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Scottish  
**Dental**

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# A crisis in recruitment

*Practice owners are responding, but there also needs to be specific action from the Government*

**I**n the very early days of the pandemic – and, in fact, throughout lockdown and beyond – the British Dental Association’s website was (is) a consistent source of up-to-the-minute news, guidance and insight. Live COVID-19 related updates. News releases. Blogs.

To an outsider – a journalist, as I am – these resources gave the sense of an organisation working around the clock to keep members, and others such as the media, informed. That sense continues today. Updates ... news ... but, for an insight into what the profession is feeling it is that third medium – the blog – which recently delivered so forcefully.

This magazine has reported on the many impacts that the pandemic has had and the challenges policymakers face in responding. But the words, the experience, of a practitioner inevitably carry more force. “We have been waiting on reform for ten years now,” wrote Josephine Weir, a practice owner recently<sup>1</sup>.

“Although there is a sense of returning to normality, we are not out the other side of the pandemic and can wait no longer. Without agreed reform we cannot effectively plan our dental business model and are left sinking in a swamp of last-minute guidance and changes.”

Josephine described the Statement of Dental Remuneration (SDR) as a “treadmill, unsuitable for modern dentistry” and with no real recognition for the additional activity that takes place in a dental practice looking after patients.

It does not consider the number of patients needing care with dementia, complex medical histories and requiring assisted communication, she said. Even before the pandemic, she pointed out, dentistry had changed in many areas – including delivery, materials, laboratory costs, patient expectations, education and training.

“The SDR model only remunerates dentists by seeing as many patients as possible in order to allocate a fee-generating income. We are left wondering what kind of care we are delivering. We need long term contract reform negotiations now, and certainty about our future,” said Josephine.

The profession’s experience to date has not been positive, she noted: “Information has been drip-fed and poorly timed, causing additional stress.

Updates often come to us on a Friday, despite guarantees this would no longer happen. The system is dysfunctional.”

There is a need for “constructive negotiations and communication together with appropriate financial measures. The instability we are facing now, has never been worse”. Young dentists face cuts in pay as they progress from a VT scheme to becoming an associate. It is pushing many to turn their backs on the NHS and focus on non-primary care treatments. At the same time, dentists aged over 50 are choosing to leave the profession.

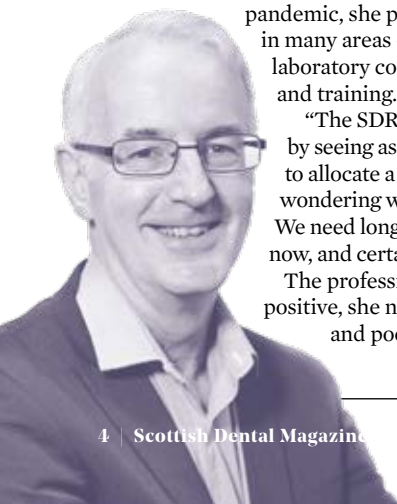
As Josephine pointed out: “We are faced with a mass of NHS patients who need our help, but we don’t have enough workforce to deal with it.”

Last month, it was reported that some NHS patients have been deregistered from their local practice because of the recruitment crisis, caused by a combination of Brexit and the pandemic. As we report in this edition (see page 38), one corporate is taking proactive steps to counter the crisis.

But there needs to be action at a national government level as well. While work may have restarted on the reform of how NHS dentistry is provided, equal effort is required in making sure that whatever model is agreed there are sufficient practitioners in place to deliver the care.

**“  
WE ARE FACED WITH A MASS OF  
NHS PATIENTS WHO NEED OUR  
HELP, BUT WE DON’T HAVE  
ENOUGH WORKFORCE”**

<sup>1</sup><https://www.bda.org/news-centre/blog/Pages/Scotland-Real-contract-reform-negotiations-needed-now.aspx>





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# One-off chance to research

*We need to take stock, take advantage of the data generated and improve ourselves for the future*

**T**here must be a joke about 'opening up', right? So here we are, a little over two years and the guidance has finally changed, quite remarkably, at the same time as the financial support measures. Surely another joke...

I've spent most of the last two years questioning the methods of managing the pandemic. It's time to take stock. Reflect on a (hopefully) once in a lifetime event that has affected our profession and lives in a way only wars, famine or previous pandemics have before. A massive overstatement: on reflection, I don't think it is.

I think we must be thankful that the young were largely spared: not the typical scenario for infections. The ability of scientists to produce vaccines in record time, and with new technologies, has undoubtedly helped (the first world nations) to reduce harm to levels amounting to bad colds or flu. The global death toll, whilst in the millions, is a fraction of the Spanish Flu pandemic after the First World War when the global population was under two billion.

Now (Putin's expansion plans aside) we are starting to have a more normal life. Socialising, travel, massive inflation. All the things we were missing? Humans are pack animals. We are social. We need to be in close contact with other people. Unfortunately, there are many who still find it difficult; still afraid about being in the company of others. Many who are 'out of the way' of social norms.

It will take time for people to change; many may be permanently affected. Mental health is a huge topic with no funding or services to match and I firmly believe we have all been affected in some way by the loss of our freedoms and the divisiveness created by different management techniques and beliefs of governments.

You don't know what you've got till it's gone. In our profession, I get a daily reminder of this. Having worked in the one place for a couple of decades, my patients are more like family. We know each other, have had kids, bought houses, gone on holidays at the same time. Not seeing them for so long is odd. But there is a grateful, "it's good to see you", "I'm so glad to get everything checked", "I never thought I'd be glad to come to the dentist".

People are delighted to be cared for and they now appreciate it's been taken for granted. The goodwill is high. Patients understand that work and business has been difficult, that waiting times will go up and we've a s\*\*\* load of work to do. I think this is a testament to our professionalism.

We don't often get a chance to stop the bus, get off and look around. That's exactly what has happened. The last two years have been very difficult. The next two will be incredibly busy.

There is much hard work ahead to get everything the way it should be. We shouldn't be afraid of hard work and the general goodwill of our patients is tangible as never before. It will wain as normality becomes normal. Ongoing headlines about NHS waiting times should help prolong our goodwill more than our hospital-based colleagues.

What else? I've learned I hate conference calls, Zoom meetings and working on a laptop from home. I need people to be there to have effective communication: this may be how it's always been, and I just don't adapt well, but my feeling is it's so much easier to see the 'whites of their eyes'. A lifetime of learning soft skills gets blunted when we work from a distance. I truly wish we hadn't stopped at all. Many won't feel that way, I don't think I was at risk and coped with the PPE. It's hugely affected the last two and several more years of my life to come.

What would I like to learn? This break in continuity must be an ideal, one-off chance to research. The most obvious is recall times. PSD have data for years on patterns of treatment. I'd want to look at people who didn't require treatment (other than an S/P). Let's say for five years before the pandemic. Then look at the gap in exams. Then the treatment requirements on the other side. I'd suspect, and remember I work in a pretty low SIMD area with high caries and period rates and poor general health, there's a group of people, probably larger than I think, who could be on annual reviews. If you looked at the previous five years, the levels of treatment could dictate review periods. It could easily be flagged in your PMS if a simple algorithm was applied. Will anyone bother to do this? If the Scottish Government wants to get anything out of this unfortunate turn of events, this is the only time in history we're going to get this data.

I'd also want to have a very good look at workforce planning. FOI request about the numbers of dentists retiring in 2022. The number of DCPs actually working compared with before. Technicians, labs and costs associated with materials and laboratory work. Waiting times for dentists, therapists and hygienists. The number of NHS sessions being worked compared with previous or another FOI about the NHS/Private split of practices in 19/20, 20/21 and 21/22.

This information should not be used as a big stick to hit the profession, but to inform the very near future of training all members of the team. There is going to be growth in this sector, I believe. The way the Government drives down the multiplier in July will probably tell us how much. However, we don't have the person-power to meet it. We didn't before, we certainly don't now. We need to take stock, take advantage of the data generated and improve ourselves for the future.

# New course for dental hygienists

*CDO and NES supported initiative aims to address acute shortage*

**A COURSE** to boost the number of dental hygienists in Scotland is being launched by New College Lanarkshire (NCL), in partnership with NHS Education Scotland (NES) and supported by the country's Chief Dental Officer (CDO).

The course – a two-year diploma with placement and selection from existing and recent VT-involved dental practices – offers career development for dental nurses with two or more years' experience.

It aims to address the acute shortage of dental hygienists in Scotland. Tom Ferris, Scotland's CDO, approached NCL to establish if there was scope to offer a standalone dental hygienist programme. NCL is recognised for its award-winning dental training.

In developing the course, the college's team worked with training providers in Essex and Wales who offer a similar model to that proposed by NCL. During this time, they have been supported by the CDO, as well as David Felix, Postgraduate Dental Dean at NHS Education for Scotland, and the General Dental Council (GDC).

The course will be delivered at NCL's Coatbridge Campus; a typical week will feature three days on campus – two days of underpinning knowledge delivery and one day of simulated learning – with the remaining two days being practical training in a vocational training practice.

The proposed curriculum framework is based on the GDC's guidance

document *Developing the Dental Team* and will be kept under continual review to ensure that students are 'fit to practise' upon qualification. After formal approval for the programme is granted by the GDC, those who successfully complete it can register with the GDC as dental hygienists.

More than 100 people have already applied for the 20 places available on the first course. "Such is the excitement around this new opportunity that expressions of interest and applications have been received from all over Scotland and England," said a spokesperson for NCL.

*Call for more dental therapists, see page 16*

## Change at the helm for Kulzer

**A LEADING** industry figure has announced his retirement after a long, successful association with the dental sector spanning more than three decades. Kulzer, the UK's market leader in composite restorative and impression materials, has announced that David Miller, Managing Director for UK and Ireland, is to retire after 17 years with the company.

Phil Castrofilippo has been appointed to lead the organisation through the next stage of its transformation journey. He joins Kulzer from Zimmer Biomet, where he has held a senior leadership role as Commercial Director, Northern Europe.

Commenting on his retirement, Mr Miller said: "Kulzer's aim to be the 'lifetime partner of our customers' has developed through a deep understanding of the evolving needs of dental professionals and their patients, and I am proud to have played a part in turning this vision into reality. It is satisfying knowing how the Venus brand has helped our customers achieve the combination of superior

handling and long-term mechanical performance with excellent aesthetics."

Mr Miller joined Kulzer in 2005 and under his leadership the company has become the UK's market leader in composite restoratives and retained a market-leading position within the impression materials segment.

He said: "The years have flown by and now is the time for me to hand over the baton to Phil and the team to take the business forward. I've been extremely privileged to work in partnership with some of the most talented dental professionals."

Mr Castrofilippo said: "I am delighted to join Kulzer and am looking forward to working with the company's talented and successful team. Throughout my career, I've been guided by the goal of improving and advancing care offered to patients. I am confident that by continuing to drive innovation we will be able to deliver accessible, flexible and personalised solutions that address both customer and patient needs."



David Miller (left) and Phil Castrofilippo



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# BDA appoints Chief Scientific Officer

*Association's group of experts has also been expanded 'to work across the broadest possible agenda'*

**THE** British Dental Association has appointed Professor Justin Durham to the role of Chief Scientific Advisor.

Professor Durham is currently Head of the School of Dental Sciences at Newcastle University and holds a personal chair in Orofacial Pain. He has wide-ranging research experience from early-stage biosciences research through translational studies and into applied health research.

In addition to providing advice to underpin BDA policy and campaign work, Professor Durham will be a lead voice on matters relating to evidence-based practice and public health.

"I am delighted to take up this privileged position," he said, "and hope to be able to use this as a springboard to help further develop oral health related research, its implementation and its presence in the consciousness of decision-makers, the public and our profession."

He also emphasised the importance of ensuring the broadest possible representation for the BDA on scientific matters with the widest possible number of voices contributing to this. To this end, the BDA's Health and Science committee's group of experts has been expanded to include six new members to allow the committee to work across the broadest possible agenda.

"Our work on Health and Science underpins the changes we seek on behalf of our members and the millions they treat," said Mick Armstrong, chair of the BDA's Health and Science Committee. "Justin brings formidable knowledge and experience to the task ahead. We're thrilled he's joining us, alongside new voices reflecting the breadth and depth of expertise across dental academia, practice and public health."

## New Health and Science team members

*Professor Justin Durham,*  
Chief Scientific Advisor  
Professor of Orofacial Pain and Head of School at Newcastle University's School of Dental Sciences and an Honorary Consultant Oral Surgeon at Newcastle-Upon-Tyne's Hospitals' NHS Foundation Trust in the UK.

*Dr Charlotte Currie*  
Clinical Fellow/Doctoral Fellow at Newcastle University's School of Dental Sciences.

*Professor Paul Hatton*  
Professor of Biomaterials Science and Director for Research at the School of Clinical Dentistry, University of Sheffield.

*Dr Hanya Mahmood*  
An NIHR funded Doctoral Research Fellow and Honorary Registrar in Oral Surgery based at the School of Clinical Dentistry, University of Sheffield.

*Dr Gerry McKenna*  
Specialist in Restorative Dentistry and Prosthodontics working as a Consultant in the Belfast NHS Health and Social Care Trust.

*Dr Praveen Sharma*  
Associate Professor and Honorary Consultant in Restorative Dentistry at the School of Dentistry in the University of Birmingham.

*Professor Rob Witton*  
Consultant in Dental Public Health, and Professor of Community Dentistry at University of Plymouth dental school.

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**The full committee membership is available here:**

**[www.bda.org/dentists/governance-and-representation/advisory-committees/Pages/Health-and-Science-Committee.aspx](http://www.bda.org/dentists/governance-and-representation/advisory-committees/Pages/Health-and-Science-Committee.aspx)**

## Dentsply and Google unveil DS Core

**DENTSPLY SIRONA** has unveiled DS Core – an open cloud-based platform that integrates the whole workflow of digital dentistry across its devices, services, and technologies.

DS Core has been developed in collaboration with Google Cloud and "gives dentists the power to do more, so that they can focus on their patients and create easier ways to collaboratively work with labs, partners, and specialists," the company said in a statement.

Cord Staehler, Chief Technology Officer at Dentsply Sirona, said: "We are very proud that we are now ready to take the next step in our mission to make digital dentistry easy to integrate into dental offices. In line with our recently launched collaboration with Google Cloud, this enables seamless workflows and the highest level of connectivity with the goal in mind: the best treatment outcome for patients."

He said the platform is efficient, cost-effective, and easy-to-use – with automatic software updates that give dentists access to the latest version and features. It makes



running a dental practice easier, he added, because it seamlessly connects to Dentsply Sirona equipment and is accessible across multiple devices.

Practitioners can use DS Core to store different types of patient files and making them accessible from multiple locations, while collaborating with partners and colleagues outside their practice. The platform supports GDPR and HIPAA-

compliant file sharing and cloud storage for patient case files. It also includes two services; DS Core Create and DS Core Care.

With DS Core Create, practitioners can gain access to high-quality expert designs that are tailored for each patient's needs across a broad range of indications without having to use the software themselves. The cloud-based platform makes it easy to delegate the design workflow, which saves valuable time in the dental practice. The service integrates smoothly with Dentsply Sirona's new Primeprint Solution and will grow in the future.

DS Core Care is a comprehensive, integrated, and easy-to-understand equipment service and support solution that harmonises equipment with service offerings to provide a seamless customer experience. This helps to increase equipment uptime and give dentists peace of mind so that they can focus on their patients.

Due to various certification and registration periods, not all products are immediately available in all countries and DS Core will be launched in a phased rollout.





# Dundee Dental Research Hospital & School announced

*UK's first dental research hospital and school set to launch later this year*

**A TEAM** working across oral healthcare, teaching and research has announced the establishment of Dundee Dental Research Hospital & School – the first of its kind in the UK.

The initiative marks a milestone in the development of Dundee as a centre of dental expertise. Dundee Dental Dispensary opened in 1914, as a social enterprise of the time, to aid people in poor circumstances suffering from diseases or irregularities of the teeth.

Over the past 100 years, the building has developed into Dundee Dental Hospital and School with an international reputation for innovation and quality in education and research, training dentists, hygiene-

therapists, dental nurses, clinical academics and dental post-graduates.

Dundee Dental Hospital & School is unique as a dental institution because of the creative and effective partnership between the University of Dundee, NHS Tayside and NHS Education for Scotland.

A spokesperson for the team behind the initiative said: “We believe that by becoming the first dental research hospital and school we will be able to build on our mission to transform lives locally and globally, to confront health challenges in society and contribute to environmental sustainability.

“Our aspiration is that every patient contact will contribute to service development, clinical teaching and research.”



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# Aligners and 3D planning - from virtual to real

*Subject experts from around the world will address society's Summer Meeting*

**THE** European Aligner Society has announced the programme for its Summer Meeting being held in Porto, Portugal, on 1-2 July. It will bring together dental professionals with a special interest and shared passion for aligner orthodontics. It will also be live streamed for non-residents of the EU and UK, so broadening its reach beyond Europe to feed the appetite of aligner exponents world-wide.

The Society's Congress Committee has curated a programme which will focus on 3D virtual planning and treatment techniques. The plenary lectures are designed to help delegates relate to several typical scenarios and advance their clinical knowledge to address them effectively. They will then learn the practical skills to apply the learnings in a series of workshops and in-depth courses held on the second day.

Dr Victoria Martin kicks off proceedings by describing *My routine on virtual planning and mistakes to avoid* and building on the theme, she will be followed by Dr Enzo Pasciuti presenting *My routine in*

*virtual review and my tips and tricks for deep bite patients.*

Treatment planning is a key focus, and Movement predictability in the analysis of the treatment plan will be addressed by Dr Bruno Filipe Almeida Gomes while Invisalign with Mandibular Advancement in Class II patients is the subject for Dr Pedro Costa Monteiro.

