family has to go through what we have gone through."

Cameron was a veterinary surgeon – a job he had always wanted to do

John begins his walk, to raise awareness and money for the cause, on 13 June. The Trust, explained John, will undertake work in the field of suicide prevention and suicide postvention. Its aims are:

- To work with schools, colleges and universities to raise awareness of suicide and to prevent suicide, promoting an individualised "suicide safety plan";
- To establish a number of safe places where families affected by suicide can spend time, at no financial cost, rebuilding their lives after suicide of a close family member. Trained individuals with "lived experience" of suicide will be on hand to assist;
- To ensure a co-ordinated programme of research across UK universities, identifying psychological and physiological risk factors in suicide;
- To establish a group of trained "lived experience" counsellors across Scotland who would work alongside Police Scotland and other agencies to ensure that one such counsellor is immediately available to any family in crisis following a suicide;
- To work across the suicide charities sector in Scotland to co-ordinate and facilitate a unified approach to fund-raising and action against suicide.

The walk from Land's End to John O'Groats is 1,200 miles and will take John around three months, averaging 20-plus miles a day. "We hope to raise awareness of mental wellbeing, but also to talk very openly about suicide, and about Cameron's journey, to those that we meet on our walk," John said in his Facebook post.

"So, I will walk 600 miles, and I will walk 600 more – just to be the man who keeps suicide from your door. We hope that many of you will come and walk with us, for an hour, for a day, for a few days, for a week, or for the whole thing if you really want to. Come with us on a journey that will hopefully contribute to making suicide numbers fall."

> WE HOPE TO RAISE AWARENESS OF MENTAL WELLBEING, BUT ALSO TO TALK VERY OPENLY ABOUT SUICIDE

*Professor John Gibson is Emeritus Professor of Oral Medicine, School of Medicine, Medical Sciences and Nutrition, University of Aberdeen*
*www.facebook.com/hashtag/onemanwalkingamilliontalking*

## FOR SUPPORT

Unless stated otherwise, these organisations are open 24 hours a day, every day.

**The Samaritans**
Call 116 123
Email jo@samaritans.org
https://www.samaritans.org/scotland/how-we-can-help/contact-samaritan/write-email

**The Campaign Against Living Miserably (CALM)**
Call 0800 58 58 58 – 5pm to midnight every day
Visit the webchat page
https://www.thecalmzone.net/help/get-help

**SOS**
Call 0300 1020 505 – 4pm to midnight every day
Email support@sossilenceofsuicide.org
https://sossilenceofsuicide.org/talking-suicide

**Confidental – for dentists**
Call 0333 987 5158 – Confidental is staffed by volunteers, and you may not reach someone on the first call; a message will provide details to help you.
www.confidental-helpline.org

**Papyrus – for people under 35**
Call 0800 068 41 41 – 9am to midnight every day
Text 07860 039967
Email pat@papyrus-uk.org
www.papyrus-uk.org/contact-us

**Childline – for children and young people under 19**
Call 0800 1111 – the number will not show up on your phone bill
www.childline.org.uk/get-support

# *Recovery, renewal* and reform

*Scotland's CDO on the return to a full range of care, dealing with the patient backlog and putting a new system of care in place*

WORDS
WILL PEAKIN

Tom Ferris, Scotland's chief dental officer (CDO), has a focus on three constituencies.

Patients – making sure they get the care they need, when they need it and as locally as possible. The dental team – helping to shape an NHS dental system that is modern and which team members want to work within. Government ministers – providing assurance that NHS services delivered on behalf of taxpayers are safe, effective and value for money.

Ferris is both an adviser to ministers and a lead on policy. Previously, the roles were separate but were combined under his predecessor; an arrangement that works well, he believes. He has a 10-strong civil service team, three part-time deputy CDOs, a DCP adviser and three secondees from the NHS advising on health board administration, inequalities, and practice payments.

His budget is around £400m (health board dental services account for another £500m) and he reports to the Cabinet Secretary for Health and Social Care and to the Minister for Public Health, Women's Health and Sport.

At a conference last month organised by The Royal College of Physicians and Surgeons of Glasgow, the CDO reviewed the progress that had been made in changing the provision of oral healthcare prior to the pandemic and, looking ahead, outlined what he described as a process of "recovery, renewal and reform".

The Oral Health Improvement Plan, published in 2018, envisaged a system focused on the prevention – rather than treatment – of disease, the reduction of health inequalities, meeting the needs of an ageing population, increasing services on the high street, improved public understanding of services available, better governance for the sector, and increasing the skills mix of the workforce.

The CDO said that progress had been made on preventative care for children, reducing inequalities through the Community Challenge Fund, and meeting the needs of an ageing population through enhanced skills for GDPs. The pandemic, inevitably, brough that progress to a halt. But, said the CDO, that work was now again under way.

He said that in terms of prevention, there is now a now a renewed focus on the concept of an oral health risk assessment for patients. Frequency of check-ups should be based on need and periodontal care ought to be a priority. There were also valuable lessons to be learned from the Community Challenge Fund, he said, in terms of those initiatives that had been able to adapt to changing circumstances.

The CDO said there had been a very clear need to shift the balance of care from secondary to primary. This needed to be accompanied by a clear understanding of what the NHS offer is, both on the part of the provider and patient. The SNP's election pledge to abolish patient charges was, he said, clearly a significant change also.

Now, he said, the focus was on recovery, renewal and reform. That means the provision of a full range of care, addressing the patient backlog, and moving dentistry forward over the next decade. The CDO said that the independent contractor model "has served us very well" and was "the only game in town" apart from the public dental service.

"Is there another way of delivering that," he asked, citing not-for-profit, community interest and an entirely salaried service. "I think we need to think through how we would like to see that looking across Scotland, where probably not one size fits all."

The CDO also spoke about the 'new model of care', work on which had been underway just before the pandemic and was now continuing, which features an oral health risk assessment (OHRA), a prevention and periodontal care pathway, an NHS treatment 'toolbox', and a new system of remuneration.

"This is the immediate piece of work for us at the moment," said the CDO, "where we will be reviewing where we've got to in light of the experience of the pandemic."

*https://community.rcpsg.ac.uk/event/list*

# *It was...* A year *like no other*

WORDS
WILL
PEAKIN

*A new benchmarking report shows a rise in practice profits but uncertain times ahead*

The National Association of Specialist Dental Accountants and Lawyers (NASDAL) published its annual Benchmarking Report for the financial period 2020-21 last month.

In what was an unprecedented year in UK dentistry, it has shown:

- Overall, dental practices saw an increase in average net profit per principal from £129,178 to £151,649
- NHS practices saw an increase in average net profit per principal: £116,284 to £145,498
- Private practices saw an increase in average net profit per principal: £133,192 to £143,418
- Associate average remuneration fell from £70,514 to £63,304

## Changes

Ian Simpson, Chartered Accountant and a partner which conducts the statistical exercise, said: "This year's benchmarking figures are the first to reflect the seismic change that was the COVID pandemic.

"The increase in profits seems to demonstrate that despite being closed from late March to early June, practices bounced-back to recover lost revenue in the latter part of the year when pent up demand was unleashed.

"The past two years have been tough and, although our statistical sample shows a significant increase in profits, it is worth noting that this was not true for all and we are aware of practices and dentists who faced real hardship during and post lockdown.

"As we look forward to the 2022 figures, we might expect to see NHS practice profits fall back somewhat and a modest growth in private practice profitability."

Nick Ledingham, of Morris & Co, Specialist Dental Accountants and Chairman of NASDAL, added: "It is important I think to view the 2021 figures in a wider context.

"Whilst it may appear to be a big jump in profits of NHS practices, it is worth noting that NHS profits are still lower than they were more than a decade ago in 2010.

"Associates' pay has seen a big fall over the past decade in both real and relative terms – associates have been used to

> **WE MIGHT SEE NHS PRACTICE PROFITS FALL SOMEWHAT AND A MODEST GROWTH IN PRIVATE PRACTICE PROFITABILITY**

their profits flat-lining and the 2021 report showed no let-up in this.

"In real terms, associates are considerably worse off than they were in the Noughties."

The annual Benchmarking Survey statistics are gathered from the accountant members of NASDAL across the UK who together act for more than a quarter of self-employed dentists.

The statistics provide average 'state-of-the-nation' figures so NASDAL accountants can benchmark their clients' earnings and expenditure and help them run their practices more profitably.

The basis of the survey figures is 2021 tax returns and accounts with year ends up to 5 April 2021.

## Valuable tool

Alan Suggett, specialist dental accountant at UNW and NASDAL Media Officer, added: "The NASDAL annual profit and loss benchmarking report is a unique and valuable tool which enables NASDAL accountant members to compare their practice owning clients with industry norms. It means that we help our clients really understand what is happening in their dental business."

> **IN REAL TERMS, ASSOCIATES ARE CONSIDERABLY WORSE OFF THAN THEY WERE IN THE NOUGHTIES**

NASDAL 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.

The NASDAL benchmarking statistics are published annually in March and reflect the finances of dental practices and dentists for the most recent tax year.

The NASDAL figures provide a detailed picture of dental practice finances, sourced directly from dentists working privately and in the NHS.

The figures published by Public Health England's Information Centre later in the year reflect the income of NHS dentists only.

NASDAL's designation of practices as either private or NHS reflects that 80 per cent of business income comes from that source.

The sample size is 650 principals and limited companies, and 600 associates.

*More detail on the benchmarking statistics can be read here: https://tinyurl.com/2p9ys2fk*



# *Tax avoidance: don't get caught out*

*Health contractors in a wide range of roles across the sector are being targeted by unscrupulous promoters of tax avoidance schemes*

WORDS MARY AISTON

Tax avoidance is when people bend the rules of the tax system to try to pay less than they owe. HMRC's report, the Use of Marketed Tax Avoidance schemes in the UK, has shown that contractors are often targeted and drawn into schemes marketed by companies promising higher take home pay and less administration.

Many of these schemes do not work and there could be significant financial implications for anyone involved. Use the risk checker to check whether your current contract could involve tax avoidance.

Contractors who use tax avoidance schemes end up having to pay back the tax they should have paid in the first place – with interest and potentially a penalty. That is on top of the fees they have already paid for joining the scheme. This is because each of us is responsible under UK law for paying the correct amount of tax. This still applies if contractors have appointed someone else to deal with their tax affairs or been given bad advice – the ultimate responsibility and risk rests with the individual.

You don't need to be a tax expert to spot an avoidance scheme. If you're offered higher take home pay simply for rearranging how it reaches you, for example as a non-repayable loan or as a trust payment, it almost certainly is tax avoidance. HMRC wants to help anyone involved in such schemes to leave them before they run up large tax bills like critical care nurse, Tanya.

Tanya chose an umbrella company that gave her the highest take-home pay. They offered her a tax avoidance scheme which she joined. While she was busy taking care of her patients, she discovered the tax plan model sold to her by her umbrella company had left her with an unexpected tax bill.

If you are concerned that you could be in

an avoidance scheme, check your pay slip for the signs that you are paying the right tax. Our Spotlight 54 article strongly advise contractors to leave tax avoidance schemes as early as possible and settle their tax affairs.

Look out for any of the following signs:

- A scheme that allows you to keep more of your income than you would expect, with little or no deductions for Income Tax and National Insurance contributions (NICs)
- Some, or all of the payments are said to be "non-taxable". These could be described as loans, annuities, bonuses, or shares. These payments are no different to normal income and you still need to pay Income Tax and NICs on them
- You may be told the schemes are safe and compliant or approved by HMRC. This is not true – HMRC never approves avoidance schemes
- Only a part of the total payments you receive are taxed as income. If you are employed, this is often close to the national minimum wage
- You are offered a choice between a standard or "enhanced" pay scheme. The enhanced version is likely to be tax avoidance
- You have been asked to sign more than one contract or agreement
- Your employment contract or agreement does not state how your income will be paid, or provide you with a breakdown of all your deductions
- You may even be offered a 'cash bonus' if you recommend the scheme to a friend.

> **WE WON'T BE JUDGEMENTAL AND WE MAY BE ABLE TO OFFER YOU AN INSTALMENT ARRANGEMENT**

If you think you have joined such a scheme, it is crucial that you leave it as soon as you can. The earlier you leave, the sooner you can settle the tax that you owe and reduce your chances of higher tax bills.

Recognise tax avoidance. Learn how to spot the signs, understand how it works, and know the risks. Understand how umbrella companies work. If you work through an 'umbrella company' – here's what you need to know about how they should operate. Check your pay and contract arrangements. Looking at your payslip' is a useful way to check for signs that you may be involved in a tax avoidance scheme. Get help if you think you're already in a tax avoidance scheme and don't know how to get out.

*If you think you have spotted a tax avoidance scheme, you can report it by using the Report Tax Fraud Online form. Please make sure you enter the words 'Contractor campaign' in the 'Other information' section. You can also phone HMRC on 0800 788 887 (outside the UK +44 (0)203 080 0871). If you think you are in a tax avoidance scheme, contact us and we'll help you get on the right track. We won't be judgemental and if you can't afford to pay everything in one go, we may be able to offer you an instalment arrangement. Email us at exitsteam.counteravoidance@hmrc.gov.uk. For further information read Tax avoidance: getting out of an avoidance scheme. Mary Aiston is Director, Counter Avoidance, HM Revenue and Customs (HMRC).*

# Tips & pearls

WORDS
DR MO ALMUZIAN

*The 2022 Scottish Orthodontic Conference featured a range of excellent presentations; here's one, plus a preview of 2023*

During the Scottish Orthodontic Conference in January this year, I had the privilege of sharing some of my orthodontic tips and pearls with my colleagues. I am delighted to share some of them again in this article.

Firstly, I would like to disclose that I do not have a financial interest/arrangement or affiliation with any organisations which could be perceived as having an actual or apparent conflict of interest in the context of the subject of this article.

One of the record-taking tips was using an LED panel to optimise the quality of extra-oral photos (Figure 1). Many sources, including Amazon, supply this LED panel; it costs around £50 plus £40 for the frame. I recommend 600mmx1200mm panel size with a power of 4500 watts. For convenience, the panel can be connected to a smart plug to be voice-controlled by Alexa!

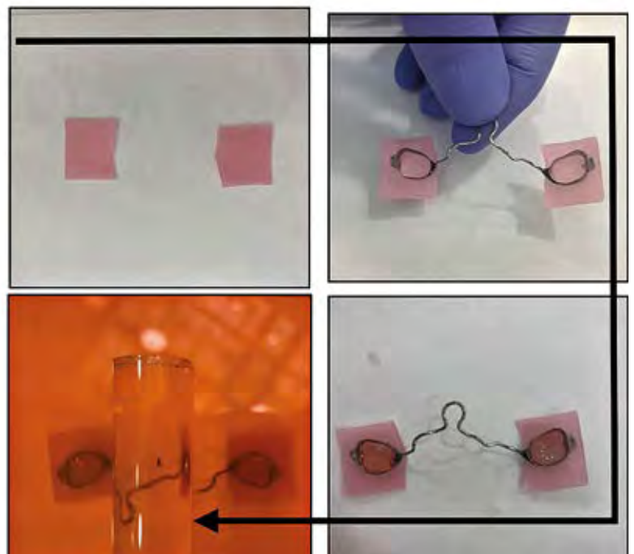
During my presentation, I also discussed using the Demistifier for intraoral photography. It allows two-handed photography, eliminates fogging, and provides excellent lighting for pictures. Again, many brands like the Demistifier are supplied by many sources for £50. Regarding bonding and banding, I talked about the benefits of the orange box and drawers (Figure 2); the AO company supplies these. The orange box allows the dental nurses to preload the brackets with bonding adhesive and stores them in the orange drawers; this allows for a smooth bonding procedure and reduces the stress of chair-side loading of the brackets unless the clinicians opt to use the expensive pre-loaded one! Additionally, I recommend using chromatic bonding adhesive (CBA) such as 3M Transbond plus. Transbond Plus is pink in




**Figure 1:** White LED for extra-oral photos

**Figure 2:** Orange box and drawers

**Figure 3:** No mess banding



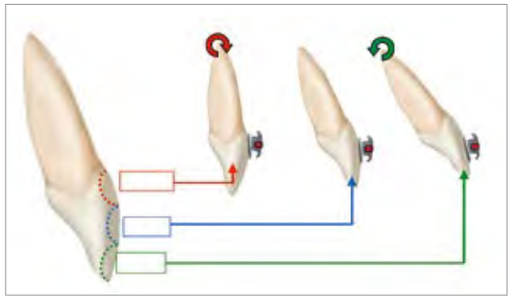


**Figure 4:** Positive zone and negative zone

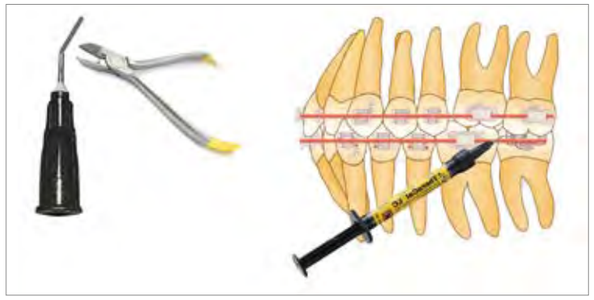


**Figure 5:** Needle tubes alternative to tubes/brackets

the non-cured form but becomes transparent after curing; this allows visualisation of the exccess of adhesive after seating the brackets, which can be easily removed. Subsequently, this might reduce plaque accumulation and white spot lesions (WSLs).

The other benefit of the CBA is that you and your staff can monitor the premature setting of the adhesive during storage in case light leaks into the orange boxes. Some claim that preloaded brackets can be stored in orange drawers for up to 14 days without compromising the bonding strength. Ideally, a small note should be left on the orange drawer stating the date of adhesive application. The same principle can be applied to preload the clear aligner attachment templates to allow quick bonding. I recommend spraying the template with some isolating spray such as cooking oil to reduce attachment adherence to the template upon removal.

Another tip for banding an auxiliary appliance such as transpalatal arch (TPA) or rapid maxillary expander (RME) is to apply a small piece of flat wax underneath each band to act as a carrier for the luting cement (Figure 3). I use a light cure chromatic resin-modified glass ionomer cement (RMGIC Band-Lock) as its colour can be recognised from the tooth structure upon removal. RMGIC is a good fluoride reservoir against WSLs, as per the latest Cochrane review.

Another tip that I shared was about bracket variations. While I was writing this article, my paper – The hybrid setup of the labial fixed orthodontic appliance – was published by the *American Journal of Orthodontics and Dentofacial Orthopaedic* (February 2022)[1]. I highly recommend that the reader refers to this paper for in-depth information. However, I would like to share this line from a published article: "Moving brackets across the occlusal line reverses tip and torque, crossing the midline reverses tip, whereas flipping the bracket reverses the intended torque expression." Moreover, I would like to stress the influence of changing the vertical positions of the upper incisors' brackets, as shown in Figure 4.

In summary, placing the bracket gingival to the middle third of the crown reduces the palatal root torque (PRT). While incisal positioning increases PRT, both have an additional influence on the second-order bend due to the wagon wheel effect and the vertical height.

During the conference, I shared a tip that I call "needle tubes (NT)"; an alternative to second molar tubes. Using NT, a stopper or even a small piece of 20G blunt needle can be cut, sandblasted and bonded to lower second molars (Figure 5). As the NT has a very low profile compared to the molar tube, I find its bonding failure low. However, it is essential to remember that the NT doesn't allow torque expression. Therefore, it should be replaced, if needed, with a proper molar tube when the occlusion allows.

Another tip was about cutting thick working archwires in fixed appliance therapy. I recommend an oblique cutting of the thick working archwire using a distal end cutter, as shown in Figure 6, to allow easy threading through the molar tube and minimise the need for "green-stonning". The Wiper Auxiliary Wire (WAW) is another tip used to upright the root at the implant site, optimising the inter-radicular spaces (Figure 7-8). Regarding space management, I shared a suggestion of using an extracted tooth after amputation of its root to temporally restore an extraction space in adults (Figure 9).

