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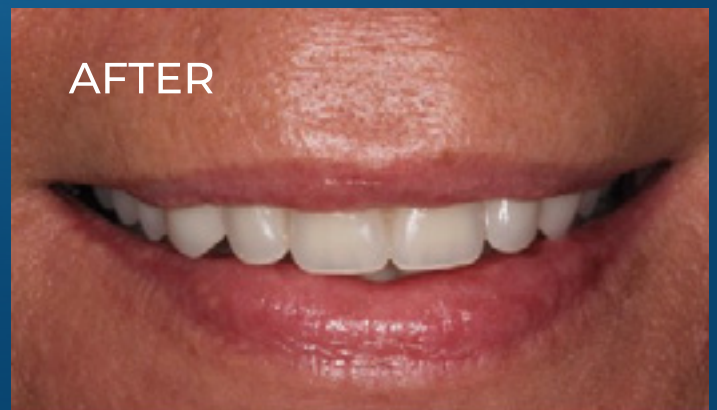
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S W I S S  M A D E



Getting back to business

There's a mixed picture as we start to put the challenges of Covid behind us

Welcome to the latest issue of *Scottish Dental*. It's a busy and changing time for the profession, with our gradual emergence from the Covid pandemic leading to both opportunities and challenges across the sector.

First the good news: as we report on our news pages, more Scottish patients are attending practices. As precautionary infection and control measures are relaxed, the number of dental examinations in the second quarter of the year has doubled compared with the first.

But there are some worries too, not least a warning that a fall in the multiplier paid by the Scottish Government to support NHS dentistry from 1.7 to 1.3 is set to cause profound problems for the sector. There is soon to be a further review.

We also have yet to fully see what impact the current cost of living crisis will have on private treatment in particular. Our columnist Arthur Dent argues that we are in turbulent times but by looking to the events of the past, we can prepare the way for the future.

Another positive development arising from the gradual move back to business as usual following the pandemic was the return after three years of the Scottish Dental Show at Braehead Arena.

A packed programme featured speeches, lectures and discussions involving some of the biggest names in Scottish dentistry, including former NHS practitioner and current Scottish Labour Party leader Anas Sarwar, as well as hands-on workshops and a vast number of exhibitors.

We provide a full report and photographs of this busy, must-attend, event and the range of subjects, technology, services and products it featured.

In other pages, there's a fascinating profile of oral surgery specialist Dr Stavros Eleftheriou and the team at Vermilion – The Smile Experts in Edinburgh.

Stavros has global experience in oral maxillofacial surgery and has worked in London's Harley Street. He practises internationally and is an opinion leader for a number of implant and biomaterial companies. We explore the way he works – and explain how he enjoys a challenge.

For one reason or another, psychological

trauma is something that affects a large number of people, and it's something that can be triggered in dental patients.

Dundee Dental Hospital and School has recognised this and is taking a lead by running its new half day course in Psychological Trauma in Dentistry for all its staff, whether engaged in clinical activity or not.

The aim is to develop an understanding of the condition and to allow all employees to learn why patients react to certain situations as they do. We've spoken to Dr Abigail Heffernan, Consultant in Special Care Dentistry and Clinical Psychologist Dr Lindsay-Jo Sevier-Guy, who are behind the course, and they tell us why it's so important.

Other important industry events that have taken place over the summer include the Summer Scientific Meeting of the British Association for the Study of Community Dentistry (BASCD) in Glasgow. We have a full report on the gathering.

We also take a look at the Annual Scientific Meeting of the British Association of Oral and Maxillofacial Surgeons (BAOMS) in London and at EuroPerio10, the world's leading congress in periodontology and implant dentistry, hosted this year in Copenhagen.

So there's plenty going on, and a lot to look forward to. For now, though, enjoy this issue. There's plenty in this edition to awake your interest and – dare I say it – your excitement too.

“

FOR ONE REASON OR ANOTHER, PSYCHOLOGICAL TRAUMA IS SOMETHING THAT AFFECTS A LARGE NUMBER OF PEOPLE, AND IT'S SOMETHING THAT CAN BE TRIGGERED IN DENTAL PATIENTS.”



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Learn from the past to safeguard future

*There are turbulent times ahead for dentists
but events of 20 years ago can help us prepare*

When I started in dentistry, Tony Blair and Gordon Brown (remember them, or have you even heard of them?) were in power and expanding the public sector to levels beyond the post-war era. Labour (yeah the third party in Scotland) were in power in the newly devolved parliament and had similar expansionist ideals. They also had a big problem with dentistry.

There was a dearth of NHS provision and associate shortages led to high remuneration for those available. Practice ownership was not a popular investment strategy: the resulting drift towards private care and the lack of dentists resulted in queues round the block for practices, especially brave new squats. MPs and MSPs received regular complaints from their constituents and dentistry became politically important.

Fast forward to 2005 and the 'Action Plan' was introduced by the Labour Health Minister in Scotland with little regard for our negotiators at the time. What followed was a huge injection of funding, mainly directed at practices and new dentists, with 'Golden Hellos', Rent and Practice Allowance payments. The Scottish Dental Access Initiative grants encouraged health boards to improve or expand existing practices or start new ones. All with tie-ins; some more strictly adhered to or monitored than others.

Ancient history. Well, I think this reset was necessary and, by and large, encouraged an increase in dental ownership, re-investment and improvement in the dental property portfolio. It wasn't perfect, don't get me wrong. Golden Hellos were directed at practitioners too young, with little option other than the health service and not significant enough (although very generous) to skew people's working patterns from private to NHS. Furthermore, the SDAI grants were used and abused and often people divested to corporates without ever having to dip into their own pockets for property or Capex aiding the current corporate avarice for practices in Scotland.

Another fast-forward, Golden Hellos vanished, GDPA was capped and the years of increased output from schools and austerity driven DDRB caps meant that 30 per cent drops in earning power become the norm. Years of incredibly low inflation and interest rates offset that loss. However, the property portfolio, corporate or private, is unlikely to have taken full advantage of this. Many practices still use LDU equipment paid for by the funding of the moment. This will need replaced, at huge cost, and Capex interest rates are rising extraordinarily.

I've written before about the inevitable NHS workforce planning issues and exodus: retirement, reduction in sessions and the move to private care, compounded by the lack of a year of student release. There seems to be a huge shift in expectations from practitioners in terms of working patterns versus earnings. Not necessarily wrong but at a time when the demand for services is higher than before. If we bought into the BoJo rhetoric of post-Covid economic prosperity,

Brexit bounce and continued low interest rates and Bank of England controlled inflation at 2 per cent, then that bubble has burst.

Brexit import/export problems, global shortages, electronics, materials and energy have been compounded by the exploits of one V Putin. The inflationary spiral we find ourselves in will have significant effects on our standards of living for some considerable time. The Ukraine war looks set for the long-term. Energy prices, grain supplies, food prices and shortages and the cost of lending look eye-wateringly bad. This will squeeze dentists from all sides. The DDRB will never recommend 9 per cent increases, let alone governments (with a £12 billion budget deficit) grant them. Lab and material costs are increasing apace. Interest costs for existing and new lending will be hugely different and patients will not have the money for private care, even if that's the only option.

The recent letter from Humza Yousaf and, more importantly, the survey attached, demonstrate the true contempt for our profession. To reduce the multiplier was expected. Not explaining the mechanism is rude (as my children would say). The wording of the survey suggests 'Core Service'. This worries me greatly.

The government mechanism of using 100 per cent of pre-Covid earnings is understandable and flawed. It ignores the small increases in the SDR since and the, supposed, £20-25 million in extra funding through the new exam fees. Using multipliers to get 100 per cent of pre-Covid is another de facto cut in the order of 15 per cent. Something I'm sure SDPC is pointing out. This must be deliberate. And if it is, the wording of the survey and its assumptions that "replacement of existing NHS work" is the main reason for treatment, compounds the thought that NHS dentistry is being marginalised.

Worse still, the profession will react to protect their livelihoods and standards and vote with their feet. Ultimately, being culpable for the death of NHS care (save a very poorly funded core service, c.f. legal aid). The public will not forget, and politicians will delight in blaming us with the usual 'money-grabbing dentists' headlines.

The race to pick up a slice of the dwindling private dental pound will begin. Constituents will lift metaphorical pen to social media and dentistry will become a political football once again. And herein lies the history lesson. It happened before and we can stop it happening again. Take the opportunity to protect our profession and NHS care in the next 18-24 months. Accept that we won't get huge inflationary increases but protect our patients, staff, practices and incomes. Stave off the corporate overtake. Build the infrastructure of our profession to future-proof against what independence could bring.

Do it now, do it quietly and in the maelstrom of inflation, recession, independence, overtaking and undercutting, we might just slip under the radar for 10 years. We might even consolidate our position as helpful and caring professionals and then ride the wave of post-recession, post-Covid, post-Brexit, post-independence fervour and funding. Avoid the inevitable repeat of history.



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Increase in dental appointments

The number of dental examinations in Scotland is thought to have doubled between April and June compared with the first quarter of the year, with an estimated 700,000 having taken place over the period

AN INCREASE in dental examinations comes as the country continues to recover from the Covid pandemic and follows the relaxation of some infection and control measures designed to protect patients and staff at the height of the outbreak.

The Scottish Health Secretary, Humza Yousaf, also revealed that NHS dentists will continue to receive an additional 30 per cent on fee claims with a further review by October.

Interim payment arrangements have been in place since April to help practices treat patients while infection prevention and control measures as a result of the Covid-19 pandemic remain in place.

Mr Yousaf said the government had been “greatly encouraged” by the “substantial improvements” made by dentists in increasing access to NHS dentistry in the past three months.

More than 232,000 examination appointments took place in April compared with a monthly average of 125,000 for the first three months of the year – an increase of 85 per cent in one month.

“We are on track for around 700,000 examination appointments for the three months to the end of June – almost double that in the first three months of this year,” he added.

“By continuing these interim arrangements, we are supporting the

progress in tackling the backlog in routine care and ensuring the sector is able to quickly return to more normal levels of activity.”

Mr Yousaf continued: “Considerable progress has been made in NHS dental services and oral health improvements – progress that was interrupted by the unique challenges of the pandemic.

“It is our ambition to regather that momentum and ensure we have an NHS dental service that is unequalled in the world today.”

Chief Dental Officer Tom Ferris also commented. He said: “Dentistry teams faced really incredible challenges in preventing the spread of coronavirus. So, it is wonderful to see that so many more people have been able to see their dentist.

“Speaking to colleagues, I know that teams are working really hard to accommodate patients and provide appointments, opening early or later to fit in with patients’ busy lives.

“We will continue to work with our partners to provide the NHS dentistry sector the support it needs to recover from the significant challenges it has faced.”

The multiplier is in addition to the value of actual item of service claims to mitigate the cost of infection prevention and control measures, lower levels of dental activity and budgetary requirements.

New Lanarkshire Director of Dentistry

Former dental practice founder Shelley Percival has been appointed Director of Dentistry for Lanarkshire



SHELLEY PERCIVAL has been confirmed as Director of Dentistry for Lanarkshire after holding the role in an interim capacity since the beginning of the year.

Shelley, who is now charged with providing leadership on all issues relating to dentistry in the area, says she is ‘absolutely delighted’ to accept the position. She will have responsibility for ensuring oral care in Lanarkshire is safe, effective and of a high quality. Shelley will report to Soumen Sengupta, Director of Health and Social Care for South Lanarkshire.

“While my interim role has given me the opportunity to support colleagues during all the challenges of the pandemic, as we recover and look to the future, I look forward to building on the strong relationships and culture of partnership that exists in Lanarkshire,” she said after learning of her appointment.

“Our unremitting focus, of course, remains on looking after the dental and oral health of local people.”

Shelley replaces Anne Moore who officially retired at the end of March. A graduate of the University of Glasgow, she set up Clyde Valley Dental Practice in 2006 and has also worked in practices in Whitburn, Hamilton and Falkirk.

Shelley completed a diploma in Forensic Medical Science in 2001 and gained the Membership of the Faculty of General Dental Practitioners in London in 2007.

She has plenty of experience of dentistry in Lanarkshire, having been Clinical Director for General Dental Services in the county in 2020.

She will continue to fulfil a Clinical Director role alongside her other responsibilities, providing a single professional source of advice regarding all aspects of dentistry.

Dentists offered pay rise

DENTISTS in Scotland are among NHS staff who have been offered a 4.5 per cent pay rise this year by the Scottish Government.

The offer, which also includes GPs, has been defended by Health Secretary Humza Yousaf but attacked by others involved with the NHS.

Mr Yousaf said the award “demonstrates that we value all our medical and dental staff and the important contribution they make”.

However, British Medical Association (BMA) Scotland chairman Dr Lewis Morrison said rising inflation meant in reality it was a “large real-terms pay cut”.

The pay award, which will be backdated to the beginning of April, follows the acceptance by the Scottish Government of the recommendation of the independent Doctors’ and Dentists’ Pay Review Body (DDRB).

Mr Yousaf said staff in the NHS had been under increased pressure as a result of the

pandemic but had worked tirelessly to provide care. He added. “It’s crucial that we continue to not only recruit and build our future NHS workforce, but also retain expertise within NHS Scotland.”

The Health Secretary continued: “This announcement means that our senior medical staff will continue to be the best paid in the UK. This will help ensure that NHS Scotland remains an attractive employment option for all medical and dental staff.”

The government pointed out that the award was in addition to a pay increase last year of 3 per cent meaning staff will have had a total rise of 7.5 per cent over two years.

However, prices are currently increasing at their fastest rate for 40 years. The Consumer Prices Index (CPI) rose by 9.4 per cent in

the 12 months to June – an increase from 9.1 per cent in May.