The afternoon session starts with an exploration of Planning Predictability with SLX/Reveal® Aligners by Dr Bruce McFarlane and he is followed by Matthias Peper talking about *The science behind digital treatment planning in complex Aligner Orthodontics.*

To underline the practical nature of each session Dr Vincenzo D'Antò talks about *How to handle dentoalveolar asymmetries: tips and tricks in treatment planning*, and the baton is then handed to Dr Manuel Roman for *My tips and tricks in virtual treatment plan in open bite and Class III patients.* The first day concludes with a round table discussion and expanded Q & A session with all the speakers from the plenary day.



The second day of the meeting is dedicated to a series of workshop and in-depth courses to allow delegates delve deeper into the aspects of 3D virtual and real treatment planning which interest them most, many of which will be delivered by plenary speakers. Joining them will be clinical and technological expert speakers for some of the leading aligner and treatment planning companies.

In order to make the event as participative as possible, delegates are also being invited to submit research abstracts which the Scientific Committee will use for e-poster presentations.

[www.eas-aligners.com/2nd-summer-meeting-porto-2022](http://www.eas-aligners.com/2nd-summer-meeting-porto-2022)

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## Keith Woods essay competition open for entries

**THE** British Association for the Study of Community Dentistry (BASCD) is inviting entries to the Keith Woods Essay Competition.

The competition is open to any undergraduate dental, undergraduate dental therapy, undergraduate dental hygiene or undergraduate dental nursing student registered at a dental school in the United Kingdom.

The title for this year's essay is:

*The oral health of refugees and the mobilisation of oral health care services to meet their needs.*

The essay completion is designed to foster the interest of the next generation of dental professionals in public health dentistry. This competition is dedicated to the memory of the late Keith Woods, a distinguished former member of the Association.

The essay should be no more than 2,000 words in length (excluding references). It should be submitted as a Microsoft WORD document via email to [BASCD@outlook.com](mailto:BASCD@outlook.com) by the closing date which is 5pm on 31 August 2022.

A prize of £200 and a certificate will be awarded to the winner of the competition. These will be presented at the BASCD Autumn Scientific Meeting in London on 10 November 2022.

**More details of the Keith Woods Essay Competition are available at:** <https://www.bascd.org/keith-woods-essay-competition-2022>.



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# Immersify Dental launches subscription service

*Platform utilises augmented reality, gamification and personalisation*

**IMMERSIFY DENTAL**, the interactive learning resource for dental students, aims to become the go-to platform for educational resources as it launches a new content subscription service to make the learning experience more accessible and enjoyable.

The platform, which utilises augmented reality, gamification and personalisation to create engaging learning experiences, is already being used by tens of thousands of dentistry students across the UK, US, Australia and India, predominantly via their universities and colleges.

Now, to meet demand from thousands of students unable to access the platform via a learning provider, Immersify Dental is making its premium content available via an individual paid subscription service.

As well as supporting students with their learning by combining

the theoretical understanding of dentistry and practical experience, Immersify Dental enables students to connect with learners, academics and professionals from different universities and countries.

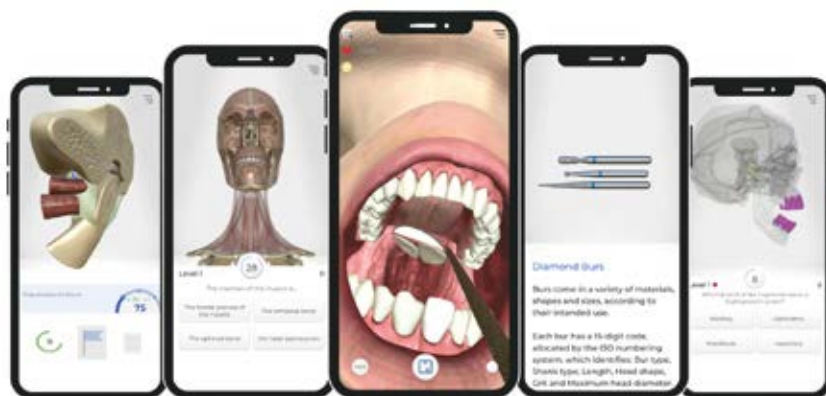
Chloe Barrett, Immersify Education's chief executive, said: "We're passionate about supporting and enhancing the learning experience of the current and next generation. From undergraduate dental students and hygiene and therapy students to dental nurses, dental technicians and

dental professionals, the platform provides a one-of-a-kind, educational platform for all to learn, experience and connect."

Since establishing the business, Chloe and her team have secured two rounds of investment, while the business has won various accolades and was recognised as one to watch in Tech Nation's 2019 'rising stars' scheme.

She added: "We have ambitious growth plans for over the coming years, including reaching the 100,000 users mark on

Immersify Dental. We're really excited to be able to make the Immersify Dental platform more accessible and the long-term goal is to make the platform the Netflix of educational content."



*Immersify Dental can be downloaded for free from the Google Play and Apple App stores. <https://immersifyeducation.com>*

## Preparing for future pandemics – Chair appointed to committee

**PROFESSOR** Andrew Morris has been appointed as Chair of the Scottish Government's Standing Committee on Pandemic Preparedness (SCoPP). Professor Morris is Professor of Medicine and Vice Principal of Data Science at the University of Edinburgh and Director and CEO of Health Data Research UK.

The Committee met last month to discuss how it will fulfil the First Minister's commission to advise on how Scotland can be as prepared as possible to meet future pandemics. Members will prepare an initial report on priorities within six months, with a final report produced within a further 18 months.

"I look forward to working with my fellow committee members to address these important issues," said Professor Morris. "We will engage with clinicians and the wider scientific community in Scotland

to ensure that our work is informed by a range of expertise. We will also look to international experience to ensure our report reflects the global nature of pandemics and the international learning that will help us best prepare Scotland to face the future."

Humza Yousaf, the Health Secretary, said: "We are very pleased that Professor Andrew Morris has agreed to be the Chair of the SCoPP. He is adept at distilling complicated science and disparate views into clear and succinct advice to the Scottish Government."

"His reputation with his peers and internationally means we will benefit from his expertise and ability as well as his wide range of contacts from the UK and beyond. We look forward to continuing our relationship as we move through the stages of the pandemic."

Professor Morris is also Chair of the Scottish Government's Covid-19 Advisory Group, which will continue to advise on novel scientific and technical aspects of the current pandemic as necessary.

The first meeting of the Committee was on 19 August last year, chaired by Professor Linda Bauld, the Bruce and John Usher Professor of Public Health at the University of Edinburgh.

Professor Bauld has since been appointed as Chief Social Policy Adviser for the Scottish Government future pandemic expert group.

Meanwhile, NHS Scotland has issued a letter to healthcare professionals outlining the process for the transition from the Winter Respiratory IPC Addendum COVID-19 guidance back to the National Infection Prevention and Control Manual (NIPCM).

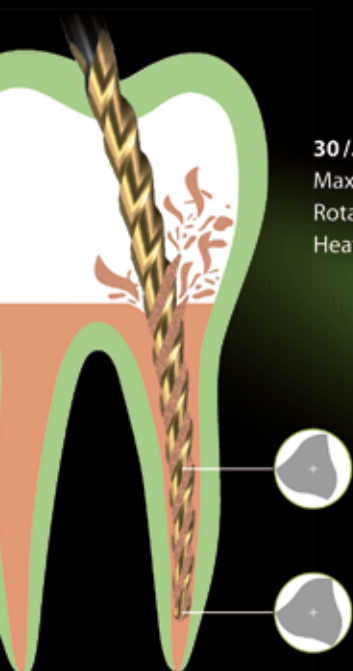
[www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing](http://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing)

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# ‘We need more dental therapists’

*Call comes as number in the UK waiting for a dental appointment reaches 40 million*

**A LEADING** dental professor is encouraging decision makers to consider employing more dental therapists in a bid to help tackle the significant backlog of patients waiting for appointments.

Professor Phil Taylor, Dean of the Faculty of Dental Surgery at the Royal College of Surgeons of Edinburgh, believes more dental therapists, who require a shorter training period than dentists, would provide some much-needed support to the sector. He made his call after it was revealed that those waiting for a dentist appointment had reached 40 million in the UK.

“Following Brexit, lots of Europeans who were previously living and working in the UK have left and moved to other parts of Europe. This has severely impacted the dental profession in the UK – for example, 37 per cent of dentists in Dumfries and Galloway have moved out of the country since the UK left the EU,” he said.

“Scotland is struggling with a real shortage of dentists, and I believe that we must be more forward thinking when it comes to clearing the current backlog of patients. One way of doing this would be to move towards employing not just dentists, but more dental therapists, who are able to carry out many procedures usually carried out by dentists, such as check-ups, hygiene appointments and fillings.”

Professor Taylor's view was first highlighted by *Scottish Dental* magazine in April 2021.

“A dental therapist is a vital part of the

team and is perfectly capable of doing the work that most patients require,” he continued. “A dentist could be in charge of four or five dental therapists. They would carry out the treatment plan, then the dental therapists would conduct the actual treatment. Some dental therapists can also do orthodontics and specialise in dentures, so they really can cover a lot of areas of treatment.

“My question is, should we focus on training more dentists or should we be actively encouraging more people into becoming dental therapists? Dentistry is a very lengthy and costly degree course, and many dental students have experienced delays to their degree courses and training as a result of COVID-19, so it's going to take a long time before the workforce gets up to full capacity again.

“Of course, dentists remain vital, but I think a fresh approach is required in order to educate people who are looking to get into this industry about the different career opportunities that are available, such as dental therapy. There isn't just one path to becoming a dental professional.

“A dental therapist could begin their career as a dental nurse and while they must have the relevant A levels, it's not quite the same process going to university to study dentistry as a degree. They can qualify with the relevant training, ongoing professional development and examinations, which makes it a more attainable prospect for some.”

## Market ‘continues to bounce back’

*NASDAL survey shows continuing increase in goodwill values*

**THE NATIONAL ASSOCIATION** of Specialist Dental Accountants and Lawyers' Goodwill Survey covers the quarter ending 31 January 2022 and includes data on valuations as well as deals completed (i.e., practices bought or sold by NASDAL members' clients in the period).

It showed a continuing pattern of increases in goodwill values across the board, but with less enthusiasm for NHS dental practices than was seen pre-pandemic. Uncertainty around the financial basis of NHS contracts, the drift of NHS patients into the private sector, and increasing recruitment problems were among the reasons cited.

Overall, there was a significant increase in goodwill as a percentage of fee income in the quarter across all types of practice – deals averaged 166 per cent of gross fees – up from 152 per cent in the quarter to 31 October 2021 and from 144 per cent for the quarter ending 31 July 2021.

Private practices saw practice goodwill at 155 per cent of gross fees – a large increase from 132 per cent in the last quarter. Mixed practice goodwill values were also on the up as they rose to 189 per cent of gross fees (179 per cent in the previous quarter).

NHS practices did see a slight increase after their big drop in goodwill values in the previous quarter. They were at 141 per cent of gross fees – up from 138 per cent in the quarter to 31 October 2021.

Alan Suggett, specialist dental accountant and partner in UNW LLP who compile the goodwill survey, said: “I am pleased to see the practice sales market behaving in a resilient fashion and continuing its upturn as we hopefully leave the worst of the pandemic behind.”



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# Profession 'severing ties' with NHS

*Westminster government blamed for failing to move forward on reforms*

**THE** British Dental Association has warned of an "unprecedented collapse" in NHS commitment among dentists in England which could spell the end for the service without "radical and urgent action from government".

As the BDA prepared to give evidence last month to the Health and Social Care Committee inquiry into recruitment and retention across healthcare, a survey<sup>1</sup> of 2,204 high street dentists in England revealed:

Nearly half (45 per cent) report they have reduced their NHS commitment since the onset of the pandemic, by an average of over a quarter.

75 per cent say they are now likely to reduce – or further reduce – their NHS commitment in the next 12 months, the highest level in any BDA surveys since the first lockdown. 45 per cent say they are likely to go fully private.

Nearly half (47 per cent) indicate they are likely to change career or seek early retirement.

Two thirds (65 per cent) say their practices have unfilled vacancies for dentists. 82 per cent of those reporting vacancies cite working under the current

discredited NHS contract as a key barrier to filling posts, over half (59 per cent) cite issues relating to remuneration levels, and 30 per cent difficulties attracting candidates to remote, rural or deprived communities.

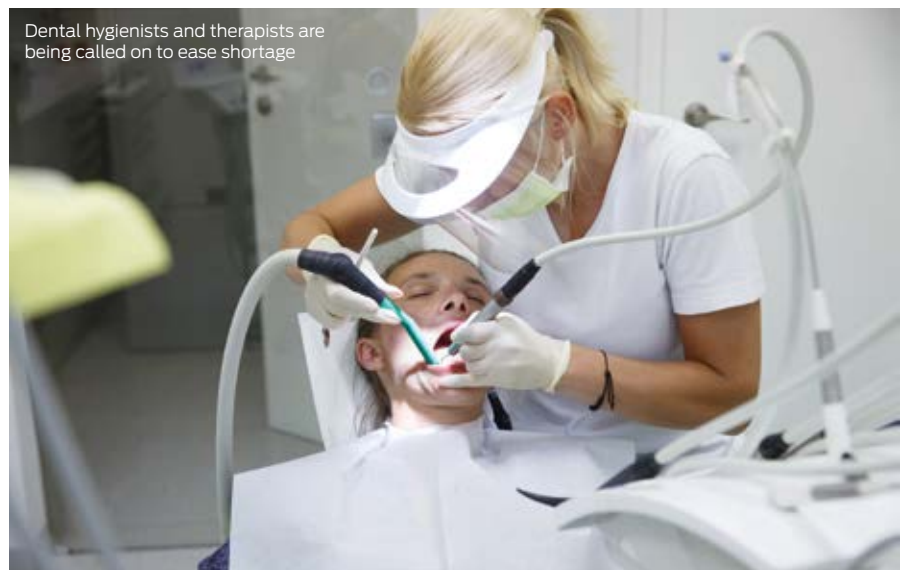
29 per cent say posts have been unfilled for more than a year.

Nearly 9 in 10 (87 per cent) state they have experienced symptoms of stress, burnout or other mental health problems in the last 12 months, with 86 per cent reporting colleagues in their practice have received physical or verbal abuse from patients.

75 per cent say they are unable to spend sufficient time with patients, and only 25 per cent say they are able to offer the kind of care they want to provide.

Since the start of the pandemic around 3000 dentists are understood to have moved away from NHS work entirely.

However, BDA survey data suggests that this underestimates the real drop in NHS capacity as the proportion of dentists who report having reduced their NHS commitment is 10 times higher than those who report having quit altogether.



Dental hygienists and therapists are being called on to ease shortage

## GC's 100th anniversary celebrations continue

**ON FEBRUARY 11 2021**, GC celebrated its centenary, commemorated with a new company motto celebrating '100 years of Quality in Dental'. To mark the milestone, GC organised events around the world. The latest, hosted by GC International AG (GCIAG), took place at the Grand Casino Luzern in Switzerland on 25 April. With more than 250 attendees, the event put a spotlight on GC's plans for the next decade.

Dr Kiyotaka Nakao, President and Chief Executive Officer, welcomed guests and expressed gratitude to all stakeholders. There then followed by speeches from a number of distinguished guests, including Professor Ihsane Ben Yahya, President of the FDI World Dental Federation and



Kojiro Shiraishi, Ambassador of Japan to Switzerland.

Prior to GCIAG's celebration in Switzerland,

GC hosted the Fifth International Dental Symposium at the Tokyo International Forum from April 16-17, bringing together more than 100 lecturers from around the world, united around the symposium's central theme of 'Smile for the World – Beyond the Century'. Attendees enjoyed advanced insights into dentistry throughout the event's 28 educational sessions and had exclusive opportunities to test the latest GC products and equipment.

For further information contact GC UK on 01908 218999, email [info.uk@gc.dental](mailto:info.uk@gc.dental) or visit [www.gceurope.com](http://www.gceurope.com)

[www.gcdentalcampus.com/en/symposium/the-5th](http://www.gcdentalcampus.com/en/symposium/the-5th)





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### Dr Kevin Lochhead

GDC No. 62945

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

Specialist in Prosthodontics



### Dr Pierluigi Coli

GDC No. 104397

DDS, PhD

Specialist in Periodontics  
and Prosthodontics



### Dr Chris Millen

GDC No. 85443

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

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



### Dr Stuart Campbell

GDC No. 79646

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

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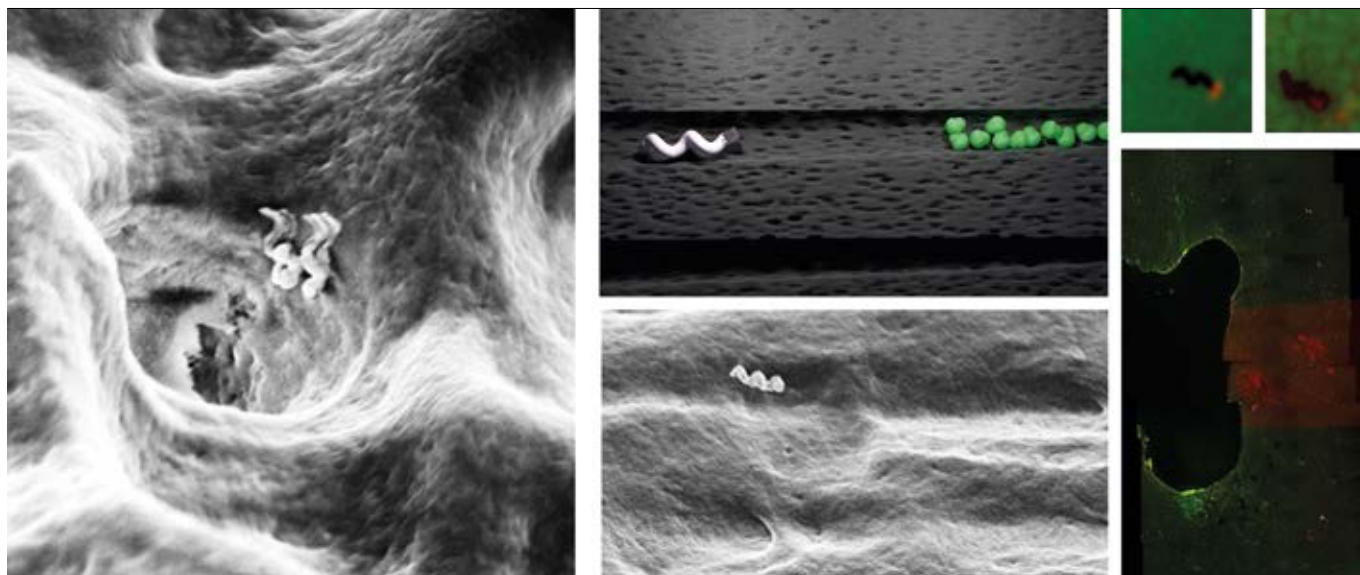


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Left: Nanobots entering a dentinal tubule. Centre top and bottom: Schematic representation and electron microscope image of nanobot moving through dentinal tubule to reach bacterial colony. Right: How locally induced heat from nanobot can kill bacteria. Live bacteria are green and dead bacteria red. Bottom right: Targeted treatment in human teeth

# Nanobots to ‘deep clean’ teeth

*Researchers were able to make the nanobots move at will and penetrate deep inside the dentinal tubules*

**NANO-SIZED ROBOTS** manipulated using a magnetic field can help kill bacteria deep inside dentinal tubules and boost the success of root canal treatments, a study<sup>1</sup> by researchers at the Indian Institute of Science (IISc) has shown.