Do you know that orthodontic elastics can also be used for enhancing the extraction and exfoliation of multiple stubborn primary teeth? We have published an article titled "A-Z management of Infraoccluded teeth", with the DentalTown/

> "INVEST IN BUILDING YOUR IN-HOUSE LAB; IT IS A VERY STEEP LEARNING CURVE, BUT IT IS WORTH IT

**Figure 6:** Cut the rectangular wire obliquely

**Figure 7:** Wiper Auxiliary Wire (WAW)

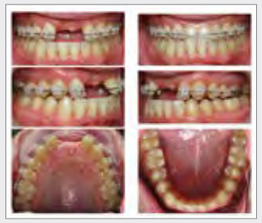


**Figure 8:** Wiper Auxiliary Wire (WAW)

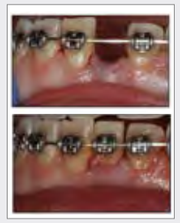


**Figure 9:** Natural pontic

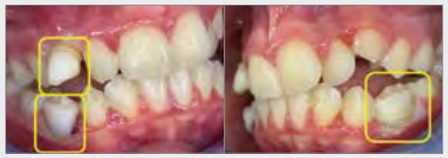


**Figure 10:** Orthodontic elastics enhancing extraction


**Figure 11:** IZC supporting intrusion arch

UK mentioning this technique (Figure 10). I recommend using 1/8", 4.5 Oz elastic for this purpose. If you are using a chain retainer-like OrthoFlex, one of my tips is to use dental floss to measure the labial distance between right and left 2-3 embrasures; after adding 2mm, the obtained length would represent the length of the required bonded retainer. This is a handy tip that I learnt from Dr Neal Kravitz, and it minimises the waste of the expensive OrthoFlex.

Moving to my favourite part, the temporary anchorage device (TAD), I shared TAD-supported Burstone mechanics, as shown in Figure 11. Please note that this system requires a comprehension of biomechanics to avoid anticlockwise rotation of the occlusal plane counteracts the anticlockwise movement that flares upper incisors; however, this discussion is beyond the scope of this article.

For those using clear aligner therapy, I have a few recommendations: 1) Invest in building your in-house lab; this will not only save substantial lab fees but will give you control of your cases. I should admit, it is a very steep learning curve, but it is worth it; 2) Use fluorescent composite like BracePaste from AO company for attachments. When a UV light is directly projected on the cured BracePaste attachments, any extra composite beyond the required shape of the attachment can be easily visualised; this means less food accumulation around attachments' access and less staining, but most importantly, a better seating of the aligner around the attachment with potentially predictable biomechanics.

*Dr Mo Almuzian is Specialist Orthodontist at Sunrise Dental Clinic. www.sunrisedental.co.uk*

REFERENCES:

1 https://doi.org/10.1016/j.xaor.2022.02.001

# Looking to 2023

Now in its seventh year, the first Scottish Orthodontic Conference, in January 2015, was organised Peter McCallum (specialist orthodontist in practice and previous chair of the British Orthodontic Society) and Iain Buchanan (consultant in orthodontics at Glasgow Dental Hospital).

The idea was to bring together hospital and high-street based orthodontists and their teams for a day of education, networking and social interaction (the cheese and wine reception remains one of the highlights of the day!).

There has been a wide and varied array of speakers and topics from across Europe covering topics such as orthognathic surgery, hypodontia, aligner treatment, practice marketing, temporary anchorage devices, digital orthodontics, mental wellbeing and dozens of clinical 'pearls'.

As the conference has evolved, increasingly more dentists with a specialist interest in orthodontics, orthodontic nurses and orthodontic therapists have attended, bringing together the wider dental community around Scotland. This has also been reflected in the presenters over the years, which frequently includes non-specialists bringing a different perspective to the audience.

Current organisers, Laura Short (consultant, Glasgow Dental Hospital), Andrew McGregor (specialist in practice) and the team at the Royal College of Surgeons and Physicians, Glasgow have begun the process of organising the 8th conference on 27 January 2023 which promises to be the first face to face meeting following the global pandemic.

Look out for details later this year and if you'd like to participate, please contact Andrew directly to discuss further: andrew@parkorthodontics.co.uk

# Reduce, recycle, reuse, rethink

WORDS
WILL PEAKIN

*Prevention is the most impactful way of reducing environmental impacts*

A consensus statement on environmentally sustainable oral healthcare1 has been launched by the FDI World Dental Federation (FDI), aimed at moving the oral healthcare sector towards more environmentally friendly practices that ultimately reduce the carbon footprint of the profession.

The statement[1] was released last month at a summit organised by FDI that brought together a diverse range of stakeholders, including leading figures from industry, as well as health professionals, academic experts, legislative authorities, and dental associations.

"The healthcare sector is responsible for around five per cent of global greenhouse gas emissions, of which oral healthcare is an important contributor," said Professor Ihsane Ben Yahya, FDI President and Dean of the Faculty of Dentistry at Mohammed VI University of Health Sciences in Morocco.

"The dental industry has a collective responsibility to reduce its environmental impact and [the] statement is the first major step to achieving that.

"The statement reflects the growing recognition within the oral healthcare community that we must strive to improve oral health in a sustainable manner in compliance with UN targets. Healthier mouths mean a healthier planet."

Oral healthcare contributes to the environmental burden through air pollution arising from the release of CO2 associated with travel and transport, incineration of waste, lack of recyclable packaging, the greenhouse gas impact of anaesthetic gases such as nitrous oxide, and the high consumption of water.

The Consensus Statement identifies the complex drivers that underpin current behaviours and practices and recommends remediation strategies based on the 4 Rs: Reduce, Recycle, Reuse and Rethink.

It also highlights some of the unavoidable environmental impacts linked to providing accessible dental check-ups and treatments to facilitate good oral health and reduce inequalities in healthcare.

It makes the case for minimising 'avoidable' oral healthcare, arguing that it is best achieved through both the delivery and maintenance of good oral healthcare, focused on prevention – with the promotion of good oral hygiene, healthy low-sugar diets, and avoidance of tobacco.

"Prevention is better than cure and it is the most impactful and practical way of reducing the need for clinical interventions and associated environmental impacts," said Professor Nicolas Martin, Chair of the FDI Sustainability in Dentistry Task Team.

"When treatment is required, oral healthcare should focus on the provision of durable fillings, using high-quality products and materials that will last longer and or require fewer replacements."

The Consensus Statement is supported by a commentary, *Sustainable Oral Healthcare – A Joint Stakeholder Approach*[2], published in the *International Dental Journal*.

## THE NEXT STEPS

**2022 (Development)**

- The consensus statement is designed to motivate, drive, and inform changes within the oral health care sector that better embrace sustainability.
- The FDI is in the process of producing an interactive tool kit that will assist stakeholders in measuring levels of sustainability around their various activities.
- The consensus statement will provide the basis of an industry Code of Good Practice to be launched at the FDI World Dental Congress in September.

**2023 (Implementation)**

- Creation of an education module and supporting resources for undergraduate and postgraduate oral healthcare educational programmes.
- Host a massive open online course (MOOC) for oral healthcare professionals and dental practices providing further guidance to improve sustainability.
- Convene a Sustainability in Dentistry Conference for all stakeholders with presentations and workshops focused on research, collaborative initiatives, and consumer/patient engagement in product and policy issues.
- Establish a mechanism for funding research with the potential to transform the sustainability of oral health care provision.
- Raise public awareness of the importance of sustainable oral health choices with an educational campaign.

[1] *www.fdiworlddental.org/sustainability-consensus-statement*
[2] *www.sciencedirect.com/science/article/pii/S0020653922000338*

# Guidance published for... Teledentistry

*Despite pushback, one 'DIY ortho' provider says it will continue to grow in Ireland and the UK*

The British Orthodontic Society (BOS) has released its guidance on teledentistry and remote interactions in orthodontic care[1].

Further to statements from both the General Dental Council (GDC) and the Care Quality Commission in 2021, the BOS has produced this guidance to help orthodontic providers and their teams better understand the scope of teledentistry services and technologies as part of orthodontic care, as well as the associated issues. In addition, it will direct teams to the current regulatory frameworks and resources, and highlight best operational practice.

Teledentistry is a term which covers a range of technologies and operational practices. These include various communications via interactive, two-way audio or video as well as indirect, synchronous communications, in which a patient's information (such as questions, requests, photographs, videos) is exchanged with a dental professional for review. This may be via messaging platforms or dedicated hardware and applications.

Teledentistry can enhance patient care, assist in achieving agreed treatment outcomes and strengthen the relationship between clinician and patient. Potential benefits of integrating teledentistry technologies and procedures into orthodontic care include greater accessibility, better patient engagement and experience, reduced physical appointments – ideal from a COVID-19 perspective as well as reduced carbon footprint – and above all, increased treatment efficiency.

In accordance with the GDC Scope of Practice, all diagnostic and prescriptive decisions must be made by the treating orthodontist/dentist who have adequate training and skills. The direct involvement of an appropriately trained and registered orthodontist/dentist is essential for the monitoring of orthodontic care.

WORDS
WILL PEAKIN

Launch of 'DIY ortho' firms such as Smile Direct Club have been controversial

Patients undergoing treatment must be made aware of the name of the clinician responsible for their care and be able to make direct contact with this clinician as well as be able to arrange appropriate face-to-face appointments when required. Patients should be informed that clear aligner treatment, even for cosmetic purposes, is not a simple process but is a medical procedure using a medical device. Treatment should only be undertaken with the direct guidance and ongoing supervision of a named orthodontist or suitably trained dentist.

The BOS still has significant concerns surrounding the appropriate examination, diagnosis and consent process for 'DIY orthodontic' systems, as well as ongoing supervision and the nature of the relationship between patient and treating clinician.

Anjli Patel, the BOS's Director of External Relations, commented: "If used responsibly, digital technologies and associated tools or applications have potential to improve professional care and enhance both patient outcomes and convenience, adding a potentially convenient way for clinicians to engage with current or prospective patients.

"It can enhance patient care, assist in achieving agreed treatment outcomes, and strengthen the relationship between clinician and patient. However, it should never be used to alter clinical practice in such a way that patient safety, valid consent or treatment planning and outcomes are compromised."

Earlier this year one provider, SmileDirectClub, announced redundancies and sweeping operational changes, including halting operations in several countries, as it sought to turn a profit more than two years after it became a public company. The company has reported quarterly losses since it went public in 2019.

SmileDirectClub has faced criticism that its 'teledentistry' model is detrimental to patients; claims it has refuted, pointing to thousands of satisfied customers. SmileDirect said it would halt operations in several other countries such as Germany, Spain and New Zealand, but will continue to operate "and grow" in the US, Canada, Australia, France, Ireland and the UK.

*[1]https://view.publitas.com/british-orthodontic-society/guidance-on-teledentistry-and-remote-interactions-in-orthodontic-carefinal-v5awamended-xgqpe76_g7go/page/1*





# Clinical use of Ceramic implants

*European Society of Ceramic Implantology publishes scientific survey results*

WORDS ESCI

Ceramic implants are established in modern dental implantology as a supplement to the treatment spectrum with titanium implants. An increasing interest can be observed not only on the part of health-conscious patients, but also in the dental profession.

Promising short- and medium-term data on the successful use of ceramic implants are available. Nevertheless, the topic of ceramic implants is still controversial, in part due to the lack of long-term data. Systematic reviews refer to specific experiences with individual systems. Comprehensive findings from the general practical use of ceramic implants and experience from daily dental practice are still lacking.

Through a survey[1], the European Society for Ceramic Implantology (ESCI) is contributing to a deeper insight into the general daily handling of ceramic implants and to answer questions concerning ceramic implantology. The survey provides valuable information for the further development of ceramic implants and makes an important contribution to their reliable use – ultimately for safe use in patients.

## Method

The questionnaire was designed by the ESCI Scientific Advisory Board in German and English and was addressed to users of ceramic implants as well as users of titanium implants and dental technicians. The results of the survey were evaluated by the ESCI. The survey was not conducted for commercial purposes, and no financial resources were provided by partners or other third parties.

The questionnaire was implemented through an online survey tool and sent as an online link via email, among others to the members of the ESCI, published on the homepage of the ESCI, published via print media of the dental press, as well as distributed via various other channels of the survey partners from April to November 2021. This included social media activities and newsletters from collaborating professional societies and the ESCI company partners. A total of 316 responses were received.

In addition to the general demographic information (Part A), the question catalogue was divided into three sections (Parts B, C and D). Each of the target groups was directed to a part of the overall catalog with questions specific to that target group. (42 questions in total):
**Part B -** Dentists, oral surgeons, maxillofacial surgeons with experience in ceramic implantology
**Part C -** Dentists, oral surgeons, maxillofacial surgeons without experience in ceramic implantology
**Part D -** Dental technicians

## Conclusion

The large number of participants in an extensive survey shows the interest in the topic of ceramic implants in dentistry and oral surgery. The comparison of the answers given by practical experienced participants to those who acquired theoretical knowledge of the subject is interesting. The assessments coincide in some areas, but drift apart in others.

The possible advantages of the material zirconia dioxide in terms of biocompatibility and low tendency to inflammation were confirmed and are in line with our view. In particular, a significantly lower tendency to peri-implantitis seems to be observed in free practice, which should be confirmed by the initialisation of corresponding clinical studies. The fear of the past regarding stability could at least be relativised for the newer systems since fractures are not in the foreground in the data on the reasons for loss.

The potential for osseointegration was rated equally for both materials. In particular, the proportionally most frequently mentioned "early loss" during the healing phase gives cause for further evaluation. Since various factors such as overloading, incorrect loading, surface design, bone degeneration due to overheating can play a role, further differentiation should be made here in order to reduce failures.

All responses indicate a clear tendency towards two-part systems, which allow a broader range of indications and offer more flexibility[2]. Solutions are requested which simplify the application compared with titanium implants.

The clearest requirement, however, runs like a red thread through the survey: users of ceramic implants should convey their experiences and make them accessible to all interested parties. There should be broad, scientifically sound and objective information on the subject. The data on ceramic implants must be improved and long-term evidence-based studies initiated, then ceramic implants will increasingly establish themselves for a broad user group in the interest of our patients.

Implementing this requirement is a clear call from the survey to all manufacturers and research institutes – and a core topic of the European Society for Ceramic Implantology ESCI

The ESCI thanked the Austrian Society of Implantology (ÖGI), European Association of Dental Implantologists (BDIZ/EDI), PEERS, the German Society for Environmental Dentistry (DEGUZ), the "Zahngipfel", Straumann AG, Camlog Biotechnologies AG, Nobel Biocare AG, Dentalpoint AG, Z-Systems AG, COHO Biomedical Technology, Ceramtec AG, Zircon Medical AG and the Dental Campus Association, Quintessence Publishing, PIP Verlag, Dentale Implantologie DI Spitta Verlag, ZZ Schweiz, Oemus Media and others for their support.

***For a detailed overview of all questions and results visit www.esci-online.com or request the full Data Summary by mail to info@esci-online.com***

*[1]https://esci-online.com/en/survey-ceramic-implantology/*
*[2]www.sdmag.co.uk/2022/02/14/clinical-application-two-piece-zirconia-implants/*

# Save the date!

*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*


WORDS
WILL PEAKIN

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:

- Use of face coverings in certain areas
- Availability of sanitising stations
- Enhanced ventilation
- 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. The Dental Show team is working to host the event in a way that will minimise risk, including:

- Minimising touchpoints
- 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 130 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

> THE TWO-DAY EVENT BRINGS PEOPLE FROM FAR AND WIDE TO MEET FELLOW PROFESSIONALS AND FIND OUT ABOUT THE SECTOR'S LATEST DEVELOPMENTS

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 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.

> THE SCOTTISH DENTAL SHOW'S EDUCATIONAL PROGRAMME BRINGS YOU THE BEST IN CONTINUAL PROFESSIONAL DEVELOPMENT

# 2022 speakers include:

**Peter Ommer** | Director of Dentistry, NHS Ayrshire and Arran / The PDS: Past, Present and Future
**Sarah Gourley** | Dental Tutor, NHS Education Scotland / Infection Control and Decontamination Update
**Sarah Manton, Julia Armstrong, Geraldine Birks** | Faculty of Dental Surgery, RCSEd / Introducing dental non-technical skills to dental nurses
**Mike Gow** |Director of Dental Anxiety Management, The Berkeley Clinic / Top tips in managing anxious dental patients
**Tariq Ali** | Principal Dentist, The Centre for Implant Dentistry / Implants 101 – everything the general dentist should know
**Stuart Clark** | Consultant Oral and Maxillofacial Surgeon / How to manage medical emergencies
**Tariq Bashir** / Co-founder of the Scottish Dental Study Club / Anterior composites -tips and tricks
**Jeremy Cooper** | Founder, Confidental / Why is dentistry so stressful ... and how can I help myself?
**Christine Park** | Senior Clinical Lecturer and Honorary Consultant in Paediatric Dentistry, Glasgow Dental Hospital & School / Safeguarding and child protection for dental teams
**Fadi Barak** | Senior lecturer and course lead for the master's in Clinical Implantology, University of Central Lancashire / What every dentist should know about implants
**Ashley Latter** | Managing Director, The Selling Coach / Discover the secret strategies that the most successful dental practices implement
**Mark Topley** | Owner, Purpose Driven Business / How to become a more sustainable, responsible and successful business
**Michael Kelly** | Partner, MacRoberts / The dental deals market: buying or selling a practice in 2022
**Martin Foster** | Dentolegal Consultant, MPS / Regulation of the dental team - where are we now?

*+ plus many more*

# Leading... The way

*RCPSG is committed to driving change across workforce renewal and recovery*

WORDS
JIMMY BOYLE, ET AL

The Royal College of Physicians and Surgeons of Glasgow (RCPSG) is excited to be part of the Scottish Dental show in 2022.

Founded in 1599, the College is made up of Faculties representing a wide range of healthcare disciplines, including dentistry.

It is a truly global community of professionals, supporting more than 15,000 Members and Fellows worldwide from St Vincent Street, Glasgow.

Through the Hope Foundation, the College supports health-related projects both within the UK and worldwide. 100 per cent of donations go directly to these projects.

In line with the rest of the College, the Faculty of Dental Surgery champions wellbeing and inclusivity as core values. We are proud to provide relevant, meaningful and innovative support for dental professionals, at every stage of their careers.

One recent innovation has been new webinars aimed at later stage dental students across the UK. The first of these took place early in 2021, focused on student wellbeing through COVID-19, and they are now a regular feature. The College also supports Graduate Attributes Week for final year students, providing guidance on career options as well as CV writing and interview preparation.

Beyond graduation, the College has a newly established Dental Trainees' Committee, with representation from undergraduate to specialty trainees. This group is extremely enthusiastic, providing a voice for all dental trainees, as well as being a source of support for younger colleagues in turbulent times.

At the other end of the spectrum, we have a very active Senior Fellows Club, enabling those retired from practice to keep in touch with colleagues and the wider profession through organised lectures and lunches. It's also a chance to make new friends!

The College has an extensive network of advisors both within the UK and internationally, who offer support and advice to members on a local basis.

Within the UK, there are Regional Advisors who run events and the College also has Dental School Tutors throughout the UK who provide guidance to undergraduate students.

A principal function of College is to facilitate postgraduate qualifications, leading to the award of internationally recognised postnominals. As well as preparatory courses and examinations for MFDS parts 1 and 2, the College also facilitates Specialty Membership exams, and Intercollegiate Specialty Fellowship exams.

1599 at the Royal College is our hidden jewel in the heart of Glasgow. 1599 is a collection of unique rooms and spaces for everything from conferences and meetings to private dining and weddings with high quality fresh catering. Our Members and Fellows can access generous discounts.

A range of membership options are offered, including free Student membership, Affiliate membership – heavily discounted and available to all newly qualified dentists, and Associate membership for DCPs. Of course, the traditional Member and Fellow categories remain, which are available either through examination, or through demonstration of equivalent achievement.