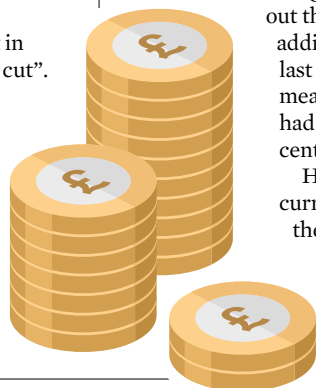
The Bank of England, which sets monetary policy, has said that inflation could increase to more than 11 per cent later this year.

The BMA Scotland claim that the deal did nothing to undo years of real-term pay erosion.

Dr Morrison added: “The Scottish Government has to reflect on how it really values and treats our medical workforce if it genuinely wants to ensure NHS recovery and a future of healthcare in Scotland that will meet the needs of its people.

“In response to this hugely disappointing award we will be urgently consulting our members to gauge their views, and what steps we may take as a result.”

Some 160,000 other NHS staff, including nurses, paramedics, and healthcare support staff, are being balloted on a pay offer of 5 per cent. Eligible doctors and dentists in England will get a similar pay rise to that offered in Scotland.



Anger over cut to fees multiplier

SCOTTISH ministers have been warned that scaling down financial support for NHS dentistry will risk undermining its future sustainability. The British Dental Association Scotland says that cutting the multiplier to the fees paid to provide NHS care could cause profound problems to the profession.

For the past few months dental practices north of the border have received a multiplier of 1.7 to reflect the unprecedented backlog they have faced as they try to live with Covid.

Ministers have now moved to pare this back to 1.3 for the immediate future. There will be a further review of the fee structure in October this year.

The BDA says there has been no dialogue with the Scottish Government over the change and the discredited low margin/high volume model dentists in Scotland work to leads to the fact that treatment can often be delivered at a loss. It goes on to warn that there is a growing problem given the rising levels of unmet need, particularly among those from more deprived communities.

Official data suggests the total number of high street NHS dentists in Scotland has fallen by more than 5 per cent since the onset of the Covid pandemic.

The BDA says that heavy-handed policies

will push Scottish dentists down the road found in England, where thousands of dentists have left the NHS since lockdown amid warnings from MPs south of the border that NHS dentistry now faces a slow death.

David McColl, chair of the BDA’s Scottish Dental Practice Committee, accused ministers of “playing with fire” and “pulling away the life support from a service millions depend on”. He added: “This multiplier helped ensure NHS dentists received fees for care that actually covered their costs.

“Slashing them will leave colleagues churning out dentures at a loss while thinking twice about their future.”

The BDA is urging the Scottish Government to develop a suitable interim funding package to support dentists as they work through the backlog. It also wants work to begin on a new and sustainable long-term model for NHS dentistry.

There are concerns that even though it says it will not return to pre pandemic financial arrangements, the multiplier might be removed altogether by the government at the first opportunity. The association has repeatedly voiced its strong opposition to a return to what it describes as the pre-Covid “treadmill”.

A Scottish Government spokesperson



responded by saying: “We are continuing to provide NHS dental services with an unprecedented level of financial support to incentivise dentists to see and register new patients. At present dentists receive an additional 30 per cent payment on each treatment they provide. This additional funding combined with the recent relaxation of the infection prevention controls means that NHS dental practices should be able to deliver normal levels of activity.”

The spokesperson added: “We have also provided dentists with an additional £20 million of increased fees to see more patients with a particular focus on children and tackling oral health inequalities. This includes extending our flagship preventive care programme Childsmile in high street practices to children up to 17 years of age. Scotland has 54 dentists per 100,000 of the population providing NHS dental services, compared with 42 per 100,000 in England.

“We have over 28 per cent more dentists per head of population than is the case in England. Under this government there has been a 32 per cent increase in dentists providing NHS dental services in Scotland.”

Community service honours

Highest honour presented to two esteemed figures at the recent BASCD event in Glasgow

THE BRITISH Association for the Study of Community Dentistry (BASCD) has presented honorary membership to two distinguished figures at its Summer Scientific Meeting and AGM in Glasgow.

One of the awards went to Dr Jenny Godson MBE, who is former National Lead for Child Oral Health Improvement, Office for Health Improvement and Disparities at the Department of Health and Social Care.

The other was given to Professor Andrew Rugg-Gunn, Emeritus Professor of Newcastle University, and founder of the WHO Collaborating Centre to strengthen research capacity and policy implementation in the area of diet, nutrition and oral health.

Honorary membership is awarded if a member is nominated by the BASCD Council and gains a two thirds majority vote at the AGM.

The presentations were made by the organisation's President, Albert Yeung, who



said: "Honorary membership is the highest honour BASCD can give to its members to acknowledge their excellent contribution. Both Jenny and Andrew have received overwhelming support and I am delighted they will continue to enjoy the privileges of membership of the association."

The event – the first to be held in-person for three years – adopted the theme Build Back Better: Inclusion, Integration and Innovation.

The association is an alliance of individual members with an interest in population oral health.

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Originally from Italy, Giulia graduated in dentistry from the University of Genova in 2008. In 2013 she completed her postgraduation specialisation in orthodontics, followed by her masters at University of Cagliari.

She's worked as an orthodontist in a paediatric hospital in Genova, teaching undergraduates and has been involved in clinical research to identify new therapeutic approaches for patients affected by rare genetic syndromes. Giulia has published several articles in international journals, collaborating with Seton Hill University, USA. She moved to the UK in 2015 and worked in Edinburgh and London practices. She's now settled in Edinburgh with her family.

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Market insight

Dental Market Review provides an in-depth review of the sector

DENTISTS in Scotland providing NHS services have a more positive outlook than their colleagues south of the border, according to a new survey by the specialist surveying company Christie and Co.

While there was “extreme frustration” about the state of dentistry in the National Health Service in England, things in Scotland, where a capitation-based formula is used, were much more positive, the report says.

The review, which covers 2021 and the first half of 2022, says that market activity after the worst of the Covid pandemic drove average UK sale prices for dental practices higher by 8.6 per cent.

“It was positive to see that funding support was extended to NHS practices in Scotland post 1 April 2022, when the Covid Financial Support (FSP) system was removed,” it says.

“We believe these models will continue to evolve and there will not be a cliff edge removal of support.”

The report does point out, however, that further improvements continue to be called for, particularly around the current Statement of Dental Remuneration (SDR).

“There are of course many weaknesses around the SDR as revised, but ongoing support is welcome while a new model is designed.”

By contrast, the study says that urgent reform is needed in England, but that it “seems as far away as ever”.

It continues: “A theory expressed by a number of providers is that NHSE, aware of the forced migration of patients from the NHS to [the] private sector, might simply allow this to continue in the hope that this leaves a smaller pool of patients within the NHS sector.

“It is clear that the current UDA model doesn’t work, although there is no easy replacement. The strength of the private sector means that appointment books in many mixed practices are full.

“This means that associates can more easily move from NHS to private without needing to build a list of their own and risk a reduction of earnings in the short-term.”

Another problem reported is that the shortage of dentists within the NHS has been compounded by Brexit, with a backfill of practitioners from Eastern Europe in particular no longer existing.

“As trade deals are struck with countries across the world, it may be that the movement of labour becomes easier and this could lead



to an increase in dentists moving to the UK.” Across the country, there has been little overall change post-pandemic in the number of overall practices that are trading. The sector remains highly fragmented in terms of its ownership, with just 15 per cent of practices owned by the larger groups.

“Supply is still an issue across the sector. We estimate that there are currently some 521 individual dental transactions in the market annually,” the report says.

“Demand is strong from independent, corporate and group purchasers, particularly for larger private or predominately private practices. There has been a noticeable increase in the number of groups, which previously favoured NHS-led practices, focusing on the private sector only.”

In their introduction to the review, Christies’ Managing Director Medical, Simon Hughes, and Head of Dental, Paul Graham, report that dentistry continues to be a highly attractive sector for investors.

They add that it is “helped no doubt” by the “increased awareness of oral health and the boom in cosmetic and aesthetic treatments in recent times.”

HRH Prince Charles is new Patron

HIS ROYAL HIGHNESS Prince Charles – known as the Duke of Rothesay when he is in Scotland – has been appointed as the Patron of the Royal College of Surgeons of Edinburgh (RCSEd).

Professor Michael Griffin, the organisation’s President, said it was a privilege to welcome him to the role.

Prince Charles follows in the footsteps of his father, the late Duke of Edinburgh, who became Patron in 1954 and held the position for 66 years.

The Duke accepted an Honorary Fellowship from RCSEd in 1955 and visited the College on several occasions, including in 2006 to open the Quincentenary building.

In 2015, he returned to open the newly renovated Surgeons’ Hall Museums and the Prince Philip Building.

Professor Griffin added: “The Duke of Edinburgh played a very significant part in the College’s history during His Royal Highness’ 66 years as Patron, which we recognised in 2015 by constructing the Prince Philip Building.

“The Duke’s engagement with fellows and officers at the opening of the building was extraordinary, and throughout his patronage His Royal Highness took great interest in the surgical profession and its advancement of patient care.

“We very much look forward to working with The Duke of Rothesay.”



THE DUKE’S ENGAGEMENT WITH FELLOWS AND OFFICERS AT THE OPENING OF THE BUILDING WAS EXTRAORDINARY.”

PROFESSOR GRIFFIN

Oral hygiene survey

Nearly a third of people forget about brushing their teeth, while nearly one in four – 39 per cent – of those aged between 25 and 34 do so less often than once a week, according to a new survey

THE ORAL hygiene study, by UK-based specialist dental accountancy firm Hive Business, was conducted as part of National Smile Month. It shows the message about the importance of daily brushing is not getting through as much as it should.

Another alarming finding from the report is that 36 per cent of people in the older 35 to 44 age group admit to never using mouthwash.

Toothbrush sharing is also relatively common, with more than a quarter of respondents admitting that they do this on a daily basis, so risking the spread of gum disease.

Hayley Robins, the Accountancy Director at Hive, said: “There are some shocking statistics found within the responses to this survey.

“With 39 per cent of 25-34-year-olds

brushing their teeth less than once a week, there is no wonder that there is such a high demand for dental services in the UK.

“The research detailed within this blog is extremely insightful and should most certainly be made common knowledge to the population if dental hygiene and general health is going to be improved upon.”

One in three of those surveyed also said they were not registered with a dental hygienist.

At the other end of the oral hygiene scale, some 63 per cent of millennials said they brushed their teeth at least three times a day.

Interestingly, they apparently have a 12 per cent lower risk of heart failure and a 10 per cent lower risk of developing atrial fibrillation.



New centre of excellence announced

Positive news for the Scottish dental profession with a number of key projects revealed

SCOTLAND'S dental sector is to be boosted by a new £1 million plus state-of-the-art digital training academy and dental clinic in Perth.

The centre of excellence is being created by the Clyde Munro dental group along with high-tech dental product manufacturer and developer Dentsply Sirona. The investment includes the creation of the UK's first SureSmile Studio, which can provide patients with advanced solutions without the need for traditional braces.

Fiona Wood, Clyde Munro's Chief Operating Officer, said: “Perth will be the first SureSmile Studio and Dentsply Sirona centre in Scotland. The innovative standalone training academy will provide dentists with access to the latest digital technology, which is transforming the industry.”

She added that Perth's geographical location at the heart of Scotland played a key part in the decision to locate there.

“This is a major investment for the long term while also supporting the increasing adult patient demand for cosmetic dental treatment since the country came out of lockdown last year. We are confident the



SureSmile flagship in Perth will be the first of many in the UK.”

In another move, Scottish Dental Care has acquired two dental practices in Edinburgh following a multi-million-pound minority investment from BGF, the UK and Ireland's most active growth capital investor.

The St John's Road and East Craigs dental practices have been purchased from Dr Hew Mathewson CBE and his family, who had established them over a 45-year period.

Scottish Dental Care was founded in 2016 by brothers Philip and Christopher Friel. It offers a full range of NHS, private and cosmetic dental treatments,

including all aspects of dental implant and reconstructive dentistry, together with short-term orthodontics and facial aesthetic treatments across its clinics.

The Managing Director of Scottish Dental Care, Christopher Friel, commented: “Acquiring these practices represents a continuation of our growth plans. We are proud to take forward the legacy developed by Dr Mathewson over the years, and we look forward to working with the fantastic practice teams as we progress on that journey.”

BGF is a long-term investor, making initial investments between £1 million to £15 million for a minority equity stake.

In other news, a Midlothian entrepreneur, Dr Suelynn Tan-Stroud, has fulfilled her ambitions and acquired her first dental practice. She now owns Magliveras Dental Care in Penicuik after buying the practice surgery in April.

Since she took over, the business has been working to tackle the backlogs generated by the pandemic and ensure a return to normal treatments for NHS and private patients. Magliveras Dental Care has also kept the same team in place to ensure a smooth ownership transition.

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Prizes boost promotion of oral health in community

The British Association for the Study of Community Dentistry (BASCD) announced the winners at their recent scientific meeting



THE BASCD has handed out four awards to encourage researchers in the field of population oral health. These included two poster prizes which were the Roger Anderson Poster Prize and Oral Health Promotion Poster Prize. Both were awarded at the recent BASCD Summer Scientific Meeting held in Glasgow in June.

Ten posters in total were presented for the Roger Anderson prize, which attracted artwork covering areas of relevance from community dentistry and public health. These involved taking an evidence-based approach to address population health, service development or oral health inequalities.

Six posters were presented for the Oral Health Promotion prize. This promoted collaboration between academics and oral health promoters and encouraged the dissemination of good oral health

promotion, practice and evaluation among the organisation's membership.

The Roger Anderson prize, on oral health within the justice system, was won by a team from the University of Dundee and Queen Mary's University of London and was presented by Joelle Booth.