Root canal treatments are routinely carried out to treat tooth infections. The procedure involves removing the infected soft tissue inside the tooth, the pulp, and flushing the tooth with antibiotics or chemicals to kill the bacteria that cause the infection. But the treatment can sometimes fail to remove all bacteria – especially antibiotic-resistant bacteria such as *Enterococcus faecalis* – which remain hidden inside the dentinal tubules.

In the study, published in *Advanced Healthcare Materials*<sup>2</sup> the researchers designed helical nanobots made of silicon dioxide coated with iron, which can be controlled using a device that generates a low intensity magnetic field. The nanobots were then injected into extracted tooth samples and their movement tracked.

By adjusting the frequency of the magnetic field, the researchers were able to make the nanobots move at will and penetrate deep inside the dentinal tubules.

“We have also established that we can retrieve them – we can pull them back out of the patient’s teeth,” said Shanmukh Srinivas, Research Associate at the Centre for Nano Science and Engineering (CeNSE), IISc, and co-founder of the IISc-incubated startup Theranautilus.

The team was able to manipulate the magnetic field to make the surface of the nanobots generate heat and kill bacteria nearby. “No other technology in the market can do this right now,”<sup>2</sup> said Debayan Dasgupta, Research Associate at CeNSE, and fellow co-founder of Theranautilus.

Previously, scientists have used ultrasound or laser pulses to create shockwaves in the fluid used to flush out bacteria and tissue debris, to improve the efficiency of root canal treatment. But these pulses only penetrate up to 800 micrometers, and their energy dissipates rapidly. The nanobots were able to penetrate much further – up to 2,000 micrometers. Using heat to kill the bacteria also provides a safer alternative to chemicals or antibiotics, the researchers say.

The team has tested the dental nanobots in mice models and found them to be safe and effective. They are also working on developing a device that can easily fit inside

the mouth and allow the dentist to inject and manipulate the nanobots inside the teeth during root canal treatment.

[www.theranautilus.com](http://www.theranautilus.com)

<sup>1</sup><https://onlinelibrary.wiley.com/doi/10.1002/adhm.202200232>

<sup>2</sup><https://iisc.ac.in/events/tiny-bots-that-can-deep-clean-teeth>

## Portman founder wins Grand National

**SAM WALEY-COHEN**, the founder of Portman Dental Care, won the Grand National last month.

A keen amateur jump jockey, he had previously competed in the race and won the Cheltenham Gold Cup.

Sam completed a master’s in Politics at Edinburgh University before joining Louis Dreyfus Company, an international agricultural business. He founded Portman Healthcare in 2008.

After guiding the 50-1 shot Noble Yeats, owned by his father, to victory, Sam said: “I’m so choked up. It’s a dream, a fantasy, something I could never have imagined.”

It was the 39-year-old’s last race as he had earlier announced his intention to retire.

Portman currently has 200 dental practices across the UK, Ireland and Benelux, including 16 orthodontic Portman Smile Clinics, caring for more than 700,000 patients.

**THE NANOBOTS WERE ABLE TO PENETRATE MUCH FURTHER – UP TO 2,000 MICROMETERS. USING HEAT TO KILL THE BACTERIA ALSO PROVIDES A SAFER ALTERNATIVE TO CHEMICALS OR ANTIBIOTICS**

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# DATES FOR YOUR DIARY

**2022**

**9-10 JUNE**

**BASCD Summer Scientific Meeting**

200 SVS, Glasgow

<https://bascd-events.co.uk>

**9-10 JUNE**

**Annual Conference of LDCs**

International Conference Centre,

Newport

[www.ldcuk.org](http://www.ldcuk.org)

**15-18 JUNE**

**EuroPerio10**

Copenhagen

[www.efp.org/europerio](http://www.efp.org/europerio)

**24-25 JUNE**

**Scottish Dental Show**

Glasgow

[www.sdshow.co.uk](http://www.sdshow.co.uk)

**27 JUNE**

**Oral Health and Preventive Dentistry**

London

<https://tinyurl.com/2p897sym>

**28 JUNE**

**Lasers in Dentistry and Hard Tissue**

London

<https://tinyurl.com/2p8usk2m>

**28-29 JULY**

**Preventive Dentistry and Dental Public Health**

London

<https://tinyurl.com/2dbhaj8p>

**11-13 AUGUST**

**International Symposium on Dental Hygiene**

Dublin

[www.isdh2022.com](http://www.isdh2022.com)

**16-17 AUGUST**

**Dentistry, Dental Implants, Dental and Orthodontic Supplies**

London

<https://tinyurl.com/2w5mejmc>

**22-23 SEPTEMBER**

**International Conference on Dentistry**

London

<https://tinyurl.com/2bhenu8m>

**7-8 OCTOBER**

**BADT Conference 2022, Crewe**

[www.dental-tribune.com/event/badt-conference-2022](http://www.dental-tribune.com/event/badt-conference-2022)

**13-14 OCTOBER**

**Restorative and Aesthetic Dentistry**

London

<https://tinyurl.com/56uxea2t>

**10-12 NOVEMBER**

**BACD**

Newport

<https://bacd.com>

**18-19 NOVEMBER**

**Periodontics and Preventive Dentistry**

London

<https://tinyurl.com/4cfk9rhk>

**09-10 DECEMBER**

**Restorative Dentistry and Oral Implantology**

<https://tinyurl.com/yrjsu6e>

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

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# BES launches online resource

*Endodontics: Basic Principles and Application in Practice* is a set of open access presentations

**T**he British Endodontic Society has launched a set of resources, developed in collaboration with NHS Education Scotland (NES), to support final year students, graduates, and primary care practitioners.

*Endodontics: Basic Principles and Application in Practice*<sup>1</sup> is designed to be accessible, interactive, and dynamic, said Professor Alison Qualtrough, senior lecturer at the University of Manchester and a council member of the British Endodontic Society.

“For several years there has been national, if not international concern, relating to the limited experience of graduates by the time they move into Dental Foundation Training – particularly experience in endodontics, in relation to other areas,” she said. “Some of the cases our undergraduates face are complex and these days, for example, an undergraduate is more likely to treat a patient requiring molar root canal treatment rather than the more simple anterior tooth as may previously have been the case.”

The resources – with new ones to be added in the future – include presentations on the following:

- **Management of Deep Caries and the Exposed Pulp** – with Phil Tomson, Head of Conservative Dentistry and Endodontics, Senior Clinical Lecturer and Honorary Consultant, Birmingham School of Dentistry
- **Dental Trauma** – with James Darcey, Consultant in Restorative Dentistry, University Dental Hospital of Manchester
- **Access Cavities** – with Sanjeev Bhandari, Specialist Endodontist and Senior Lecturer, University of Liverpool
- **Irrigation** – with Will McLean, Senior Clinical Lecturer and Honorary Consultant in Endodontics, Glasgow Dental Hospital and School
- **Nickel Titanium Instruments in Endodontics** – with Mark J Hunter, Specialist Endodontist Practitioner

WORDS  
**WILL PEAKIN**

- **Obturation** – with Mr Mark J Hunter, Specialist Endodontist Practitioner
- **Post Endodontic Restorations** – with Noushad Rahim, Special Interest in Endodontics, based at King's College London
- **Risk Management in Endodontics** – with Alyn Morgan, Senior Clinical Teaching Fellow at Leeds Dental Institute

“The resource has a wide scope, is evidence-based and is comprehensive,” said Professor Qualtrough. “It's been a while in development so it's a pleasure to see it come to fruition. We've had fantastic support from the team at NES without whom I don't think the project would have reached this point.”

Professor Qualtrough urged those engaging with the resource to “browse, enjoy, share and feedback”.

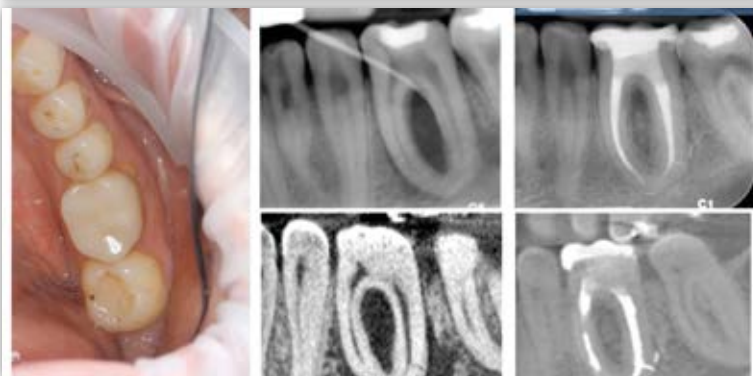
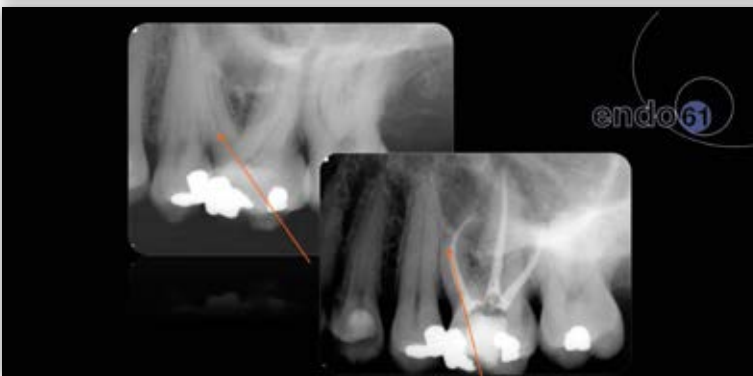
## Diagnostic tests



International Endodontic Journal

Diagnosis of the condition of the dental pulp: a systematic review

Authors concluded:  
“the overall evidence was insufficient to support the accuracy of our current diagnostic tests, even if the test combined”



## REFERENCES

<sup>1</sup><https://learn.nes.nhs.scot/59573/dental-cpd/educational-resources/endodontics-basic-principles-and-application-in-practice>



PORTMAN dental care

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### INTRODUCING *Selina Alexander*

Selina Alexander joined Portman's Mergers & Acquisition team covering Scotland, August 2021. Already accomplishing success in her role, Selina brings a wealth of knowledge in dentistry built over her 27 year career. She also has a keen eye for what makes a successful dental practice; the management, working culture, opportunity for growth and strive for reputational excellence. If you'd like a confidential chat with Selina about what Portman looks for in a potential practice or the vendor process of which you may have queries, **please stop by the Portman Dental Care stand (B07/A09) at The Scottish Dental Show, Glasgow June 24th-25th 2022.**



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# Accessing digital treatments

WORDS  
WILL PEAKIN

*Dentsply Sirona partners with FDI and Smile Train to create best-in-class cleft care protocols*

**D**entsply Sirona, the world's largest manufacturer of professional dental products and technologies, has announced a partnership with FDI World Dental Federation (FDI) and Smile Train, the world's largest cleft-focused organisation, to develop global standard protocols for digital cleft treatment.

The initiative will increase access to digital treatments for patients with clefts and advance cleft care for the 1 in 700 babies born with cleft lip and/or palate around the globe.

The three partners will jointly work on integrating digital workflows and sustainable solutions into these new protocols as well as creating and providing the necessary clinical education infrastructure to oral health professionals around the world.

The unique partnership also includes designing and setting up online courses and webinars to introduce dental professionals to digital cleft care.

Prior to this partnership, Dentsply Sirona pledged a \$5m donation to Smile Train as part of a five-year commitment to help children around the world gain access to cleft treatment, offering them the chance to live full and healthy lives.

"At Dentsply Sirona, we live our sustainability strategy every day in numerous ways. One of the most rewarding aspects is working with Smile Train and FDI to be able to offer the best care possible to



children with clefts," said Jorge M. Gomez, Chief Financial Officer and Head of the Dentsply Sirona Sustainability Programme. "Giving these children healthy smiles by utilising the most advanced digital technologies is part of our larger sustainability goal to improve global oral health care and create millions of healthy smiles around the world.

"We are happy to contribute our knowledge and technologies for this important cause."

Professor Ihsane Ben Yahya, President of the FDI World Dental Federation, added: "We are proud to be working with Dentsply Sirona and Smile Train to increase the global access to the best possible cleft care."

"Cleft surgeries and cleft care benefit hugely from digitisation and together with our partners we work fervently on providing oral health professionals, especially in limited-resource settings and remote regions, with the infrastructure and training necessary to correctly use these digital technologies."

Susannah Schaefer, President and Chief Executive Officer of Smile Train, said: "Children with clefts are more susceptible to poor oral health which can greatly impact their speech, ability to eat, and their overall well-being.

"We are delighted that our new partnership with Dentsply Sirona and FDI ensures that Smile Train centres around the world will have access to digital treatment protocols that integrate the latest, newest technologies to provide best-in-class digital oral healthcare."



**CLEFT SURGERIES AND CLEFT CARE  
BENEFIT HUGELY FROM DIGITISATION**

PROF. IHSANE BEN YAHYA



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# Rufus Myer Ross:

14 September 1924 –  
11 December 2021

## *An appreciation*

**R**ufus Ross was a polymath in the truest sense. Although he made his living from dentistry, he was also an academic, teacher, historian, philosopher, businessman, raconteur, humourist, sportsman, artist, politician, councillor and justice of the peace; but he didn't let those descriptions define him as he was many other things too!

### Early Life

Rufus was born in the Gorbals district of Glasgow, at the family home opposite the Jewish Institute in South Portland Street. His father was Julius Ross (originally Roth) a general dealer, and his mother was Leah (née Monskall). His younger brother Stanley was born in 1930.

The family moved to Calder Street, Govanhill, where Rufus was enrolled at Annette Street Primary School in 1929. He subsequently went to many other schools as the family often moved home, indeed so frequently that little Rufus occasionally forgot which school he was supposed to be attending.

He later attended Giffnock Academy, but left school aged 14 to work in his father's rag store in Cumberland Street. However, his mother's sister Fanny Kleinglass encouraged Rufus, and her own daughter Pearl, to attend continuation classes at night school where they gained the necessary qualifications to apply for Anderson's College to study dentistry. They attended Anderson's and Glasgow Dental Hospital &

Right: Being awarded the Lindsay Society for the History of Dentistry's Memorial Medal

Below: In addition to his LDS, Rufus gained no fewer than four other degrees



School, and Rufus qualified LDS RFPSC in October 1947.

### Dental career

During the Second World War, Rufus was exempt from conscription as he was in a reserved occupation but after qualification he was 'called-up' and sent to RAF Dishworth in Yorkshire where he served as a dental officer from 1948 to 1950. On returning to Glasgow, he worked for a short time in general practice in Partick, and then in partnership at a practice in Chisholm Street, Glasgow Cross.

In 1976, Rufus left general practice and joined the Community Dental Service. He was also teaching undergraduate dental students at Glasgow Dental Hospital & School and around this time he began lecturing in Oral and Facial Anatomy at Langside College, teaching Dental Nurses and Technicians to HNC level.



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In 1986 Rufus retired from clinical dentistry, but he continued lecturing and increased his own academic research and studies.

### Other degrees

In addition to his LDS, Rufus gained no less than four other degrees later in life. In 1979, he graduated with a BA, then in 1987 upgraded it to a BA (Hons) in Science & Technology, both from the Open University. He was accepted as a postgraduate student by the Department of Scottish History at the University of Glasgow in 1989, and awarded a PhD in 1995 with a thesis on *"The Development of Dentistry: A Scottish Perspective"*.

Rufus studied law for three years (2007-09) at the Open University but narrowly missed progression to fourth year law study; his credits were transferred to the Scottish History Department at the University of Dundee and, in association with the Open University, he was awarded a BSc (Open) in December 2011, aged 87 – the oldest Open University graduate in Scotland!

### Dental history

As evidenced by his BSc and PhD, Rufus had a particular passion for history, especially in relation to dentistry. He was a founder member of the Glasgow based History of Dentistry Research Group in 1996; this was later renamed in honour of his late friend and co-founder Dr Henry Noble. He served as Secretary and Editor, then Chairman of the Group following Henry's passing.

Rufus was appointed an Honorary Senior Research Fellow in History at Glasgow University (1965-2014). He was also a very diligent member of the Lindsay Society for the History of Dentistry, a national society named in honour of Lillian Lindsay, the first woman dental graduate in Britain and the first lady President of the British Dental Association. He presented papers and talks to medical and dental historical societies and had many articles and papers published. In 2015 (aged 91) the Lindsay Society honoured Rufus with the Lindsay Memorial Medal, the Society's highest award!