And all subscriptions are also eligible for tax relief, depending on your circumstances. All categories of membership attract significant benefits, which include:

- Free and/or discounted e-learning materials and packages
- Access to thousands of online journals and articles
- Discounts on professional books (hard copy and e-books)
- Discounted rates for CPD, and discounts on symposia and events
- Mentorship programmes for Specialty Trainees
- College scholarships and awards

Within the Dental Faculty there are opportunities to join Committees and Boards, become part of our teaching faculty, and even to become one of our examiners.

Many Members and Fellows have found these roles to be of huge value in career progression, but others simply contribute as a way of giving something back, or as a new way of maintaining enthusiasm for dentistry.

Whether you're already a Member or Fellow or not, please drop in to say hello at the Scottish Dental Show. We're always up for a chat.

See you there!

> IT IS TRULY A GLOBAL COMMUNITY OF PROFESSIONALS

*Jimmy Boyle is Dental Vice Dean, RCPSG & Associate Postgraduate Dental Dean at NHS Education for Scotland*





# 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 50-53.

# KULZER

BARRY MCLELLAND, PRODUCT SPECIALIST

## BRINGING A WEALTH OF EXPERIENCE

Kulzer is one of the world's leading dental companies.

Many of the Kulzer brands are market leaders in their relative segments. In the highly competitive composite sector, Kulzer brands, such as Venus Pearl and Venus Diamond, are increasingly seen as the most aesthetic and strongest composite materials available to UK dentists today.

Other well-known products in the Kulzer portfolio are Xantasil, iBond Universal, Provil, Flexitime, Dynamix, RetraXil and Charisma ABC.

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

Barry has recently joined Kulzer and has more than 10 years' experience within dental. He is a qualified Dental Technician, with a keen interest in restorative dentistry.

**Barry Mclelland**
**M: 07774 105 402**
**E: barry.mclelland@kulzer-dental.com**
**W: www.kulzer.com**

# DMG DENTAL

DONNA MORRISON, TERRITORY MANAGER FOR SCOTLAND AND HEAD OF CORE PRODUCT TEAM

## LOOKING FORWARD TO SEEING YOU!

We are pleased to introduce you to Donna Morrison, DMG Dental UK's Territory Manager for Scotland and Head of the Core Product Team.

Donna has 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 at hands-on courses and carrying out in-practice training. This is 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 meeting delegates at the Scottish Dental Show so make sure you stop by stand D12 to say hello!

**Donna Morrison**
**M: 07375 150194**
**E: donna@dmg-dental.co.uk**





# DENPLAN

ALAN TUMILSON, BUSINESS DEVELOPMENT MANAGER
HEATHER MACMILLAN, BUSINESS DEVELOPMENT CONSULTANT
GILLIEN DUNCAN, BUSINESS DEVELOPMENT CONSULTANT

Alan Tumilson

Heather MacMillan

Gillien Duncan

## DENPLAN, SUPPORTING PRIVATE DENTISTRY FOR THE LAST 35 YEARS

Denplan, part of Simplyhealth is the UK's leading and original dental payment plan specialist with 35 years' experience working with dentists. Whether you're a NHS practice, a private fee-per-item (PFPI) practice or looking to change your payment plan provider, we have the established expertise to support you and your business.

Our local team is ready to work with you on the best options for your dental practice. Alan Tumilson is Business Development Manager for the region, having spent more than seven years at Denplan, supporting practices of all sizes in Scotland and the UK.

With vast experience in the dental industry, Heather MacMillan is Denplan's Business Development Consultant in the Greater Glasgow & West Coast region. She works closely with practices to help them not only achieve their business goals, but provide the quality dentistry their patients deserve. Heather offers support with delivering business planning, bespoke training, and compliance to dental practices around Scotland.

Gillien Duncan has joined Denplan as a Business Development Consultant for Greater Edinburgh & East Coast region. She has spent most of her career within the dental sector and has a clear insight into the demands and challenges of running a dental practice. Her wealth of knowledge allows her to help develop tailored growth plans and industry-leading support for practices.

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

**www.denplan.co.uk**

**Alan Tumilson**
**M: 078235 203637**
**E: alan.tumilson@simplyhealth.co.uk**

**Heather MacMillan**
**M: 07818 045448**
**E: heather.macmillan@simplyhealth.co.uk**

**Gillien Duncan**
**M: 07974 832986**
**E: gillien.duncan@simplyhealth.co.uk**

# MEGAGEN

HARLEEN BHOGAL , TERRITORY MANAGER

## SUPPORTING IMPLANTOLOGISTS THROUGHOUT SCOTLAND

I'm Harleen, the Territory Manager for Megagen Implants UK & Ireland – covering Scotland. I'm delighted to be a part of the Scottish Dental Show this year and would like to tell you a bit about me.

I've had a varied sales career that has taken me from the automotive industry, FMCG and now the greatest of them all, Dental!

I'm incredibly proud to be a part of the Megagen family, providing support for our dentists from the very North of Scotland, all the way down to the North Lakes and every place in between!

When I'm not selling the greatest dental implant system in the known universe, you'll usually find me walking my 13-year-old chocolate Labrador, Simba or climbing one of the many stunning Munros of Scotland.

It's also quite dangerous to mention anything about motorsport, rugby, or watches to me as likely we would never get any work done.

If you see me at the show (I'm on stands A02 & A03), then please feel free to stop by and say hello, I'll try my absolute best to smuggle Simba in when security isn't looking!

**Harleen Bhogal**
**M: 07943 948699**
**E: harleen.bhogal@megagen.co.uk**
**https://megagen.co.uk/**







# ALIGN TECHNOLOGY

NIGEL SMITH, TERRITORY MANAGER GP
JED LANGLEY, AREA SALES MANAGER

## DEDICATED AND PEOPLE-FOCUSED

Align Technology is a leading company that has seen significant growth over the past few years. The Invisalign system is the most advanced predictable aligner system in the world and combined with iTero intraoral scanners our business offers you a unique opportunity to significantly grow your revenue and profitability, while offering a service that patients want and ask for.

Nigel Smith, Territory Manager GP, has been with Align for more than four years and has vast experience within a clinical environment. While at Align, Nigel has worked with many unique products and services that we offer including both clear aligners and iTero scanners.

Nigel's overall career experience involves developing businesses to ensure they meet their own goals and objectives, pushing them to think outside of the box. He says: "No matter how big or small your practice is, or whether you want to grow with the Invisalign system cautiously or take big leaps, I have solutions to help you."

"So, please come and speak to me about the Invisalign system or iTero scanners, whether you have limited knowledge on what we offer, are interested to progress more, or would like to grow your surgery digitally. Please come over to **Stand E16** for a chat."

Jed Langley is thrilled to have joined Align more than two years ago as the Area Sales Manager for the North of England and Scotland. Prior to joining Align Jed held various management positions within the Pharmaceutical, Medical Devices and Digital Health industries and so has vast experience and knowledge.

Since joining Align, he has worked with an amazing team of talented individuals who support each other to develop professionally. Outside of work Jed enjoys long distance running and is a keen guitarist, both of which help him relax in his spare time.

He says: "During this time at Align I've particularly enjoyed seeing dental practices adapt and grow their business. Adopting the various digital tools from Align, including integrating iTero scanner technology, has enabled practices to work smarter and more efficiently and provide a smoother patient journey.

"The team at Align is dedicated, people-focused and want to help as many of you as possible. I am optimistic for 2022."

**Nigel Smith**
**M: 07876 571598**
**E: nsmith@aligntech.com**
**W: www.aligntech.com**

**Jed Langley**
**M: 07717 753160**
**E: jlangley@aligntech.com**
**W: www.aligntech.com**

# BE A TEAM PLAYER

*For this issue of Scottish Dental, it was lovely to speak to Erin Maconochie who has a slightly different story to tell in her role as practice manager. Erin splits her working life between being a podiatrist three days a week and a practice manager two days*

**Tell us a bit about yourself and where you work**
Myself and my husband, Alan MacLeod, who is a dentist in Port Glasgow, bought the practice in 2015. Alan wanted us to be co-owners, so that is when I got involved in dentistry. I also trained as a dental nurse so that I could be hands on in the practice when necessary. The practice has three chairs, four dentists, one hygienist, eight nurses, and one receptionist. We do a mixture of NHS and private. It's very much a family practice, and we also do cosmetic work such as implants, facial aesthetics and Invisalign

**How did you learn along the way?**
I had seen my parents own and run a business, so I had a fair idea of how to make the books balance. I did a lot of listening and talking to the staff, after all, they had been there much longer than I had. I worked out what worked and what didn't work; And of course, I learned on the job. My father-in-law is a retired HR consultant, so he was a big help with the recruitment side of things. Running a dental practice involves spinning lots of plates and keeping them all up in the air at the same time so I had to learn as I went along how to accomplish that.

**How did staff receive you as a practice manager?**
When we took over the practice in 2015, all the staff were very supportive and helpful. The changeover was very smooth. Really, the staff see me as 'Alan's wife, who sorts things out'. I work mainly from home, but I come into the practice and step in when short staffed and will be hands-on. I am very happy to be hands-on and muck in.

**How did you find running a business during lockdown?**
It was very challenging. We were all so used to caring for patients face-to-face, so it was difficult to only be able to speak to patients on the phone. And then when we did start to see patients again, there were no AGPs, and it was basically a case of just having a look at patients.

As a team we kept in contact with each other by Zoom chat. We checked up on everyone to make sure our team was all coping, and they also used the time to keep up with CPD. I can confess there were a few sleepless nights because we were responsible for 14 other people's income and lives. It was very tough.

**What has changed in the running of the practice post-Covid?**
Because of all the extra form filling that has resulted from Covid, it has made us become more technology focused. But, as in every practice, there are still people who don't use email or have a mobile phone, so we just have to '20th century style' work round this.

**Do you think there is a good support network for PMs?**
There is a group of us who have made our own network. Up until Covid, we met every few months and it was a great stepping stone into the management of dentistry. At first, I just listened and then I started asking questions. We have a WhatsApp group, which is great for bouncing questions and ideas off each other

**What is the biggest challenge you've faced to date as a manager?**
Actually, there are two things that come to my mind. The first practice inspection was a huge challenge for me. I do have a clinical background which helped, but when I looked over the CPI checklist and realised I had to organise it all and bring it all together was really a very big moment. The other challenge has undoubtedly been the COVID situation at every step of the way.

**What area of management do you find most rewarding?**
Seeing everyone happy at the Christmas party is hugely rewarding for me!

**What area do you find least rewarding?**
All the paperwork. I would like everything to become more streamlined. I'd like things to be all electronic/portal type instead of having reams of paperwork in various folders.

**If you were to start your journey over again, what would you change?**
Nothing really. I wonder if we'd got the practice sooner would I have maybe trained as a therapist? Alan and I live and work together and therefore spend a lot of time outside the practice chatting about the business, but have created boundaries where business is not discussed on weekends.

**Do you feel there is enough relevant CPD for PMs?**
No. I personally would definitely be interested in more relevant CPD. There's not much out there for managers. I would like to see continued support and help around the inspections, as well as when there are changes in policy. There are always changes taking place and it would be good if there was relevant CPD which kept us updated on these changes.

**What advice would you give to those who aspire to be managers in dentistry?**
Listen to the people around you. Immerse yourself in your team. Be a team player.

> "RUNNING A DENTAL PRACTICE INVOLVES SPINNING LOTS OF PLATES

*Interview by Susie Anderson-Sharkey.*
*If you wish to contact Susie about this article or other practice management issues email: susie@dentalfx.co.uk*

# PARETO AND LUND

*Be amongst the few whose lives are 80 per cent happier and more successful*

[ WORDS: ALUN K REES ]

**I ENJOY THE PRINCIPLES OF** Vilfredo Pareto and Paddi Lund in equal measure. Like the twin lead guitars of some fictitious management school rock band they complement each other. In their turn they take alternate solos and play supportive rhythm chords behind the other. Should I lose all other lessons and guides I would fall back on these two to take to my business consultant desert island.

Pareto was an Italian economist who noted the "80/20 connection" while at the University of Lausanne in 1896. He showed that approximately 80 per cent of the land in Italy was owned by 20 per cent of the population. He then carried out surveys on a variety of other countries and found to his surprise that a similar distribution applied.

The principle was later adopted by management consultant Joseph Juran, who himself lived a full and varied life, and to quote a biography, was "an evangelist for quality and quality management". During his work in Japan after World War Two, he applied Pareto's principle to quality and concluded that 80 per cent of a problem is caused by 20 per cent of the causes. He originally referred to the "vital few and the trivial many" but later changed it to the "vital few and the useful many", meaning that the 80 per cent should not be ignored.

Pareto's principle, Juran's interpretation and the work of others who have applied their theories are highly relevant today in all walks of life and businesses. In dentistry we are all familiar with the fact that in a well-run practice we find that in any one successful week, 80 per cent of the income comes from 20 per cent of the patients. However, as practices dependent on high amounts of laboratory work also find, 80 per cent of the bills come from 20 per cent of the cases.

Similarly, 30 years ago, in a busy, full-on NHS practice, when I examined my emergency cases, 80 per cent came from irregular patients compared with 20 per cent from the regular ones. When I sat down and examined staff issues, patient compliance, orthodontic breakages – the list went on – they all fell into those same 80/20 ratios.

> "OF THE PEOPLE WHO READ THIS ARTICLE TO THE END ONLY 20 PER CENT WILL GIVE IT A SECOND THOUGHT

The result changed my thinking of what I could and should anticipate, tolerate and, perhaps, control better. At worst I was able to acknowledge the ratios, at best I started to see a way of dealing with them by eliminating them.

If Pareto was playing a black Fender Stratocaster then Brisbane dentist, Paddi Lund, was strutting his stuff on a Sunburst Red Gibson Les Paul. After reading his book, Building the Happiness Centred Business and enjoying his company on several occasions, I felt brave enough to adopt several of his suggestions into my business life. The best of these was to refuse to deal with people who made me, or my team, unhappy.

Paddi advised "scoring" each patient A, B, C or D, basically the "D" patients were the messers, time-wasters, difficult ones, "heart sink" people who brought everyone down. They were asked to find themselves another practice. There were very few, fewer than Pareto's 20 per cent, in fact, closer to 20 per cent of the 20 per cent. But the point was once a decision had been made that we could "ask" patients to leave, and did, dealing with the others, the remaining 80 per cent of the 20 per cent became much easier. Our mind-set changed, we felt liberated. Another significant change following Paddi's advice was to make ourselves appear to be a "referral or invitation only" practice. Bearing in mind when I started this process mine was a 99 per cent NHS practice, it took a leap of faith and no little courage. The process was easy – every time a potential new patient contacted the practice by telephone, they were asked the question: "May I ask you who referred you to Alun? You see, we generally only take on new patients who are referred to us by existing patients."

This gave my front desk team an opportunity to discover more about the potential patient and also introduced them to the concept of "exclusivity". In the majority, 80 per cent of course, they were allowed to join and then they, in their turn, were invited to become one of our ambassadors.

To some readers this may provoke one of the frequent responses: "It wouldn't work here or my team wouldn't do that", and above all the unspoken: "I am frightened of making the change". I know that it did work for me and has worked for many others.

Paddi also advocates getting rid of reception desks, he considers them a barrier and he took a chain saw to his; locking the front door and getting rid of exterior signage. All challenging, I acknowledge. To this day I still turn down work using Paddi's advice, probably in the 80/20 ratio and I know that of the people who read this article to the end only 20 per cent will give it a second thought, and perhaps seek help in implementation, but they are the ones who will have practices, and lives, that are 80 per cent happier and more successful.

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

www.thedentalbusinesscoach.com





# Treating an ankylosed 21, the result of childhood trauma, through implant placement and restoration with an implant supported crown

**Peter Buchan**
BDS FDS RCSEd DIP IMP Dent RCSEd[1]
[1]Clinical Director, No 9 Dental Practice

## Initial complaint and patient expectations

MK, a 41-year-old male, first came to the practice in December 2013, referred by his own GDP for an opinion as to the suitability for implant 21. The patient was complaining of the 21 being prominent. The 21 was ankylosed; the result of childhood trauma.

At this initial chat appointment, I talked through the various options to replace the 21, namely a denture, an implant or adhesive bridge work. The patient was not keen on a denture nor adhesive bridge work. He hated how his front teeth had looked and had reached a point in his life where he "wanted to get it fixed properly this time".

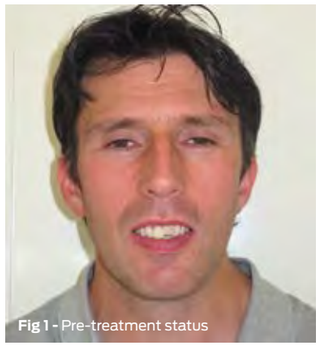


**Fig 1 -** Pre-treatment status

## Past dental history and relevant medical history

Minimally restored dentition, a regular dental attender. The 21 is ankylosed – the result of childhood trauma – and has now started to show signs of internal resorption. There is a veneer on his UR1. The upper first premolars have been extracted in the past. No relevant medical history. Non-smoker.

## Examination

**Extra-oral**

- Mouth opening - within normal limits
- Lymph nodes – clear
- TMJ – nad
- No facial asymmetry

**Intra-oral**

- Soft tissue abnormalities – No
- Oral hygiene – good external staining needs more careful interdental cleaning
- Grind/Clenching – No, age-appropriate wear, class 1 occlusion
- Dry mouth – No
- BPE is 113/222. He has medium biotype

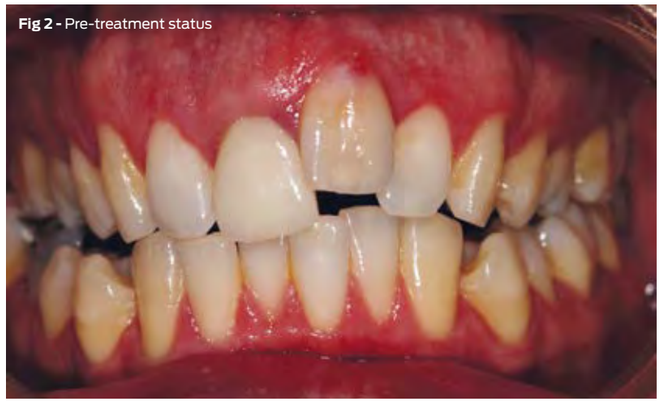


**Fig 2 -** Pre-treatment status

## Relevant clinical exam

• Historical RCT 11 symptom free, with old ceramic veneer, with significant crowding upper and lower arches. Narrow space for 21. The 11 was measured at 9.5mm and the current space for the 21 was 5.3mm. Potential for lack of soft tissue 21 site after extraction.
• Minimal plaque deposits, with minimal calculus 33 to 43.

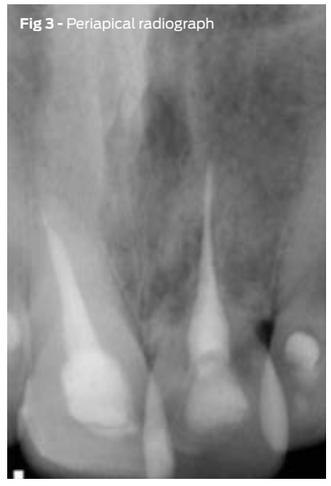


**Fig 3 -** Periapical radiograph

## Initial radiographic findings

A periapical radiograph was taken which clearly showed ankylosis, loss of the lamina dura potential area of resorption.

## Diagnosis

• Infra occluded ankylosed 21
• Crowding in upper and lower arches.

## Treatment plan

• Align arches and create space for the 21.
• Place implant and then restore 21 with an implant supported crown.

## Other options

Other options to replace the 21 could be a denture, implant or adhesive bridge work. The patient was not happy for a denture nor adhesive bridge work.

Alternatively, we could have extracted the 11,21. Placed implant in the 11 site with a two unit bridge 12,21. This was considered more invasive.

## Additional planning

Upper and lower alginates and photos were taken to help with the planning, measurements and discussions with the orthodontist.

After tooth movement was completed a pre op open backed suckdown stent was fabricated to help with the implant positioning.