The Oral Health Promotion Poster Prize featured a cross-sectional study on patient experiences of receiving oral hygiene advice. Submitted by a team from the University of Bristol, it was presented by Jessica Holloway.

The standard was considered to be so high this year that the judging panel also decided to award commendations as well as the winning posters.

These went to a team from Barts Health Trust for the Roger Anderson Poster Prize and to Kent Community Health Foundation trust for the Oral Health Promotion Poster Prize.



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 MEd, MSc, MChD, RCSE



Justine Weir
 GDC No. 79127
 BDS (Glasgow 2001),
 MEdD, MSc, M.ChD, RCSE



Jonathan Miller
 GDC No. 64147
 BDS (Dundee 1999),
 MEdD, MSc, M.ChD, RCSE



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



Paul Mooney
 GDC No. 174517
 BDS (Glasgow 2003),
 MEdD, MSc, M.ChD, RCSE

Eurus | S6

Perfecting the art of dentistry



Overseas care alert

A leading dental professor has issued a stark warning to people travelling abroad for dental treatment following a surge in patients experiencing painful and botched outcomes

PROFESSOR PHIL TAYLOR, the Dean of the Faculty of Dental Surgery at the Royal College of Surgeons of Edinburgh, claimed dental tourism was having a huge impact on the sector in the UK.

Professor Taylor said: "Some people have erroneously turned to travelling to places around the world for cosmetic dental treatment attracted by slick advertising showing supposedly massive savings on UK prices. However, this continues to have serious ongoing consequences."

He warned that increasing numbers of patients who have had dental work carried out abroad were being left in long-term pain both from their teeth and in their pockets when they had to repair the damage caused.

Professor Taylor said the types of procedures being offered overseas could

often result in overtreatment, ranging from offering unnecessary procedures to grinding down perfectly good teeth that could have been improved with much simpler, less invasive treatments.

He continued: "With dental implant treatment the failures can be very serious indeed, requiring very advanced surgical interventions to repair the damage that's been done.

"UK dentists are seeing an increase in this problem and of course the patient has very little recompense, if any, for the poor treatment."

Most reputable dentists, he added, did not advocate invasive cosmetic treatment as this was invariably unnecessary. "It is important to emphasise that there is no such thing as a registered specialist in cosmetic dentistry



in the UK. The profession will though, wherever possible, provide an aesthetic solution to any problem.

"Patients need a detailed quote and explanation of what the dentist is going to do for them, and it would be wise to obtain advice from more than one professional before you make your final decision."

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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](https://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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Specialist in Oral Surgery

Dr Stavros Eleftheriou brings his expertise to Scotland

The expertise within Scottish dentistry has been raised another notch with the addition of Specialist in Oral Surgery Dr Stavros Eleftheriou to the team at Vermilion – The Smile Experts in Edinburgh.

Stavros has gained extensive international experience since graduating from Thessaloniki in Greece in 1996. He said: “I continued training in oral maxillofacial surgery at locations around the world including Israel, Austria, Germany, and the USA before moving to Cyprus in 2003 to establish my own practice.”

At the same time Stavros started

WORDS
STEWART
MCROBERT

working in the UK, treating patients regularly in Harley Street, London. He began carrying out implants in 1996 after finishing university, which became his main focus. “In 2015, as a family, we decided to permanently move to the UK after Cyprus was badly affected by the 2013 financial meltdown.”

On arrival in the UK, Stavros focused on implant-related work and was offered a job working in Hampshire, Winchester and London. As a result, his family moved to Winchester and still live there. “I commute to Edinburgh every other week. As a specialist I travel around the country, and offer my support with dental implant treatments.”

STAVROS JOINS VERMILION – THE SMILE EXPERTS

“I was first introduced to Dr David Offord, Vermilion’s Practice Principal and Specialist in Oral Surgery, a year ago at a conference where I was teaching. The company was keen to take on someone with extensive experience in implants and oral surgery. So, I joined the team.”

Stavros has been impressed with the Vermilion setup. “Everything here is very well organised and the team around the dentist works like a Swiss watch. There are lots of specialists and you can use their expertise to create the best treatment plan. Coupled with Vermilion’s continuous investment in good





Dr Stavros
Eleftheriou

materials and keeping up to date with the latest ways of working and new technology, we can be sure to attain the best possible outcome for our patients.”

OPINION LEADER

Stavros serves as a key opinion leader for several implant and biomaterial companies, as well as firms that produce surgical instruments. He has worked for many years on bone regeneration and bone grafts and, by his own admission, has tried most materials and techniques.

“I’ve developed certain techniques I like to use, which help me deliver very good results. I share that experience with my colleagues and am invited to conferences to do so. I also discuss how we can use our knowledge of biology in implant dentistry to achieve the best results and consider each patient’s unique features, medical history and so on.”

Stavros teaches advanced techniques on how to place implants, for example, zygomatic implants or full arch implant dentistry. “It’s important to discuss the biology and implications of our techniques, and how we should think about treatment planning,” he commented. “There are so many parameters you need to take into consideration to deliver

a good, long-lasting results, which can sometimes be a little difficult for those new to the discipline.

“It’s not just a case of going deep into the patient’s medical history and seeing if there’s something that will affect the outcome. It’s important to discuss oral hygiene with the patient and how they can do their part to make sure treatment is fully effective. You also have to take into consideration the amount of soft and hard tissue you have, and how you can preserve or improve that. Even in those cases where you think there’s almost enough you might have to conduct some procedures to future proof your case.”

REFINING THE TECHNIQUES

Stavros believes there is always a need for new thinking. He said: “Nowadays the full arch, immediate loading approach has become popular. If a patient presents with most of the teeth destroyed, and if we have the right situation and the right kind of bone, we can place implants and put a bridge on the same day.

“This is a well-established treatment and we have been refining the techniques constantly. However, one problem that’s become increasingly pronounced is that some of these cases don’t do well and result

in a loss of the implants and the bone. We need more dentists and surgeons who can offer different treatments in cases of extreme atrophy. When there is very little bone you have to consider various options, from implants attached to the zygomatic bones, or around the nose, to major bone grafting.

“This is an area that throws up some challenging cases and those are the ones I like to take on. They involve more planning, and you have to be creative to get to the best possible outcome. That comes with experience and the readiness to develop new techniques.”

No doubt Stavros’ wealth of knowledge and eagerness to break new ground will be given full rein at Vermilion.



THE CHALLENGING CASES INVOLVE MORE PLANNING, AND YOU HAVE TO BE CREATIVE TO GET TO THE BEST POSSIBLE OUTCOME.”



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YOUR SMILE. OUR VISION.

Scottish Dental SHOW 2022

The Scottish Dental Show roared back to life in real style, a showcase for the dental profession and featuring more than 140 exhibitors, a variety of hands-on workshops and stellar speaking names from within the profession and beyond

The two-day event at Braehead Arena near Glasgow – the first to be held in three years because of the Covid pandemic – featured a jam-packed programme, along with the ability to network, discuss the state of dentistry and learn about the latest technology, products and services.

There were also hand-on classes and hours of workshops and lectures involving verifiable CPD. All participants were awarded a certificate for each lecture attended.

The star speakers appearing at the show included the former NHS dentist Anas Sarwar, now leader of the Scottish Labour Party, and Tom Ferris, the Chief Dental Officer for Scotland, who addressed the issues of renewal, recovery and reform of dentistry in the National Health Service.

Peter Ommer, the Director of Dentistry at NHS Ayrshire and Arran, outlined his thoughts on the future of the public dental service, while Net Zero Dentistry Co-Founder Mike Gow discussed the carbon footprint of dental clinics and how this can be calculated.

There were a number of sessions on facial aesthetics, looking at the subject from various angles, including examining the business advantages

A warm welcome was on hand for the show's many attendees



and putting practical hands-on techniques under the microscope.

Geraldine Birks and Julia Armstrong, from the Royal College of Surgeons of Edinburgh's Faculty of Dental Surgery, introduced a tool for dental nurses to observe non-technical skills, and Jeremy Cooper, founder of the helpline Confidential, led a discussion about anxiety and stress in the profession.

Other sessions were as compelling as they were wide-ranging. They varied from a talk on safeguarding and child protection with Christine Park, to understanding the NHS pension scheme by

Wesleyan's Michael Copeland.

On the first day of the show the busy agenda included talks on sustainable dentistry by Amy Reilly and Clyde Munro's Fiona Wood; an infection control and decontamination update with Sarah Gourley; buying a dental practice featuring Samantha Hodgson and Ewan Miller; a discussion on the future of dentistry with David McColl, Douglas Thain and Atif Bashir; and personal and business financial planning with Jayne Clifford, Cameron Hughes and Matthew Mulholland.

Continued on p30



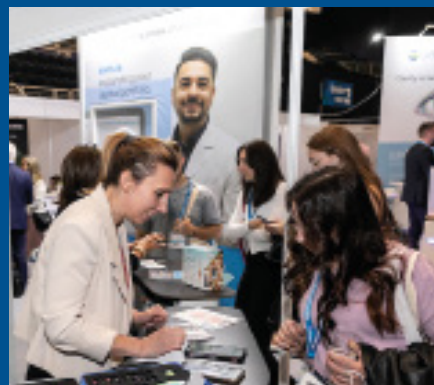
The Exhibitors



This year's show featured more than **140** exhibitors



Pictured clockwise: The team at the Martin Aitken stand discuss all things finance with a Delegate; Speakers Lauren Long, Siobhan Kelleher on the NSK stand with Angela Glasgow from NSK; Delegates try out the latest optics from UK Loupes; One of the Orascoptic team demonstrates their latest tech; The team from Tepe Oral Hygiene discuss options with delegates; Lloyd & White made quite the impression with their cuddly tooth screen cleaners; The Eschmann team were on hand to discuss their range of autoclaves; Ameera Hussain from Oral-B chats with delegates



Clyde Munro accepting the best stand award, from Scottish Dental's Erin McIlroy



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The Lectures

Professor Mike Lewis, joined us from Cardiff University to talk about the latest developments in Oral Cancer treatment



A panel discussion was held involving Scottish Labour Party leader Anas Sarwar



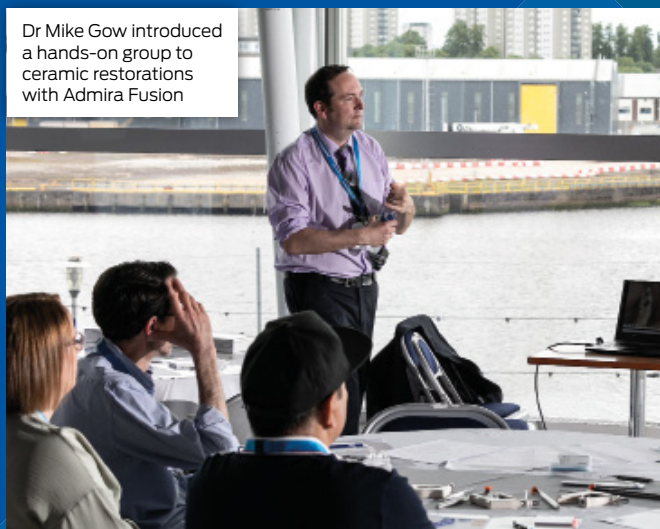
Harry Singh talking about how to add extra income from facial aesthetics



This year's show featured more than

70
speakers

Dr Mike Gow introduced a hands-on group to ceramic restorations with Admira Fusion



Mark Worrall gives an update on radiographic image quality



Ashley Latter gives an introduction to ethical sales in his lecture session



Lisa Currie, from The Orthodontic Clinic covers when and what to refer for orthodontic treatment





A panel discussion was held involving Scottish Labour Party leader Anas Sarwar and a number of other senior figures from the sector including Brendan Murphy, David McColl and Douglas Thain from the SDA and Atif Bashir of the SDPO.

The session provided an opportunity for them to give their views on the future of dentistry and how these can and should be communicated to policymakers.

The second day included talks on the stress found in dentistry by Jeremy Cooper; how to add extra income from facial aesthetics with Harry Singh; selling a dental practice with Martyn Bradshaw and Michael Royden, sowing the seeds for growth featuring Ashley Latter; medical emergencies with Stuart Clark; and smile analysis with Elaine Halley.

Another highlight of the event was a conversation based on the financial implications of transitioning from the NHS into private practice, featuring Stephen Pryce from Chase de Vere. Stephen gave delegates an understanding of the existing benefits they received from the NHS and what

moving to private practice would involve financially.

This was a particularly valuable discussion for dentists considering making the switch as it looked honestly at the pros and cons and provided invaluable information on the potential additional costs.

The session by Ashley Latter of Dental Sales Training explored ethical sales and communications. It pointed out that though most dentists spent their time on clinical skills and developing product knowledge, 85 per cent of their success was down to their communications ability.

It also talked about the importance of listening in order to understand, what to say to influence patients and the importance of building rapport.

Doing these things, it argued, could help to increase case acceptance.

The show attracted some of the biggest company names in dentistry including Align Technology, Orascoptic, Clyde Munro, GC Dental, Planmeca and Henry Schein.

All in all, the event was a major success and reflected positive energy and vibrancy of the profession as well as providing dentists and associated professionals with a wealth of knowledge and information.

The Scottish Dental Show will be back next year with new faces and new technologies and techniques to discuss and demonstrate. Those who attended this year's enormously successful event will hardly be able to wait!

THE SCOTTISH DENTAL SHOW WAS A MAJOR SUCCESS AND REFLECTED THE POSITIVE ENERGY AND VIBRANCY OF THE PROFESSION.