### Politics, law and order

Rufus was always interested in politics and favoured the middle ground, so joined the Liberal Party in the 1950s. In 1961 he was encouraged to stand for the Eastwood Ward of



Renfrewshire County Council (now East Renfrewshire) and to everyone's surprise, especially his own, he was elected! He was keen to improve things in the local area; for example it bothered him that his sons and other youngsters couldn't simply go to play football at the local Huntly Park without advance booking. He therefore had the rules changed so that the park was freely open to all. From 1967-70, he served as chairman of the county council.

From 1965 until 1994, he served as a Justice of the Peace (JP) for the district of Eastwood. The appointment surprised some, perhaps even Rufus himself as he had a record of a previous offence – poaching! He had been fishing without a relevant licence. He also had been warned for illegal street trading, selling football souvenirs without a permit.

### Sports

Rufus was a passionate supporter of Glasgow Celtic FC and bought his first season ticket at the age of 80, which culminated with him

In his final years he was still studying, including quantum theory

sitting in the middle of the 'Celtic end' during a cup semi-final at the age of 89. His aforementioned foray into unlicensed football souvenirs did ultimately result in his son Jonathan establishing a successful (and legal) business selling football scarves.

Rufus was also a keen bowler and as a past president of his bowling club was tasked with winding-up the club's affairs at the age of 90 – no mean feat.

### Other interests

Rufus was an enthusiast for cinematography which long preceded the modern advantages of tape and digital video. Using a cine camera in the 1950s and 60s he made numerous home movies of his family. He also made a short film with synchronised sound starring his brother Stanley, which won a Scottish Film Festival award in 1963

He also had a talent for oil painting, a pastime to which he returned in his 90s. Although mainly for personal enjoyment, Rufus managed to sell a painting in his later years. His thirst for knowledge never left him and in his final years he was still reading and studying, including attempting to grapple with the concepts of quantum theory!

### Family

Among all the many facets in his life, by far the most important to Rufus was his family. He married Lily Katz in 1949, a union which would last almost 73 years. They had three sons: David an economist, Jonathan a businessman, and Alan who followed Rufus with a career in dentistry.

Rufus had a famously keen and quirky sense of humour which wasn't shared by his wife Lily. Indeed when he was courting Lily, she once broke off their relationship because she thought he had NO sense of humour! The boys enjoyed mimicking their mother's oft used exclamation: "Och Rufus!"

Early in their marriage they lived in Harrogate, close to his RAF posting, then returned to Glasgow. Possibly because of his itinerant start in early life, Rufus and Lily remained in the same house in Giffnock for more than 65 years.

Rufus was a grandfather to eight and indeed a great-grandfather to eight. We extend our deepest condolences to his family and close friends, and feel sure they take comfort in the memory of his long, happy and fulfilled life.

Truly a man of many parts.





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# In education...

*Is there a long-term benefit to patients through representation from minority groups?*

**B**y mid-2020, the UK population was estimated to consist of approximately 67.1 million people. Scotland at this point was the home for 5.46 million people. A further analysis of Scottish data showed in mid-2021, 9.7 per cent of the population were non-UK born.

As practitioners, it is virtually impossible to encounter patients who do not differ from us, whether this be in political, religious, cultural, or societal values. Differences in behaviour are apparent when we consider local populations. Cross the border into England and Irn-Bru is no longer available at your local McDonald's drive-thru (some would say this is a tragedy) but minute differences become stark when comparing ideologies between British born and non-UK nationals.

Why is this information important to clinicians? It is paramount for us to provide patients with respect and equal access to care. However, this is the bare minimum we can do. It is why the Equality Act 2010 is in place and why the General Dental Council ensure we do not breach their standards. If we can go above this minimum and create an environment which understands and welcomes diversity... we automatically allow patients to be comfortable in their dialogues with us. This ultimately will result in positive patient outcomes.

Here is where the representation of minority groups within educational



WORDS  
HASSAN  
SHARIFF

settings becomes essential. A diverse staff population in educational institutions allows:

1. Students from Black, Asian and Minority Ethnic (BAME)/LGBTQIA+ groups to have someone they easily relate to
2. Staff to implement/advocate equality-based change based on personal experiences
3. Students to reflect on staff experiences resulting in an adaption of their behaviour for future patient care

Expanding on point one: giving students a sense of belonging can encourage an additional connection to their education, increasing engagement and reducing implicit bias; resulting in successful progression through a programme.

Expanding on point two: those who are subject to oppression will be in a primary position to see where existing policies are less than progressive and actively suggest change. The Health Equity in England 2020 report suggests those from BAME groups are more likely to come from low-income households. The Joseph Rowntree Foundation's Education and Poverty programme highlighted that this acts as a predictor for low performance in educational settings. The presence of educators from these backgrounds increases the likelihood of sympathy being shown to students suffering academically.

With the appropriate support students who previously

may have been overlooked will be able to flourish.

Lastly: students from minority groups who can see the results of academic success in their educators may develop the confidence necessary to pursue these roles themselves. For those who do not come from backgrounds where systemic prejudices are active, having the opportunity to learn about them promotes understanding and tolerance for future encounters. There is a risk of racial bias developing in those whose only encounter with BAME groups is via social media or news outlets.

Ensuring diversity exists across educator roles does not reduce the attention or quality of education for those from a majority population but it does give opportunities for minority populations to achieve the same level of greatness. Here, it is important to consider that simply increasing representation within an organisation does not promote equity... the onus lies with employers to ensure their staff are adequately qualified for posts they apply for.

Here is to a future where organisations start with equality at their base and develop on this foundation to create an environment where all are welcome.

---

*Hassan Shariff is a clinical and academic teaching fellow for the BSc Oral Health Science programme at the University of Highlands and Islands.*



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# Remote dentistry

*Treating patients in Edinburgh ... in the south Atlantic Ocean, more than 6,400 miles from Scotland and the most remote inhabited community on earth<sup>1</sup>*

“I was looking for a job that was a little more family friendly,” said Penny Granger, laughing.

After completing her vocational training, Penny took time out to travel and volunteer in India. Next stop was Malaysia and then, cycling most of the way, Christchurch in New Zealand. She worked as a ‘flying dentist’ – her bike still with her as she was flown to the remote Aboriginal communities in Cape York, Northern Queensland.

“Nothing in dental school quite prepared me for the first, humbling, experience of being dropped off on the runway at Pormpuraaw – with a degree, a smidgen of experience, a pile of equipment and a remit to ‘treat as many patients as you can’. It was the start of my ‘remote and rural’ career.” But Penny knew she could

WORDS  
WILL PEAKIN

always rely on her alma mater, Dundee University’s School of Dentistry, to “answer random faxes and emails from various far-flung parts of the world”.

She worked with the British Antarctic Survey, treating patients on British Antarctic bases near the South Pole, studied for an MSc in Community Dental Health, completed a “very fun” diploma in Mountain Medicine and lived and worked in northern Sweden “where my daughter spent the first six years of her life, amongst the snow and the aurora borealis”.

Then, in 2012, looking for a more “family friendly” post, Penny heard that Tristan da Cunha, a UK overseas territory, needed a visiting dentist. Edinburgh of the Seven Seas was founded by Sergeant William Glass, from Kelso, in 1816 after the UK annexed the island. It is named after Prince Alfred, Duke of Edinburgh, the second son of Queen Victoria,

in honour of his visit there in 1867. Penny has been there eight times now. “Our first trip was aboard the South African Polar Research Vessel, *The Agulhas*. Tristan da Cunha is essentially a 6,760 ft volcano rising out of the South Atlantic and six days’ sail from Cape Town.

“Getting from ship to shore involves a helicopter ride, or a heart-in-mouth shimmy down a ladder onto a waiting rigid inflatable boat and transfer to the island’s harbour. Most of our trips to the island have been on a fishing boat and, as we are heading into the prevailing wind and seas, the crossing can be long and a bit rough at times.”

Penny does, of course, have a family friendly job; she works as a clinical supervisor for undergraduate students in Dundee, in the restorative department. She is also involved with pre-departure dental screening for those about to deploy to the Antarctic alongside ‘remote dental support’ for



The approach by sea

the British Antarctic Medical Unit (BASMU).

Since starting to visit Tristan da Cunha, Penny has worked closely with Dundee's Professor Pete Mossey, using study models and interceptive orthodontics where applicable. Alongside locally trained staff, they have piloted a fixed orthodontic case with good results. Penny, Professor Mossey and Dundee's Dr Clem Seaballuck have also conducted the island's first live orthodontic consultation via NearMe.

An island dental health survey has been carried out, supported by Susan Carson, Consultant in Dental Public Health, Derek Richards, Senior Lecturer, and Zainab Kidwai, Research Associate at York University.

Professor Graham Ogden, former Head of Oral & Maxillofacial Clinical Sciences, and Dr Simon Shepherd, Clinical Lecturer and Honorary Consultant in Oral Surgery, have helped with diagnosis and

management of oral cancer. Stan Riley, Senior Dental Technician, has also visited the island twice.

On the island, Penny always stays with Barbara and Herbert Glass who have become surrogate grandparents to Elika "as well as extending friendship and insight into island life," said Penny. Island life is set against the backdrop of the sea and ever-changing weather. The island's main industry revolves around *Jasus tristani*, a species of rock lobster. Thanks to the work of the local community, the RSPB and partners, the seas around the archipelago have been established as a Marine Protection Zone, safeguarding one of the world's most pristine marine environments.

The islanders grow a lot of their own food – potatoes, vegetables, with hens and ducks for eggs, beef and mutton; all are free-range. They build their own houses, with family and friends often helping. Ships visit every six-to-eight weeks, bringing fuel and supplies for the local shop. There is a nursery, a school and a hospital with a resident doctor.

"My first visit was really about delivering a 'dental service', offering simple but high-quality dentistry – with examinations, x-rays, extractions, amalgam and resin restorations, acrylic dentures, periodontal treatment, endodontics and a basic orthodontic service for the children," said Penny.

"It was also about fact-finding and meeting and working with local staff, finding out what the surgery was like,

After more than a week's sail from Cape Town, Penny Granger and daughter Elika arrive, via helicopter, on Tristan da Cunha.

what equipment we had, what was the Island's dental health like, what foodstuffs are available, were there any preventive schemes in place, how do you examine and treat 270 people in 3.5 weeks. The first visit involved long, long days, six days a week.

"But after that, I was hooked not just on the physical place and the islanders but also on how the dental service could move forward, both in terms of treatment and preventive strategies – local staff training alongside new dental surgeries within a new replacement hospital.

"The newly-constructed Camogli Hospital has two dental surgeries, a dental lab and an LDU fitted and commissioned during the September 2017 dental visit. One of our local island dental nurses came to Dundee Dental Hospital to undertake bespoke training in 2018. A fantastic team effort and a lot of work made all these things possible. ➔

**MY FIRST VISIT WAS REALLY ABOUT DELIVERING A 'DENTAL SERVICE', OFFERING SIMPLE BUT HIGH QUALITY DENTISTRY – WITH EXAMINATIONS AND X-RAYS**





The island is considered the most remote permanent settlement on Earth



Edinburgh of the Seven Seas, the main settlement on the island

“A lot of planning goes into a dental service that is an 11-day sail from Cape Town in a fishing boat; Amazon don’t do next day deliveries! The dental consumables are ordered in the UK, shipped to Cape Town from Bristol, and held in customs before boarding a ship bound for Tristan da Cunha, where they then make it to the hospital.

“With deadlines for two shipping dates to be met – planning and ordering needs to happen at least six or seven months prior to departure. We need to know exactly what we have on the island and what we need to order both for the dentist and the technician. It doesn’t always go to plan!

“During, COVID-19, the logistics were doubly challenging with many ships being cancelled. It took supplies from October 2020 until May 2021 to arrive on the island – fortunately before I got there.”

Penny added: “Currently we offer a year-round emergency dental service, provided by locally trained island staff. There is a year-round supervised toothbrushing programme in the school and nursery at lunchtimes, with free toothbrushes and toothpaste for children.

There is three-monthly chairside oral hygiene instruction, top-up of fissure sealants and duraphat application. In addition, there is regular PMPR for adults on the island from locally trained staff and treatment under prescription from the visiting dentist.

“An annual dental visit by a dentist and dental technician provides basic but high-quality dental treatments including exam, BPE, x-rays, periodontal treatment, extractions, surgical extractions, amalgam and composite restorations, RCT, GA’s and sedation when required, an overview of a preventive programme, and domiciliary visits as required.



Tristan da Cunha trainee dental nurses Michelle, Conchita and Julie with H.O.P.E 3D printed training models

“The support of excellent dental technicians coming to the island with me has been key, with Bob Carse visiting the 17 times and recently Sandy McLean joining our team

“A broader community approach is taken when reviewing the goods ordered in the supermarket to ensure affordable healthy options are available and sugar-friendly goods supplied.

“We work closely with the school with free school milk programmes and packed lunch suggestions. The aim is a broad community-based approach to dental health – looking at dental disease as sharing common risk factors with other NCD’s.

“The orthodontic service has traditionally been run remotely by taking study models of patients and photographs while on the island and returning with them to Professor Mossey in Dundee, where they are reviewed and treatment suggestions made. On return the following year the ‘timely extraction’ options are discussed with the patients and treatment carried out. The service has developed as staff training has increased.”

Is there a case that stands-out? “There have been many, but one in particular was when, during a routine dental check a suspicious indurated ulcer was noted on the lateral border of a patient’s tongue, with affected movement of the tongue on that side.

Back in Scotland, this would have been a fast-track referral to our local ‘MaxFac’ department who would have biopsied, diagnosed, treatment planned and arranged patient management as part of a multidisciplinary team.

“But with our closest tertiary care centre 1,734 miles away and no ship due for another six weeks, it became a very different case to manage, especially when you know that the treatment required may involve a protracted period away from the island.

“Photographs were sent via email and I had several phone-calls with Professor Ogden who walked me through the likely diagnosis, family background, how to discuss oral cancer with the patient, vocabulary to use and how to deal with the subject with sensitivity.

“The patient and their family were MedeVac’d to Cape Town where they undertook extensive surgery and radiotherapy.

“Two years later our challenge was to make some dentures with the help, skill, and expertise of dental technician Bob Carse. Later that visit, at an island social gathering, the patient came up to me to say thank-you – not only for the referral to Cape Town but also for allowing him to eat fried fish once more and, more importantly, have the confidence to smile again and be part of the local community’s social activities.”

Looking ahead, it is hoped that a digital scanner can be brought to the island so that orthodontic patients can be scanned and live data for 3D models sent back to Dundee. Live streaming with patients will also allow treatment plans to be devised in real time.

More training for island staff is planned along with more support for the children’s oral health education programme.

## REFERENCES

[www.sciencefocus.com/planet-earth/whats-the-most-remote-inhabited-place-on-earth/](http://www.sciencefocus.com/planet-earth/whats-the-most-remote-inhabited-place-on-earth/)



The 2021 Tristan da Cunha Dental Team - Michelle, Conchita, Teresa, Julie, Sandy and Penny





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# Group tackles recruitment crisis

*Clyde Munro launches series of initiatives to boost practitioner numbers*

**A**s the profession struggles to deal with the treatment backlog caused by COVID-19, one of its biggest challenges is recruitment. There has been a shortage of qualified dentists in the UK pre-dating the pandemic, traditionally met by attracting dentists from overseas. Previously EU citizens didn't need a visa to work here, but new rules require them to comply with a points-based immigration system which presents new challenges for employers who need to provide sponsorship and offer full-time – rather than self-employed – posts.

The LDS/ORE/PLVE processes – which are a requirement for non-EU/EEA dentists to get an NHS performer number – were paused during 2020, resulting in a backlog of clinicians seeking a role within the NHS.

In Scotland, graduation has been delayed

for a year, exacerbating the crisis. Underlying this is a disillusionment with NHS dentistry among practitioners, prompting many to seek alternative employment or, in the case of the more experienced, to retire.

It is a huge challenge across the industry and manifests itself in many ways which, for the greater benefit of patients, requires responsible and quick decision making. One example is Clyde Munro's decision last month to review its patient list in one of its 62 practices where there was a challenge because of a lack of clinical resources.

For the greater benefit of the majority of the practice patients, and the stressful position the clinical and practice teams were operating under, it was decided that the only sensible option was to temporally reduce patient numbers.

For Jim Hall, the group's founder and chief executive, it was one of the toughest decisions he has had to make. "But the

decision was taken with patient care at the forefront," he told *Scottish Dental*.

"If one or more dentists leave a practice, responsibility for their lists would fall on the remaining team. Given the huge pressure practitioners are already under dealing with the treatment backlog, this would put an unfair burden on them and – ultimately – would not be in the best interests of patients."

Clyde Munro has launched a series of initiatives to tackle the crisis. It has appointed a lead for recruitment and launched a careers page on its website. As well as ongoing support for practitioners and their families in the process of joining the group, it is highlighting the investment it is making in the latest technology – including digital scanners – throughout its 62 practices, for both NHS and private patients.

It has also emphasised the lead it is taking on environmental sustainability and, through engagement with the profession at events south of the border, the benefits of living and working in Scotland. The group is also opening an academy in Perth, investing £500,000 in providing the latest training and continuing professional development.

"The more people we can attract into the profession, the more practitioners we can attract to Scotland – obviously, that is in the best interests of patients and our communities," said Jim.



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# Sustainability:

## how can the dental sector contribute?

*Professor Paul Batchelor, Dental Group Chair at the Centre for Sustainable Healthcare, explores the issue*

**W**hile sustainability has entered the lexicon of everyday language, its precise meaning and the key issues surrounding it can appear vague. Without this understanding of meaning, trying to address issues becomes almost impossible. This article attempts to overcome the lack of clarity by providing a definition of sustainability and how the dental sector can potentially contribute to what is becoming one of the most critical issues of our time.