An Aesthetic risk assessment was carried out. He demonstrated a high desire for a very natural restoration, a low smile line, thin biotype, and triangular crowns meant that this was going to be a challenging case. Excellent oral hygiene, healthy perio status, non smoker. SAC Classification shows this is an Advanced case type.

Periapical radiographs were taken taken to evaluate the condition of the neighbouring teeth and amount of alveolar bone present. There appeared from the radiographs to be a good level of vertical bone however we discussed the potential need for bone grafting if any vertical defect was apparent after tooth extraction.

## Treatment stages

### Orthodontic phase

An appointment was arranged for him to be seen by my local specialist in orthodontics.

He recommended Upper and Lower Labial ceramic Fixed appliances to align the arches – expansion of the upper arch with some proclination of the labial segment to provide spaces for the arch alignment and opening of space by an additional 3mm for the UL1 implant, to match the UR1 and with IPR to create space as required.

After 14 months of orthodontic treatment, the 21 gap was 9.3mm and the 11 width was 9.3mm and we were now in a position to consider the placement of the implant 21. The 11 had the veneer removed.

We discussed the potential need for gingival grafting and GBR.

We discussed the need to provide a provisional 21. The options were either to stay with the current acrylic 21 on the fixed brace, or use and Essixs with and acyclic tooth embedded, or fully prep the 11 to act as an abutment for a fixed bridge. The pt was not too keen on having the 11 prepared, and after chatting with the orthodontist we decided to leave the fixed brace on to provide the provisional.

We talked about the options for the timing of the implant placement and the 11 extraction, delayed or immediate placement. The patient expressed a desire for immediate placement. He wanted to shorten the total treatment time.

We also talked about the options for a provisional 21. Either Essix tray denture or adhesive bridge were potential options. At this point the patient expressed the desire to also change the old crown on the 11. This opportunity meant that we could provide a provisional cantilever bridge from the 11, during the integration phase, then provide two matching crowns 11,21 at the end of the treatment.

### Implant planning

Gathering more information prior to the formulation of the definitive treatment plan and answering anymore questions, taking standardised photographs and study models.

### Placement

A pre-op open backed suckdown stent was fabricated to help with the implant positioning.

The bone quality was very thin and soft friable. The decision was made at this point to bury the implant in as much bone as possible and correct the angulation with a custom abutment.

Cerabone and double layer membrane to cover exposed buccal threads and restore buccal contour. The periosteum was released to achieve tension free closure. 60 prolene sutures to close. Standard post-op pain control with paracetamol and Ibuprofen CHX mouthwash. Uneventful suture removal at seven days, soft tissues look good, healing normally.

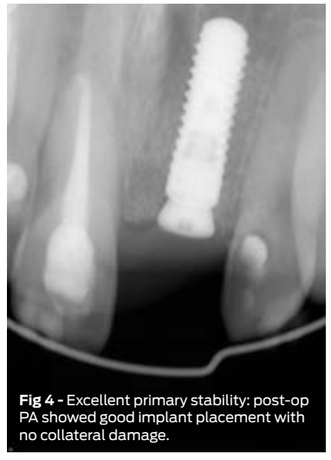


**Fig 4 -** Excellent primary stability: post-op PA showed good implant placement with no collateral damage.

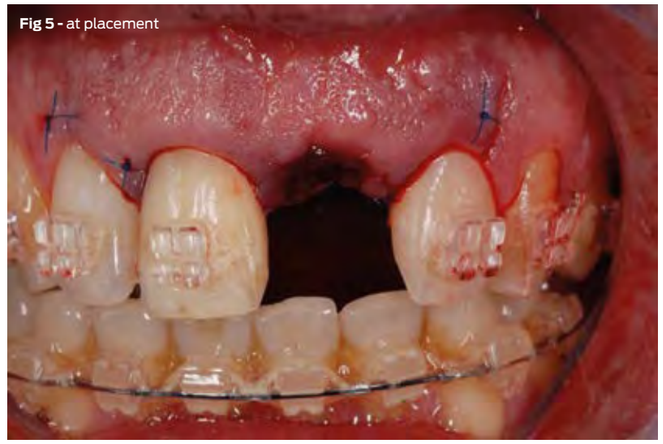


**Fig 5 -** at placement

**Fig 6 -** Suture removal seven days post-op

### Implant uncovering.

Approximately eight weeks later after placement the implant was uncovered. Local anaesthetic was given, and a H-shaped incision made over the top of the implant and a taller bottle shaped healing cap placed. PA radiograph showed good level of bone around the implant.

### Provisional crown 21 fabrication

A putty was then taken of the 21 on the Hawley retainer to facilitate new provisional.

A temporary abutment was attached to the 21 implant and covered in composite and then Pro Temp using the pre-op putty. A new Essix retainer was provided for retention.

**Fig 7 -** provisional crown 21 fabrication

### Provisional crown modification

The 21 provisional crown was removed and modified to improve the gingival emergence profile, with flowable composite and abrasive disks.

### Impression for implant 21 and veneer 11

Photos taken to facilitate shade matching and surface texture.

11 prepared for veneer and cord placed.

Provisional implant crown 21 removed

Custom special tray with Impregum open technique

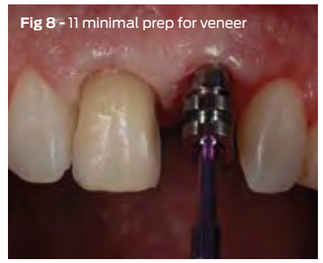


**Fig 8 -** 11 minimal prep for veneer

A ceramic abutment was requested for optimal aesthetics.

**Fig 9 -** shade photos taken

### Trial Fit 21 11

Provisionals were removed and the final restorations were tried in. I was unhappy with the gingival esthetics on the 21 implant. There was too much subgingival bulk. The restorations were photographed and returned to the lab. With the intent that this would encourage the adjacent gingiva to drop further, in line with that of the 11, it was agreed that the restorations be modified.

### Fit implant 21 Veneer 11

Provisionals were removed and the final restoration were tried in. The gingival aesthetics were much improved. The patient checked the appearance in the mirror and gave the permission to fit. The 21 custom abutment implant was first inserted and gradually torqued to

35Ncm and the crown cemented with Tempbond original. Variolink Veneer LC was used neutral shade to cement the 11 venner

### Permanent Retention
Once the final restorations were completed early January 2017, at which point MK was fitted with a Twist-Flex fixed bonded retainer on the lingual surface of his upper anteriors including on the crowns on his U 1/1 and had an upper pressure-formed retainer relieved over the bonded retainer for wear at nighttime alone. His orthodontic retention continues, and the patient is extremely delighted with the result.

### Hygienist
Full mouth Ultrasonic, hand scale and polish. Toothbrush Instruction given and reinforced flossing. Demo given with super floss. Organised routine hygiene going forward.

### Review appointment
All well; patient really happy with the finished result. Final photographs taken.

## Completed treatment result
### Reflections
The patient was ultimately delighted with the natural "life-like" results. He was very glad to get the result that he wanted. The treatment was extensive and required a lot of intervention, but we managed to get the result. The gum height is not exactly symmetrical between the centrals. We did talk about the options to correct this. However, MK did not want to pursue this. In social interaction this is not visible, and he did not want to prolong treatment time.

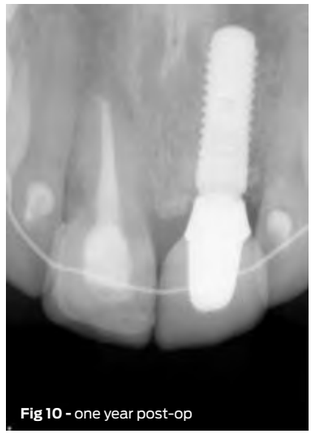


**Fig 10 -** one year post-op

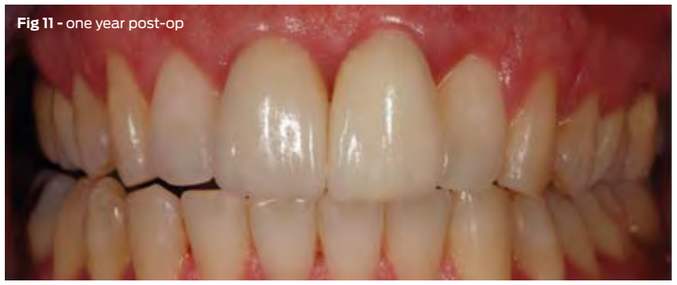


**Fig 11 -** one year post-op


**Fig 12 -** one year post-op

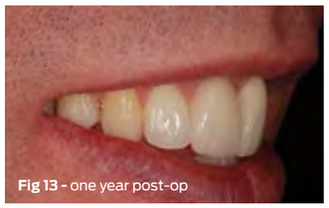


**Fig 13 -** one year post-op

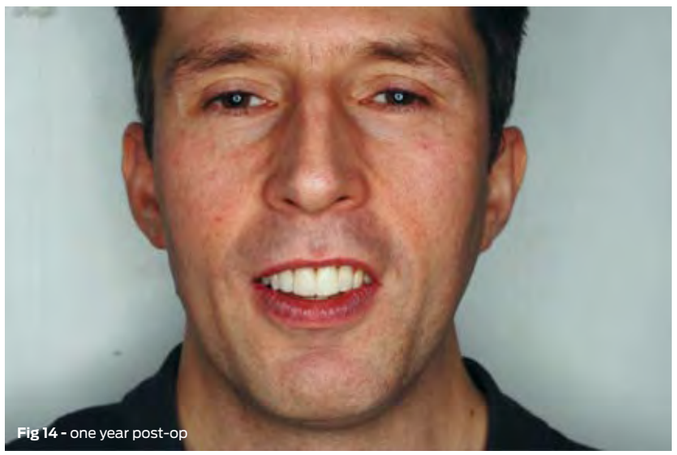


**Fig 14 -** one year post-op

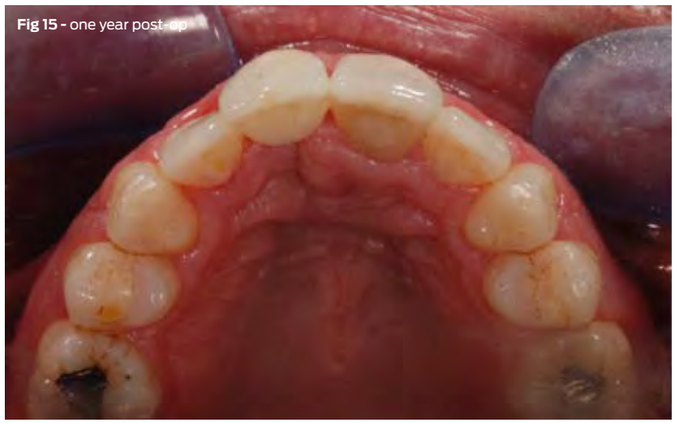


**Fig 15 -** one year post-op

# Orthodontic treatment of an adult patient with a history of previous orthodontic treatment and gingival recession

**Dr Lisa Currie**
BDS Hons, MFDS RCSEd, MSc, MOrth RCSEd, FDSOrth RCSEd, FDSOrth RCPSGlas[1]
[1]Clinical Director/ Consultant Orthodontist, The Orthodontic Clinic, Aberdeen

A 29-year-old female presented in November 2019 at The Orthodontic Clinic, Aberdeen. Her main concern was the "twisting of the upper front teeth". She was also concerned about the health of her gums as she had been told by her dentist that she was "brushing too hard".

She was keen to improve her aesthetics, which affected her self-confidence, but ultimately she was more concerned about the "long term health of her teeth and gum tissues".

The patient's medical history was non-contributory. Her general health condition was good, did not take any medications, had no known allergies and was non-smoker. She had mentioned during the history taking interview that she had undergone previous orthodontic treatment as a teenager, having had upper and lower fixed appliances with the loss of upper premolars, with treatment lasting approximately two years, from her recollection. She failed to wear her retainers and was now aware her teeth had become crowded again. She also reported that she had subsequent problems with recession affecting her lower right central incisor although had no symptoms. When she became pregnant, she reported that her gum condition deteriorated and she felt that she was becoming more prone to generalised recession, albeit with no symptoms.

## Extra-oral examination:

› Class 2 mild-moderate skeletal pattern
› Average Frankfort-Mandibular Planes Angle
› Average facial proportions - Normal lower face height
› No asymmetry

## Intra-oral examination:

**Teeth present:**

765 321/123 567
7654321/1234567

› Upper 4s missing (extracted as part of previous orthodontic treatment)

**BPE scores:**

1/0/0
0/2/0

› Oral hygiene fair
› Supra-gingival plaque and calculus deposits lower 2-2 with bleeding on probing from LR1 (labially)
› No pockets greater than 3.5mm
› Gingival recession was noted mainly in the upper and lower anterior regions, particularly at LR1 and UL1 (2mm) Recession noted on labial/ buccal aspects of:
› 1mm on UR2, UR3, LR7, LL1, LL2, LL3, LL7
› 2mm on UR1, UR6, UL1, UL6, UL7, LR6, LR2, LR1, LL6
› Thin periodontal biotype
› No mobility noted

**Occlusal features:**

› Class 2 division 2 incisor relationship
› Overjet 2mm, Overbite 50%
› Molar relationship RHS Class 2 (1/2 unit), LHS (Class 2 3/4 unit)
› Canine relationship RHS Class 2 (1/2 unit), LHS (Class 2 3/4 unit)
› No crossbites
› Lower centreline to the right by 1.5mm

**Figure 1.**
Pre-treatment extraoral and intraoral photographs

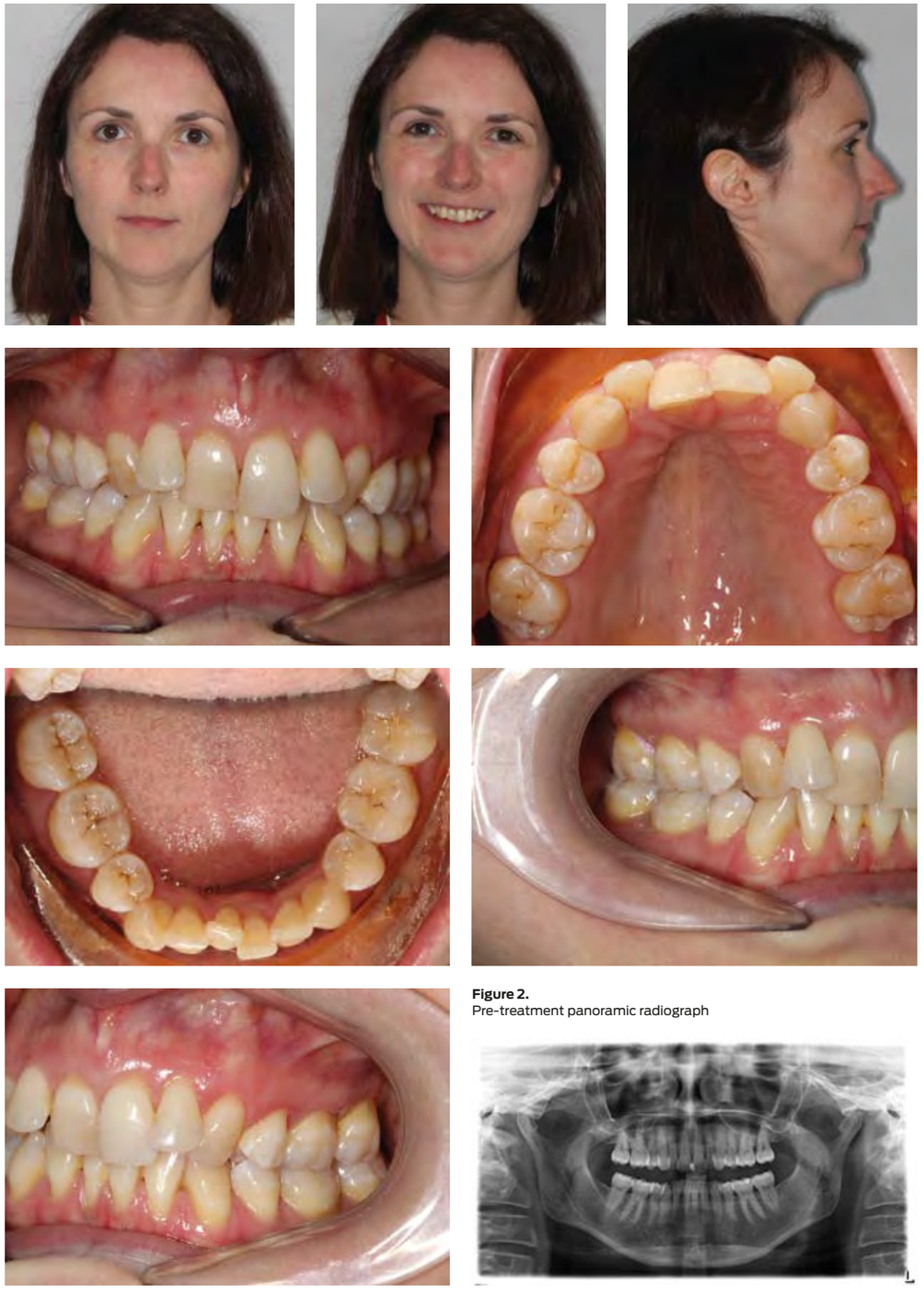


**Figure 2.**
Pre-treatment panoramic radiograph

## Treatment Plan

1. Oral hygiene instruction
2. Full mouth scaling
3. Upper and lower fixed or Invisalign appliances
4. Upper and lower fixed and removable retainers to maintain the orthodontic result

The patient was informed that the treatment would take approximately 18 months with the expectation for the maintenance of excellent oral hygiene throughout, with regular visits for adjustment of her braces (every six to eight weeks). Following her active orthodontic treatment, she would require long term (lifetime) retention to maintain the orthodontic result. The patient was warned of the usual risks of orthodontic treatment (decalcification, root resorption, loss of vitality, relapse), but especially of the potential for progression of the recession and the need therefore for close monitoring of this.

The orthodontic treatment objectives were essentially to improve overbite, relieve crowding and align both arches whilst being respectful of the periodontal tissues (it was important that there should not be any worsening of any areas of recession):

1. Secure optimal oral hygiene before starting orthodontic treatment
2. Eliminate dental crowding, intrude the upper centrals, level and align the teeth.
3. Obtain ideal overbite and overjet
4. Achieve a mutually protective functional occlusion
5. Retain the orthodontic result

The periodontal treatment objectives for this patient consisted of the delivery of initial debridement, followed by customised oral hygiene instruction, and then the maintenance of good oral hygiene. The initial periodontal therapy was directed towards providing an environment conducive to long term maintenance:

1. Initial visit to the general dental practitioner for full mouth scaling
2. Maintenance visits for scaling as necessary thereafter

After discussion and considering the risks and complications, the patient decided to proceed with treatment, opting for upper and lower fixed appliances. She was duly consented to treatment, and she opted for a combination of upper ceramic brackets and lower metal brackets.

After her visit for full mouth scaling with her dentist, she was first seen for review, and it was found that the patient was maintaining a good level of toothbrushing, and her interdental cleaning was significantly improved. BPE scores were found to be 0 in each sextant, except in the upper right, where it scored as 1.

## Treatment progress

Orthodontic treatment started in November 2019 and was completed in April 2021, with an overall treatment time of 17 months and requiring 9 visits.

Pre- adjusted edgewise brackets (0.022x0.028- in, MBT prescription, upper ceramic brackets, lower metal brackets) were bonded to all the teeth.

Upper and lower 0.014-in nickel titanium archwires were placed and treatment progressed up to 0.019x0.025-in stainless steel archwires. Initial alignment followed by levelling in the upper and lower arches was achieved in nine months. Upper and lower 0.019x0.025-in stainless steel archwires were maintained for eight months in order to fully express the torque. Resultant spaces were closed using power chain and Class 2 elastics.

At the debond appointment, oral hygiene was good, with BPE scores of 0 in each sextant and no progression of recession from her initial presentation.