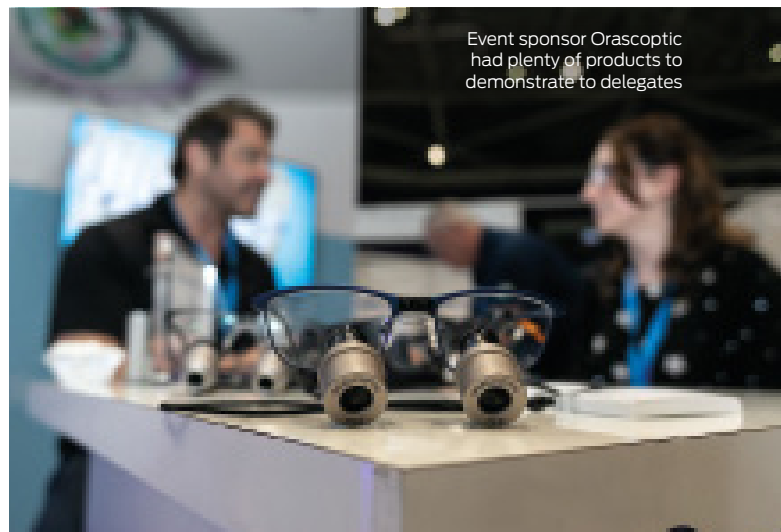




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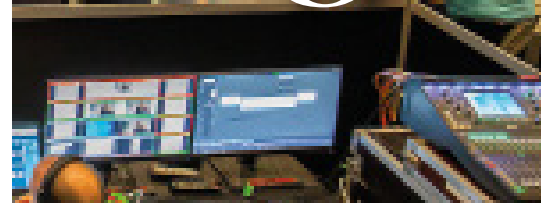
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EuroPerio10 *meeting*

More than 7,000 oral healthcare professionals from over 100 countries travelled to Copenhagen to attend EuroPerio10, the world's leading congress in periodontology and implant dentistry



The four-day event, organised by the European Federation of Periodontology (EFP), brought the global periodontology community together for the first time since the Covid-19 pandemic.

The Chair of the gathering, Professor Phoebus Madianos, described it as “the Olympic Games of dental congresses” adding: “EuroPerio10 attracts the best speakers, scientists and clinicians from around the world.

“This is the main event organised by the EFP and the growing success of EuroPerio is mainly due to the scientific programme, which delivers the present and future in the science and practice of periodontology and implant dentistry.”

Original research was presented in more than 900 scientific abstracts, with 41 scientific sessions on emerging issues of interest for practitioners, scientists and academics.

There were more than 130 top speakers from over 30 countries, and in excess of 110 companies attended the industry exhibition.

Research topics included the role of artificial intelligence in

the diagnosis and treatment of periodontitis. New evidence was also presented on the links between gum disease and heart conditions, diabetes, premature birth and lung function and the long-term outcome of periodontal treatment.

In addition, the groundbreaking first European guideline on how to treat advanced (stage IV) periodontitis was announced on the first day of the congress and explained in detail for the first time.

“Periodontitis has a huge impact on people’s lives, with bleeding gums, loose teeth, halitosis and substantial or even complete tooth loss if left untreated,” said Professor David Herrera, EuroPerio10 Scientific Chair and lead author of the main paper on the new guideline.

“Those affected can experience difficulty eating and speaking clearly, and some feel ashamed, frustrated and vulnerable. However, as new evidence shows, most advanced disease can be successfully treated and teeth maintained in the long-term.”

Approximately 1.1 billion people worldwide had severe (stages III and IV) periodontitis in 2019, making it the most common chronic inflammatory non-communicable disease.

A chronic form of gum disease, it is caused by bacteria that accumulate on the teeth. Inflammation starts in the gums then progressively destroys the ligament and bone supporting the teeth, causing them to loosen and fall out. The guideline focuses on the most advanced stage of the disease.

“

THERE WERE MORE THAN 130 TOP SPEAKERS FROM OVER 30 COUNTRIES, AND IN EXCESS OF 110 COMPANIES ATTENDED THE INDUSTRY EXHIBITION.”



Clinical assessment of advanced periodontitis includes five components:

1. Evaluate the extent of the breakdown of structures supporting the teeth, aesthetics and the ability to chew and speak.
2. Establish the number of teeth already lost due to periodontitis.
3. Determine which remaining teeth can be saved.
4. Assess all factors in the mouth which could hinder or enable retention of teeth or placing implants, such as spaces without teeth and the availability of bone.
5. Ascertain the patient's overall prognosis, including the probability of disease progression or recurrence and risk factors such as smoking and diabetes.

Treatment aims to control inflammation and prevent further damage of the supporting tissues of the teeth as well as restoring tooth function.

Therapy begins with the recommendations for stages I to III periodontitis, which include good oral hygiene, not smoking,

controlling diabetes and professional cleaning of the teeth above and below the gum line to remove bacteria.

Additional treatments for stage IV disease can involve orthodontic therapy to straighten or move teeth and construction of prostheses to replace missing teeth, either supported by teeth or by dental implants.

Prof Herrera said: "Extracting teeth to place dental implants is not a reasonable option if teeth can be retained. Behavioural change is one of the pillars of therapy and the patient's motivation and compliance are extremely important for success.

"This includes toothbrushing, cleaning between the teeth, sometimes using a mouth rinse to reduce inflammation, not smoking, and controlling blood sugar for those with diabetes."

He added: "The benefits of periodontal therapy extend beyond the mouth to improved nutrition, quality of life and systemic health, such as better control of blood sugar in patients with diabetes due to the two-way relationship between diabetes and periodontitis."

The EFP President, Professor Andreas Stavropoulos, said the new guideline for stage IV

“

EXTRACTING TEETH TO PLACE DENTAL IMPLANTS IS NOT A REASONABLE OPTION IF TEETH CAN BE RETAINED.”

periodontitis meant that for the first time there were now European recommendations for the interdisciplinary and evidence-based management of all stages of this disease. He added: "Application of the guideline is expected to improve the quality of periodontal treatment in Europe and worldwide. The EFP will be working with its 37 member national periodontology societies to translate and adapt it to the local context."

The EFP is a non-profit organisation dedicated to promoting awareness of periodontal science and the importance of gum health.

www.efp.org

Build Back Better focus

Glasgow hosted the British Association for the Study of Community Dentistry (BASCD) for its Summer Scientific Meeting on 9 and 10 June. Welcoming the attendees was a warm and friendly organisation in BASCD, with a two-day programme on topics to 'Build Back Better'. The conference focused on how to improve the oral health of communities and reduce oral health inequalities following the impact of Covid through the actions of inclusion, integration and innovation.

BASCD's outgoing president 2020-2022, Maria Morgan, gave a heartfelt valedictory speech reflecting on her term of office. It gave the organisation the opportunity to express gratitude to her for steering BASCD through the challenges of uncertain times before Maria handed over the presidential medallion to BASCD President 2022-2023 Albert Yeung, consultant in Dental Public Health in NHS Lanarkshire.

Albert hosted this conference with energy while delivering an important message – that we must not fear failure, we must aim beyond a zone of comfort to find opportunities to Build Back Better.



Outgoing BASCD president Maria Morgan and current BASCD president Albert Yeung

Inclusion

Day one showcased inclusion, beginning with Professor Maggie Rae, President of the Faculty of Public Health, agreeing the mouth is not separate from the body, and we must include oral health promotion alongside general health. Then to the inclusion of minority groups within the dental workforce, Nishma Sharma gave a rousing presentation citing we must do more to raise representation throughout the profession. As Chair of the Diversity in Dentistry Action

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Group, she highlighted that promoting inclusion of diverse groups in the workforce is not only fair and just, but it can improve health outcomes for patients. This was a moment for the attendees to reflect on individual and organisation levels of allyship in the pursuit of inclusion. Next up, Scotland's Deputy Chief Dental Officer (CDO) Gavin Mclellan spoke on inclusion of patients to necessary care, evidencing dental charges as a barrier to this. Psychology and Dental Public Health lecturer Andrea Rodriguez then explained that, to promote inclusion in oral health, we must look at the concepts of social exclusion, intersectionality and othering. She promoted a fantastic comic created by Dundee Dental School as an alternative public engagement tool, displaying what can be learned by sharing.

Glasgow's Merchant House hosted the evening social programme of bagpipe music, dinner, Chinese dancing, Highland dancing, and a ceilidh.

Integration and Innovation

Returning for day two and we kicked off with integration. Deputy CDO for England, Rebecca Harris, discussed going beyond Building Back Better and looked at building back fairer.

Welsh Deputy CDO Warren Tolley detailed the integration of the Assessment of Clinical Oral Risks and Need (ACORN) within the primary dental service, presenting lessons from its 'action learning year'. Catherine Rutland, Clinical Director of Simplyhealth, gave a message of integration from the private dental sector, aiming to link with NHS general and dental services to improve patients' health through integrated prevention and health promotion.

A new model of integrated dental education was presented by Asha Thomson MBE. The Assistant Dentist Integrated Care programme, now going into its third year in areas of unmet dental need, has aided workforce recruitment, provided workforce satisfaction and experience, and increased patient access to care. Rachel Jackson presented the integration of art to dental education. This was not just an opportunity for the attendees to be in awe of her own

art and illustrations on show at the event, but also to see art as a purpose of communication for both patients and students.

Medical illustrations being objective present unique ways to visually understand scientific information. The Art in Dental Education programme in Aberdeen is also used to develop behaviour change outside of the clinical environment, with subjective art helping develop ethics and compassion in dental students as well as providing opportunity for reflection and wellbeing.



The afternoon moved to innovation, with Simon Hearnshaw explaining that "insanity is doing the same thing" while innovation needs alternative action. He presented thinking outside the "UDA-box". Through a flexible commissioning model and use of skill mix, they found a solution to access, health promotion, and resources.

Jo Dawson highlighted how innovation can come from one individual – she set up her own community interest company, Awesome Oral Health, to tackle wrong messaging of dried fruits provided in schools. The day finished with Moshan Ahmad and a programme of Healthy Living Dentistry, a framework focused on improving health and wellbeing through innovative collaboration across Greater Manchester Local Dental Network and general health services.

Throughout the two days, between these excellent speakers, was the opportunity to view a variety of posters. BASCD is keen to encourage researchers in the field of population oral health. To support this, BASCD offers poster prizes which are the Roger Anderson Poster Prize, and Oral Health Promotion Poster Prize which were awarded at this event. Congratulations to the deserved winners.

For further details of the conference search Twitter #BASCD2022

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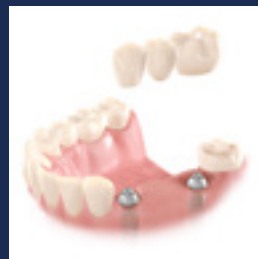
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BAOMS22 ASM

BAOMS's 'Facing the Future' 2022 meeting in London tackled education, recruitment & retention and safeguarding the NHS

The postponed 2020 British Association of Oral and Maxillofacial Surgeons (BAOMS) Annual Scientific Meeting (ASM), faced the future squarely with former Head of the Civil Service, Lord Kerslake (pictured far right), who made the opening presentation.

He called on the speciality to step forward and take on clinical leadership and engage widely in the debate to secure the future of the NHS.

His was one of several important sessions that followed and confronted some of the most challenging questions facing oral and maxillofacial surgery and the NHS today. This came together with a cutting-edge research, scientific and academic programme over the three days conceived by immediate past 59th President Rob Bentley, Consultant Craniofacial and Oral and Maxillofacial Surgeon at King's College Hospital.

Rob Bentley was finally able to host his 2020 conference at London's Southbank Centre – the first time held in the capital since 2012.

It was a powerful event, brimming with energy and excitement. BAOMS had not been able to meet at full capacity since 2019. In the intervening years oral and maxillofacial surgeons, together with oral surgeon colleagues, had pushed themselves to provide the best patient care they could during the pandemic. The risk of Covid infection for both specialities was clear.

Lord Kerslake challenges BAOMS to engage actively in the future of the NHS

In ASM's opening President's Lecture, Sir Bob Kerslake, who had also served as Chairman of King's, told the facial surgeons bluntly: "However brilliant you are in the work that you do in BAOMS – and



I think you are brilliant – this can only be this can only be sustained if the NHS as a whole does well."

He listed what he believes are the six "big challenges... that are interrelated and mutually independent" that face the NHS. Service, workforce, finance, digital, organisation and public health need to be tackled together "if we are to succeed". Lord Kerslake added: "Arguably the single biggest cause of the service challenge is my second big challenge, the workforce challenge." In addition, he said, a culture shift is needed among staff to embrace new digital models of care.

But he wondered if "we are even close to the scale of change that will be needed?"

He believes his six challenges are daunting and "easier to describe



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A CULTURE SHIFT IS NEEDED AMONG STAFF TO EMBRACE NEW DIGITAL MODELS OF CARE.”

them than to describe clearly the way through them”.

He said that Government has denied the problem of funding for social care, and the £39 billion added to the NHS Care budget over three years from 2021, together with the national insurance contributions increase, would not ensure the funding needed and “in my personal view... it will not happen”.

Lord Kerslake threw out a challenge to the specialty at the end of his presentation, saying: “To survive



and prosper will require a collective effort... you in this room will have to actively engage in the future of the NHS well beyond your specialisms.”

Workforce issues

Workforce issues featured prominently throughout the BAOMS22 programme. The first of two sessions on recruitment and retention explored the realities of training and the pressures facing junior trainees. Symposium panel members described how BAOMS is working imaginatively to provide tangible support and a “caring ethos for junior staff”.

David Drake, Chair of the Specialty Advisory Committee responsible for oral and maxillofacial surgery on the Joint Committee on Surgical Training, said there had to be an expansion in OMFS across the UK, and an expansion in training in hospitals. Health Education England has increased training numbers for all surgical specialities, he explained,

but there hadn’t “been much discussion with the specialty”.

Develop the leaders of tomorrow, today

Another key session took a deep dive into learning from the pandemic and how that can be applied to protect and foster a prospering NHS into the future – and why developing the leaders of tomorrow is essential in that process.