### What is meant by sustainability?

In broad terms, sustainability refers to the actions taken to ensure that the activities of the current generation in meeting their needs have no, or minimal, impact on the environment. The key document influencing current policy on sustainability was published by the Brundtland Commission titled *Our Common Future*. The report recognised three pillars to sustainability: the environment, the economy and society. For the environmental pillar, the underlying philosophy was underpinned by a need to reduce the current human consumption of natural resources to a level at which they could be replenished. The economic pillar referred to the ability of communities to maintain their independence, not least to secure sources of livelihood. The third pillar, social sustainability, meant access to resources to keep their community and society healthy and secure.

The United Nations, as part of its role in sustainability, established a knowledge hub to provide guidance on sustainable development issues, one of which centres on health. Although high level, the

material presented covers a wide range of activities highlighting how individuals and agencies can help and engage in the challenges. Indeed, FDI World Dental Federation (FDI) has published a statement on sustainability in the dental sector.

### How can the dental system contribute?

Dental care delivery is provided in the vast majority, through a series of small businesses. However, the actual dental ecosystem is far wider. The day-to-day running of a dental practice requires energy, materials and transport to name but three items. Each of these businesses can contribute through initiatives that help create a sustainable environment in a logical process similar to those found in a business plan. The first step is to understand the impact that the business is having: how much waste is the business creating, issues such as energy usage within a practice, the use of materials and their packaging. A good example of this is the work by Duane et al. (2017).

Following on from understanding the issues, opportunities for addressing the problems need to be identified and while no two dental practices are ever the same,

potential solutions would have common themes. For example, are there opportunities for using (more) sustainable materials? How might energy usage be both reduced or more reliant on renewable sources? Are there ways to explore how patients use services and do opportunities for health promotion programmes exist at differing sites as opposed to one-to-one interventions?

The dental professions can contribute to sustainability both within their professional roles but also as individuals. Sustainability is not simply about the environmental aspects; it also involves the economic and societal aspects. A number of these lie outside of the control of the profession but government can make contributions, perhaps not least with appropriate contract reform. To tackle these and other issues, including how COVID-19 has impacted and what lessons are being learnt, the College ran a webinar in February. For those with an interest, the Centre for Sustainable Healthcare also runs a programme on some of the key issues and how it relates to dental care.

### Summary

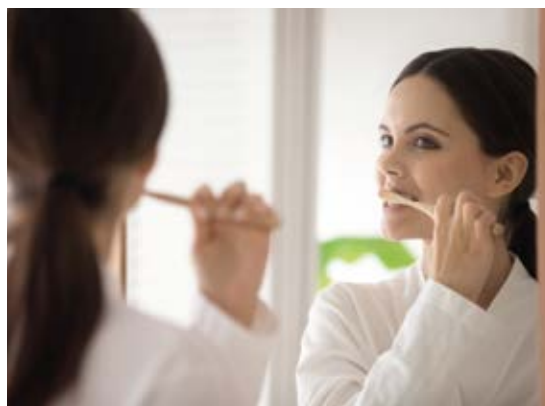
Sustainability has grown in importance with the recognition of the negative impact that uncontrolled economic growth is having on the planet, the negative consequences of which would be felt not just by present generations but those of the future.

All societies have now recognised the importance of managing the environment to help address the negative consequences of unchecked growth but also how developments in the economy and society can also contribute. Provision of health care, including oral health care, is a fundamental right and government needs to work with the profession to ensure that care arrangements are developed in a manner which is coterminous with sustainable goals.

Each individual dental care worker can contribute to helping achieve the sustainability goals, both through their professional roles and as individuals on a day-to-day basis. While such contributions may appear to be small or even insignificant, together they will make a major contribution to a better world, not just for the present, but also the future.

### REFERENCES

See <https://cgdent.uk/2022/02/24/sustainability-what-is-it-and-how-can-the-dental-sector-contribute/>





**“Clyde Munro’s investment into digital dentistry enables me to offer the best patient care.”**

Anthony, Edinburgh

**“The training provided by Clyde Munro has allowed me to continue developing my clinical skills.”**

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# We're back!

*The biggest dental event in Scotland returns, with more than 130 exhibitors and up to 10 hours of verifiable CPD*





**T**he Scottish Dental Show is back! Because of the pandemic, it has been more than three years since our last show in 2019.

But now the biggest dental event in Scotland returns. With the easing of restrictions and the return of in-person events, we are delighted to finally be able to host another show at Glasgow's Braehead Arena on 24 and 25 June.

Not only that, but it's bigger and better than ever – with more than 130 exhibitors displaying all the latest dental technology, products and services, including big names such as Align Technology, Orascope, Clyde Munro, GC Dental, Planmeca and Henry Schein.

Our education programme can provide up to 10 hours of verifiable CPD lectures and workshops relating to the GDC's recommended enhanced CPD topics. It will cover subjects including Oral Cancer, Medical Emergencies, Disinfection and Decontamination, Radiography, Implantology, Orthodontics, the proposed New Model of Care, Net Zero Dentistry, Safeguarding Children and Young People, Legal and Ethical issues, Complaints Handling and Regulation.

Speakers include Tom Ferris, the Chief Dental Officer for Scotland, on the recovery, renewal and reform of NHS dentistry. Also speaking at this year's Show will be leaders of the dental profession's representative

The education programme will provide up to 10 hours of verifiable CPD lectures and workshops

## **THE SHOW WILL COVER SUBJECTS INCLUDING ORAL CANCER, MEDICAL EMERGENCIES, DISINFECTION AND DECONTAMINATION, RADIOGRAPHY, IMPLANTOLOGY, ORTHODONTICS, LEGAL AND REGULATION**

organisations and Anas Sarwar, Leader of the Scottish Labour Party and former NHS dentist.

Peter Ommer, Director of Dentistry at NHS Ayrshire and Arran, will outline his thoughts on the future of the Public Dental Service. Mike Gow, co-founder of Net Zero Dentistry, will introduce a simple way to calculate your clinic's current carbon footprint and how to access free education modules, materials and guidelines to help make changes within your practice.

Fadi Barrak, academic lead for the master's course in Dental Implantology at the University of Central Lancashire, will provide an

introduction to the current guidelines on implant maintenance and the recognition of peri-implantitis.

Julia Armstrong and Geraldine Birks, of the RCSEd's Faculty of Dental Surgery, will introduce DNOT, a tool for dental nurses to observe non-technical skills.

Jeremy Cooper, founder of the helpline Confidential, will lead a discussion of anxiety and stress in dentistry, why it is a stressful profession, methods of mitigation, and concepts of insight and self-awareness.

For these and many more, visit: [www.sdshow.co.uk](http://www.sdshow.co.uk) where you can register for your free tickets.





# Education Programme

Friday 24 June

## LECTURES

### Room 1

09.00-10.00

PDS: Back to the Future? Gain an understanding of the Public Dental Service and how it fits with patient care in the 21st Century (Learning Outcomes C, D) – Peter Ommer, Director of Dentistry, NHS Ayrshire & Arran.

10.30-11.30

Recovery, renewal and reform: the road to a new model of care (B, C, D) – Tom Ferris, Chief Dental Officer for Scotland.

12.00-13.00

Infection control and decontamination update (C, D) – Sarah Gourley, Dental Tutor, NHS Education Scotland.

13.30-14.30

Sustainable Dentistry – Clyde Munro, speaker tbc (see website for details).

15.00-16.00

Introducing dental non-technical skills to dental nurses (A, B, D) – Sarah Manton, Julia Armstrong and Geraldine Birks, Faculty of Dentistry, RCSEd.

16.30-17.30

NHS dentistry: a debate on its future (C, D) – David McColl, chair of the BDA's Scottish Dental Practice Committee, Douglas Thain, chair of the Scottish Dental Association and Anas Sarwar, Leader of the Scottish Labour Party.

### Room 2

09.30-10.30

Sleep Clinch Inhibitor (SCi) & Smilelign: Two Treatments that have Transformed my Practice, Patients' Happiness & Income. (A, C, D) – Barry Oulton, founder, The Confident Dentist Academy.

11.00-12.00

Net Zero Dentistry: calculate your clinic's carbon footprint and access free education materials to help make changes within your practice (B, D) – Mike Gow, co-founder, Net Zero Dentistry.

12.30-13.30

Implants 101: everything the general dentist should know about implants (A, C, D) – Tariq Ali, Clinical Director and Principal Dentist, The Centre for Implant Dentistry.

14.00-15.00

Interceptive orthodontics: when and what



More than 70 speakers are featured, including Tom Ferris, CDO, and Anas Sarwar, Scottish Labour Party leader

to refer (A, C, D) – Lisa Currie, Clinical Director and Consultant Orthodontist, The Orthodontic Clinic.

15.30-16.30

Anterior composites: tips and tricks for predictable results (C) – Tariq Bashir, Visage Cosmetic Dental Clinic.

17.00-18.00

Chase de Vere, speaker tbc (see website for details)

### Room 3

09.15-10.15

Understanding the NHS Pension Scheme (B) – Michael Copeland, Regional Manager, Wesleyan Financial Services.

10.45-11.45

Sowing the Seeds for Growth: discover the secret strategies that the most successful dental practices implement (A, B) – Ashley Latter, managing director, Ashley Latter Dental Sales Training.

12.15-13.15

What every dentist should know about implants (A, C, D) – Fadi Barrak, academic lead, master's course in Dental Implantology, University of Central Lancashire.

13.45-14.45

Financial planning: why is it important? Advice on the importance of protection, pensions, savings and investments (B) – Martin Aitken Financial Services.

15.15-16.15

Stay connected with dental practice values in Scotland (B, D) – Peter Cummings, Practice Valuation Manager, MediEstates.

16.45-17.45

The Bluegrass Orthodontic Appliance:

an introduction to this habit construction appliance including two clinical cases where it has been used (A, C, D) – John Brown, Retired Lecturer in Dental Technology (Orthodontics), University College Cork.

### Room 4

08.45-09.45

Difficult patient interactions: some survival tips (A, D) – Martin Foster, Dentolegal Consultant, MPS.

10.15-11.15

Safeguarding and child protection for dental teams (A, D) – Christine Park, Senior Clinical Lecturer and Honorary Consultant in Paediatric Dentistry, Glasgow Dental Hospital and School.

11.45-12.45

The Purpose Driven Practice: how to become a more sustainable, responsible and successful business (B) – Mark Topley, Fellow of the Institute of Corporate Responsibility and Sustainability Professionals.

13.15-14.15

Strictly Confidential proudly presents 'The Tale of a Sale 2022': an interactive session which will be informative and fun (B, D) – Kenny Barr, former Practice Owner, David Deane, of Bannatyne Kirkwood France & Co, and Trisha Munro, Director of Strictly Confidential.

14.45-15.45

Buying a dental practice: an update on the market for dental practices, valuation methods, the process of purchasing, financing, and the things you will need to have in place (B, D) – Samantha Hodgson, PFM Dental, and Ewan Miller, Thorntons Solicitors.

16.15-17.15

Current tax issues: an update on the

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issues that could be affecting your dental practice (B) – Louise Grant and Anna Coff, EQ Accountants.

## WORKSHOPS

### Area 1

09.00-10.00

Philip Friel – topic tbc (see website for details).

10.15-11.15

Philip Friel – topic tbc (see website for details).

11.30-12.30

The Science of Positive Health: new approaches to understanding and dealing with lifestyle-related diseases, with a particular emphasis on the emerging role of psychological factors in preventing and minimising disease and in maximising health and wellbeing (A, B, D) – Siobhan Kelleher, personal and management coach, Siobhan Keller Coaching.

13.00-14.00

An introduction to ethical sales and communications: learn to sell without selling (A, B, D) – Ashley Latter, managing director, Ashley Latter Dental Sales Training.

14.15-15.15

Getting started in aesthetics medicine: a demonstration of botulinum and lip fillers (C, D) – Caroline Henderson and Paula Mann, The Aesthetic Training Academy.

15.30-16.30

The future of dental research - Speaker tbc (see website for details).

### Area 2

09.00-10.00

Buying or selling a dental practice: accounting and taxation implications (B) – Roy Hogg, Partner, Azets.

10.15-11.15

Effective treatment planning: an introduction to an approach for effective treatment planning (C, D) – Arshad Ali, Specialist in restorative dentistry and prosthodontics, Scottish Centre for Excellence in Dentistry.

11.30-12.30

Make your own SCi Splint (the 20-minute solution to parafunction): an introduction to screening methods for identifying bruxism, plus tips and techniques for making a chairside SCi Splint including an opportunity for delegates to manufacture their own (A, C, D) – Barry Oulton, founder, The Confident Dentist Academy.

13.00-14.00

Anxious patients: top tips for their management (A, C, D) – Mike Gow, Clinical Director for Anxiety Management, Sedation and Hypnosis, The Berkeley Clinic

14.15-15.15

Effective treatment planning: an introduction to an approach for effective treatment planning (C, D) – Arshad Ali, Specialist in restorative dentistry and prosthodontics, Scottish Centre for Excellence in Dentistry.

15.30-16.30

Facial aesthetics (see website for details).

### Area 3

09.00-10.00

The DeNTS assessment tool: an aid for multi-professional feedback to dentists in trouble, Foundation dentists and PLVE dentists (A, B, D) – Julia Armstrong and Geraldine Birks, Faculty of Dentistry, RCSEd.

10.15-11.15

Topic tbc (see website for details)

11.30-12.30

How to add an extra £120,000 annual income from facial aesthetics: Learn more about how business success relies on the three concepts of attraction, conversion and retention of patients (A, B, D) – Harry Singh, founder and chief executive, Botulinum Toxin Club.

13.00-14.00

Topic tbc (see website for details)

14.15-15.15

Make your own SCi Splint (the 20-minute solution to parafunction): An introduction to screening methods for identifying bruxism, plus tips and techniques for making a chairside SCi Splint including an opportunity for delegates to manufacture their own (A, C, D) – Barry Oulton, founder, The Confident Dentist Academy.

15.30-16.30

Topic tbc (see website for details)

*Saturday 25 June*

## LECTURES

### Room 1

09.00-10.00

Radiology - Speaker tbc (see website for details)

10.30-11.30

World-class advanced manipulation/polishing of anterior composites to emulate the natural dentition (C) – Richard Coates, General Dentist, Riveredge Cosmetic Dentistry

12.00-13.00

Medical emergencies: the preparation for and management of medical emergencies in dental practice (C) – Stuart Clark, Consultant Oral and Maxillofacial Surgeon, Manchester University NHS Foundation Trust

13.15-14.15

Oral cancer - Speaker tbc (see website for details).

### Room 2

09.30-10.30

Implants 101: everything the general dentist should know about implants (A, C, D) – Tariq Ali, Clinical Director and Principal Dentist, The Centre for Implant Dentistry.

10.45-11.45

Sleep Clench Inhibitor (SCi) & Smilealign: Two Treatments that have Transformed my Practice, Patients' Happiness & Income. (A, C, D) – Barry Oulton, founder, The Confident Dentist Academy.

12.15-13.15

Topic tbc (see website for details).



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**13.30-14.30**

Lights, Cameras, Retraction: unleashing the potential of the hygiene room in the digital age (A, B, C, D) – Siobhan Kelleher, Personal and Management Coach, Siobhan Keller Coaching, and Lauren Long, Clinical Educator, Ikigai Oral Hygiene Programme, NSK UK

**Room 3****09.15-10.15**

Career progression into aesthetic medicine: how you can create your own learning pathway to build a successful, patient-centred and rewarding career in non-surgical facial aesthetics (C, D) – Caroline Henderson and Paula Mann, Aesthetic Training Academy.

**10.30-11.30**

How to add an extra £120,000 annual income from facial aesthetics: learn more about how business success relies on the three concepts of attraction, conversion and retention of patients (A, B, D) – Harry Singh, founder and chief executive, Botulinum Toxin Club.

**11.45-12.45**

Sowing the Seeds for Growth: discover the secret strategies that the most successful dental practices implement – Ashley Latter, managing director, Ashley Latter Dental Sales Training.

**13.15-14.15**

Topic tbc (see website for details) Elaine Halley, Clinical Director, Pain Free Dental Group

**Room 4****09.00-10.00**

Why is dentistry so stressful...and how can I help myself? A discussion of anxiety and stress in dentistry, why it is a stressful profession, methods of mitigation and concepts of insight and self-awareness (A, B, D) – Jeremy Cooper, founder of the Confidential helpline.

**10.15-11.15**

Introducing Flexcera™: A new resin for the fabrication of beautiful, functional dentures with ceramic-like strength (C) – Eva Penaranda, Mike Lemaic and Jordon Gilmour, of Abergower Dental.

**11.30-12.30**

Selling a dental practice: an update on the current market for dental practices, valuation methods and ways in which people can make their practice more attractive to potential buyers (B) – Martyn Bradshaw, Director, PFM Dental, and Michael Royden, Partner, Thorntons Law LLP.

**13.00-14.00**

Current tax issues: an update on the issues that could be affecting your dental practice (B) – Louise Grant and Anna Coff, EQ Accountants.

## WORKSHOPS

**Area 1****09.00-10.00**

Philip Friel – topic tbc (see website for details)

**10.15-11.15**

Philip Friel – topic tbc (see website for details)

**11.30-12.30**

What's trending in the dental sector: tax, accounts and business advice (B) – Roy Hogg, Partner, Azets.

**13.00-14.00**

Introducing Flexcera™: A new resin for the fabrication of beautiful, functional dentures with ceramic-like strength (C) – Eva Penaranda, Mike Lemaic and Jordon Gilmour, of Abergower Dental.

**Area 2****09.00-10.00**

Topic tbc (see website for details)

**10.15-11.15**

Direct ceramic restorations with Admira Fusion: learn about the unique ORMOCER composition of the material and the clinical benefits for practitioner and patient (C) – Mike Gow, The Berkeley Clinic.

**11.30-12.30**

Topic tbc (see website for details) - Usman Goheer, Westerwood Dental

**13.00-14.00**

Immigration and implications for the dental profession (B, D) – Gurjit Pall, Associate, Thorntons Law LLP

**Area 3****09.00-10.00**

Introducing H.O.P.E.: Home Operational Practice Equipment, a device that allows students to practice key skills from home or remotely for minimal cost (C) – Clement Seeballuck, Clinical Lecturer in Paediatric Dentistry, School of Dentistry, University of Dundee.