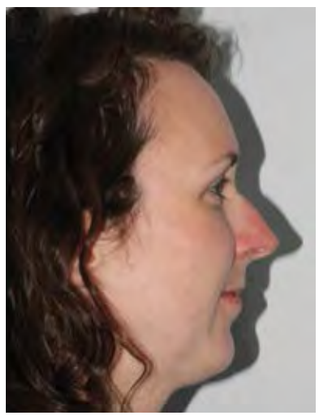
In terms of retention of the orthodontic results and long term follow up, both removable (vacuum-formed) and fixed wire retainers were used in both the upper and lower arch to aid long term stability and because of the good compliance of the patient with her oral hygiene. Follow up was carried out on a three-monthly basis (and will continue for up to two years) to monitor retention and six-monthly hygiene visits with her dentist have been recommended in the long-term. The patient was instructed to wear her removable retainers on a full-time basis for two weeks and then to continue wearing the retainers at night indefinitely.

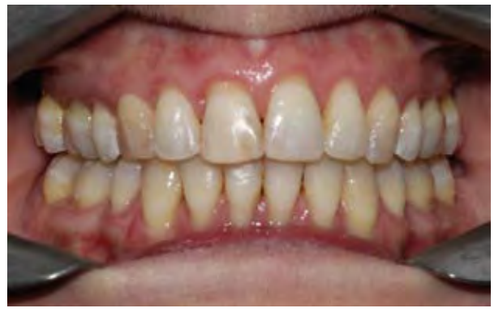
## Treatment results

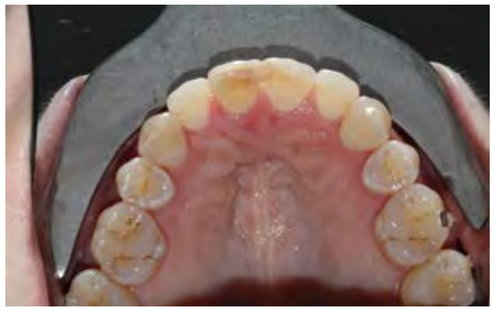
Figure 4 shows the final outcome of the case. The post-treatment frontal photograph showed that there was significant improvement of her facial aesthetics and her smile. The facial profile was also improved minimally with increased upper lip support following the new position of the incisors.

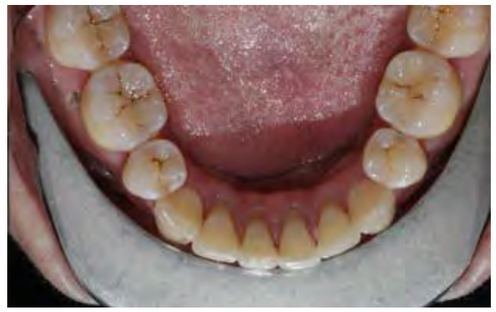
The patient was more confident overall and felt her bite was more comfortable and that she was able to maintain her oral hygiene more easily.

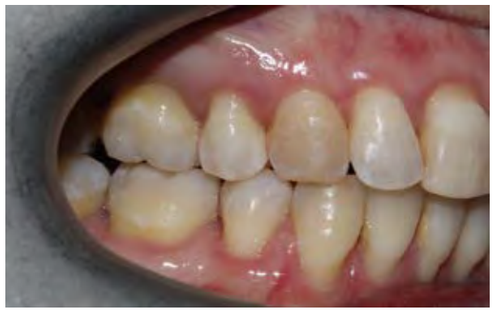
**Figure 4.** Post-treatment facial and intraoral photographs











## Discussion

Gingival recession is a common condition characterised by the displacement of the gingival margin apically from the amelo-cemental junction (ACJ) and the exposure of the root surface to the oral environment. For a patient, gingival recession usually creates an aesthetic problem and fear of tooth loss due to progressing destruction, and it may also be associated with dentine hypersensitivity and/or root caries, and cervical wear.

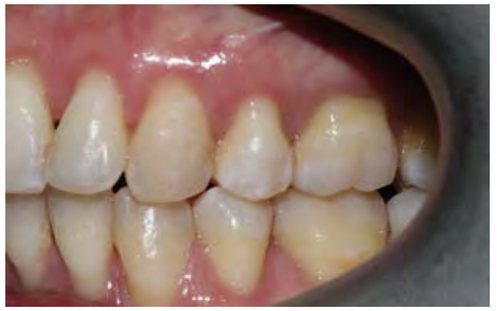
The aetiology of gingival recession is multifactorial. Several factors may play a role in recession development, i.e., excessive or inadequate teeth brushing; destructive periodontal disease; tooth malpositioning; alveolar bone dehiscence; thin and delicate marginal tissue covering a non-vascularized root surface; high muscle attachment and frenal pull; occlusal trauma; lip piercing; and iatrogenic factors related to reconstructive, conservative periodontal, orthodontic, or prosthetic treatment.

In this case, it seemed that there was a correlation between the gingival recession and past orthodontic treatment, and it was suggested that orthodontic tooth movement may have led to recession, although it cannot be considered as the sole or primary reason for this. Predisposing factors of recession include thin gingival tissues, decreased alveolar bone crest thickness, prominent root surface, buccally positioned teeth, and bone dehiscences. This patient had a thin periodontium and this was certainly a risk factor in her past and present treatment.

In terms of orthodontic treatment planning, these risk factors made it important to carefully control the amount and direction of orthodontic forces. Forces were kept light, gradual and applied to groups of teeth rather than single units. Archwires were changed in a step-wise fashion, and only carried out once the previous wire was passive.

In the lower arch, the curve of Spee flattened by the proclination of lower incisors and extrusion of lower posterior teeth, correcting the overbite.

The placement of glass ionomer “bite props” placed on the occlusal surface of the lower molars eliminated occlusal trauma from the upper incisors on the lower incisor brackets and helped facilitate correction of the deep bite.



The upper arch was aligned by proclination and some expansion. There was some transient increase of the overjet which was corrected by simultaneous proclination of lower incisors and intrusion of the upper incisors, together with Class 2 elastics.

## Conclusion

Management of patients with recession (or those who have predisposing factors that make recession a risk) can be a challenge for the orthodontist. The importance of the patient having good oral hygiene before, during and after orthodontic treatment as well as the careful application of orthodontic forces are significant factors in allowing the improvement of the function, aesthetic and periodontal health of the patient.

## Declaration of patient consent

The author certifies that they have obtained the appropriate patient consent. The patient has given her consent for her images and other clinical information to be reported in the publication.

# 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!

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

# PREPARING FOR THE NEW TAX YEAR

## Now is the time to ensure you have taken all steps to optimise your position

With the start of the new financial year, now is the time to take stock of your tax position for the year ahead to ensure that you have taken all steps to optimise your position.

If you operate your dental practice as a private company, you can utilise the £2,000 tax free dividend allowance. As dividends are taxed based on the UK tax bands, have you considered taking an additional dividend from your company to maximise this limit?

It is also worth assessing your National Insurance contributions to date. Remember you need 35 qualifying years to secure the full state pension. You may need to assess how you are being remunerated to secure this benefit.

**Anna Coff**
**Assistant Manager**
**E: anna.coff**
**eqaccountants.co.uk**
**T: 01307 474274**

Gift Aid payments that you make in a tax year not only help the charity but can help to reduce your higher rate tax exposure. A Gift Aid payment will extend your basic rate tax band in the same way as a pension contribution.

The Capital Gains Tax annual exemption for 2022/23 is £12,300, so if you have a share portfolio with unrealised gains then you should look to utilise this. Consideration should also be given to inter spouse transfers to utilise their annual exemption as well.

Have you made use of your ISA allowance? You can invest £20,000 into an ISA in each tax year, future income and capital gains within the ISA are tax free.

Have you considered utilising your Inheritance Tax annual exemptions to make gifts of capital? The first £3,000 of gifts in any tax year are completely outwith your estate. You can also consider making capital gifts out of excess income on an annual basis.

The above is by no means an exhaustive list of the tax planning opportunities that you should be considering. For more information or advice regarding your tax position, please get in touch with Anna Coff.

# ONCE IN A GENERATION

## Strictly Confidental have recently supported the successful sale of a practice from father to daughter

With a family business, it's always a special moment when it passes to the next generation; for Foggo Dental in Barrhead, East Renfrewshire, that moment came earlier this year when Emma Foggo bought the practice from her dad, Robert.

It was an experience that was made all the more special through the support and guidance provided to Robert and Emma by the team at Strictly Confidental, Trisha Munro and Gillian Wylie.

Having been a dental technician for 10 years, Robert graduated from Glasgow in 1988, completed an MSc in restorative dentistry in 2012 from Edinburgh University, became a Vocational Trainer and took a part-time post as a Clinical Teaching Fellow at Glasgow University.

When he bought the practice in 1992 there were 800 patients and one surgery. Robert built an extension, adding another two surgeries and an LDU. "Over the years, it became a busy family practice, and I was delighted when Emma joined in 2012," he said.

Emma had graduated the previous year and continued her education by undertaking the MJDF exam. She has been a member of the local dental committee for the past seven years, a vocational trainer for four years and for the past two years, a part-time clinical teaching fellow at Glasgow Dental Hospital. Recently, Emma became a dental practice inspector.

Working with her dad firstly as an Associate, then as Principal Dentist, Emma is now joint owner with her husband David. "I wanted the surgery to remain a local family practice," said Robert, "and Emma, being a major part of the practice, was happy to take over and, with her husband, continue to take the surgery forward."

Robert has known Trisha for 20 years. "Robert contacted us in February 2020 regarding the possibility of selling his practice to Emma," she recalled.

"I mentioned to him that Emma should consider attending a seminar, '*An interactive session designed for Dental Associates who are considering buying their first practice*' - that was being held by the Royal Bank of Scotland and where we were one of the presenters, alongside legal and financial experts in this field."

Unfortunately, the pandemic halted progress, but in March last year Emma restarted the process. Strictly Confidental carried out a business valuation (with DM Hall valuing the property), organised EPC and Asbestos reports and assisted Emma in securing finance from the Royal Bank. Strictly also instructed solicitors to act for both Emma and her father, and the sale was concluded last October.

"Robert presented Gillian and I with a huge case of very fine wines at Christmas," said Trisha, "such a lovely gesture. It was much appreciated by us; we were only doing what we do best - looking after our clients!"

Strictly Confidental have many years of experience in the field and a sterling reputation for providing advice and information for selling and buying a practice. They do all the groundwork to let you get on with your day-to-day work, at the same time as sourcing the relevant information and will go through every detail with you and offer advice, whether selling or buying.

"We were more than happy for Trisha and Gillian to carry out the sale," said Robert, "they were excellent, guiding us through the intense process."

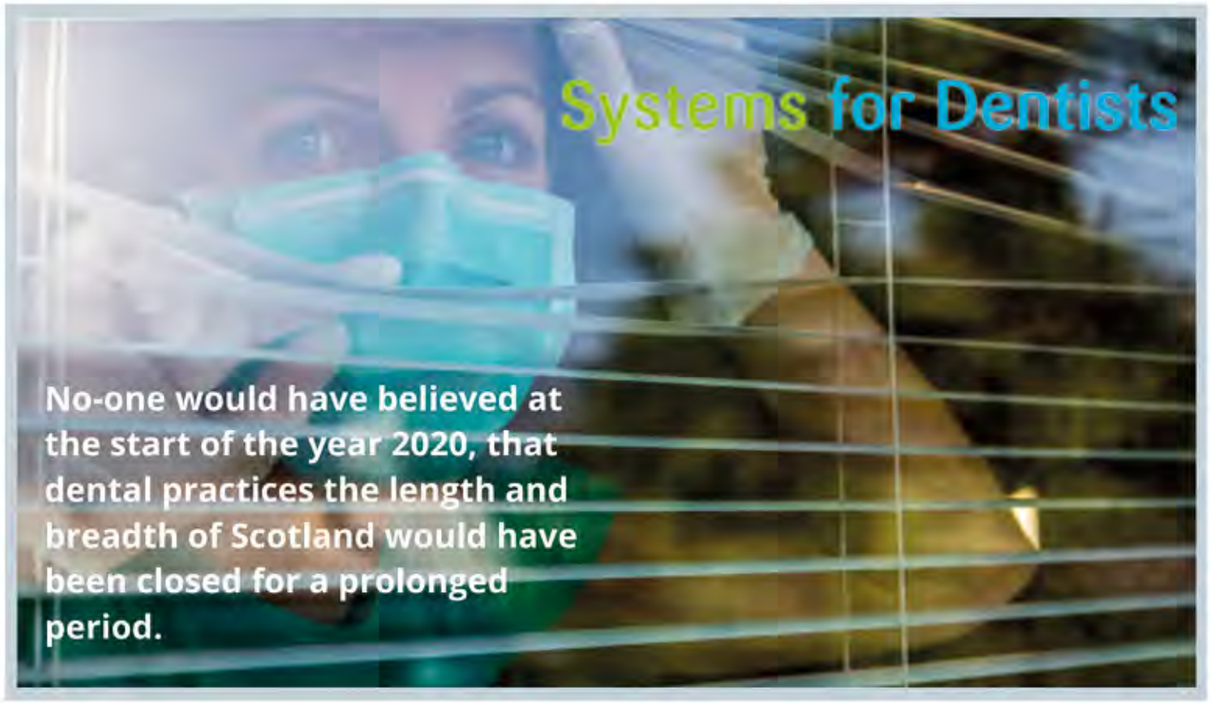
Looking to the future of Foggo Dental, Emma added: "We will continue to provide NHS and private care to our patients. As I enjoy being a part of dental education and want help my newly qualified colleagues, we will also continue to be a vocational training practice. We will always endeavour to invest in our practice and continue to update our practices and equipment to allow us to provide the best possible care to our patients"

**Patricia Munro**
**M: 0790 613 5033**
**O: 0141 468 8276**
**patricia@strictlyconfidental.co.uk**

**Gillian Wylie**
**M: 0791 468 8322**
**O: 0141 468 8276**
**gillian@strictlyconfidental.co.uk**

**TRISHA AND GILLIAN WERE EXCELLENT, GUIDING US THROUGH THE INTENSE PROCESS**

ROBERT FOGGO




As we all know this was the sad reality due to the pandemic.

With NHS practices receiving a significant amount of funding to keep the dental team afloat, it was the first time that having an established private practice could lead to significant losses, especially with the self employment assistance allowances not paying to those earning more than £50,000.

Practices such as Greygables in Glasgow lead the way in opening the private practices back up to their patients in a private UDC capacity, this was a saving grace for both the private dental business and patients who wanted more options than the UDC were able to provide at that time.

Now two years on and finally seeing the end of most restrictions, we need to consider the structure of our dental businesses.

Do you find yourself even more committed to the NHS than ever before? Have you consider having more time with patients was the best outcome of the pandemic and therefore you wish to redesign your daily routine? Is your practice profitable if you reduce your hours slightly?

These are all questions our clients have been asking over recent months, and having Systems for Dentists (SfD) as their Dental Practice Management Software (DPMS), these are things we can assist them in calculating. Having a DPMS that is designed to take away the stresses of administration whilst offering you detailed reporting is even more important in 2022 than ever before.

No matter if you are an existing customer wanting to restructure your practice or a practice looking to understand your business better and wanting a trusted software partner that can facilitate that, give our team a call on 0191 500 6788 and our team will be delighted to assist you.

Its time to leave the pandemic in the past, whilst taking the learning from these events to improve all our lives.

**Tel: 0191- 500 6788**
**info@sfd.co**
**www.sfd.co**
**@SystemsDentists**

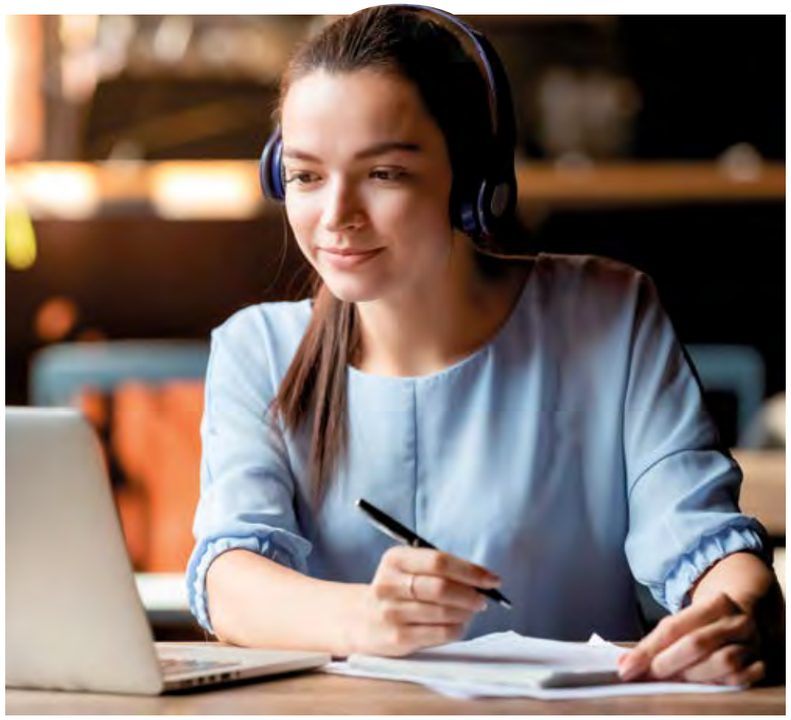
# A 24/7 LEARNING HUB

## Louise Bone shares the details of a new online Resource and Learning Hub designed to support dentists and their team

Finding the time to upskill and keep up your Continuing Professional Development (CPD), while supporting your team to do the same, can be hard.

In the day-to-day running of a business and simply getting on with the job at hand, finding the time and energy to focus on your own learning is difficult. But it is necessary, not just for your own motivation but also your team's.

Having a highly motivated and well-skilled team not only helps to make the business run smoother but, with the recruitment issues facing dentistry at the moment, supports your staff to improve and learn new skills. This can help not only with the retention of workers but also with attracting candidates to fill vacancies. To support the whole team to fulfil their potential and make it easier to hit their CPD requirements, Practice Plan has launched their Resource and Learning Hub.



### RESOURCES FROM MORE THAN 50 EXPERTS

This hub is exclusive to members and combines videos, articles and downloadable resources from more than 50 industry experts all in one place. These experts include well-known figures in dentistry such as Chris Barrow, Johanna Hooper, Michael Bentley and Sarah Buxton. There are more than 100 learning modules covering a range of topics aimed at different members of the team, including marketing your dental practice, leading your team, practice management, physical and mental wellbeing and plan membership support.

Users can access a range of downloadable resources, such as useful guides, templates, charts, leaflets and policies, that bolster the expertise given and mean that teams can start putting their new knowledge into action straight away. Being available 24/7 and with content ranging from smaller bite-size chunks to longer form in-depth resources, means that you can study whether you have one hour or just 10 minutes and at the time of day that suits you. Much of the content also offers CPD, with certificates generated automatically, so team members can easily stay on top of their CPD requirements. Plus, if you find yourself a bit short on time, you can complete the CPD tests to suit you. Simply log back in and complete them at your own pace.

**Louise Bone, Regional Support Manager at Practice Plan**

### REGULARLY UPDATED WITH FRESH CONTENT

Since launching the hub, we've already had some really positive feedback from our members, particularly about the breadth and depth of the content that is on offer and how accessible they find the articles and videos. Others are really pleased with how they can use the modules to complete some of their CPD training.

We will continue to update and enhance the resources available on the hub regularly as new topics emerge. And to make sure that it's as relevant and interesting to the dental profession as possible, we seek input from members about what they would like to see added to the hub. The hub was created to support dental teams with the advice and knowledge they really need to progress their careers and enhance the business, so they're very much involved in shaping its future content. Over the coming months we will be adding more content to the hub. So if you're with Practice Plan, keep your eyes peeled for more! Practice Plan members can access the hub with their Online Services account details via hub.practiceplan.co.uk.

Any members who don't have access can call: 01691 684146. If you'd like to work with a membership plan provider who thinks about your needs and those of your team's, helping you to find solutions to the things that matter in practice, why not have a chat with Practice Plan on 01691 684165 or visit www.practiceplan.co.uk.