Chairing the debate on the final day of his ASM, Rob Bentley said a strategic framework for the NHS and developing the right leadership and talent, coupled with equality for all of access, is essential.

He added: “We need good teams that have solidarity, sociability and unity because of the fragmentation caused by the pandemic... it’s all about developing partnerships in and through others.”

Professor Kevin Fong, Consultant Anaesthetist at University College Hospital London and National Clinical Adviser in Emergency Preparedness Resilience and Response for Covid, threw out another challenge for colleagues: “It’s your health service and you have a chance to influence it”

It isn’t about “the number of beds, but the wellbeing of the workforce”, he said. He believes that if you don’t sustain the wellbeing of the workforce at all levels you will not be able to fill the gaps in care.

Prof Fong said you need to retain your workforce and invest at scale in that workforce – this will improve patient care and save the NHS money. How could this be done? By using and preserving organisational memory and the new-found agility, he said.

Consent changes for mandibular third molar surgery

On the final day of BAOMS22, a stimulating symposium examined why the consent processes for mandibular surgery had changed, and the impact the new guidelines have had.

Consultant Oral and Maxillofacial Surgeon Geoff Chiu, based in the oral surgery services at East Lancashire NHS Trust, tackled the changes to the consent process for mandibular third molar surgery. He had represented BAOMS on the Royal College of Surgeons of England Faculty of Dental Surgery Working Group that updated the 20-year-old National Institute of Health and Clinical Excellence (NICE) guidelines.

Mr Chiu was joined by Simon Harvey, Consultant in Dental Maxillofacial Radiology at the Eastman Dental Hospital, and Stephen Henderson, Dental Adviser for the Medical & Dental Defence Union of Scotland. Mr Harvey looked at the imaging lower third molars, while Mr Henderson interrogated how the ‘Montgomery’ principles apply to wisdom teeth.

Mr Chiu told delegates that the new guidelines for lower third molar surgery now include management of “high risk” third molars, the current status of patients’ social wellbeing and their involvement in the decision-making.

Retaining third molars in some patients had a detrimental impact, adding: “This has led to patients developing latent caries or periodontal disease, which can often result in the loss of both the third and second molars.” He went on to explain the principles of care in the new guidelines, which are now “patient-focused”.

Posters and papers filled with ideas and innovations

Over the three-day conference, there were an astonishing 70 free paper presentations that tackled issues from TMJ and dental alveolar to head and neck cancer, audit, trauma and the experiences of second-degree trainees.

Alice Cameron from the Great Western Hospital posed the question, ‘Are you happy with consent for dental alveolar surgery in your department?’, while Consultant OMFS Bernard Speculand, with his expertise in medico-legal practice, tackled ‘Clinical negligence in TMJ surgery’. Aimee Rowe, a Senior House Officer in the East Midlands, presented a paper that explored how the OMFS specialty supported second degree students.



Head of the Civil Service, Lord Kerslake. Picture credit: John Murray, PNJ Photography

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What we can offer

Firstly, we offer free consultations, during which a patient can get a full examination, CBCT scan and a plan tailored just for them.

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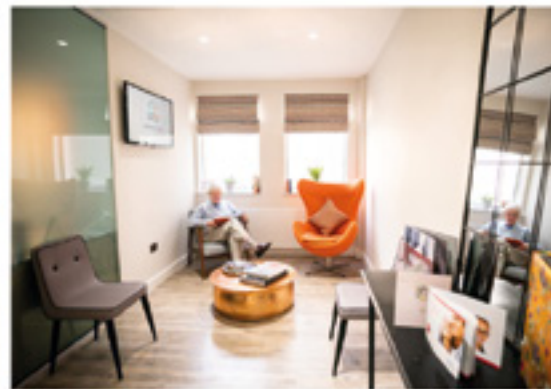
- We provide a comprehensive treatment plan after a thorough diagnostic
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Dundee Trauma course

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Trauma is something that affects a large number of people. It can be a result of domestic violence, sexual abuse or witnessing a dramatic event, among many other examples. Regardless, its effects can be pernicious and long lasting

When people come into contact with a dentist – something that by its very nature involves pressing into personal space as well as in many cases a surgical procedure – trauma can be triggered.

It's important staff recognise the symptoms of this and the pressures on patients so that they are able to support patients to engage in dental treatment and avoid inadvertently re-traumatising patients.

This is an area in which Dundee Dental Hospital and School is now taking a lead. It is now running a course in Psychological Trauma in Dentistry for all its staff, whether clinical or not, in order to foster understanding and enable those working there to learn why patients react to certain situations as they do.

The project is the brainchild of Dr Abigail Heffernan, Consultant in Special Care Dentistry and Honorary Senior Clinical University



“
**ANYONE WHO COMES ACROSS
A MEMBER OF THE PUBLIC IN
THE COURSE OF THEIR WORK
SHOULD BE TRAUMA INFORMED.**”

Teacher, and her colleague, Clinical Psychologist Dr Lindsay-Jo Sevier-Guy. The sessions are conducted under the auspices of the Scottish Government National Trauma Training framework.

“Anyone who comes across a member of the public in the course of their work, whether it’s in social care or as a librarian, should be trauma informed,” says Lindsay-Jo.

“The stage beyond – the second level – is to be trauma skilled, and this is for people who see patients whether trauma is known about

or not. This is where we felt pretty much everyone working here in the hospital and school should be.”

The training is provided free and, for appropriate staff, CPD is attached.

“We are offering it to everyone here, literally from cleaners to consultants,” Abigail explains.

“We are trying to raise awareness about what trauma is, where it may stem from and the forms it can take and introduce the concept of a psychological trauma skilled team.” Examples of this are provided from



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the Tayside area in order to provide useful case studies.

“We are trying to encourage staff to keep trauma in mind and have a greater understanding of what the patient may be experiencing.

“It may be that the patient we meet seems to be quite cold or perhaps a bit prickly towards us. Is that because of trauma? If it is, then we need to look at the barriers we can disassemble in order to get them the care that they need.”

Dental practice can, of course, be a particular challenge.

“As a dental consultant, I spend about half my professional life working with patients who are scared of dentistry,” says Abigail. “But it’s not just about dental phobia. There are different types of trauma.

“It could be a single event such as witnessing a road accident or seeing someone being assaulted. Or it could be a more complex trauma.

“It might be that someone is the victim of domestic or gender-based violence, or they may have been sexually assaulted or been sexually abused in the past.

“Although we are hopefully

through the worst of it, we are still in the grip of a Covid pandemic. And people who have been in ICU – that’s referred to as ‘having survived’ – might suffer trauma. That’s known as a cause, but it’s not something that every member of healthcare staff might recognise.”

Dental teams will meet people with a history of trauma, though it isn’t always obvious to them as patients may not disclose this. However, if the clinicians and others working with them work in a trauma informed way, regardless of whether it is disclosed, then it could well lead to better and more appropriate care – “and that is why we’re all here.”

Being affected by psychological trauma is by no means rare.

“It can be quite common,” says Lindsay-Jo.

Just one example is that some 20 per cent of girls and 10 per cent of boys are thought to have suffered some form of sexual abuse in childhood, so a lot of people are living with the consequences.

“That affects those who suffer from it in various ways,” she adds. “We know that it impacts on their

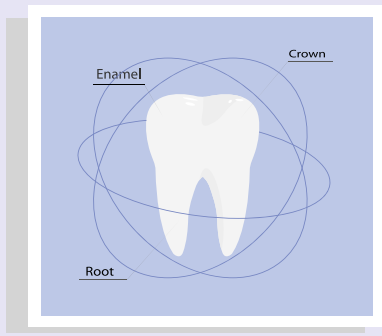
ability to engage with health services and to accept dental care.

“Research suggests that they can also have poorer health and social care outcomes because of this, and perhaps the services aren’t necessarily set up in the way we want them to be.”

Another issue is that some people who experience trauma as children can be more vulnerable to it happening again in adulthood. “If you’ve been physically abused as a child, then it’s going to be very difficult to have people in your personal space – to trust them enough for you to lie down in front of them,” she adds.

“It doesn’t necessarily have to be a dental phobia or anxiety. It’s that if you’ve had these experiences, then dentistry is particularly challenging. They might struggle and feel uncomfortable. They may just not come for treatment at all, or they may cancel their appointment and then not return.”

The new course for staff lasts for half a day. It is thought to be hugely useful that the Scottish Government already has its own National Trauma



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IT MADE THEM REFLECT ON THE FACT THAT, AS A BUILDING, THE DENTAL HOSPITAL IS A STRESS INVOKING ENVIRONMENT.”

Framework and alongside this it has made generic training available.

This means that the basics are already covered in online modules. Course participants undertaking the sessions in Dundee are then asked to work through these to become informed about trauma before the workshop itself takes place.

“In this session we look at how to apply that generic information within a dental setting,” Lindsay-Jo says. “We may have receptionists, cleaners and consultants all taking part.”

The genesis of the learning goes back to just before the Covid pandemic. As in so many other

areas of life, the virus derailed plans somewhat, with much of the work in areas such as putting together the slides for the workshop only taking place during the summer of 2021.

A total of 35 people at the hospital and school have taken the course so far, with a further 20 signed up already for the next one.

“It has been a resounding success – the feedback has been amazingly positive,” says Abigail Heffernan.

She gives some examples.

“Just this morning, one of the nurses told me that she felt that the training gave her a much better insight into how to react and how

not to react to a patient who was suffering from trauma.

“Another nurse said that they felt the course had given them a better understanding of the topic and that it had encouraged them to be mindful of why patients were reacting the way they were.

“It made them reflect on the fact that, as a building, the dental hospital is a stress invoking environment. She felt that it encouraged her to be even more patient than she already is.”

Staff suggested after the pilot that they would like it to be even more interactive. The team involved have taken that on board.

Staff members are now recommending it to each other, which Abigail says “really speaks volumes” about how much the training is valued and perceived to be useful across various staff groups.

The aim is to continue to offer the course until every member of staff at the Dundee Dental Hospital and School has taken it. “The staff who have come along so far have been really receptive to it,” she adds. “We’ve had some great discussions. Everyone seems happy with it.”

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Dr Dhiraj Arora

BDS MJDF RCS(Eng) PGCert CE MSc(Endo)¹

Initial presentation and background

Visit 1:

The patient was a referral for root canal treatment (RCT) on LL6. She was triaged for COVID-19 over the telephone and also on entering the surgery. For the appointment, I wore the following PPE: respirator mask, gown, face shield, loupes and gloves.

The patient said she had been advised by her general dentist that she required RCT. She had been in

continuous pain after she'd had a crown fitted and the GDP did try to find the nerves; however, this did not help. The patient told me that the tooth hadn't felt right since the crown was done and that she would like the pain to stop. She had been taking painkillers and was prescribed a course of antibiotics.

Results of examinations

Extraorally, no abnormality was detected. Intraoral exam on LL6 revealed a recent onlay had been

carried out and attempted extirpation, but only one canal had been located.

Mobility was grade 0. The tooth was slightly tender to percussion, also there was mild buccal tenderness to palpation. There was no endo-related pocketing when the probe was walked around the gingival crevice. No evidence of a sinus tract or intraoral swelling were found.

A pre-operative radiograph showed the onlay in close association to the pulp space, with no obvious pathosis (see Figure 1).



Figure 1



Diagnosis

A diagnosis was made for the LL6 of symptomatic apical periodontitis with previously initiated treatment.

The options regarding this tooth were:

- Do nothing. However, the patient was warned that, if left untreated, it could cause an acute flare up at any time and have a reduced prognosis due to persistent infection.
- Root canal treatment (RCT) with cuspal coverage.
- Extraction.

The patient was happy to proceed with RCT. Consent was discussed, with the risks and benefits explained, including the risk of re-infection and the complex anatomy. The consent form was duly signed, witnessed by the dental nurse and me.

Treatment pathway

Local anaesthesia was administered: 4.4 ml lidocaine hydrochloride, 2% 1:80,000 adrenaline via buccal infiltration and inferior dental block (IDB).

A rubber dam was placed over LL6, with a clamp and rubber dam liquid used to provide a tight seal. The tooth was accessed, with three orifices located and checks made for a potential second distal canal. No second distal

canal was found, with a note made to check again at the next visit. The located distal canal was oval-shaped and centrally located.

A glidepath was created using K-Flex Files 06, 08, 10 and 15. Throughout the procedure, the canal was irrigated with an enhanced sodium hypochlorite solution applied from a syringe.

Working lengths were established using an apex locator: Mesio Buccal (MB), 18 mm (reference point, buccal cavity wall); Mesio Lingual (ML), 18 mm (reference point, mesio lingual cusp) and Distal (D), 19.5 mm (reference point, mesio lingual cusp).

Apical preparation was completed using COLTENE's HyFlex™ EDM files and CanalPro™ Jeni motor sequentially: the 10/.05 Glidepath file then the 25/- OneFile. These files definitely know their way around curves. Due to their controlled memory, the files follow the anatomy of the canal, thus significantly reducing the risk of ledging, transportation or perforation of a canal. Like stainless steel files, HyFlex™ files can be pre-bent. Used in combination with the CanalPro™ Jeni, which uses complex algorithms to control file movement at millisecond intervals, I am able to navigate the canal system to achieve safe, effective and

predictable mechanical preparations for our patients. The motor is smooth and efficient, and the audible signals provide the clinician with a regular reminder of the importance of constant irrigation. The Jeni has an integrated apex locator, useful as it provides information regarding the positioning of rotary files within the canals at all times, which could potentially reduce the incidence of overpreparation.

The canals were prepared to the above sizes, with continuous irrigation using the sodium hypochlorite solution. The canals were dried with paper points, a calcium hydroxide paste placed in them and a pledget was used in the pulp chamber space. The tooth was temporarily restored, with occlusion and contacts checked.