**10.15-11.15**

An introduction to ethical sales and communications: learn to sell without selling (A, B, D) – Ashley Latter, managing director, Ashley Latter Dental Sales Training.

**11.30-12.30**

Live streaming for dental clinical training: a workshop on practical implementation (C) – Clement Seeballuck, Clinical Lecturer in Paediatric Dentistry, School of Dentistry, University of Dundee.

**13.00-14.00**

Managing dental trauma – (see website for details)



Timetable accurate at time of going to press, please see [www.scottish.dental/education](http://www.scottish.dental/education) for up-to-date listings

# 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*

**W**hether 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 52-53.

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MATT MARSHALL, SALES LEADER - UK DIRECT AT CARESTREAM DENTAL



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Matt has been involved in the Dental Imaging industry for 23 years. He has worked for multiple dental digital imaging manufacturers in that time, building up a wealth of experience in all aspects of dental imaging products and software. He is highly knowledgeable on all Carestream Dental products, having worked for Carestream Dental for six years. Matt is well known to be a highly responsive and supportive member of the Carestream Dental team, so if you would like assistance, support, or advice on any Carestream Dental imaging product or related software, he would be more than happy to help. Matt can be contacted directly on either the number listed or by email.



Matt Marshall  
T: 01438 567282  
M: 07980 680010  
E: [matthew.marshall@csdental.com](mailto:matthew.marshall@csdental.com)

# EQ ACCOUNTANTS

LOUISE GRANT, PARTNER & HEAD OF EQ HEALTHCARE  
ANNA COFF, MANAGER



Louise Grant



Anna Coff

## HERE TO SUPPORT YOUR AMBITIONS

Our experienced and dedicated EQ Healthcare team, led by Louise Grant, offer specific accountancy, taxation and business advisory services to each of the healthcare professions, particularly within the dental sector. Louise, along with fellow colleague Anna Coff, act for numerous dental practices of all shapes and sizes across Scotland. We enjoy working with clients who view us as part of the team, supporting them to grow, develop and realise their personal ambitions. We offer proactive accounting and taxation solutions, as well as advice on operational issues and can assist accordingly.

In addition, our corporate finance expertise has helped many dentistry professionals raise funding to achieve their dream of buying a practice, either on their own or with other business partners, or assist them in selling their practice by guiding them through the process, from business evaluations to tax planning. We can offer a bespoke collection of services including bookkeeping and payroll, and our in-depth knowledge of the accounting software options available allow us to support many of our clients in the selection and installation of their software package, with full training and ongoing support provided. Our wealth of experience and knowledge in the dental sector means we can provide solutions that allow you to focus on running a successful business.

For more information on the services and support we can offer, contact Louise or Anna, visit our dedicated healthcare page – <http://www.eqaccountants.co.uk/healthcare> or if you're attending the Scottish Dental Show, come speak to our EQ Healthcare team at stand G03.



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# ALIGN TECHNOLOGY

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



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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."



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# Patient's simple case of anterior alignment using clear aligners and a digital workflow

**Dr Sami Butt**

Principal, S3 Dental, Haywards Heath



The patient was unhappy with her lateral incisors which were tucked behind the centrals

A female patient in her early 40s presented to the practice. She was unhappy about the appearance of her prominent anterior teeth – especially the laterals, which were tucked behind the centrals – and she had quite a lot of crowding in the lower arch. The patient was seeking options for aligning the anterior teeth without fixed appliances, as she wasn't keen to have wires and brackets given her age and lifestyle.

A full dental history was taken, with no issues or abnormalities detected. The comprehensive oral health assessment also demonstrated no concerns, with no active disease or existing restorations.



Before treatment



After treatment



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**Joanne Knox**  
Company Director Principal Hygienist  
Pure Dental Hygiene NI

Video



Info



\*Terms and conditions apply. Offers only available through participating dealers.

## Treatment planning

To begin the treatment planning phase, clinical photographs and intraoral scans were taken with the 3Shape Trios scanner. These were quickly and easily uploaded to the ClearCorrect® Doctor Portal (Straumann Group), where an initial treatment simulation was produced. This is used to ensure the suitability of the case for treatment in this manner and to give the patient a visualisation of what the final result could look like for informed consent. The technology also integrates very well to ensure a smooth and efficient digital workflow from start to finish.

At this point, the entire treatment sequence was explained to the patient in detail, describing all the potential benefits, limitations and risks. There were two main concerns that needed to be communicated. The first was that the central incisors were quite triangular in shape, which increased the chance that black triangles would form as the teeth moved. The second potential issue was some existing gingival recession that could become worse during alignment. Both these issues were explained to the patient, who was happy to take the risk. She had the opportunity to ask any questions and once completely happy, provided consent to proceed.

## Treatment provision

The ClearCorrect® aligners were fabricated and returned by the laboratory, and the first was fitted on the patient. She was shown how to safely place and remove the aligners and instructed to wear them for at least 22 hours per day. The Unlimited treatment option was selected and we ended up using a total of 26 aligners throughout the course of treatment.

The patient returned to the practice every few weeks for review and for interproximal reduction (IPR) to be performed to create space for tooth movement. Overall, 2.5mm of IPR was completed progressively. Engagers were placed on the UR3, UR1, UL1 and LR3 at six weeks into treatment to encourage the desired movement/rotation.

The patient's compliance with wearing the aligners was excellent and treatment proceeded as planned. Alignment was very nearly finished when the UK went into its first national lockdown, but the patient was able to continue wearing her final aligner to prevent the teeth from relapsing. I was in contact with her and explained that we would need to wait until she could visit the practice to remove the engagers and take a final impression for the retainers,







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which she understood. Providing an extra level of security, we would have been able to make and send out a new aligner if hers had broken at all during lockdown, though this wasn't necessary.

Though the patient's oral hygiene remained good throughout treatment, her love of tea and coffee did cause some staining on the teeth. Once the world has settled down slightly and some more normality returns, she hopes to come back to the practice for some aerosol removal of the surface stains and possibly also some tooth whitening. However, even without these finishing touches, the patient is extremely happy with what was achieved with alignment only.

### Case review

In hindsight, when reflecting on the post-treatment images, I would have liked to tweak the lateral incisors a little more. However, the patient didn't see this as an imperfection and, as it was her decision to stop treatment, I had to respect that. As I have said before, patients are often happy to conclude alignment before the clinician, but this is only because we scrutinise the smallest clinical details that sometimes don't matter to the patient.

I was also pleased to find that the two initial concerns I had about this case did not turn out to be a problem. Black triangles did not form, although the central incisors are still a little prominent.

This patient would be a good candidate for block bonding and contouring in the future if she is interested as an effective follow-up treatment. In addition, the gingiva remained stable during alignment and no further recession occurred.

For more information on ClearCorrect®, visit:  
[www.straumann.com/clearcorrect/en/home.html](http://www.straumann.com/clearcorrect/en/home.html)



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1. Data at Align Technology, as of September 30, 2021

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# TRUST... AND WHEN IT STOPS

WORDS  
ALAN K REES

*Too often disagreements are allowed fester, resulting in a situation where there is no turning back*

**“Confucius told his disciple Tau-king that three things are needed for government: weapons, food and trust. If a ruler can’t hold on to all three they should give up weapons first and food next.”** So starts Onora O’Neill’s first BBC Reith Lecture in 2003. My work regularly brings me into contact with people who have been hurt in some way. They may have had arguments or been involved in disputes either of a personal or business with others. Ninety five times out of a hundred, the problems could have been avoided or minimised, meaning that both parties retained their dignity and decorum.

Too often disagreements are allowed to grow, resulting in a situation where there is no turning back. From my early days as a clinician and in latter years a “trouble shooter”, I have come across disputes and the subsequent fall out.

My first post in general practice was in a busy 100% NHS practice that would be known as an “amalgam factory” these days. I took over a surgery where one of the founder members had worked until his departure. I learned that a dispute between the partners, which started small, had grown until it had a life of its own. Eventually there were legal hearings, with both sides represented by barristers. One of the remaining partners, “Q”, told me, “the money didn’t matter, it was the principle”. The principle came at a cost, a five-figure sum, not insignificant in 1981. I didn’t enjoy working there, Q could be challenging, critical and was very competitive; he knew he was the best dentist in the practice and told anyone who would

listen, including his other two partners. I lasted longer than most associates but eventually Q stopped me seeing new patients because his book was getting thin; I discovered this when a receptionist told me. I asked him about it and he suggested that I “sharpen my probe”. Could he not have explained this to me himself? I asked. He said it was his practice and if I didn’t like it I knew what I could do. I gave three months notice and moved on, wondering if I could have done things differently.

Three years later, working in another practice with a principal who had recently taken control. I had a problem with the fit of a couple of crowns and rang the laboratory, I discovered they hadn’t made them; in fact they weren’t doing any work for the practice. In spite of my completing lab prescriptions in good faith, the work was being diverted under orders of the new “boss” to a cheaper laboratory. Again it was news to me. Again I gave notice, this time they decided to lock me out after a few weeks, as I was “being disruptive”. In both cases trust had been lost.

Since then I have heard dozens of stories where there has been a breakdown in relationships because one or both parties have been less than completely honest either with the other party or with themselves.

I have been asked by lawyers to help when both sides are deadlocked. It came as a surprise initially that most reasonable solicitors would advise their clients to explore a negotiated outcome in order to avoid escalation and massive fees.

Of course in every business, and personal, relationship there will be disagreements. But there are things that you can do to avoid or at least minimise problems. Ask yourself whether you are worthy of trust and if you trust the other person involved. In the UK & Ireland, trust in any dental system that involves government is at an all time low. The replacement of trust in professionalism by inspections typified by the CQC in England has further undermined confidence.

Management structures have eroded trust; the introduction of targets has resulted in a blurring of what good performance means. The growth of corporates has resulted in an evolution of relationships, not always for the better. Of course everyone must have a contract, in writing, but any contract is open to interpretation; as one of my favourite lawyers pointed out to me, “the longer and more detailed contract, the more there is for me or my colleagues to pick away at and challenge.” One test is clarity, do you and your colleagues both understand what you are agreeing? Is the language clear to both sides?

Above all communication and contact are essential if a relationship is to endure. All circumstances change and the context of relationships vary. We are expected to show empathy to patients, what about each other?

Baroness O’Neill says she doesn’t want more trust as such, but aims to have more trust in the trustworthy, but not in the untrustworthy. Are you trustworthy? Are you seen to be trustworthy? Can that trust survive testing?

“

**ARE YOU TRUSTWORTHY? CAN THAT TRUST SURVIVE TESTING?**

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

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# MANAGING THE PRACTICE FINANCES

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

## GETTING TO GRIPS WITH THE BOOKS

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

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

## COMPLIANCE

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

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



Jayne Clifford,  
Director, Martin  
Aitken, and member  
of the National  
Association of  
Specialist Dental  
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## MANAGING CASH AND CONTROLLING COSTS

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

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

## MEASURING PERFORMANCE

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

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

Return on assets / capital employed – are all of your asset supporting income? Your premises, surgery equipment and fixtures and fittings should all be supporting income. This measure calculates what return you are generating from the assets and capital you have invested in the business. You should set a target each year and measure progress against it. Your accountant should be reviewing these and a few additional key measures with you on a regular basis. If you choose to go with one of the cloud accounting packages, a great deal of the above is automatically calculated and graphically presented, thereby enabling you to keep an eye on the practice's key numbers, trends and, ultimately, your business' success.

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

# SELLING YOUR PRACTICE TO A CORPORATE – IS IT FOR YOU?

One key question is often whether it suits your retirement plans

**T**he bulk of the Thorntons Dental Team's work relates to the sale and acquisition of dental practices. Over the course of 2021, we dealt with practice deals in Scotland with an aggregate value of around £35 million, and in those cases the buyers ranged from individual associates buying their first practice, to the largest corporates further adding to their group of practices.

For some sellers, the individual buyer fits the bill best, and there will always be a place for such buyers in the practice market. However, there is no doubt that the corporate groups are very active and are continually increasing the number of practices which they own in Scotland, and there is no sign of this pattern changing in the near future.

So, for those thinking of selling, one key question is often whether selling to a corporate suits their retirement plans. To decide that it is worth looking at how a corporate purchaser might structure their deal.

## PRICE STRUCTURE

First, many of the corporates pay a proportion of the purchase price (often 70-80 per cent) upfront when the sale is completed, with the balance being paid at a later date. In some cases, the deferred payments will be conditional upon certain targets being met. As with most elements of a practice sale, the devil is in the detail as regards any deferred price, so it is particularly important that a selling principal fully understands how that deferred element will work in practice.

In addition, it is essential that a seller seeks their accountant's advice on the tax liabilities which will arise from the sale, and when they will be payable. Despite part of the price being deferred, tax may be payable on the whole price before the deferred elements are actually received.

## TIE IN PERIOD AS AN ASSOCIATE

Alongside deferral of part of the price, a corporate will often require that the seller remains with them for a minimum period of time, usually for the same period as the payment deferral period. So if part of the



price is payable in two years' time, the seller must also stay for that period.

This is understandable, as the seller will in most cases be very important to the success of the practice. To continue that success, and to help transition the practice over to its new owners, the presence of the seller for a period of time can be key.

That doesn't suit some sellers who simply wish to sell their practice and retire fully at the same time. However, for some this is ideal, and allows them to have a continuing source of income for a few years. We have in fact found that, post lockdown, some principals were (and remain) keen to rid themselves of the burden of management of their practice but weren't ready to stop working. In those cases, a sale to a corporate might help them to achieve those differing priorities.

## SURGERY PREMISES

Many of the corporates are reluctant to spend their money on premises. Their priority is to expand the number of practices which they own, and they won't buy premises themselves. Where you own your premises, you have a decision to make. Do you retain the building and lease to the corporate buyer? If so, you need to agree a suitable rent, often based upon a surveyor's valuation. You also need to set out very clearly who will be responsible for repair and maintenance of the building going forward.

Bear in mind that if you lease the building to the buyer, you will become a commercial

landlord, which does bring a certain degree of responsibility.

Alternatively, if you really want to sell the building along with the practice, many of the corporates have connections with property investors who can buy the building from you at the same time. The buyer of the property will then lease it to the corporate for the ongoing operation of the practice.

Whichever route you take, we would tend to recommend that the property elements of the sale are agreed at a relatively early stage. The property aspects of the sale are sometimes seen as a bit of a side show to the practice sale. However, the detail of the property arrangements could make the difference between you having an overall deal which works for you financially, and one which sells you short.

In all of this, it is very important to seek valuation, accounting and legal input from advisers who are familiar with how the corporate buyers work, and so you should make sure that you obtain the right level of advice when going into sale negotiations, which after all are the culmination of your hard work in building the practice up over the years.

Come and see us on Stand F13 at The Scottish Dental Show, Braehead Arena, 24-25 June. Plus come to our Lectures (Buying a dental practice – 24 June 14.15, Room 4 / Selling a dental practice – 25 June 11.30, Room 4) and Workshop (Immigration and implications for the dental profession – 25 June 13.00, Area 2).



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“Thank you to Michael Royden and his team at Thorntons Law LLP who helped me seamlessly transfer the private dental practice, which I had built up over 30 years, to the new custodian with gentle guidance from friendly, pleasant people and with utmost professionalism.”

- Chris Ross



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# IS IT THE RIGHT TIME TO SELL?

Martyn Bradshaw from PFM Dental, one of the UK's leading sales agents and professional advisers to the dental profession, talks us through the current market for dental practice sales, whether now is a good time to sell and how to maximise on the sale

## SHOULD PEOPLE BE WAITING UNTIL THEY HAVE A FEW YEARS' WORTH OF STRONG ACCOUNTS (POST-COVID) BEFORE SELLING THEIR PRACTICE?

In short, no there is no need to wait.

Previous accounts may still not show the turnover in the best light, however when we value a practice, we use the latest income (not the income shown in the accounts which may be six to 18 months out of date). A valuer would also use their discretion to determine a true and fair representation of the practice. As such, we still have a few practices where we have decided to use the last six months income which has been annualised, due to a later recovery of income or where a practice has decided to move from the NHS to private for example.

When you have a valuation, the valuer should also be looking at current staffing, and adjustments from the expenses such as indemnity insurance, GDC registrations and other personal costs. As such, the accounts do not have a direct impact on the value and as such if they are showing a different position from what the practice is currently doing then you need not worry.

Most practices will now be in a good place with values being what they would have been pre Covid.

## ARE THERE MANY BUYERS LOOKING TO PURCHASE DENTAL PRACTICES AT THE MOMENT?

The market is very strong at the moment with both Corporate and individual buyers looking to purchase, and if anything we have seen an increase in the numbers of buyers than pre Covid. The Corporates seem to be in catch-up mode, trying to get the numbers of practices purchased that their investors are expecting, and we have seen a number of new lesser-known Corporates entering the market. There are also a large number of small Corporates being set up by dentists, who own five to 20 practices.

Individuals are also looking to make that jump from associate to principal. The banks are comfortably lending with little to no change in their lending requirements. As such, finance is relatively easy to arrange for buyers and should not hold them back from being in a position to purchase.



As such, for those who are considering the sale of their practice in the near future, they can be reassured that now is a good time to sell.

## WHAT IS THE BEST WAY TO FIND A BUYER?

I would recommend that anyone selling uses an agent (but I guess I would). Joking aside, our job is to provide you with as many offers as possible for you to choose from. This could be to choose the highest offer, but also allows our clients (the vendors) to pick the people that they feel most comfortable with taking over their practice, patients and staff. It is always nice when the client has a number of offers and they are in control of who is taking over their practice.

When we market a practice, we would look at the suitable buyers, whether we feel that a practice would suit an individual, mini-Corporate or true Corporate. This is generally determined by the financial modelling that we do on the practice, but could also be influenced by area, whether there are local practices looking for merger opportunities and the types of treatment that the practice provides.