**Louise has spent many years working in the dental setting in different dental nurse roles. She joined Practice Plan in 2013 and has been using this knowledge to support dental teams to grow and develop their business, as well as guide dentists who want to leave the NHS**

# TO LEASE...OR NOT TO LEASE?

## Seeking both legal and surveyor's advice on premises and terms of your lease should minimise the risk of any nasty shocks

Dental surgeries come in all shapes and sizes, from street level premises and practices on the upper floors of a tenement, to stand-alone, purpose-built surgeries. Each has their own pros and cons, and will appeal to different practice owners.

Many principals will own their premises, which has the advantage of giving you a greater degree of freedom in terms of how you use the building, and of course you will own an asset which you can realise when you decide to sell your practice.

However, many will instead lease from a third-party landlord. This may be because they don't see property as a good investment and so don't wish to spend money on bricks and mortar, or it may be that premises simply isn't available for purchase. Whatever the reason, being a tenant brings its own issues. It isn't just a case of signing a lease and away you go, there are a number of details within a lease which need to be considered and which really need to be addressed at the outset.

### EXTENT OF THE PREMISES

Rather obviously, you need to be clear on exactly what you are leasing. That might seem a ridiculous point, but just make sure you understand what the building consists of. This is particularly the case in a surgery within a larger building such as a tenement. Your solicitor should check what the lease covers and also that you have all necessary rights of access over other parts of the larger building.

### RENT

One of the first things you will agree is what the rent will be. That is fairly simple, but beyond that there are a number of points to consider.

Firstly, in certain circumstances a landlord requires to charge VAT on the rent. This is most likely if they, or an owner in the past, has carried out substantial refurbishment to the building. If they have, they may have "opted to tax", which in practical terms means VAT being payable on the rent. If you are eligible for NHS rent reimbursement, you should be able to recover some or all of the VAT, but otherwise the VAT will be an extra expense so confirm the position.

You will also want to confirm how regularly the rent will be reviewed (i.e. changed) and on what basis a rent review will be carried out. Your solicitor will be able to keep you right on the normal terms for a rent review and which are most advantageous from a tenant's perspective.

### REPAIR AND MAINTENANCE

One of the most common questions which we are asked when we act for either a landlord or a tenant is who is responsible for repairs to the building, and to what extent. That is a very valid and important question, as repairs can involve significant expense.

Michael Royden

In many cases the tenant is fully responsible for all maintenance and repair, and also for insuring (or meeting the cost of insuring) the building. This is what is known as a Full Repairing and Insuring lease (or an FRI lease).

A tenant should, if asked to take an FRI lease, consider whether that is reasonable, and in particular what sort of condition the building is in when they take on the lease.

If you are taking on a newly built or refurbished premises, an FRI lease might be perfectly reasonable, as the building should be in very good condition. However, in most cases the building won't be new, and in such cases we would always recommend that a survey be carried out to ascertain its state of repair.

If there are any pre-existing issues with the building, you can seek to exclude certain parts of the building from your repair obligations as tenant. For example, if the roof is in a poor state, that can be left in the hands of the landlord.

Alternatively, and perhaps more commonly, you can ask the landlord to agree that you will have a Schedule of Condition prepared and built into the lease. Essentially, a Schedule of Condition is a photographic record of the state of the building just before you lease it. It records any existing defects, and sets a bar for the tenant's repairing obligations.

Any existing issues with the property which are recorded in the Schedule are not the responsibility of the tenant, whereas any new issues which develop at a later date are.

Whatever the repairing obligations are, tenants should also be mindful that if they ever give up a lease (for example if you decide to move the surgery to new premises) they may be required to bring the premises up to scratch through a dilapidations notice. That can involve a reasonable amount of expense if you haven't previously complied with your repairing obligations in the lease.

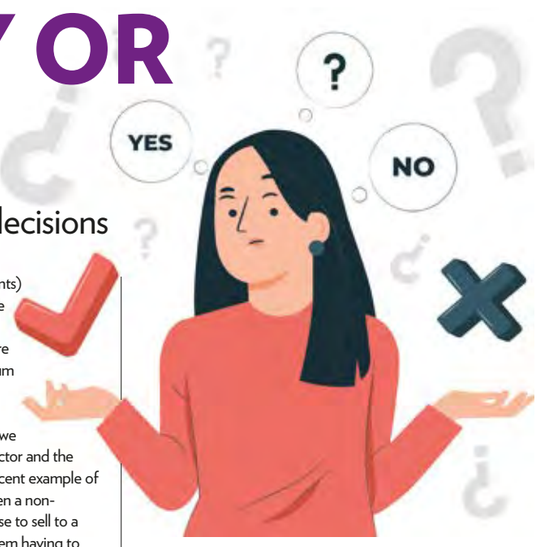
### FOREARMED IS FOREWARNED

Getting advice on a lease at the outset is definitely sensible. If you can seek both legal and surveyor's advice on your premises and the terms of your lease, it should minimise the risk of any nasty shocks as time goes by.

**Michael Royden, Partner, Thorntons Law LLP**
**E: mroyden@thorntons-law.co.uk / T: 01382 346222 /**
**W: www.thorntons-law.co.uk**

# SHOULD I STAY OR SHOULD I GO?

## 'Battle weary' Principals should avoid taking rash decisions

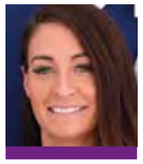



It was the immortal question posed by the rock band The Clash in their 1981 hit song, but it is increasingly a question facing Scottish Dental Professionals in these turbulent times for the sector.

With uncertainty of the future NHS funding, allied to the ongoing recruitment crisis, we are regularly discussing potential exit with practice Principals.

Despite the fact that demand outstrips supply, and goodwill prices are at an all-time high, we strongly discourage any 'battle weary' Principals from taking rash decisions to sell at this time. The market is likely to remain strong and a more structured strategy to sell at the optimal time will serve you well.

What we do however recommend, if you choose to sell, is that you seek out good advice from dental specialised professionals (accountants, lawyers and agents) to make sure you maximise the price negotiated and critically you adopt the optimal structure for the sale to achieve maximum tax efficiency.



**Victoria Forbes**
**Director**
**Dental Accountants Scotland**
**victoria@dentalaccountantsscotland.co.uk**

As we only work with Scottish Dental Professionals, we are deeply immersed in the sector and the transactions taking place. A recent example of the value added by us was when a non-specialist advised practice chose to sell to a Corporate Group. Without them having to change accountant we were able to advise the Principal on the deal value, squeeze a premium out of the purchaser and adopt a structure which meant a larger proportion of the consideration would be retained. In total, this added £427,000 to the deal for the exiting Principal. A not insignificant amount.

We'd love to advise you on the likely value/marketability of your practice and identify the areas you might want to focus upon to achieve best price when you do exit. Do get in touch if you'd like to discuss this or anything at all further.







# SELLING YOUR DENTAL PRACTICE?

## Vanilla deals are a thing of the past – it's time to get creative, says Joel Mannix

With merger and acquisition (M&A) activity in Scotland at an all-time high, the best way to maximise the outcome of your practice sale is to have a competitive sale process.

It is also vital that owners seek trusted and professional advice when considering selling, as those who deal directly with a buyer are likely to receive unfavourable conditions attached to a mediocre offer. It's best to avoid those who offer to 'sell your practice for free', too, as the sales agent will likely take a fee from the buyer!

While offer value is an important component in any practice sale, the terms attached can sometimes be more vital. So, it's time to move away from the 'vanilla deal', where practices exchange hands and that's that, and towards something more appealing. Let's look at your options...

**For a confidential chat about your business and the options available to you, contact Joel Mannix, Senior Business Agent – Dental, Christie & Co**
**E: joel.mannix@christie.com**

### OPPORTUNITY TO NEGOTIATE

Buyers may be willing to offer further incentives for a certain type of seller – typically those who are enthusiastic about remaining involved clinically and working with a buyer to continue the growth of a practice. These can include an equity participation where, as a seller, you retain a financial stake in the business.

The evolution of the traditional 'deferred consideration' is driven by competition between buyers but also the changing view that, if the seller's and buyer's interests are aligned, a business is more likely to flourish and both parties will share in the upside. Examples of this are outlined below.

### DEAL STRUCTURES

A typical deal structure consists of a percentage of the sale price to be deferred, payable over several years and linked to the performance of the practice or retained Principal. Any underperformance would be clawed back.

This type of deal is established in the transactional market but can be less exciting and financially rewarding for some sellers, compared to deals that can, when successfully negotiated, include:

- Upside incentives for growing EBITDA and turnover
- Equity participation
- Compounded interest received on deferred consideration

These structures are less common but can be uncovered when taking the correct steps and professional advice.

# SELLING TO A BODY CORPORATE? SHOULD YOU GO DIRECT?

There has been a big increase in the number of dental practices selling to Body Corporates, with the lure of principals being able to continue working as a dentist, but without the ever so increasing administration burdens of running a business.

For some with dental practices of a certain size, they may feel that a Body Corporate is the obvious choice as private individuals may not be in a position to afford a practice and this is certainly something that we discuss with clients where their value of the practice is in excess of £1,500,000 - £2,000,000. While there are generally private buyers who are looking for this size of practice the numbers are significantly less, than say the demand for a £500,000 practice.

While it can feel that going direct is going to save you agency fees and as such will you get you the highest net price this is not generally the case. Martyn Bradshaw of PFM Dental, one of the largest dental practice brokers in the UK, confirms how most owners would get a better price and terms by using an agent. Interestingly he also explains that the Body Corporates will even cover the agency fees with them, so the vendor can get the best price and terms negotiated on their behalf without even incurring any fees.

## VALUATION

The first step should be to have a formal valuation of the practice. One which is instructed by and prepared for the vendor, not just giving the Body Corporate carte blanche in giving a value – even when they are getting a number of Corporates to offer.

When valuing a dental practice it is important that the valuer has a good understanding of the dental practice and an agent, like ourselves, would spend time to understand the practice and the financial information.

An EBITDA (an adjusted profit figure) would be calculated which would strip out any personal costs, but also look at ways in which the practice is run. For example, just including a hygienist re-charge just for the vendor (which may not be in place already with the associates) may make a difference of £20,000 in the EBITDA and using a 7.5 multiple means a difference of £150,000 in price. There are many examples of cost savings which would reap high values, and the Corporates would be very accepting of these. However, once again, it is for the vendor (or their advisors) to identify these. A Corporate has no financial interest to look for this type of savings which will enhance the practice value that they are paying.

The experience and value that the valuer/agent brings to the table should not be underestimated.

## WHICH CORPORATES?

There are a number of household names, however around 40% of Corporates sales are sold to less recognised groups, and as such it is important to make sure that to maximise price, or improve the terms, such as the level of retention and tie-in, that those buyers are also making offers.

An agent who is active in the area will have regular contact with all types of buyers, and as such will be included in the people that they make contact with. Generally, the small Corporates are as well funded but can often offer better terms, potentially with no tie-ins. An agent will also determine from your requirements which buyers are likely to suit you better. With an agent you are not just buying their time involved in the sale of your practice but the endless hours that they spend liaising with new and existing buyers, ensuring that when you go to market you are being marketed to as many of the right people as possible.

**Martyn Bradshaw is a director of PFM Dental, one of the largest professional advisory firms for dentists, including sales and valuations, financial advice, and accountancy.**
**www.pfmdental.co.uk**
**01904 670820**
**07779 658332**

## HOW DO I SELL FOR FREE?

Due to the high level of demand for dental practices, the majority of active buyers including most Corporates, want to ensure that they receive the details as soon as they come to market. As such at PFM Dental we created a 'priority buyer' scheme in which people can register and receive details one week prior to the practice goes on the open market (and also practices that never go to open market such as Corporate style practices). For this they agree to cover the agency fees on your behalf. For transparency the agency fees are paid by the buyer to the vendor with the sale amount and an invoice to the client is made like normal.

If you are considering selling your practice to a Dental Corporate, please get in touch. We deal with a vast number of Corporate sales and can ensure that you get the best deal.

# GO DIGITAL, GO MEDIMATCH  Your digital workflow partner

The Medit i700 is the key to **unleash your clinic's full potential**, with powerful hardware and intelligent software.

The Medit i700 makes the **scanning experience a comfortable one** for both dentist and patient.


**Whatsapp text:**
**Amrita: 07926580660**
**Sean: 07714072918**
**Hugo: 07889088851**

# MEDIT i700

| | |
|---|---|
| Medit scanner | £ 12.995 |
| Dell alien ware approx | £ 3.000 |
| Vat | £ 3.199 |
| Total, DIY pack | £ 19.194 |

www.medimatch.co.uk/shop

medit@medimatch.co.uk

020 3875 8530
(Option 2 for MediMatch Supplies)

## Mill in surgery with the vhf plug and play
## Z4 - connect your iOS scanner


vhf
CREATING PERFECTION

| | |
|---|---|
| vhf Mill Z4 | £ 30.000 |
| Vat | £ 6.000 |
| Total all in! | £ 36.000 |

# DATES FOR YOUR DIARY

**2022**

**22 APRIL**
**Conference of Scottish LDCs, Stirling Court Hotel**
*scot-ldc.co.uk/2022-agenda/*

**22 APRIL**
**Glasgow Oral Surgery Symposium, Hybrid**
*https://community.rcpsg.ac.uk/event/view/glasgow-oral-surgery-symposium-benign-odontogenic-tumours-of-the-jaws-22-apr-22*

**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*

**9-10 JUNE**
**BASCD Summer Scientific Meeting**
*200 SVS, Glasgow*
*https://bascd-events.co.uk*

**10 JUNE**
**Annual Conference of LDCs, International Conference Centre, Newport**
*www.ldcuk.org*

**15-18 JUNE**
**EuroPerio10 Copenhage**
*www.efp.org/europerio*

**24-25 JUNE**
**Scottish Dental Show Glasgow**
*www.sdshow.co.uk*

**11-13 AUGUST**
**International Symposium on Dental Hygiene**
*Dublin*
*www.isdh2022.com*

**7-8 OCTOBER**
**BADT Conference 2022, Crewe**
*www.dental-tribune.com/event/badt-conference-2022*

**10-12 NOVEMBER**
**BACD, Newport**
*https://bacd.com*

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

# Introducing Ultrasound into your aesthetic practice

## by Paula Mann

Paula Mann describes her journey incorporating Utrasound into her aesthetic and teaching practice

Ultrasound is used throughout medicine as a convenient, painless, reliable and relatively inexpensive diagnostic tool. Ultrasound can determine anatomy, pathology, blood vessel flow and position, evaluate previously placed filler, guide filler injections and aid complication management.[1-5] As a Merz Aesthetics Innovation Partner (MIP) I support practitioners in the effective use of Merz Aesthetics products. Along with my Merz Aesthetics colleagues we deliver face to face training and digital education for the E-Cademy and E-vents platforms. Merz Aesthetics support the United Kingdom & Ireland Faculty (the training and education team) by investing in our professional development, with the latest focus being ultrasound scanning. This investment will further enhance Merz Aesthetics teaching, driving standards for practitioners and the industry as a whole. As medics we would rarely diagnose a treatment plan without investigation using imaging and special tests. However aesthetic medicine has lagged in this respect.

Having an interest in aesthetic medicine means you will instantly enjoy this learning; it compliments everything you already know and do, I can definitely attest to this learning being fun! The use of ultrasound in Facial Aesthetics is not new, however it is not routine. By taking steps to use this in my daily work I can hopefully encourage others to do the same by breaking down barriers which you may feel are making this step difficult. Your effort will be rewarded with enhanced clinical practice and satisfaction in personal learning as well as growth in you and your patient's confidence.

**Equipment**

The first step is to invest in an ultrasound scanner. I use a GE V-Scan Air.[6] This is a rechargeable, pocket size handheld wireless scanner. This gives precise imaging for facial aesthetic analysis and treatment. It is simple to set up and connects to your phone or tablet for visualisation and storage of images or videos. In addition it has doppler to view and trace blood vessel activity which is amazing to see. At any stage the company representatives are extremely helpful with the technical set up and support in use. You will also need ultrasound gel, sterile gel and probe covers if you intend to use your scanner during procedures.

**Training**

Having learned the basics of my scanner I attended a Merz Aesthetics sponsored training event for the Merz Aesthetics Innovation Board Members and Partner team. This was run in collaboration with Cutaneous Safe and Sound Ultrasound Training.' Cutaneous is an Amsterdam based company headed by leaders in the field; Leonie Schelke and Peter Velthius. Leonie is a cosmetic doctor in Amsterdam and with Peter, a dermatologist, founded a filler complications clinic at the Erasmus university in Rotterdam over 10 years ago. Both have a contagious passion for ultrasound and optimal patient outcomes.

This was a mostly hands on practical learning experience with expert guidance at all times. The facial zones were taught in a step by step way learning how best to use the scanner and create meaningful images and relate this to our patients. As we became more comfortable with basic anatomy and tissue layers we then added doppler to examine the flow and course of blood vessels. The enthusiasm of the Cutaneous experts and scope for where this could enhance our clinical work made everyone really excited at the opportunities ahead.

**Implementation**

Plan for return to practice with a view to immediately being able to use your new skills. In my case I ensured my diary had time to scan a few patients a day. Leonie and Peter advised it would be better to spend a short time getting used to the equipment, finding the best positions to achieve good images and recognise anatomy. With time you can progress to identifying existing filler or using ultrasound to guide your injections. Don't be discouraged, the learning curve is steep and with short sharp exposure to Ultrasound you will feel more confident very quickly.

**Capture the Momentum**

Revision, study group discussion and training will support your progress. Merz Aesthetics organised continued learning with Cutaneous group to provide support to the MIB and MIP team through e-learning, webinars and Instagram posts. Together Merz Aesthetics and Cutaneous have encouraged connections and collaboration within our Faculty to drive discussion for future learning and advancements. I took advantage of all the above as well as having the unique opportunity to spend two days with Leonie and Peter observing their complication referral clinic in Rotterdam. This further improved my anatomical knowledge, ability to recognise different types of filler in the facial tissue and complications management. The advantages were obvious as I returned to my clinic able to scan patients before, during and after treatments with more confidence and clinical relevance.

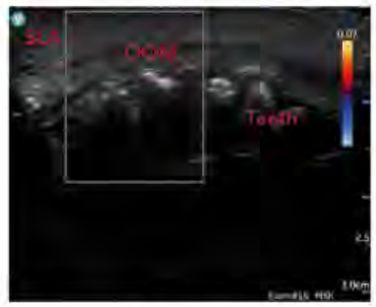
Using ultrasound will reward you by igniting a fire of interest as you learn to further improve your outcomes. Your patients are both fascinated and appreciative of your extra skills. They will never want to go anywhere else. Very quickly ultrasound has been advantageous in many aspects to my daily work. The first is treatment planning, having decided where I want to inject I can determine if there is any existing product, and where it has been injected, I can also use doppler to determine the position of blood vessels which may affect my plan and injection technique. Further to this I can use ultrasound to guide my needle or cannula into position while injecting my dermal filler, suddenly the unknown is so much less ambiguous.

Then there is the reaction of my patients, they are interested, amazed and grateful. Bearing in mind they have just been appraised of the pros and cons of a procedure and signed a consent form, knowing you are doing all you can to keep them as safe as possible enhances the patient-clinician relationship. Ultrasound has been an invaluable addition to the teaching I do in the Aesthetic Training Academy in Glasgow and in my role as a Merz Aesthetics Innovation Partner. Delegates are interested and excited at prospect of using ultrasound. Our training sessions are elevated by giving visual confirmation of written learning, helping to connect anatomy with injection technique which is so much more meaningful when we see them in real time.

Anyone who uses ultrasound will appreciate how it can aid in complications management. It has been an awakening of sorts to see where filler has been injected as opposed to where we think it has been injected. The realisation that this may lead to unsatisfactory results, potential changes in blood flow, or migration of product has opened all our eyes to considering how we could improve our technique in the future.

Even for the most experienced injectors, being able to see in real time tissue spaces before during and after a treatment is satisfying and adds a layer of greater patient care to our clinic work. Consider also with experience you can use ultrasound to dissolve problematic HA if necessary with precision and monitor recovery.