The patient was told to expect some post-op pain and tenderness and advised to take painkillers and avoid having anything hard on the tooth, due to the risk of fracture. She was also advised about the possibility of an acute flare-up and/or swelling in the area, alongside the possibility of tenderness from the jaw joint. If any of these scenarios were to occur, she was to use anti-inflammatories, cold compresses and contact the dental practice. The patient understood these instructions and left happy.



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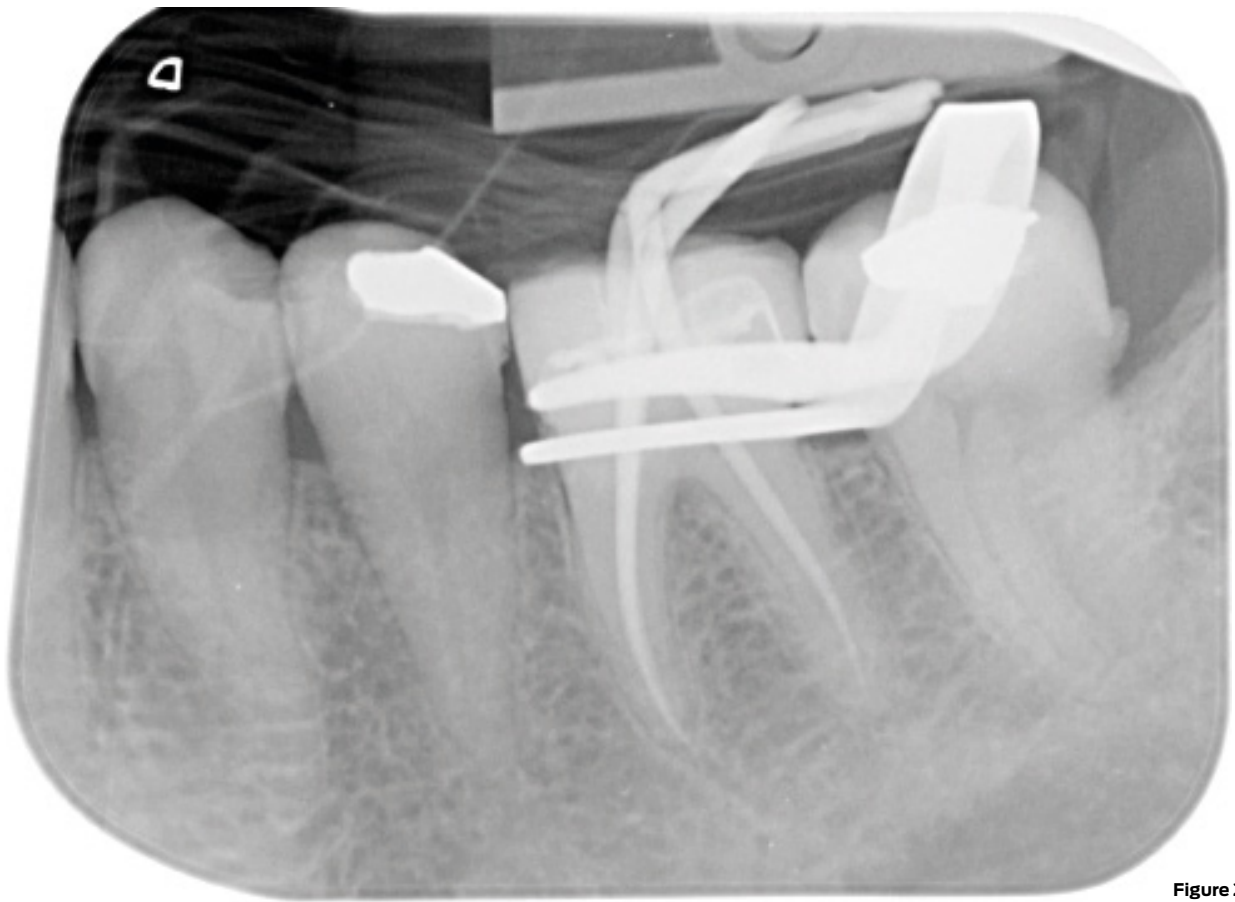


Figure 2

Visit 2:

For her next visit, the plan was to obturate and provide a coronal seal with a direct permanent restoration. Once again, the patient was triaged for Covid 19 over the telephone and on entering the surgery. I wore a respirator mask, gown, face shield, loupes and gloves.

The patient was able to report that since the last visit she'd experienced no pain or discomfort, so would like the treatment completed. She was made aware of the risks and confirmed consent, as before. I was then able to proceed with the continuation of the RCT on LL6. Once again, it was delivered under local anaesthesia: 4.4ml lidocaine hydrochloride, 2 per cent 1:80,000 adrenaline via buccal infiltration and IDB.

A rubber dam was placed over LL6, with a clamp and rubber dam liquid used to provide a tight seal. The tooth was accessed, three orifices relocated and rechecked for the presence of a potential second distal canal, using a microscope and ultrasonics.

Working lengths in each canal were

re-established and apical preparation completed using COLTENE's HyFlex™ EDM file system. Apical gauging was carried out to determine the size of the finishing files required: MB, binding file ISO size 25, finishing file 25/- OneFile; ML, binding file ISO size 25, finishing file 25/- OneFile and D, binding file ISO size 25, finishing file 25/- OneFile.

The canals were prepared to the above sizes, with continuous irrigation throughout with sodium hypochlorite solution applied from a syringe.

Matching Gutta-Percha points were placed in situ and a master cone long cone periapical radiograph (LCPA) of the LL6 was performed (see Figure 2), to assess the apical extent of the master gutta percha cones. Reporting showed a potential obturation to within 2 mm of radiographic apex.

I performed mechanical agitation of the irrigant, with well-fitting gutta percha cones using long vertical strokes. I then gave a penultimate rinse with EDTA 17% for 1 minute, followed by the sodium hypochlorite. The canals were dried with paper points.

The canals were obturated using

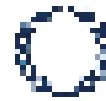
a continuous wave of condensation (warm vertical) technique: matching master cones with sealant to working length. A heat source was used to remove the coronal portion of the cones, to a binding point 5 mm short of the working length. The canals were backfilled with thermoplastic gutta percha.

The tooth was etched, bonded and restored with SDR as an orifice seal/base and COLTENE's EverGlow™ universal composite. Occlusion and contacts were checked.

The patient was advised to take painkillers to relieve any discomfort and to expect some pain and possible tenderness of the tooth. As per visit one, she was also advised about the possibility of an acute flare-up and/or swelling in the area, or the possibility of tenderness from the jaw joint. If any of these scenarios occur, she was to use anti-inflammatories, cold compresses and contact the dental practice. The patient understood these instructions.

An LCPA radiograph was taken, justified for post-operative assessment of endodontic treatment and to check





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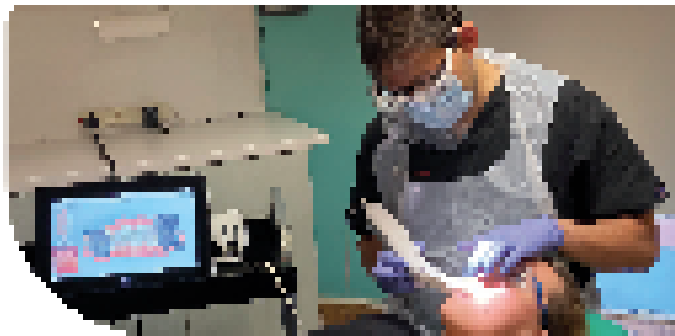


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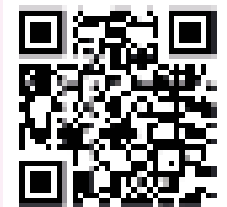
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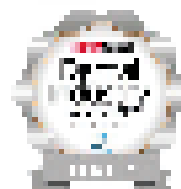
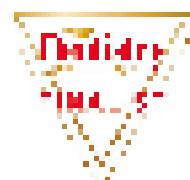
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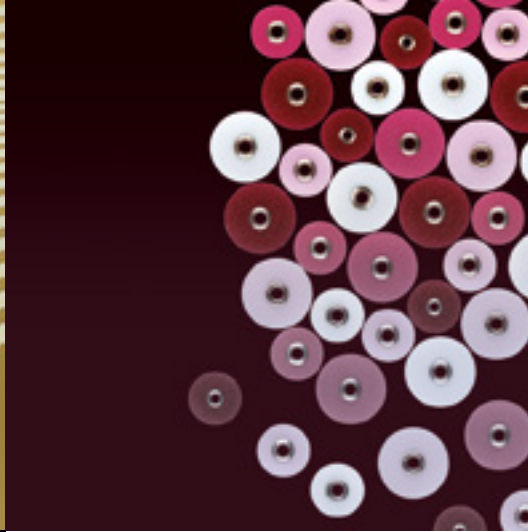


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that a coronal seal was provided (see Figure 3). Reporting showed the RCT well condensed and within 2mm of the radiographic apex (see Figure 4). The patient was advised to see her GDP for review and left happy.



Figure 3

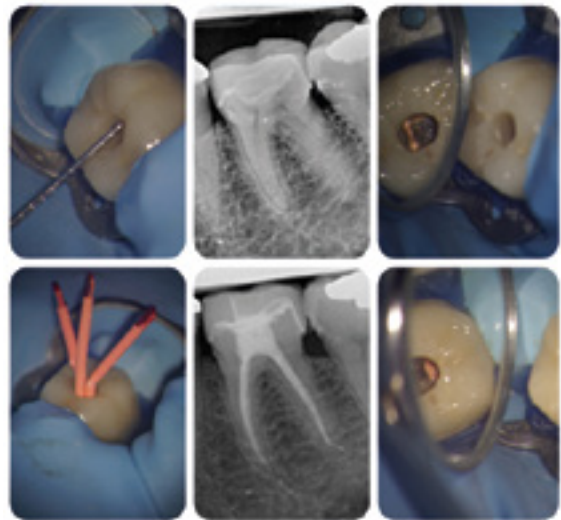


Figure 4

Dr Dhiraj Arora qualified in 2007 from Kings College London and, after five years as an associate dentist, is now the owner of two practices. Having completed his Masters in Endodontic Practice from QMUL, he now principally works as an endodontist across multiple practices in London. Dhiraj has been involved in the mentorship of newly qualified dentists and is an educational supervisor within the London Deanery. This, along with being an Honorary Lecturer in Endodontics (QMUL), allows him to combine his enthusiasm for endo and teaching. He has recently set up Evo Endo to provide postgraduate endodontic courses to general dental practitioners.

For more on COLTENE, visit: www.coltene.com,
email info.uk@coltene.com or call 01444 235486.
For endodontic courses, visit: www.evoendo.co.uk
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¹Honorary Lecturer in Endodontics, QMUL

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Michael Tang
BDS(Gla) MFGDP(UK)RCS
PGDip(ImplDent) MSc(ImplDent)
GDC 80508



The go-to guy for implants

Michael Tang qualified from Glasgow in 2002 and is a general dentist with a special interest in dental implantology

Michael Tang receives referrals for implant surgery, from straight forward

single unit cases to complex full arch treatments. Surgery can be a daunting prospect for most patients, but his caring and gentle approach means that many have benefitted from his treatments. If necessary intravenous sedation can be provided to further relax those who may be particularly nervous about dentistry.

His interest in dental implantology stemmed from a course held in Harley Street in 2005. In the same year he decided to complete an intensive implantology course in the influential Medical Faculty in Boston, USA. He has since been lectured and mentored by some of the leading international clinicians in this field.

After many years of experience in implant dentistry, he decided to formalise his training and has since been awarded the Diploma in 2011 and the Masters qualifications in 2012.

Prior to the Covid pandemic, Michael provided implant treatments in a peripatetic fashion in over 10 clinics. However, over the past two years the changing clinical protocols means he is now predominantly based in his referral practice in Glasgow city centre.

Patients are referred to the Kalyani Dental Lounge for CBCT scans, complex tooth removal, bone/soft tissue grafting, sinus lifting and implant surgery.

Referring dentists can choose whether the patients have their implant treatment carried out from start to finish by Michael, or to restore the implants themselves. For those already experienced with restoring



Michael Tang BDS
MFGDP(UK), RCS
PGDIP (IMPIDENT)
MSC(IMPIDENT)
GDC: 80508



implants an informal tutorial session is all that is required to familiarise themselves with the prosthetic kit and referral protocol.

For those who have no or little experience with dental implants, Michael runs Refer and Restore courses regularly. This covers all required basic knowledge from case selection to the skills required for restoration. Continual ongoing mentoring is provided as part of the course.

Michael also provides mentoring for those who have an interest in the surgical aspects of implant treatment. Colleagues often shadow various surgical treatments or simply ask for advice in an informal basis. Many dentists have already benefitted from this.

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

clinical teaching involves five clinical days in Year 1, and 10 clinical days in Year 2. Suitable patients are provided for delegates during those days.

Michael is also one of the most experienced Southern Implants SIREAL Guided Surgery clinicians and was the first in the UK to use the system and perform the surgery. In October, he will be presenting the topic of Guided Implant Surgery at the Southern Implants European Conference in Nice. Interested? There's still time to register and join him!