A significant amount of our work is speaking with buyers (individual and Corporate), determining their requirements so when new practices come to

market, we have people ready waiting. We have thousands of dentists looking to purchase practices and as such using an agent should ensure that you get as much choice and as strong offers as possible.

For those who may have decided that they wish to sell to a Corporate, then we are still best placed to deal with this type of sale. We know the quirks of each Corporate, can push to improve price and terms and will be in a position to put some lesser known Corporates in front of the clients too. It should also be noted that the Corporates are signed up to our Priority buyer scheme, meaning that they would also cover the agency fee on your behalf, ensuring that you get professional advice and negotiation without any costs – a win-win scenario for our clients.

Martyn has dealt with the valuations and sales of dental practices with PFM Dental for the last 18 years. He will be talking at the Scottish Dental Show (25 June, 11.30am – Lecture Room 4) on the subject and is also talking at a PFM Dental/Thorntons Law collaboration 'Preparing for Retirement' seminar at the Porsche showroom in Glasgow, which is free to attend, on Wednesday 22 June, 1pm – 5.30pm. Places can be booked at [www.pfmdental.co.uk/news-events](http://www.pfmdental.co.uk/news-events)

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# SELLING YOUR PRACTICE?

Joel Mannix explains how Christie & Co can help

**T**here are many reasons why clients appoint Christie & Co to sell their dental businesses; some want to start the journey to retirement, some have a desire to spend more time with family and friends, others want more free time to pursue new interests.

Whatever your reason, we are here to advise, assist and support you every step of the way. It's really important to appoint the right agent to handle the sale of your business, rather than attempting to embark on what can be a stressful and daunting process alone.

This is especially true if responding to an unsolicited email or letter from a potential buyer trying to entice you into an 'off market' sale. By appointing Christie & Co, you can ensure the maximum price is achieved, the transaction is completed on the best possible terms to protect you, and



For a confidential chat about your business options, contact Joel Mannix, Senior Business Agent – Dental, Christie & Co  
E: joel.mannix@christie.com  
M: +44 7764 241 691

the process is as smooth, professional and efficient as possible.

If you are weighing up your options, and trying to decide on the best sales path for you, here are some things to consider:

## SELLING OFF MARKET

- Selling a practice is overwhelming without the right support
- Lack of independent appraisal and competitive bidding advice can leave you running the risk of being sold short and not achieving the price you deserve
- Less incentive for the buyer to offer a fair price
- No one to advise on standard procedures, market norms or to drive the deal through to completion
- You would be expected to manage the deal while still working and running the business day-to-day which is a lot to handle

## BENEFITS OF WORKING WITH CHRISTIE & CO

- A free, informed appraisal of the value that your practice could achieve
- Explanation of timescales and transaction process
- Previous experience with potential buyers
- Introductions to specialist, experienced solicitors and accountants to assist you
- Hands on deal management to ensure a smooth and effective transaction on successful completion



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**Arranged 190+** viewings



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With regards to Christie & Co, I couldn't speak highly enough of you all. The advice and work Christie & Co put into the deal was brilliant. The value of the deal I think couldn't have been achieved otherwise, and I always felt they were pushing for us to reach a great result. I'm really grateful for all the effort put in and especially the patience!

**Former Owners of Graham's Road Dental, Falkirk**

We will be at the Scottish Dental Show on 24 – 25 June at **stand G13** alongside our colleagues from Christie Finance, should you want to discuss selling or buying a dental practice.  
**We look forward to seeing you there!**

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

**Paul Graham**  
Head of Dental  
T: 07739 876 621  
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# THINKING OF SELLING YOUR DENTAL PRACTICE?



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

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We know what is important to sellers and this can be a big decision, so we'll ensure a smooth transition for both your patients and your team, provide quality service and great overall experience.

We also know that confidentiality and looking after the team can be one of the most important factors in the sale of your practice. We will ensure complete confidentiality, team member and patient protection, and make the sales process as smooth as possible.

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# DENTAL TEAM – CRISIS OR OPPORTUNITY?

Victoria Forbes looks at the fundamentals that should be prioritised

**T**he pandemic has been hard on the wellbeing of the whole dental team. The additional stress, uncertainty and strains resulting from new SOPs and enhanced PPE cannot be underestimated and the impact on the state of mind of your team should be high on your priority list right now.

We are seeing record numbers of nurses leaving the profession as well as a lack of available Associates to resource practices. Retaining and supporting your team has never been more important. As Napoleon Hill said, however, every adversity carries an equal opportunity. So, this difficult time carries the gift of an opportunity to reflect on how you lead and care for your team members.

How do you show care and compassion for your team? Are they paid fairly? Do you support their wellbeing? Do you train and develop their careers? Do you understand what they need/want in their environment to get the best out of them and to provide a sense of achievement



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

they can connect with? Do they understand the Practice's vision (do you...?) Have you encouraged them to get involved in the constant development of the practice? These are among the fundamentals of building a high performing and healthy team and should be prioritised at every opportunity.

We have just completed our latest wages and benefits survey, the biggest of its kind in the Scottish Dental Sector.

The findings are quite enlightening with an average wage increase of 10.2 per cent over the pandemic among many of the highlights.

The full survey report is available from us and contains the analysis of the full dental team giving you the opportunity to benchmark your approach in financial and non-financial support and might just give you the gift of opportunity to show you care and stabilise your team.

Please email me if you would like your own copy of the survey findings.

Good luck and stay well.



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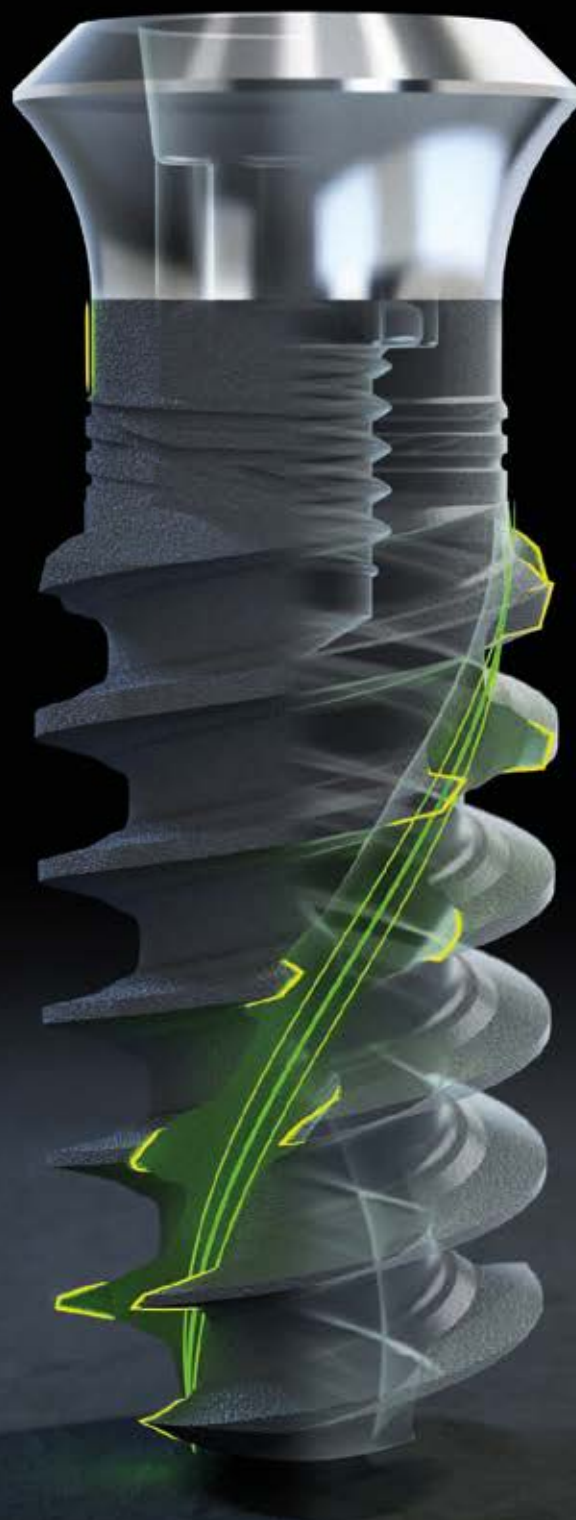
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# FRESH FOCUS

Some important issues you should consider looking ahead

**D**on't let another year go by doing the things you said you wouldn't, or not doing the things you said you would. Here are some things you may want to consider:

- How good is your record keeping? Do you file those invoices meticulously? Is now the time to go digital?
- Want more time to yourself? Then let us do your bookkeeping and payroll for you.
- Are you claiming a deduction for all your business- or work-related expenses? You may be entitled to a fixed rate job allowance such as £140 per year for washing your dental scrubs. Photograph and file your receipts with your smart phone before you lose them.
- Prepare a cash flow. Consider your funding requirements, whether business or personal, and don't forget to include those tax bills, including the new Health and Social Care Levy (HSCL).
- If you run a practice, consider your



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T: 01307 474274

accounting year-end and plan for expenditure to maximise capital allowances where appropriate. You will also have to start planning for the change to a fiscal year for taxation. (See our article back in December 2021 on Basis Period Reform).

- Make sure your National Insurance record is up to date and ensure you protect your entitlement by receiving an appropriate salary from your business if you are incorporated.
- It is always a good time to consider succession planning for your business and

your wealth. This may be passing it on to your family, or a sale to your current associates or a third party. Consider ways in which to reduce your exposure to Inheritance Tax (IHT). Don't keep putting this off.

However, the most important thing to do is to talk to your accountant. Let them know your plans and ambitions and give them the opportunity to help and advise.

If you would like more information or advice regarding your tax position, please get in touch with Anna Coff.

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- Providing advisory support and practical solutions to your healthcare business challenges

For further information please contact:

**Louise Grant** 01382 312100 [louise.grant@eqaccountants.co.uk](mailto:louise.grant@eqaccountants.co.uk)

**Anna Coff** 01307 474274 [anna.coff@eqaccountants.co.uk](mailto:anna.coff@eqaccountants.co.uk)



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# IS SWITCHING PLAN PROVIDER A HASSLE OR SOMETHING YOU NEED TO SERIOUSLY CONSIDER?

Simon Reynolds outlines the benefits and simplicity of switching plan provider and addresses some of the common misconceptions associated with the process

**P**atient Plan Direct has always been an attractive proposition for practices that have an appetite to reduce the costs of administering their full care and/or membership plans, while still receiving a personal service and expert support. As the most cost-effective major plan provider in the market for almost 15 years, our admin fees can often be 2-3 times less than other plan providers, saving practices thousands of pounds year on year as a result of switching to work with us.

But is the process of switching a plan provider too much hassle? On the contrary, thanks to the new Simple Switch process its super straightforward. Many common concerns some practices have about switching plan provider are very different in reality. Let's take a look:



Simon Reynolds is the Managing Director at Patient Plan Direct.

For more information visit:  
[patientplandirect.com/simple-switch](http://patientplandirect.com/simple-switch) or call 0344 848 6888

## ALL NEW SIMPLE SWITCH

Historically, a transfer of plan provider was managed by writing to patients and asking them to complete a new direct debit mandate. The Simple Switch method utilises the direct debit bulk change process; the transfer of direct debits between providers is managed in the background. A simple letter to patients to inform them of the changes is all that is required, with no call to action for them.

## RETENTION RATES

The ease of the Simple Switch process, means drop off as a result of switching plan provider does not deviate significantly beyond the natural attrition a practice experiences month to month. Since the introduction of the Simple Switch process last year, the average retention rate practices have experienced in switching to work with us has been 99.1%.

## RE-ENERGISE & GROW

So many practices focus on the retention rate associated with switching plan provider, which is important, but what really matters is where you are going to be in the future. Switching plan provider, gives you the opportunity to reassess your objectives, engage with the expert advice we can provide and apply a fresh perspective on how to grow your plan numbers further.

## HASSLE FREE

If your perception of switching is that it's going to be hassle, I promise you this isn't the case. Thanks to Simple Switch, practices no longer have to feel tied to a provider due to fear of patient drop off or administrative burden. Is it time you reviewed your options and asked whether you are getting value from your current plan provider?

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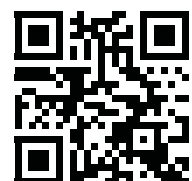
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# ONCE IN A GENERATION

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

**W**ith 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 Confidential, 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



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gillian@strictlyconfidential.co.uk

Come and see us at The Scottish Dental Show (Stand DO3), 24-25 June + Lecture on 24 June: 'The Tale of a Sale 2022', with Kenny Barr, former Practice Owner and David Deane, of Bannatyne Kirkwood France & Co - hosted by Trisha Munro.

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 Confidential 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 Confidential 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"

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

ROBERT FOGGO

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**Strictly Confidential has been operating for over 18 years within the Dental profession in Scotland.**

We can source and supply all relevant information regarding sales, valuation and acquisitions of Dental Practices and we can also assist with recruitment.

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# THE STATIM® B G4+

It's the autoclave solution for every size of practice, says Nicolas Coomber

**W**e're all looking for ways to save, to cut costs and reduce waste. So imagine a powerful autoclave solution that will save your practice space, time *and* resources! That's saving three ways, with no compromise to safety or performance.

Introducing the STATIM® B G4+, a compact vacuum autoclave that will match bigger machines in every single way.

## SAVE SPACE

Whatever the size of your practice, space is always a precious commodity. Small but perfectly formed, the STATIM® B G4+ with its impressive six-litre capacity will be more than enough to meet your needs while taking up very little room. Operating instructions are displayed on screen and, with an enhanced documentation mode, including instrument tracking, cycle logging, data storage and traceable load release, there is no need for bulky paper records or manuals either.

## SAVE TIME

In just 27 minutes, wrapped loads will be reliably processed. Time to go home? The STATIM® B G4+ can be programmed to keep on working after you've left. You can also set the chamber to warm before you open in the morning and run test cycles too – this is a flexible solution for every busy practice.

As well as shorter cycles, you can open the drawer easily – with one hand – in order to reprocess two cassettes, or up to 12 pouches.

This is an autoclave with improved

automation. This means that it has been designed to be intuitive and minimise human input and intervention, leaving you free to get on with other tasks. If you never thought sterilisation could be an art form, the STATIM® B G4+ proves that this is not the case! Infection control workflows can become more efficient – faster and seamless, yet entirely consistent with the high standards of safety that you always strive to maintain.

There are also automatic software updates, plus maintenance reminders, tips and tricks – all integrated into the one unit.

You can fill this autoclave according to personal preference – manually, or automatically. The STATIM® B G4+ has a built-in reservoir, that will hold enough water for three cycles, but simply configure it how you wish, for optimal daily use. With a water quality sensor, also an auto-drainage option to reduce build-up of damaging biofilm, this STATIM® B G4+ has the technology to minimise damage and keep it in good working order, without you having to check if it needs emptying, for example.

## SAVE RESOURCES

We all want to do more to protect the environment and need to think about how we're using resources as well as the amount of waste we're producing. The STATIM® B G4+ operates on a small footprint, and its enhanced digital capabilities also mean you'll use less electricity but still maintain the highest levels of hygiene. With less paper waste as well as being more energy efficient,

“

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COLTENE wants to upgrade YOUR dentistry – we believe that there is always a way to do things faster, more successfully, comfortably and cheaper too, for better practice. We will help you simplify, cut costs without cutting corners and give all your patients a gold-standard service.

Our team has the knowledge and experience to identify what every dental team needs to deliver quality care. It is our mission to save you time and money. We love to harness the power of innovation and offer products with smart features that are both high-tech and user friendly too.

If you want to know more about the SciCan STATIM® B G4+ or how else we can improve your workflows, visit the website or give one of our friendly experts a call today.



Nicolas Coomber



Nicolas Coomber is National Account & Marketing Manager for COLTENE.

For details on the STATIM® B G4+, visit <https://www.scican.com/eu/products/autoclaves/statim-b/>

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# COVER YOU CAN COUNT ON

Rest assured that there will be no unexpected charges, no limit for spare parts and no travel or labour costs, says Nicky Steadman

It is important to invest in all aspects of your practice and team to ensure you continue delivering exceptional patient care whilst developing and future-proofing your business. This is relevant when it comes to everything from imaging machines to infection control technologies. Whatever you're upgrading or replacing, steps should be taken to maximise your financial return and protect your investment in the long-run. This involves maintenance and servicing of the equipment to keep it in good working order for longer, as well as an insurance policy that offers a plan-B in the event of a breakdown or technical difficulty.

Care & Cover from Eschmann provides everything you need to guarantee your Eschmann decontamination equipment works efficiently and is fully compliant to HTM01-05 and SDCEP guidance.

## CUTTING-EDGE TECHNOLOGY AND TEAM TRAINING

Eschmann is proud to offer an array of industry-leading decontamination and infection control solutions designed to optimise associated processes in the dental practice. To keep your equipment at the cutting-edge, Care & Cover ensures you seamlessly receive the latest software upgrades and developments. This is just one way that Eschmann delivers consistent support that you can depend on.

Eschmann engineers are also able to deliver enhanced CPD training for all relevant members of your practice team to make sure they are knowledgeable and confident in using the equipment. This Enhanced CPD User Training is available at no extra cost and will familiarise your team with all necessary technology features to ensure they can utilise it safely and remain compliant.

## COMPLIANCE MADE EASY

Keeping all infection control equipment compliant with local guidance is a mandatory requirement.

Eschmann offers total confidence that your equipment meets all the necessary standards and guidelines. Your equipment will be installed and validated by Eschmann's dedicated engineers who will provide a manufacturer's HTM01-05/SDCEP validation for your records. This is reviewed and confirmed annually to ensure that your technology remains working as effectively as possible.