Finally, as practitioners we can collaborate. As more of us use ultrasound we can share our experiences and findings. We can stimulate discussion and research in how best we should place product into different tissue layers. Thus taking the next steps into the future of injectables and what could be safer, more effective treatments. I am so pleased I was given the opportunity to embrace the power of ultrasound even after several years working in aesthetic medicine, it certainly is better late than never. When I talk to my colleagues we agree it is not how you could incorporate ultrasound into your clinic, it is how could you not?




***SLA** (Superior labial artery)*
***OOM** (Orbicularis oris muscle)*





**References: 1.** A guide to doppler ultrasound analysis of the face in cosmetic medicine part 1: standard positions Velthius p et al Aesthetic surgery jn 2021; 1-12 **2.** A guide to doppler ultrasound analysis of the face in cosmetic medicine part 2: vascular mapping Velthius p et al Aesthetic surgery jn 2021; 1-12 **3.** Early ultrasound for diagnosis and treatment of vascular adverse events with hyaluronic acid fillers LW Schelke Velthius P J Kadouch A Swift, Jn of American academy of dermatology 2019 **4.** Ultrasoudn to improve the safety of ha filler treatments Lw shelke tc decates Velthius PJ Jn of cosmetic dermatology 2019;00:1-6 **5.** Schelke et al 2019 Journal of cosmetic dermatology Nomenclature proposal for the sonographic description and reporting of soft tissue fillers Jn cosmetic dermatology 2019;00:1-7 **6.** V.Scan Air Data sheet GE healthcare **7.** Cutaneous cometic ultrasound training. info@cutaneous.org



This advertorial is sponsored by Merz Aesthetics UK & Ireland

M-MA-UKI-1803 Date of Preparation December 2021

# 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-manged 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 use of ultrasound technology in aesthetic medicine practice and training

## by Dr Simon Ravichandran

Dr Simon Ravichandran has been involved with Merz Aesthetics as a key opinion leader for more than a decade. From his perspective, Merz has been a driver of innovation in the field both in terms of the products they develop and their commitment to education.

With a technology-driven approach to teaching, Merz Aesthetics have incorporated a program of education based around visualisation with ultrasound that brings to life the textbook concepts we typically learn about.

### My journey with ultrasound

We started using ultrasound in our clinic - Clinetix, Glasgow - in about 2010. This was about the time that we started to inject deeper into the tissue planes and use cannulas alongside needles. We had a clinical device for vascular mapping, and we thought we could use that to see if we were right about the placement of our products. Was it in the right place? In the correct tissue plane? What I found was I wasn't always where I thought I was. In fact, I was practically never where I thought I was.

Initially, we found the ultrasound helpful in speeding up the learning curve with the new techniques that were evolving at the time. We also found it a useful tool from time to time when dealing with complications.

For me, the learning process was initially slow, but this was a long time ago. I'm not a radiologist, and there wasn't much available in terms of cranial/facial scanning courses at that time, so I gradually became familiar with the appearance of the different tissues and the different fillers over a long period of time.

My first device actually cost me a lot of money and weighed as much as that same suitcase filled with bricks. It had really poor resolution with grainy green images that honestly were really difficult to interpret.

Now with the latest handheld, high-resolution, high-frequency devices, we can see so much more. These wireless devices can be carried around in a pocket, like a mobile phone, and produce much better images. It's made it so much faster to learn and faster to scan with greater clarity and confidence.

The skill of recognising and interpreting the images just comes with repetition. With each patient I now scan, I can see a little more, which enables me to identify the smaller muscles in the face and visualise the distribution of the arterial networks with relative ease.

*"Ultrasound has now become a routine part of my treatment plan, just like putting on a seatbelt in a car, and I won't run an aesthetic clinic without it"*

I've realised that there are so many variations in the blood supply to the face, and we can never truly predict where we might cause a significant bruise or a vascular occlusion. I've modified my treatment plan based on what I see on the scan enough times to now feel that I'm essentially flying blind without it. Ultrasound has now become a routine part of my treatment plan, just like putting on a seatbelt in a car, and I won't run an aesthetic clinic without it. We use it for facial mapping, patient education and our own development. It allows us to tailor our treatment plans individually for every patient to get what we feel is a more effective, optimal result.

### In the right plane

Just from the routine scanning of patients presenting to our clinic, we can demonstrate that filler intended for the deep plane of the midface can actually be within the Superficial Musculoaponeurotic System (SMAS). And filler intended for the interfacial, or the plain of the temple can sometimes be subcutaneous, intramuscular or intrafascial, rather than interfacial. Ultrasound guidance means that we can see the tip of the cannula in the right place whilst we inject, rather than finding out afterwards that we have a suboptimal result.

This applies to the area, but what I've really found useful is using this guided injection method for the cheeks and for the temples. For the cheeks, when I thought I was in the deep plane, occasionally I actually found I was within this mass, Superficial Musculoaponeurotic System (SMAS). So I can reposition, get in the right place, use less product and get a much better aesthetic result. For the temples, ultrasound guidance means that I really can be sure that I'm in that interfacial plane when I want to be. And when I'm injecting on the bone, I can make sure I'm in a place that's effective and has no visible vasculature.

Visualisation means greater accuracy, greater effectiveness and greater safety of dermal filler implantation.

Now every patient undergoing a dermal filler procedure has an ultrasound scan, and it's usually done immediately before the treatment, although we can sometimes do it at the consultation. The primary goal is to identify any vascular patterns that may make me consider my approach, particularly in the lip area where we've already found patients with very superficial superior labial arteries, where we would definitely be using a cannula over a needle and still be injecting with a degree of slow caution.

For particularly technically challenging areas, I often use the ultrasound for guided injection as well. For example, to ensure sure that I'm in the correct planes and away from blood vessels. Examples would be the forehead and the temples, and the nose. The other area of interest for us is the management of complications. Being able to identify dermal filler and resolve with injection under ultrasound guidance means that I can be so much more confident in the outcomes of my treatments.

### A vital training tool

A common theme in many of our teaching programs, both for Aesthetic Training Academy (ATA) and Merz, is a respect for and understanding of the anatomy of the patient. Now, that doesn't just mean understanding the names and the branches and relations of a blood vessel or a nerve but also being aware of all the potential anatomical variations that may occur and could potentially be a problem.

That you need to know that is a truism, but given that you have no way of knowing what variations a given patient may have, the teaching can sometimes be more off-putting than useful. So bringing into play a simple, effective method for identifying your patient's nasolabial artery, for example, and more so a method that the practitioner can use in their own practice with relative ease, suddenly makes that teaching more informative, more useful, more applicable, and more engaging.

The use of ultrasound imaging in teaching with Merz Aesthetics and ATA really brings to life the concepts we talk about and gives the delegate an extra dimension of understanding.

### How to get started

We used to give presentations and run training courses using ultrasound, and we used it mainly as a teaching aid because it was impractical to suggest that every clinic should have its own device. With modern ultrasound technology, this is no longer the case.

My advice is to buy an ultrasound device or borrow one, then pick an area that you are familiar with and get started. The basic principles of ultrasound imaging are that hyperechoic tissues bounce the signal back, and they're white. Hypoechoic tissues allow the signal to pass through, and they're dark. Fat is hypoechoic, water is hypoechoic, and muscles are mostly cells filled with water. Collagen fibres don't have much water in them. They're dense, and they bounce the signal back.

Then pick something simple and big, like the masseter muscle, hold the probe over it in different orientations and try to identify the structures, the skin, the fat, the muscle, and then the facial pedicle. Find those blood vessels and then look for the bone. And the bone is very dense. There's no water, and it's very hyperechoic, so it's white. Do it a few times over the same areas and the same structures until you can always recognise them. And that's the process of training your brain to interpret the light and dark images and build those into a representation of the tissues that are there. Then start moving into a different area and find a similar stepwise process to identify those structures and keep going.

### In conclusion

Ultrasound imaging brings us to the next evolutionary step in aesthetic medical practice. No longer having to inject blindly means that we have the ability to identify and avoid larger blood vessels, reducing the risk of bruising and potential vascular compromise.

Patients attending a practice where ultrasound imaging is used routinely can be confident that their practitioner is using every tool in the box to ensure that they have an effective treatment. Using ultrasound means that we can position our dermal filler exactly where we need it to be, meaning better aesthetic outcomes and potentially less product.

We have already chosen the product with the best radiological profile for bio integration, and we use the products with a really good profile in terms of inflammatory reactions. We do this because we want the best for our patients, which means our patients trust us. Adding ultrasound is another obvious and visible step in the process. So, in addition to improving outcomes, reducing risk, improving the aesthetic outcome, we're also improving trust alongside confidence, which itself leads to higher patient-reported satisfaction.

I think we're approaching the point where guided injection and vascular mapping will become part a normal part dermal filler injections.



This advertorial is sponsored by Merz Aesthetics UK & Ireland

# MILLERSNEUK DENTAL PRACTICE

## Evolving into a team of dentists with special interests – a Q&A with Dr Philip Church


### SO, WHERE ARE YOU AND THE PRACTICE AT RIGHT NOW?

I'm very happy with what we have achieved in the practice at this point. Our team have all found their area of interest and developed expertise within these fields.

Each of us now focus on different disciplines within dentistry and feel comfortable accepting referrals for the procedures we carry out daily. This includes implant/surgical dentistry, composite bonding/restoration and facial aesthetics.

We also continue to take care of the families that have been attending the practice for over 20 years.

### WHAT WAS YOUR AND YOUR TEAM'S EXPERIENCE OF THE PANDEMIC?

We all know of the negative aspects COVID has had on our businesses and families, but we have found there have been some benefits too.

As a team we have restructured our working hours, working fewer but sometimes longer days. We find this helps our work/life balance, helping us to attend courses, work towards postgraduate qualifications and spend more time with our families.

Amongst the dentists we now have nine children and three grandchildren between us to occupy our time!

### CAN YOU SHARE YOUR THOUGHTS ABOUT THE FUTURE OF DENTISTRY?

Millersnuek has been a predominantly private practice for more than 20 years and we've found more patients choosing to move away from the NHS during the pandemic.

We all know the NHS model of dentistry requires review, and we feel here that patients are requesting, and are in need of, treatment that the NHS cannot offer.

Patient knowledge needs to be respected and we find patients come to us having done their own research and know the options they have to improve aesthetics and replace teeth. I can tell you that an acrylic denture is never high on their list!

Whilst I would love these treatments to be available in some way via the NHS, the harsh reality is they are not, and our patients are not willing to accept only the basic care NHS dentistry can afford to provide.

### AND ABOUT THE FUTURE OF THE PRACTICE?

We feel our practice is evolving into a team of dentists with special interests.

We have all completed further training and gained further qualifications and feel confident to accept referrals for implants, smile makeovers and facial aesthetic procedures as well as complex oral surgery cases.

We would like to thank our current referrers for allowing us to take care of their patients in the short term and would welcome any future referrals.

**www.dentalglasgow.co.uk**

"WE FEEL CONFIDENT TO ACCEPT REFERRALS FOR IMPLANTS, SMILE MAKEOVERS, AS WELL AS COMPLEX ORAL CASES"

# CANAL PREPARATION

## Always a challenging step, but modern instruments are up to the job, writes Mark Allen

During endodontic treatment, canal preparation is recognised as one of the most important steps, but also one of the most challenging. It enables tissue, microorganisms and other products to be comprehensively cleaned away, and for space to be created that will then be irrigated, medicated and obturated.

As with almost every process in dentistry, developments in technique – and the tools/materials that support them – mean that contemporary approaches to canal preparation are both simplified and give modern clinicians more options, especially in complex cases. They also reflect the trend for conservative treatments, which preserve and protect vital, healthy tissue.

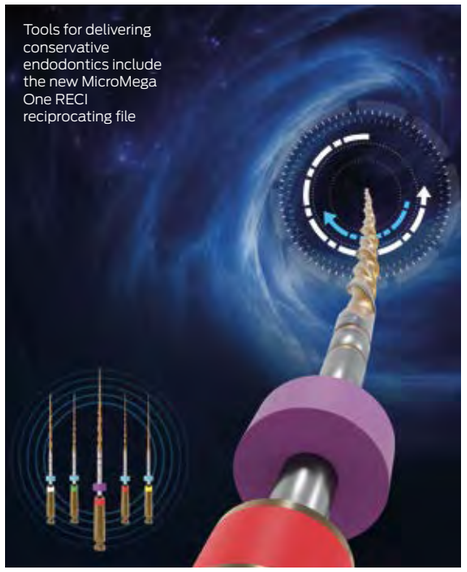
In the past, both the instruments and methods used, such as the step back/incremental technique, could not only prove time-consuming, but presented many disadvantages, such as increased risk of inadequate irrigation, also ledging, transportation and perforation. The step-down/crown down technique was developed as a response to these and other limitations; this sequence has various advantages including more precision with regards to working length and apical size, also enhanced irrigation penetration and straight access for instruments into the canal anatomy.

But the real revolution in root canal preparation has come with new alloys used to manufacture instruments to make endodontic treatment overall safer, more successful and more cost effective. Unlike stainless steel root canal instruments, nickel-titanium, or NiTi, alloys are metallurgic, meaning they can be heat-treated to enhance the files' properties.

There is a huge array of NiTi rotary files on the market. Certain manufacturers have been able to modify the properties of NiTi even further, to develop files with controlled memory (CM). Confident preparation of even very curved canals could then be achieved without fear of separation, as the tension-free CM files are able to be bent by hand.

Now the 5th generation of root canal files have been made using an electrical discharge machining (EDM) process, for a unique, hardened surface to improve cutting efficiency even further.

Endodontists want to deliver preparations that are quick, as well as effective. Root canals



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

(still) suffer from a case of bad press: they're painful, they're invasive and there is no guarantee that the result will last – these are common myths.

The instruments now available have a key role to play in helping to convince people why they should go ahead with a recommendation for endodontic therapy. They have allowed this treatment to be highly conservative and efficiently delivered with an excellent success rate. The patient will have their tooth saved by spending far less time in the dentist's chair than they think, and less money too! Because fewer tools are needed, this supports good value. Any pain will be easily managed and in just a few days they will be feeling great and returned to good health.

If modern endo instrumentation means using a greatly reduced number of files, other manufacturers are offering just one file for canal shaping, used in a reciprocating motion – repeated clockwise and counter-clockwise movements.

The author of a paper published in 2008 gives their preliminary observations of the single-file technique, concluding two major advantages are cost-effectiveness, also the elimination of the possible cross contamination of pathogens associated "with the single use of endodontic instruments". The reciprocating motion of the file is controlled by a motor, which often can accept rotary systems, so the dentist can use a 'hybrid' approach. They can then become adept at using different combinations of instruments and techniques, to successfully treat a wide range of cases.

The choice of reciprocating file includes those that have been heat-treated with a patented process to give it a perfect balance between flexibility and cutting efficiency, as well as controlled memory.

For example, created by MicroMega using C.Wire heat treatment, the One RECI file can be pre-bent to respect even complex anatomy. With a 1mm wire diameter, the peri-cervical part of the canal and surrounding tissue are preserved, enabling the delivery of minimally-invasive, highly conservative endo treatment, that is also safe.

MicroMega is part of the COLTENE group, the dental specialist whose mission is to save practices time and money with innovative solutions to upgrade their dentistry. The One RECI can be used with the CanalPro™ Jeni motor – a digital solution with integrated apex locator, also available from COLTENE. The Jeni is matched to four NiTi file systems, with a Doctor's Choice function for storing individual sequences for conventional movement patterns.

The tools modern dentists use have helped define and develop new techniques; new techniques have meant manufacturers have had to raise their game and create product lines to match. In endodontics, simplified file systems actually mean more choice, and a greater number of options for the delivery of stable and successful treatment. Along with tools that can give predictable outcomes, the move from stainless steel, to NiTi rotary instruments and now reciprocating single files has continued alongside the trend towards the kind of highly conservative treatments that patients favour and dentists want to deliver.

Mark Allen

**Mark Allen is General Manager at COLTENE. For more information on COLTENE, please visit www.coltene.com, email info.uk@coltene.com or call 0800 254 5115**

# INNOVATION IN SERVICE AND INFECTION CONTROL

## Feel safe in the knowledge that your decontamination equipment will remain effective and compliant


Purchasing or leasing decontamination equipment is an important investment. After all, these systems are instrumental in keeping your practice a safe, compliant place to provide care.

As such, it makes sense to protect your investment as much as possible to maximise the uptime of your equipment and keep everything running smoothly.

Eschmann not only provide and manufacture a range of exceptional, innovative decontamination equipment, but also help you to make the most of these investments with service offerings that truly go above and beyond.

With Care & Cover from Eschmann, you can feel safe in the knowledge that your decontamination equipment will remain effective and compliant.

### ANNUAL VALIDATION FOR COMPLETE PEACE OF MIND

In dentistry, compliance is key. With Care & Cover from Eschmann, you not only benefit from a dedicated manufacturer's HTM01-05/SDCEP validation at the point of installation, but also annually to ensure ongoing compliance. Furthermore, Care & Cover includes annual Pressure Vessel Certification – a legal requirement.

By providing this documentation, you can be confident that Eschmann has supplied you with everything you need for CQC inspections – keeping you compliant, covered and prepared.

### KEEPING YOU UP TO DATE

Regular maintenance of your decontamination equipment can help ensure that uptime is maximised. As part of Eschmann's ongoing commitment to ensuring your practice remains compliant, the Care & Cover package includes scheduled annual validation and maintenance service visits, helping to guarantee that your system remains in perfect working order.

As an added bonus, the team of engineers at Eschmann will also automatically upgrade your system with the latest software updates free of charge.

### PROTECTION IN EVERY EVENTUALITY

Even with the best maintenance, equipment breakdowns can happen. That's why Care & Cover from Eschmann includes unlimited breakdown cover as standard. Our nationwide team of engineers boast swift response times, in-depth knowledge of all of our systems and only use original Eschmann parts. This helps us to solve any problems as fast as possible and to the highest standard, giving you the safety net you need in case anything should ever go wrong.

Furthermore, our Care & Cover policy is inclusive of all spare parts and labour costs, so there are no unexpected charges.

Our service is transparent, efficient and cost-effective – protecting your investment has never been easier.

### HERE FOR YOU WHEREVER YOU ARE

Eschmann has over 50 engineers across the nation, helping us to provide an unrivalled standard of professional support. As we have such a wide network of professionals, we are able to keep our response times short and our support accessible. Ultimately, minimising any potential downtime for your practice is our top priority and our team of engineers will always go above and beyond to ensure that you have the backup you need to keep everything running smoothly.

In a similar vein, our Technical Telephone Support team are a trusted first port of call for any enquiries and concerns. We ensure that all of our team members are equipped with the knowledge and understanding they need to answer your customer queries. This helps to further minimise any potential downtime and curb your costs by providing practical solutions to problems.

### LEARN MORE WITH ESCHMANN

Keeping your team up to date with infection control is a top priority. As an invaluable extra benefit of our Care & Cover policy, our engineers are able to provide Enhanced CPD User Training. Individuals receiving this training will be provided with certification, helping you to keep your practice records up to date. This way, you can feel confident that your team understand the equipment inside and out and that everyone knows how to operate it while remaining safe and compliant.

### ALSO AVAILABLE FOR LEASING!

Want to lease your decontamination equipment instead of purchasing? Our leasing contracts all include our Care & Cover policy as standard, meaning that this equipment will benefit from the same level of care.

### OUR ADVANTAGES AT A GLANCE

Here's what you get with our Care & Cover policy:

- Annual validation & pressure vessel certification
- Annual service & free software upgrades
- Unlimited breakdown cover
- Unlimited Eschmann parts and labour
- Nationwide on-site support
- Enhanced CPD User Training
- Technical Telephone Support

Annual contracts for our autoclaves start at £451, and we have Care & Cover options for our other decontamination equipment too.

To find out more about our service offerings, please get in touch with the Eschmann team today.