If you want to refer a patient, interested in restoring implants or want to be mentored, then contact Michael at:

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Glasgow
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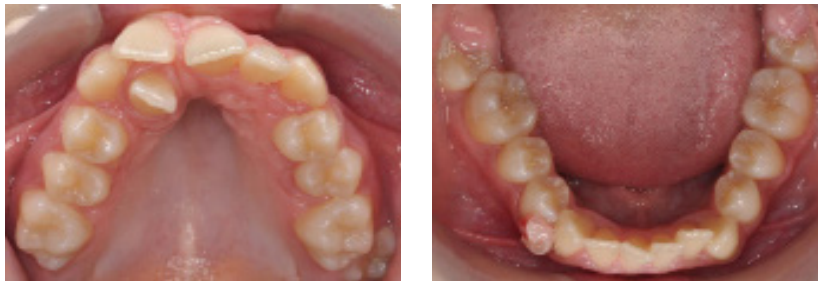


Two-phases treatment: rapid maxillary expansion and fixed appliance therapy

Mo Almuzian, Specialist Orthodontist

BDS (Hons), MDS,Ortho. (Distinction), DClin.Dent.Ortho.(Glasgow), MRACDS,Ortho. (Australia), MSc.HCA (USA), PGCert.Health (Portsmouth), G.Cert.Med.Ed (Dundee), FDS RCS, MFDS RCS, MDFT RCS, MOrth. RCS (Edinburgh)

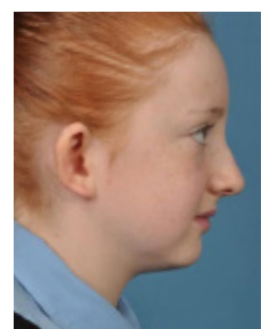
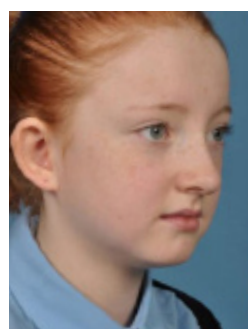
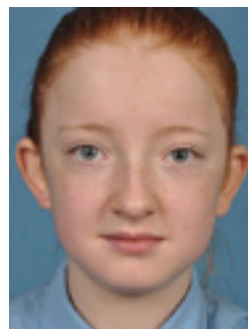
Figure 1



A 13-year-old Caucasian female with an unremarkable medical history presented concern about the appearance of her front teeth (Figure 1). Extra-orally, she presented with a mild Class II skeletal base, an average Frankfort mandibular planes angle and reduced lower anterior face height. Soft tissue examination revealed competent lips, average nasolabial and labio-mental angles with wide buccal corridors and a retrusive profile in relation to the E-line.

Intra-orally, there was a remnant of the lower right primary first molar (LRD), which was associated with localised gingivitis.

The mandibular arch form was square-shaped with an average inclination of the incisors, moderate crowding and well-aligned buccal segments. The maxillary arch form was narrow U-shaped with severe crowding. At retruded cuspal position

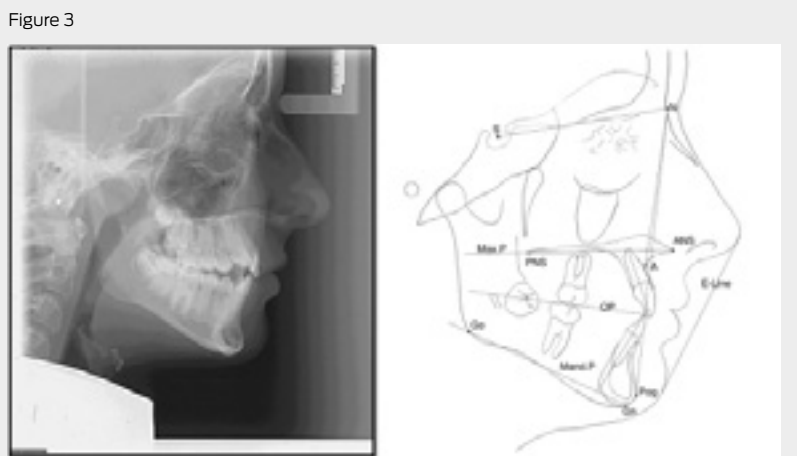
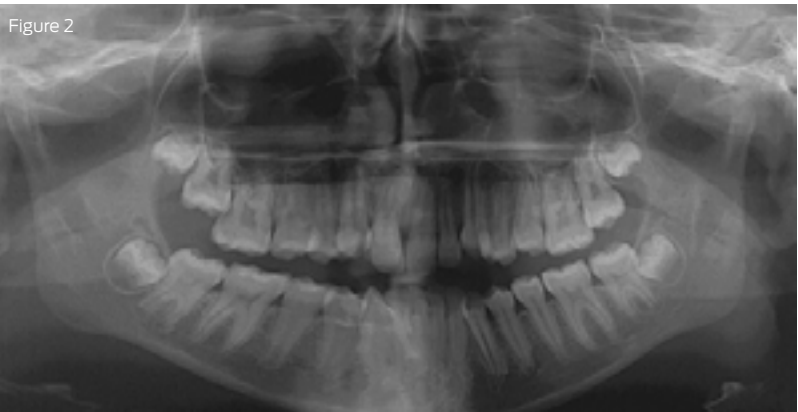


(RCP), the incisor relationship was Class I with an overjet of 3 mm measured at URI. There was an open bite anteriorly, although the upper left permanent central incisor (UL1) had a positive and complete overbite. The upper centerline was shifted 4 mm to the right of the facial midline. The buccal segment relationship on the left and right side was 1/4 unit Class II molar and 1/2 unit Class II canine relationship. There was an anterior cross-bite affecting UR2 and a unilateral buccal cross-bite that was associated with 2 mm of mandibular displacement to the left side on closure (ICP).

The pre-treatment panoramic radiograph confirmed the presence of the complete permanent dentition with a favourable position of the developing L8s and potential impaction of the U7s (Figure 2). Cephalometric findings confirmed the clinical findings of bimaxillary retrognathia, mild Class II skeletal base relationship with reduced vertical proportions, a slight tendency to posterior growth rotation, and average inclination of the upper and lower incisors (Figure 3, Table 1).

Treatment started effectively after the improvement of oral hygiene using a bonded RME cemented with Glass Ionomer Cement (GIC) and activated twice per day. The patient was reviewed every week until over-expansion had been achieved. At this stage, the screw was secured with light cure composite and the appliance was left in place for retention. Three months later, the RME was removed (Figure 4) and replaced (on the same day) with a modified trans-palatal arch (TPA), with horizontal arms (Figure 5).

Following the post-expansion retention phase (Figure 6), extraction of all second premolars was arranged, and the upper/lower pre-adjusted fixed edgewise appliance (0.022" X 0.028" slot) with MBT prescription were bonded (except UR2) and 0.014" nickel-titanium (NiTi) archwires were placed. Two months later, the upper archwire was replaced with 0.018" stainless steel (SS) wire, a NiTi open coil spring was placed to create a space for the UR2 and the upper first premolars (U4s) were retracted using power chain elastic. The archwire sequence in the lower arch progressed from 0.018" NiTi to 0.016" X 0.022" NiTi and then 0.019" X 0.025" SS customised and coordinated arch-wire. By this stage, the space closure in the lower arch had started, and 0.012" NiTi piggyback mechanics were added to align the UR2 (which was bonded with eyelets). When the UR2 approached its final position, an inverted UR2 bracket was bonded, to improve the root torque of the UR2, and



VARIABLE	PRE-TREATMENT	NORMAL
SNA	74°	82° ffl 3
SNB	73°	79° ffl 3
ANB	1° (EC:4.5°)	3° ffl 1
SN to maxillary plane	10°	8° ffl 3
Wits appraisal	+2mm	0 mm
Upper incisor to maxillary plane angle	107°	108° ffl 5
Lower incisor to mandibular plane angle	96°	92° ffl 5
Interincisal angle	130°	133° ffl 10
Li-upper incisor root centroid	+3 mm	0-2 mm
Maxillary mandibular planes angle	27°	27° ffl 5
Upper anterior face height	58mm	55 mm ffl 3
Lower anterior face height	63mm	70.5 mm ffl 4.5
Face height ratio	52%	55% ffl 4 mm
Lower incisor to APo line	2mm	0-2 mm
Lower lip to Ricketts E Plane	-5mm	-2 mm
PFH:AFH ratio (Jarabak ratio)	56%	62% ffl 3



the upper archwire was replaced with 0.020" X 0.020" Heat Activated (HA) NiTi. Subsequently, the upper archwire was replaced with an expanded 0.019" X 0.025" SS, with a progressive buccal root torque placed bilaterally to control the upper posterior teeth inclinations, and class II elastics were prescribed for night-time wear (TP orthodontics 1/40, 3.5 oz). Toward the end of the treatment, a cephalometric radiograph was taken (Figure 8). The finishing stage involved the use of settling zig-zig elastics (3/80, 3.5 oz) on upper 0.019" X 0.025" SS and lower 0.016" X 0.022" braided SS archwire.

At debond, lower (canine-canine) and upper (lateral-lateral) bonded retainers were fitted along with a modified upper and conventional lower PFR retainer was provided for night-time use only (Figure 7). The upper PFR was modified with embedded supporting 0.9 mm SS wire.

Figure 7

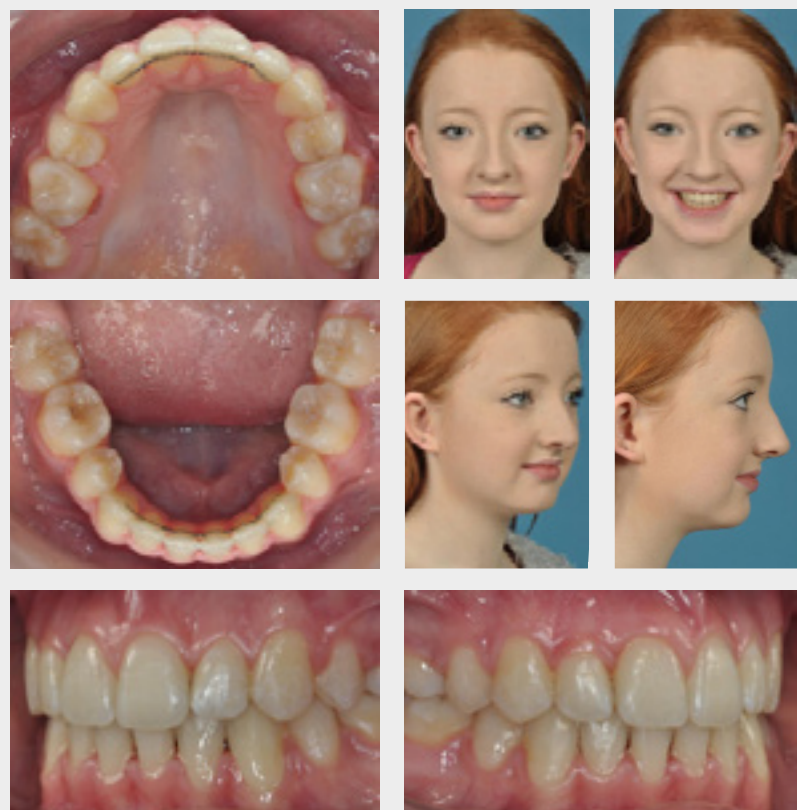
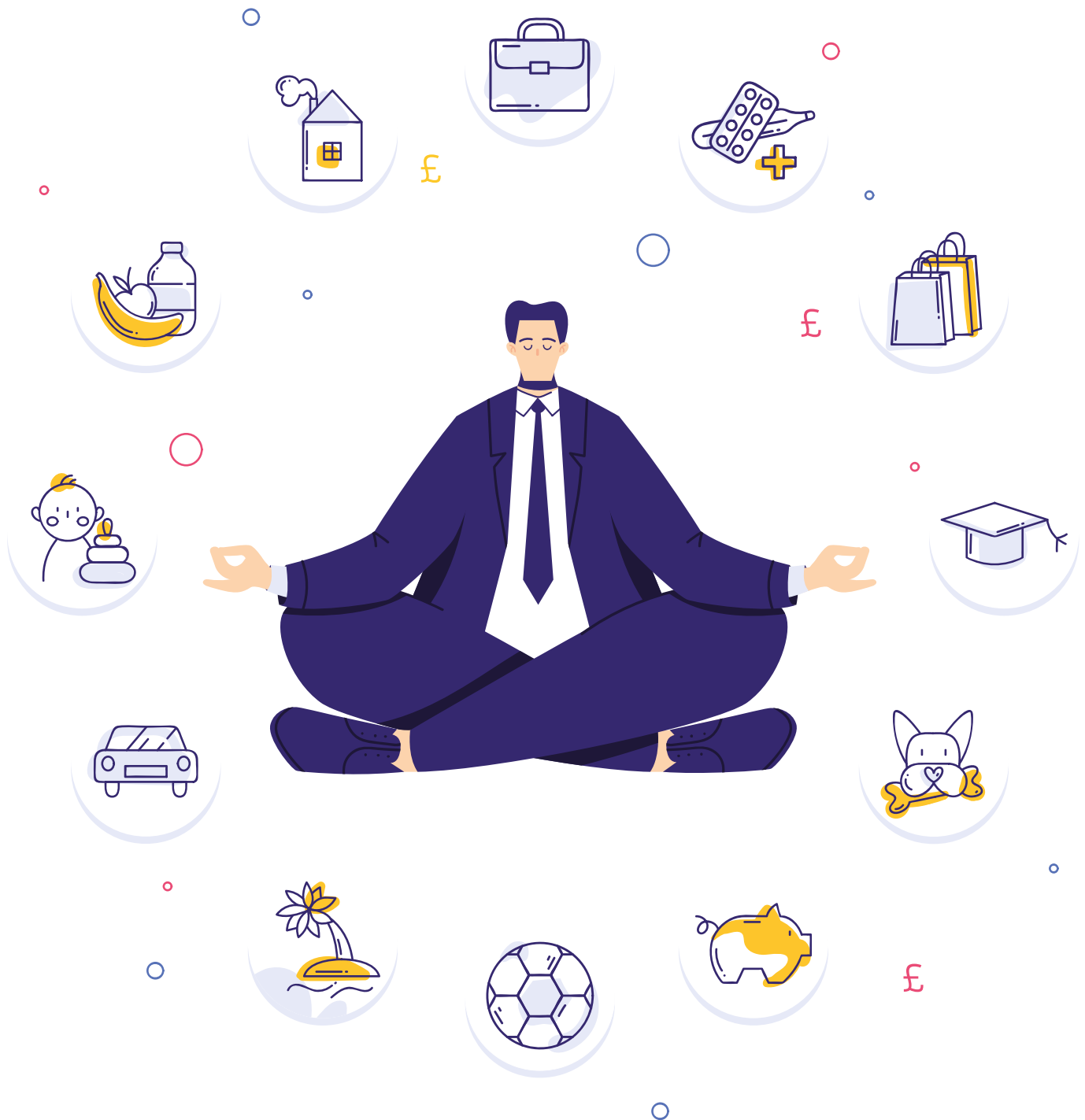


Figure 8

WORK LIFE BALANCE - MYTH?