As part of Care & Cover, you will also receive Pressure Vessel Certification, which is a legal requirement for dental practices to



comply with the Pressure Systems Safety Regulations (PSSR) 2000. This is designed to protect staff from potential risks associated with using or maintaining the equipment. Aside from demonstrating your compliance, this certification and support from Eschmann provides reassurance that your equipment will remain efficient for maximum output and minimal downtime.

## EQUIPMENT BREAKDOWNS COVERED

Care & Cover from Eschmann also offers protection in the unlikely event of a breakdown. All Eschmann engineers nationwide have immediate access to original manufacturer's parts ensuring that, should your decontamination equipment breakdown, our team will be there to fix it in the shortest possible time. You can rest assured that there will be no unexpected or hidden charges, no limit for spare parts and no travel or labour costs. Everything is included in your Care & Cover policy.

For added peace of mind, we offer technical telephone support. This is a great resource and further ensures that simple to solve issues or equipment breakdowns are resolved quickly over the phone. If you don't need an engineer to visit in-person, you may be able to resume normal activity straightaway following a quick call to our technical team.

Care & Cover from Eschmann provides everything you need to guarantee your Eschmann decontamination equipment works efficiently and is fully compliant



Nicky Steadman is Senior Marketing Manager for Eschmann

For more information on the highly effective and affordable range of infection control products from Eschmann, please visit [www.eschmann.co.uk](http://www.eschmann.co.uk) or call 01903 875787

## EQUIPMENT LEASING COVERED TOO

If you are interested in leasing decontamination equipment instead of purchasing it outright, Eschmann's Care & Cover provides protection for you too. Eschmann 3-, 5- and 7-year lease contracts benefit from the same exceptional service as already described. This includes equipment installation, testing and certification, enhanced CPD user training, on-going maintenance and breakdown cover.

## FIND OUT MORE!

Eschmann's Care & Cover is available alongside an array of decontamination equipment.

Don't forget, Care & Cover includes:

- Annual validation and pressure vessel certification
- Annual service and free software upgrades
- Unlimited breakdown cover
- Unlimited Eschmann parts and labour
- Nationwide on-site support
- Enhanced CPD user training
- Technical telephone support

To find out more about our service offerings, please contact the team. Alternatively, you can generate a Care & Cover package quotation on the Eschmann website here: <https://www.eschmann.co.uk/service-and-support/care-and-cover-booking/>.

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be transported and stored  
prior to reconstitution  
without the need for cold  
chain<sup>1-3</sup>

FEEL GOOD

LOOK GOOD



**Bocouture® (botulinum toxin type A (150 kD), free from complexing proteins) 50/100 unit vials\*. Prescribing information: M-BOC-UK-0432.** Please refer to the Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** 50/100 units of Clostridium Botulinum Neurotoxin type A, free from complexing proteins as a powder for solution for injection. **Indications:** Temporary improvement in the appearance of moderate to severe upper facial lines (glabellar frown lines, crow's feet lines, horizontal forehead lines) in adults ≥18 and <65 years when the severity of these lines has an important psychological impact for the patient. **Dosage and administration:** For intramuscular use only. Unit doses recommended for Bocouture are not interchangeable with those for other preparations of botulinum toxin. BOCOUTURE should only be administered by an appropriately qualified healthcare practitioner with expertise in the treatment of the relevant indication and the use of the required equipment, in accordance with national guidelines. The intervals between treatments should not be shorter than 3 months. Reconstitute with 0.9% sodium chloride. **Glabellar Frown Lines:** Total recommended standard dose is 20 units. 4 units into 5 injection sites (2 injections in each corrugator muscle and 1 injection in the procerus muscle). May be increased to up to 30 units. Injections near the levator palpebrae superioris and into the cranial portion of the orbicularis oculi should be avoided. **Crow's Feet Lines:** Total recommended standard dosing is 12 units per side (overall total dose: 24 units); 4 units injected bilaterally into each of the 3 injection sites. Injections too close to the Zygomaticus major muscle should be avoided to prevent lip ptosis. **Horizontal Forehead Lines:** The recommended total dose range is 10 to 20 units; a total injection volume of 10 units to 20 units is injected into the frontalis muscle in five horizontally aligned injection sites at least 2 cm above the orbital rim. An injection volume of 2 units, 3 units or 4 units is applied per injection point, respectively. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. Generalised disorders of muscle activity (e.g. myasthenia gravis, Lambert-Eaton syndrome). Infection or inflammation at the proposed injection site. **Special warnings and precautions:** It should be taken into consideration that horizontal forehead lines may not only be dynamic, but may also result from the loss of dermal elasticity (e.g. associated with ageing or photo damage). In this case, patients may not respond to botulinum toxin products. Should not be injected into a blood vessel. Not recommended for patients with a history of dysphagia and aspiration. Caution in patients with botulinum toxin hypersensitivity, amyotrophic lateral sclerosis, peripheral neuromuscular dysfunction, or in targeted muscles displaying pronounced weakness or atrophy. Bocouture should be used with caution in patients receiving therapy that could have an anticoagulant effect, or if bleeding disorders of any type occur. Too frequent or too high dosing of botulinum toxin type A may increase the risk of antibodies forming. Should not be used during pregnancy unless clearly necessary. Should not be used during breastfeeding. **Interactions:** Concomitant use with aminoglycosides or spectinomycin requires special care. Peripheral muscle relaxants should be used with caution. 4-aminoquinolines may reduce the effect. **Undesirable effects:** Usually, undesirable effects are observed within the first week after treatment and are temporary in nature. Undesirable effects independent of indication include: application related undesirable effects (localised pain, inflammation, swelling), class related undesirable effects (localised muscle weakness, blepharoptosis), and toxin spread (very rare - exaggerated muscle weakness, dysphagia, aspiration pneumonia). Hypersensitivity reactions have been reported with botulinum toxin products. **Glabellar Frown Lines: Common:** headache, muscle disorders (elevation of eyebrow). **Crow's Feet Lines: Common:** eyelid oedema, dry eye, injection site haematoma. **Upper Facial Lines: Very common:** headache. **Common:** hypoaesthesia, injection site haematoma, application site pain, application site erythema, discomfort (heavy feeling of frontal area), eyelid ptosis, dry eye, facial asymmetry, nausea. For a full list of adverse reactions, please consult the SmPC. **Overdose:** May result in pronounced neuromuscular paralysis distant from the injection site. Symptoms are not immediately apparent post-injection. **Legal Category:** POM. **List Price:** 50 U/vial £72.00, 50 U twin pack £144.00, 100 U/vial £229.90, 100 U twin pack £459.80. **Product Licence Number:** PL 29978/0002, PL 29978/0005 **Marketing Authorisation Holder:** Merz Pharmaceuticals GmbH, Eckenheimer Landstraße 100, 60318 Frankfurt/Main, Germany. **Date of Preparation:** August 2021. **Further information available from:** Ground Floor Suite B, Breakspear Park, Breakspear Way, Hemel Hempstead, Hertfordshire, HP2 4TZ Tel: +44 (0) 333 200 4143

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) for the UK. Adverse events should also be reported to Merz Pharma UK Ltd at the address above or by email to [UKdrugssafety@merz.com](mailto:UKdrugssafety@merz.com) or on +44 (0) 333 200 4143.

\*Botulinumtoxin type A, purified from cultures of Clostridium Botulinum (Hall strain)

References: **1.** BOCOUTURE® (incobotulinumtoxinA) Summary of Product Characteristics. Merz Pharmaceuticals GmbH. **2.** Vistabel® (onabotulinumtoxinA) Summary of Product Characteristics. Allergan Ltd. **3.** Dysport® (abobotulinumtoxinA) Summary of Product Characteristics. Ipsen Ltd.

M-BOC-UK-0452 Date of Preparation: March 2022

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LOOK  
GOOD



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Free from complexing proteins

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**SCAN ME**



# HOW AND WHY I MADE THE MOVE AWAY FROM THE NHS

Michelle Hardy speaks to principal dentist Runeel Joye about his decision to leave the NHS after two decades

**W**ith 66 per cent of dentists indicating they will reduce their NHS commitment and more than a third saying they will go fully private in the next year<sup>1</sup>, many dentists may be considering these changes too. Runeel shares his story.

**MH: What led to your decision to leave the NHS?**

**RJ:** I became a practice principal in 2012 and since then I've found it hard to make an NHS contract work.

Despite a good team, we constantly struggled to achieve UDAs and fulfil the contract. I had clawback a couple of times and the last one was for a significant amount as the pandemic really impacted us.

My team wanted to improve their knowledge and were doing postgraduate courses, but they didn't feel they could use those skills while working in the NHS. We also struggled to recruit staff of the right quality to provide dentistry under the NHS.

**MH: When did you start taking steps to gain more independence from the NHS?**

**RJ:** A few years ago, I sought advice about how to improve the business and safeguard its future from a consultancy called Hive Business. We analysed various options and decided we needed to grow our private offering as our NHS contract is fixed.

Around five years ago I rebranded the practice, built a new website, created treatment coordinator roles and refined the patient journey. Since then, we've steadily grown the private side of the practice, just not enough to overtake the NHS side.

**MH: What finally made you leave the NHS and how did you start taking those initial steps to becoming a fully private practice?**

**RJ:** The trigger point was the restrictions of the pandemic and the loss of private income due to the limitations imposed. Also, the administrative burdens. I felt as if I was losing more and more control over the practice.

Early in 2021 I contacted Practice Plan. We researched various providers and decided Practice Plan was the right company for us, mainly because of the tailored individual plans.

Practice Plan did finance modelling, so we understood how many patients we needed to

bring with us to make it work and we worked together to get the pricing right and to build the plans we wanted. By September 2021, we had made the transition and left the NHS.

**MH: How did it feel to leave the NHS after so many years?**

**RJ:** It was sad to leave the NHS as it's been something I've grown up with. But towards the end, I was pretty fed up with it. In the last year of being in the NHS, my team's morale was pretty low as it felt like a daily grind.

While it was hard to make the decision, from the reception team to our nurses and dentists, everyone was really looking forward to and excited by it. Now, the team says they prefer their day and look forward to coming to work.

**MH: It's great to hear the team were behind the move, how did patients react?**

**RJ:** At first, some patients weren't happy. There were social media comments and MPs wrote to me asking me to change my mind; one even started a petition. But my team dealt with it brilliantly. They explained to patients the reasons behind the decision and the benefits for them. The majority of our patients said they understood why we were doing it and were happy to stay with us.

**MH: How has life been since becoming fully private?**

**RJ:** We've always measured performance by our average day yield (ADY) and since we left the NHS, while our diaries are quieter, our ADY is higher than it was before.

I know it's been the right decision for me, my team and my patients. It's a new chapter for the practice and it's exciting. I definitely do not regret what we've done.

**MH: Sounds like you're looking forward to the future. Thank you, Runeel, for sharing your experience.**

If you're considering your options away from the NHS and are looking for a provider who will hold your hand through the process whilst moving at a pace that's right for you, why not start the conversation with Practice Plan on 01691 684165, or book your one-to-one NHS to private call today at: [practiceplan.co.uk/nhsvirtual](https://practiceplan.co.uk/nhsvirtual)



For more information visit the Practice Plan website: [www.practiceplan.co.uk/nhs](https://www.practiceplan.co.uk/nhs)

## About Runeel

Dr Runeel Joye is the principal dentist at Oh My Smile in Cheadle. Runeel recently made the move away from the NHS to go fully private after more than 20 years working under the NHS.

## About Michelle

Michelle is a Sales Support Manager for Practice Plan and has decades of experience in supporting practices to develop and maintain a well populated membership plan and profitable business. Practice Plan is the UK's leading provider of practice-branded patient membership plans, partnering with over 1,800 dental practices and offering a wide range of business support services.



<sup>1</sup><https://bda.org/news-centre/press-releases/Pages/A-years-worth-of-dentistry-lost-but-no-urgency-from-government.aspx>





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- ✓ Employee wellbeing helpline and support<sup>1</sup>
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<sup>1</sup> Provided by Peninsula, the leading provider of employment law and health and safety services in the UK. <sup>2</sup> Provided by specialist medical accountancy Armstrong Watson LLP

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



# 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

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

IWT do not just work for you, we work with you - before, during and post installation and implementation. Our partnership philosophy offers full optimisation of your practice, your equipment and your workflow, enabling you to focus maximum attention on your patients. From single surgery installations to end-to-end managed services, including building works, plumbing, electrics, flooring, dental chairs and bespoke cabinets, we are experts in working with you and your team to identify your specific requirements and deliver your vision. IWT have long established relationships with leaders and vanguards of dental equipment supply, and our experience in delivering excellence throughout the industry allows us to offer you cutting edge innovation and complete practicality regardless of budget. We strive to provide your business the right equipment, supported by our expert advice and exceptional customer service.

## IT AND NETWORKING

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

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

## DENTAL CHAIR SUPPLY

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

## IMAGING SUPPLY

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

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

## PROJECT MANAGEMENT

IWT specialise in providing end-to-end project managed solutions. When carrying out dental surgery or full practice renovations, we provide a comprehensive solution second to none. Project management includes installation of all equipment, plumbing and electrical works, to final decoration of the new area. We provide every required service to complete all installations to remove the stress of your refurbishment project from all practice staff. Our high client retention rate is of great pride to all at IWT and is testimony to our dedicated team of expert technicians and the exceptional service we provide. specialise in providing end-to-end project managed solutions. When carrying out dental surgery or full practice renovations, they provide a comprehensive solution second to none. Project management includes installation of all equipment, plumbing and electrical works, down to final decoration of the new area. They provide all services to complete the fit-out, which removes the stress of the refurbishment from all practice staff. Our client retention is testimony to our dedicated team of expert technicians and excellent service response call-out times.

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— Jim Tauschek, DDS



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> CARESTREAM

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Building off the success of the original system, the Neo Edition provides practitioners with a streamlined acquisition workflow, repeatable procedures, a reduced dose and a generally improved clinical experience.

Perfect for professionals who want to exemplify their imaging in practice, the CS 8200 3D Neo Edition is a welcome addition to the Carestream Dental imaging family.

Easily achieve outstanding image quality and improve your workflows from the first step by contacting the team at Carestream Dental today.

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

> ESCHMANN

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With the Little Sister range of autoclaves from Eschmann, you can guarantee that you have everything you need for efficient, effective instrument sterilisation.

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For more information on the highly effective and affordable range of infection control products from Eschmann, please visit [www.eschmann.co.uk](http://www.eschmann.co.uk) or call 01903 875787

> ORAL B

## ORAL-B IO™ 10 WITH IOSENSE™

Give your oral health routine a smart upgrade



Oral-B® is pleased to announce the iO™ 10 with iO Sense™, which is set to revolutionise the way we brush our teeth with a personalised experience like never before. It is accompanied by a smart device called iO Sense, which offers real-time guidance with the aid of AI and a personalised brushing experience that ensures healthier gums and teeth. It guides you when to brush: the iO Sense has a timer for optimal brushing time and a Wi-Fi clock. It also tells you where to brush: the intuitive iO Sense lights mean you'll never miss a spot. And last, but not least, it tells you how to brush: the Oral-B® App tracks your goals and provides personalized feedback after every brushing.

Oral-B® iO's revolutionary micro-vibration technology removes 100% more plaque than a manual brush to give you that professional clean feeling, at home, improving your oral health and contributing to better overall body health. Using iO10 is also a truly sensorial experience that will transform the act of brushing into something you have to do into something you want to do.

The Oral-B® iO 10 Design comes in two new galactic-inspired brush designs, cosmic black and stardust white.

<https://www.oralb.co.uk/en-gb/join-oralb-io10-waitlist>

> ORAL B

## IO SPECIALISED CLEAN HEAD

Oral-B has launched a head to fit their iO range of electric toothbrushes called Specialised Clean. It features tufted bristles for cleaning around implants and interdental spaces. Periodontist Dr Amit Patel tried the head in advance of launch and found it helped patients access and clean hard to reach areas. He added: "It helped patients improve their oral hygiene around their implants, too". He selected ten implant patients to test-drive the head. Those who were shown evidence of bleeding on probing and inflammation of the peri-implant tissues were given the brush for three months and re-evaluated clinically and with an open-ended questionnaire.

The feedback was positive, and patients said their teeth 'had never felt cleaner' and that their gums felt better with no associated bleeding.

Some suggested it was far easier to use the head in the posterior region interproximally than interdental brushes, especially if they had larger spaces. Clinically, all patients showed a significant improvement in bleeding on probing around their implants due to the reduction in plaque in these sites. "On-going periodontal therapy is well supported by patients using the Oral B iO and the Specialised Clean head has a role in the maintenance of their implants," he said.



If you would like a sample of the new brush head, please contact your local Oral-B Territory Manager for more information or call 0870-2421850 or email [customerservice@dentalcare.co.uk](mailto:customerservice@dentalcare.co.uk).



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<sup>(1)</sup>Polymerisation shrinkage tested to ISO 17304:2013 (E)

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## > IMMERSIFY EDUCATION

### IMMERSIFY DENTAL TARGETS 100,000 USERS

Launches new  
subscription service for  
dentistry students

Immersify Dental, the interactive learning resource for dental students created by Immersify Education, has launched a new content subscription service to make the learning experience more accessible and enjoyable for students.

The platform, which utilises augmented reality, gamification and personalisation, is already being used by tens of thousands of dentistry students across the UK, US, Australia and India, predominantly via their universities/colleges.

However, due to huge demand from thousands of students who can't all access the platform via a learning provider, Immersify Dental is making all its premium content available via an individual paid subscription service. This means the learning platform is now available to anyone studying, practising or interested in dentistry, regardless of whether or not their university or college is signed up.

As well as supporting students with their learning by combining the theoretical understanding of dentistry and practical experience, Immersify Dental enables students to connect with learners, academics and professionals from different universities and countries.

Immersify Dental can be downloaded for free from the Google Play and Apple App stores: <https://tinyurl.com/m8z4fbvv> / <https://tinyurl.com/h8bbmfda>  
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Dr. Iván Malagón, Spain

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- Includes required Durr wet line valves



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

**Alastair Fraser**, Principal Dentist, Greygables Dental



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