**For more information on the highly effective and affordable range of infection control products from Eschmann, please visit www.eschmann.co.uk or call 01903 875787**

# GO FOR IT

## There hasn't been a better time for dental team members to call upon the services of a specialist recruitment agency such as PSNewjob

This month sees the end of COVID-19 top-up support for NHS dentists and the introduction of revised payments which will be linked more closely to the number of patients they see. With a huge NHS appointments backlog to work through, at the same time as an increase in patients opting for private care, the demand for dental team members across Scotland is at an unprecedented level.

"Right now, there's a real shortage of staff with undergraduates being held back a year from graduating, and VTs from going on to become associates, because of the pandemic," said April East, director and recruitment consultant at PS Newjob.

"Our bookings from dentists for dental nurses, dental hygienists and hygiene therapists, for example, are coming in two or three weeks in advance. Likewise, because of the delay in VT training, that shortage exists with dentists as well – both locums and permanent associates.

"Also, there has not been the kind of movement of dental staff that you would have had during normal times; that flow of people moving naturally around the jobs market. On top of this, there has been a significant fall in the number of dental nursing staff reregistering with the GDC. For example, in Scotland alone, we have lost 4,500 dental nurses."

In addition, employers are facing pressure to increase pay as prospective nurses, therapists and hygienists weigh-up the cost of training, GDC registration and CPD that comes with a career in dentistry with other jobs that don't require this investment and offer a similar hourly rates but no added registration costs.

April's advice to those still registered, who are considering moving is: "We have got an abundance of jobs for you to consider, and we'll take care of you – we'll source and match you with the practice that is best for you."

To make this possible, April has embarked on a learning exercise with her clients so that they are aware of the competitive pressure they face in attracting employees and can pitch pay and conditions accordingly. She is also trying to encourage candidates to realise that dentistry is still a good career. Her aim is to get the candidates to recognise the pride in being a dental professional again.

"This is where we are today," she said, "and the best way forward is to gradually look at salaries – and you'll get the calibre of candidate you want. It means progression will start and recruitment will begin moving again."

The market for dentists faces similar pressures, caused by the delay in VT progression and – during the pandemic – the movement of practitioners between jobs grinding to a halt. But, with the restart of dentistry now well underway it is the ideal time for dentists to engage with PSNewjob as practices look to bring in locums and hire associates. The advantage to someone looking for locum work or wanting to become an associate is the depth of practice knowledge that PSNewjob can offer.

With more than 15 years dental recruitment experience and more than 10 years working within the dental environment, it is one of the biggest suppliers for all dental staff to dental practices all over Scotland. The company has been providing a professional recruitment service to hundreds of practices and candidates for more than seven years and is still growing.

It offers a dental recruitment service that is stress free, so that practitioners and practices can concentrate on dentistry and the smooth running of practices – without disruption and time wasted. For candidates looking for their next move, or extra days, the PSNewjob team will provide advice, encouragement, interview techniques and introduce you to the practices that best suit.

Whether a practice looking to recruit full-time staff or a locum, or a candidate aiming to progress, PSNewjob are leaders in the roles Specialised Clinician, Dentist, Dental Hygienist/Therapist, Practice Manager, Dental Nurse, Trainee Dental Nurse, and Dental Receptionist.

The company aims to provide you with the best recruitment process possible, while providing confidential advice throughout. One of the most significant benefits of using PSNewjob is the 24/7 service provided to both candidates and clients. They offer this service with no up-front costs to the practices and no cost at all to the candidate looking for their next move.

"If you need advice or cover at short notice you can call us anytime of the day or night and we will be there to help and support you," said April.

**"WE HAVE GOT AN ABUNDANCE OF JOBS TO CONSIDER, AND WE'LL TAKE CARE OF YOU"**

APRIL EAST

**April East**
**T: 0141 202 3000**
**M: 07970 964174**
**E: april.east@psnewjob.com**
**W: www.psnewjob.com**

**Angela Milligan**
**T: 0141 202 3000**
**M: 07951 465451**
**E: angela.milligan@psnewjob.com**
**W: www.psnewjob.com**

# NEW COURSE OPPORTUNITIES

## Designed by subject experts, in consultation with GDPs, to address the needs of dentists in general practice

A new opportunity to gain Postgraduate Diplomas in Oral Surgery and in TMD and Oral Occlusion is now available to General Dental Practitioners (GDPs). Edinburgh-based Sunrise Dental Clinic has developed the courses based on the expertise and experience of their specialists and with the aim of supporting dentists in gaining new skills and of improving patient care.

The first will allow successful graduates to comprehensively treat cases that require oral surgery and to provide evidence of training that will allow dentists to gain the 'dentists with special interest' in Oral Surgery accreditation. The second – a first of its kind in the UK – will allow successful graduates to deliver safe management for many TMD cases that would otherwise not be possible within their current scope of competency.

It will also enhance their self-directed learning, enabling them to better deliver good occlusal practice and more confidently manage the challenges they may face with the management of patients with bruxism. "Sunrise has specialists working in the clinic who not only have expertise in their area but also have a significant academic background," said Dr Mo Almuzian, the Practice Director. "They are happy to share their knowledge and train more GDC registered dentists to gain new skills in their areas of interest and improve patient care across the UK as much as possible."

The Oral Surgery course[1] will be led by Dr Julie Burke[2], former Programme Director for the Postgraduate DClinDent in Oral Surgery at the Edinburgh Dental Institute, University of Edinburgh, and current President-Elect for the British Association of Oral Surgeons, and by Dr Suzanne Lello[3], creator of the Edinburgh Dental Institute's Postgraduate Certificate in Dental Sedation and Anxiety Management.

The TMD and Oral Occlusion course[4] has been created, and will be led by, Dr Ziad Al-Ani[5], a senior lecturer at Glasgow Dental Hospital and School, a visiting TMD consultant at the Specialised Dental and Dental Implant Centre in Jeddah, Saudia Arabia, and author of the books Temporomandibular Disorders (A problem based approach) and Practical Procedures in Dental Occlusion. Both courses have been developed in partnership with the Glasgow Dental Academy. "The courses have been designed by subject experts, in consultation with GDPs, to specifically address the needs and requirements of dentists working in general practice," said Dr Almuzian.

Dr Mo Almuzian, Specialist Orthodontist, Sunrise Dental

"There is a high demand for oral surgery currently with long waiting lists on the NHS. Also, TMD is a unique topic – affecting around 25 per cent of adults – but with not enough skilled or trained GDPs to treat."

+

**Scotland Social @ Sunrise**

Free CPD, dinner and refreshments. Register here: https://sunrisedental.co.uk/scotland-social-at-sunrise/

**Courses**

**Dr Julie Burke** - *Impacted teeth and other obstacles including radiological interpretation of DPTs and CBCTs* (Wed May 11 2022, 7pm-9pm); **Dr Ziad Al-Ani** - *Top tips in TMD management* (Mon Jun 6 2022, 7pm-9pm); **Dr Mo Almuzian** - *My favourite 20 orthodontic tips and pearls* (Wed Jul 13, 2022, 7pm-9pm); **Dr Ryan Jenkins** - *Marketing and management of a dental practice* (Wed Aug 10, 2022, 7pm-9pm); **Dr Libi Almuzian** - *General tips and tricks for management of paediatric patients* (Wed Sep 14, 2022, 7pm-9pm).

[1]www.orthodonticacademy.co.uk/diplomaos
[2]https://sunrisedental.co.uk/dr-julie-burke/
[3]www.orthodonticacademy.co.uk/drsuzannelello
[4]www.orthodonticacademy.co.uk/diplomatmd
[5]https://sunrisedental.co.uk/dr-ziad-al-ani/

## COURSE FEATURES AT A GLANCE

**Oral Surgery – on certification the candidate will...**

- Have evidence of enhanced skills and experience
- Have the knowledge and ability to carry out a range of oral surgery activities for patients with moderate need
- Be able to recognise when specialist advice is needed
- Understand what equipment and settings are required to safely carry out enhanced skills procedures such as surgical removal of uncomplicated 3rd molars requiring bone removal, surgical removal and exposure of uncomplicated ectopic teeth, surgical removal of retained roots and biopsy of benign oral lesions

**TMD and Oral Occlusion – the main aims of this evidence-based diploma course are...**

- To develop and enhance the GDP's skill in comprehensive assessment and diagnosis of TMDs
- To develop a higher level of competency in delivering good occlusal practice in both simple and advanced restorative care
- To recognise more complex TMD and occlusal cases which require a referral and/or cooperation with relevant specialists to achieve maximum benefit to the patient and most importantly to reduce the risk of complications and complaints.

# GO DIGITAL, GO MEDIMATCH  Your digital workflow partner

# iTero element flex

with foundation software invisalign capable

## MediMatch Loyalty Program

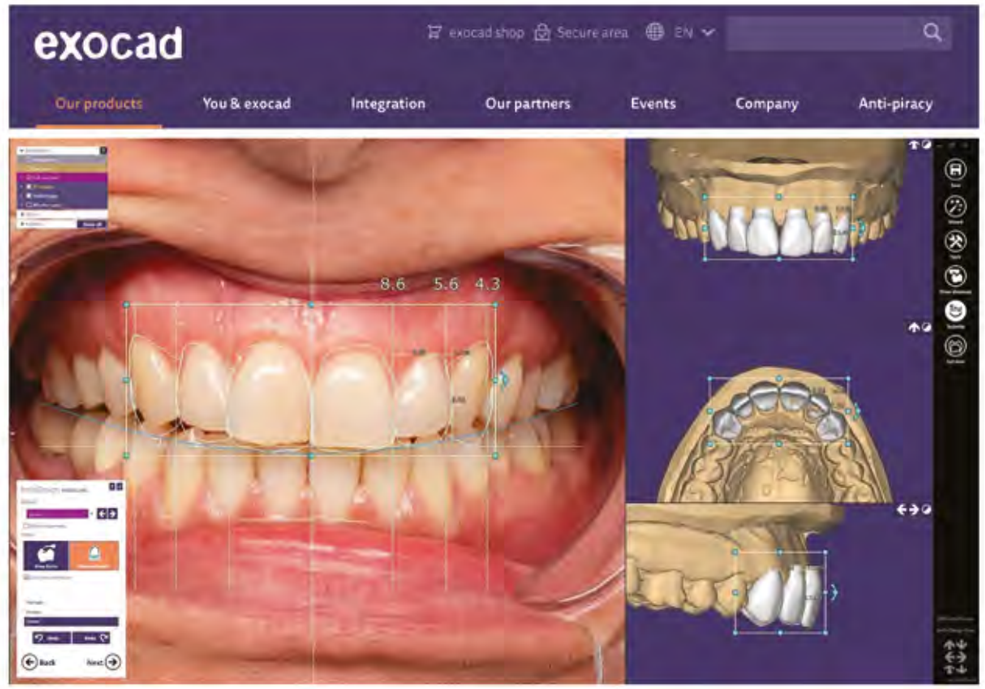
| | |
|---|---|
| iTero Element Flex | £ 13.995 |
| MediMatch Loyalty max discount | - £ 2.500 |
| Dell xps15 touch screen | £ 1.360 |
| Vat | £ 2.571 |
| Total all in! | £ 15.426 |



**For every 1£ you spend with MediMatch in the last 6 months you get 1£ discount!**

**Email: hugo@medimatch.co.uk**
**Whatsapp text: Amrita: 07926580660, Sean: 07714072918, Hugo: 07889088851**

# exocad




## MediMatch Loyalty Program

| | |
|---|---|
| Exocad smile creator | £ 1.450 |
| MediMatch discount if you connect your existing itero | - £ 1.000 |
| Vat | £ 90 |
| Total all in! | £ 540 |

# ARE YOU LOOKING TO GO PRIVATE?

## Five reasons to consider Patient Plan Direct when converting from NHS to Private

The appetite from practices in Scotland to explore a move away from NHS dentistry towards private practice is extremely strong. With uncertainty and frustrations around future NHS funding and contracts, increased levels of stress and the potential feeling of being on a conveyor belt, it's no surprise such a high proportion of dentists are looking to reduce their NHS commitments.

Nevertheless, navigating an NHS to private conversion is a significant decision and one that requires detailed analysis and planning.

As we reach our 15th year of trading, the team at Patient Plan Direct is highly experienced in helping practices to manage successful partial or full conversions. Introducing a patient membership plan is a proven vehicle to achieve such an objective, providing recurring and predictable practice income and allowing patients to budget for their private care.

**Dan Nulty is Business Development Manager for Patient Plan Direct**
**E: dan@patientplandirect.co.uk**
**M: 07940 745486**
**W: patientplandirect.com/nhs-to-private**

It's a good idea to speak to a number of payment plan providers when considering an NHS to Private conversion, taking the time to find the right partner to support you through what is a life changing move.

Here are five reasons why Patient Plan Direct should be on your list of providers to speak with:

- **Expert support**
  We'll be with you every step of the way to ensure your team and patients are clear on what, when and why.
- **Our viability analysis tools**
  We complete a thorough analysis of your practice and provide detailed financial projections to determine the viability of a successful conversion.
- **Personable service**
  We are a small but established company and team offering a highly personal service.
- **Great technology**
  Our online portal offers a paperless experience for both your practice and patients, with all the insight and reporting you need.
- **Lower admin fees vs other providers**
  Our admin fees are two to three times less than other major plan providers, ensuring you retain more of your plan income.







# BADN LAUNCHES MENOPAUSE POLICY

## Advice sheet lists relevant legislation as well as useful articles and websites

The British Association of Dental Nurses (BADN) has launched its menopause policy. Women over 50 are the fastest growing segment of the workforce – and dental nursing is 98 per cent female. According to a leading HR company, one in four menopausal women consider leaving their job because of lack of support and understanding from employers or managers.

Employers who do support their employees through the menopause will benefit from lower sickness absence and employee turnover, as well as increased engagement and loyalty.

Jacqui Elsden, BADN President, said: "Given the current recruitment/retention crisis in dental nursing, it is in the best interests of general dental practices to support their employees during this time – not to mention the fact that menopause-related tribunals have doubled in recent years.

"However, BADN recognises that this is still a difficult subject for many people and many employers may not know how to broach this subject in their practice. We have therefore produced this advice sheet with lists of relevant legislation, useful articles/websites and a specimen policy to break this taboo."

**View the policy here: www.badn.org.uk/common/Uploaded%20files/BADN-Menopause-Policy.pdf**

**The advice sheet is available here: www.badn.org.uk/common/Uploaded%20files/02447-BADN%20Booklet-A5-Menopause-Advice.pdf**

University of Central Lancashire
UCLan

In collaboration with straumann botiss Prestige VSSAcademy continuing dental education

# MSc Clinical Implantology

## 2 years, part-time | Scotland and Ireland | 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 and Northern Ireland.

## 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. Preston Campus. |
| **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. |
| **12th Nov 2022:** | Implant Design. Pre-recorded lectures; live webinar discussions. |
| **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. |
| **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. |
| **15th April 2023** | Complications and their management & Revision. Pre-recorded lectures; live webinar discussions. |
| **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 surgical skills 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. |

**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.**

courses@vssacademy.co.uk | 020 8012 8400 | vssacademy.co.uk



INFINITY SMILES

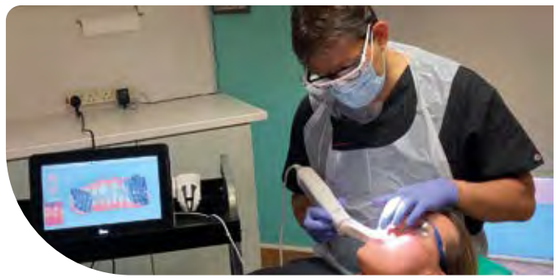
ghp Oral Health & Dentistry Awards
Best In Patient Care 2021

# Specialist Orthodontics

## 0330 094 8930 | infinitysmiles.co.uk

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

Paul Trevisan, Ciao Paolo Dental Practice,
Jordanhill, Glasgow



- **We are now accepting new NHS and private patients.**
- **All new referrals will be seen within 2 weeks.**
- **It's so easy to scan and refer via the QR code or via our website. Easy, simple and we receive the referal instantly!**

**If patients are looking for specialist quality orthodontic treatment referal to infinitysmiles is easy as can be**

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

The Dentistry Awards 2021 FINALIST
Dentistry Scotland Virtual Awards 2021 FINALIST
Dental Industry Awards 2021 FINALIST
PRIVATE DENTISTRY AWARDS FINALIST
Oral Health Awards 2021 FINALIST

## › CARESTREAM

### LIGHT, COMPACT, HIGH-PERFORMANCE

Enter a new era of intraoral scanning

With the new CS 3800 wireless intraoral scanner from Carestream Dental, you can revolutionise image acquisition like never before!

One of the lightest and most compact intraoral scanners on the market, the CS 3800 wireless offers high-performance wireless scanning for optimal mobility and an enhanced user experience.

Plus, the system has a larger and broader field of view, encouraging faster scanning and more accurate images that can be used in a vast array of indications.

Enter a new era of intraoral scanning today by contacting the team at Carestream Dental.

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

## › COLTENE

### COLTENE'S BRILLIANT™ EVERGLOW

For effortless restorations


Materials that enable an efficient workflow mean positive patient journeys.

For upgraded restorative treatment, choose COLTENE's BRILLIANT™ EverGlow universal composite to make every appointment smooth and successful.

Here's what dentists say about BRILLIANT™ EverGlow:

"Excellent aesthetics in a predictable, easy to use fashion. The ease and speed of polish is impressive".

"What I like is the handling and polishability. I spend less time polishing than I used to".

"Handles fantastically, is efficiently manipulated and holds its shape".

BRILLIANT™ EverGlow means enduring restorations, delivered effortlessly.

No wonder it is the choice of BRILLIANT dentists – if you're not using it, contact COLTENE today.

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

## › SHOFU

### BEAUTIFIL FLOW PLUS X

Injectable hybrid composite in two viscosities

Whether you wish to build up occlusal surfaces and anatomical details, line cavity floors or fill occlusal and cervical cavities: With Beautifil Flow Plus X, SHOFU offers you a universal, durable hybrid composite, available in two viscosities – F00 and F03 – for optimal flowability and dimensional stability in all clinical indications. This light-cured direct restorative combines the handling properties of flowable composites with the strength, durability and aesthetics of packable hybrid composites.

Special features include exceptional sculptability, two viscosities and the preventive benefits of the integrated S-PRG filler, such as fluoride release, anti-plaque effect and acid neutralisation. Excellent light diffusion properties create a well-balanced chameleon effect, so that your restorations harmoniously blend in with the adjacent teeth.

Beautifil Flow Plus X F00 and F03 are only slightly different in viscosity, but this slight difference has a great effect on handling F00 (Zero Flow) and F03 (Low Flow) – Moderate shape retention and viscosity plus perfect adaptation. Beautifil Flow Plus X F00 and F03 are available in nine tooth shades.

SHOFU DENTAL GmbH
info@shofu.de
www.shofu.de/en/

## › BELMONT

### EURUS S6 TREATMENT CENTRE

Perfecting the art of dentistry

Belmont's new Eurus S6 treatment centre exudes refinement and brings the next level of ultrasoft comfort, quality, innovation and style to contemporary dentistry.

The super-efficient design offers total accessibility for both patient and operator alike, allowing effortless working positions alongside discreet clean and preparation zones.

The contemporary Eurus S6 has the Belmont renowned below-the-patient swing-arm delivery system, powerful intuitive touch-screen with advanced instrument control and integrated WaveOne technology as a factory built-in option.

The clear and logical touchscreen offers one touch control across a wide range of functions, with an easy-to-read display that tells you all you need to know at a glance. You can pre-programme settings or restore to standard in just one touch. As a combination this brings a wealth of operating options to the fingertips of the dentist.

Uniquely, this treatment centre allows positioning of the doctor table, instruments and assistant tray discreetly out of view behind the chair backrest, easing any patient anxiety as they enter the surgery. Smooth quiet chair movement ensures complete patient comfort.

https://belmontdental.co.uk/showroom/showrooms/

## 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.

iwt DENTAL + SERVICES

### IT Support

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

### Stern Weber Dental Chair Package

**to Include**

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

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

**Alastair Fraser**, Principal Dentist, Greygables Dental

## Support Driven Excellence

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

STERN WEBER CASTELLINI PLANMECA