WORDS
ALAN K REES



“

THERE IS ONLY LIFE, BUT THE MYTH IS THAT WE CAN TOTALLY COMPARTMENTALISE OUR LIVES AND HAVE CONTROL OF THOSE COMPARTMENTS.”

It took me several years and many ups and downs to realise that work-life balance was not what I expected and certainly not what I thought had been promised

THE REVELATION ARRIVED

in one of those moments where you discover something that you thought long lost but that has actually been hiding in plain sight.

The fact is that work-life balance is a myth. It does not and cannot exist – at least not in the way that most people seem to expect it. The very phrase suggests that work and life are two distinct and separate things.

What we are really experiencing is an equilibrium: a state in which opposing forces or influences are balanced. So, work-life balance can be defined as, “the equilibrium between personal life and career work”.

There is only life, but the myth is that we can totally compartmentalise our lives and have control of those compartments.

I started writing this at 6am on a beautiful sunny morning sitting at a desk in my workroom at the home I share with my wife, our dogs and cats.

The workroom is a former woodshed separate from the main house. We live in West Cork in Ireland, a mile from the sea and with a view as far as the Cork and Kerry mountains. It can sound and appear idyllic, and much of the time it is, because we have made it so.

But life was not always like this. During my early years, both as an associate and then a practice principal, I wrestled with what I felt were heavy responsibilities. I was a business owner, clinician, employer, husband, parent and so on.

I felt I had to be accountable to my patients for their clinical care, to team members for leadership, to the bank for their investment, to my family for

keeping them fed and housed, to the community in which I lived and so on.

The list felt endless, yet one of the reasons that I had been encouraged into, and chosen, a career in dentistry was the freedom that it promised. I had become a principal in order to share my philosophy of practice.

The choice of area and site was mine. Yet the rules I lived under didn't feel as if they were my choice, my time didn't feel like my own and I started to question the wisdom of the choices I had made.

The turning point, when it eventually came, was not some sort of beautiful realisation. It was more like waking up with a hangover from a long bad dream where I had been chasing something that was opaque while being followed by an unknown predator.

These words from Viktor Frankl, a Jewish psychiatrist who survived the Nazi death camps, from his book *Man's Search for Meaning* were a catalyst.

Frankl wrote: “Don't aim at success. The more you aim at it and make it a target, the more you are going to miss it. For success, like happiness, cannot be pursued; it must ensue... you have to let it happen by not caring about it.

“I want you to listen to what your conscience commands you to do and go on to carry it out to the best of your knowledge. Then you will live to see that in the long-run—in the long-run, I say! – success will follow you precisely because you had forgotten to think about it.”

I consciously started to relax into what I was doing, examined the reasons for the decisions I had made and started to be rather than struggling to become. The more that I focused on the now the

more that I enjoyed my life and the more I realised that I was already a success – on my own terms.

So, what are the messages that I want to share? That work-life balance is a phrase more at home on the lifestyle (that phrase itself is an advertisers' construct) pages of the weekend press.

Don't let anyone, including me, tell you what you should want or when you ought to have it.

Our identities are made up of many distinct parts. They are all-important and should be valued – but only you can decide what is right for you.

A successful life has to be just that, a state in which opposing forces and influences are balanced and equilibrium is sought.

The times in which we live are making ever larger demands on our limited resources. The greater our awareness of the need to be self-reliant, the better equipped we are to resist those demands.

Like riding a bike, once that balance is learned it can be occasionally lost and a tumble may follow, but the memory never entirely disappears, and we can get back to continue our ride through life on our chosen path.

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

In the current climate there are so many financial pressures on the Scottish dental practice. The ongoing chair time challenges, increasing material costs and lab fees plus the impact of rocketing fuel costs continue to ‘squeeze’ the resources of the typical practice. When there is no real opportunity to increase prices (for NHS treatment) this has the potential to severely impact profitability, cashflow and the ability to reinvest in the practice and the dental team.

The cost-of-living crisis is also likely to be of real concern to the nursing and admin team in your practice and during the pandemic we have seen recruitment and retention challenges in these areas. Our recently published wages survey has shown



some interesting findings and for experienced nurses an average wage increase of between 6.4 per cent and 10.2 per cent (depending on the level of seniority/duties involved). This type of increase is unprecedented over the last two decades and is a clear indicator of the pressures on the sector. A question often



Victoria Forbes
Director,
Dental Accountants
Scotland
E: victoria@dentalaccountantsscotland.co.uk

asked is: “Can I afford to increase the team wages?” Perhaps better asked is: “Can I afford not to?” The true value of a good team member is powerful and while we don’t encourage recklessness, it is always good practice to train, lead and motivate the best team you can and to adopt a commercial strategy together to attempt to finance any increases via pricing, volume or efficiency measures where achievable. We have assisted many practices to enhance results despite rising costs and would be delighted to discuss your own challenges to provide some insight into your opportunities.

If you would like to discuss your practice performance or strategy, or if you would like a copy of our wages survey, then please do get in touch.

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STAFF CONTRACTS – GETTING THEM RIGHT

Agreeing employee conditions is a vital part of any practice



Dental practices rely upon many things to operate – premises, equipment and the obvious... patients. However, without staff the practice simply wouldn't be able to run. No receptionist to greet the patients, no nurses to assist the dentists and run the LDU, and so on.

As an employer, a practice owner has various responsibilities, not least of which is the requirement to provide every staff member with a written statement of employment particulars (which many would refer to as an employment contract). Failure to do so is a breach of employment legislation and as of April 2020 this should be provided by the first day of employment.

Most practice owners will be well aware of the complexity of employment legislation, and the increasingly onerous duties which they owe. Unfortunately, we still see many instances where there are no contracts in place, or where they are in place they are deficient in a number of ways.

So, as a starting point, make sure that you have employment contracts in place. We would recommend that you obtain the contract from a reliable source so that you have comfort that it contains all the elements which are required by law. Don't rely on something sourced from the internet, or a copy from a friend who owns a practice, as you won't know whether the contract does what it needs to.

In turn, using an old style of contract carries some risk. The minimum requirements for

employment contracts changed in 2020, and so using a template which is older than that is likely to mean that you have some gaps in the documentation.

You should also ensure that, if you use a template contract, you should read it carefully to ensure that it reflects the terms which you actually wish to put in place with that employee. We do occasionally find that practices have taken a template and not read it beforehand, and when they need to refer to it (more often than not when a dispute has arisen) they discover that the terms are not what they imagined. So, it's not just a case of filling in the blanks in a template. Bear in mind that employment contracts are not set in stone as such and, provided that they meet the legislative requirements, there is flexibility in the terms that you agree with any given staff member.

Once you have prepared a contract for a staff member, obviously you need to give it to them to consider. Beyond that, however, make sure that you receive a signed copy back. That is ultimately evidence that the employee has seen the contract and agreed to its terms.

Also take a bit of care around some of the practical information in the contract, to make sure that it is correct. One area which we do see from time to time is actually who is the employer. In particular, the principal might be named as the employer, whereas in

fact the practice is owned by a company. In turn, expense sharing arrangements are slightly tricky in that the employer is often shown in various ways, e.g. just the practice name, just one of the expense sharers, all of the expense sharers, etc. Joint employment is not necessarily advisable, and we would recommend that you seek legal advice on your contracts if you run an expense sharing practice.

Consider whether there are any specific provisions which you wish to include in the contracts, and which may not be in a template document. An example might be including a requirement to repay training costs. Where you pay for a nurse, as an example, to do training, but obviously want to benefit from that training by the nurse remaining with the practice for a period of time afterwards. You can provide for that in the employment contract, or in a separate document, but any arrangement regarding repayment of training costs must be clear, recorded and agreed to. The repayment arrangements must be reasonable, and it would be advisable to take advice regarding the terms. Any conditions of employment, e.g. to be registered with the GDC, should also be covered.

Finally, and perhaps rather obviously, once you have employment contracts in place, follow their terms. Don't ignore the contract and do something different. That will just lead to the potential for disagreement, and not complying with your own contracts may well lead to a claim for breach of contract, and make the defence of a tribunal claim much more difficult.

Amy Jones
Legal Director
Dental Team



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- MARGARET & IAN WILLIS



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DO I NEED AN ACCOUNTANT?

You will need to register with HMRC as self-employed. If you appoint an accountant, they will do this for you and ensure you are correctly set up and ready to complete your first tax return. This will also allow you to ask them any early questions you may have and what they want from you and when.

WHEN IS MY TAX RETURN DUE?

Tax returns are made up to 5 April each year and are due to be submitted and paid by the following 31 January. The quicker you get your information into your accountant after 5 April, the sooner you will know your tax liability and have time to plan payments.



Samantha Turkington
01307 474274
samantha.turkington@eqaccountants.co.uk

HOW MUCH SHOULD I BUDGET FOR MY TAX LIABILITY?

You are taxed on your profits, that is your income minus any tax allowable expenses. These are taxed at 19 per cent, 20 per cent, 21 per cent, 41 per cent and 46 per cent based on the level of profits. This can vary year on year, and everyone will have different levels of income. We recommend you save a third of your monthly income towards your tax liability. You don't pay this to HMRC each month; instead set this aside in a separate bank account until payment time arises. You have to pay double your tax bill in the first year so budget for this.

WHAT DO I NEED TO KEEP RECORD OF?

Keep your monthly earnings schedules (showing gross income plus any deductions such as lab fee and superannuation) along

with receipts for business expenditure such as equipment, subscriptions and courses. You can claim expenses which are wholly and exclusively for the purpose of your job. Travel expenses can only be claimed if you are travelling to somewhere outwith your dentistry practice. If you have any other sources of income, please also keep a record of these. You can store this information in a folder, on a spreadsheet, whatever is easier for you, but please retain a copy of the original schedules and receipts.

Our EQ Healthcare team will ensure your tax affairs are in order and adhere to current legislation while also providing advice on any other areas of your business you may have, allowing for tax returns to be a stress-free process.

If you would like further information on the services we provide, please get in touch with Samantha Turkington, details on the left.

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For further information please contact:

Louise Grant 01382 312100 louise.grant@eqaccountants.co.uk

Anna Coff 01307 474274 anna.coff@eqaccountants.co.uk



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Practice Sales & Valuations

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WHO TO TRUST?

Getting the sale of your practice right is a tricky business, so go with an expert

Misconceptions, half-baked advice, and hearsay. Everyone and their dog will give you advice freely when you come to sell your practice, but who can you trust? Through PFM Dental, I handle dozens of sales of every shape and size, year in, year out. Here are my top tips for cutting through the flannel and getting the right deal for you.

1. GET THE BEST PRICE BY GOING TO THE OPEN MARKET

There's a myth that corporates pay the highest prices. Hot on its heels is another misconception – if you want to sell up but stay on as an associate, selling to a corporate is your only option.

Speaking from the agency coalface, I can promise you it's still a seller's market. Corporates are very active, but I always advise vendors to go to the open market, or as many suitable buyers if we are keeping the practice 'off market'. Marketing your practice widely is the best way to maximise your price and compare the offers. If your business is just what a private buyer is looking for, they'll often pay more than a corporate to secure the perfect location or set-up.

2. BE WARY ABOUT SPENDING LOTS OF MONEY BEFORE YOU SELL

Everyone wants to get the best price for their practice. As a result, many vendors spend vast amounts of cash upgrading their equipment before they put the business on the market. This can be an unnecessary expense. Today, we value practices using profit multiples. Yes, it's still important for

valuations to include a breakdown of the value of the equipment (for tax purposes) but new equipment doesn't directly boost the value of your practice. Of course, if something is not working properly, you should replace it. And it's true that someone might find a practice with new equipment more attractive. But overall, be careful about splashing out huge sums when you don't need to.

3. FORGET TURNOVER – FOCUS ON PROFIT

Historically, dental practices were valued on a percentage of turnover. Today, it's all about multiples of profit. And with a standard "associate led" valuation based on, say, seven and a half times profit, even a small increase in margin can mean a big rise in the overall valuation. In other words, if you can shave, say, £20k off your costs, you'll see your valuation rise by £150k. A good valuer will look at how your business is run and come up with suggestions to hone your profit margins.

4. BE SAVVY WITH YOUR PROPERTY

Do you own a practice and the property? If so, smart tax advice is a must. As long as you don't hold it through a limited company or own the property within a SIPP (self-invested personal pension), property is classed as an 'associated asset'. If you sell it with the practice, it will generally qualify for Entrepreneurs' Relief (taxed at 10 per cent on the gain). But if you hold on to the property and lease it out, you lose Entrepreneurs' Relief and pay Capital Gains Tax. There are also transitional rules that may apply. This

might be a one-time chance to get tax relief on the property sale. Tax rates and rules are subject to change and are complex, so you'll need to liaise with a well-briefed accountant to find out what's best for you.

5. GET AHEAD OR GET HELP WITH DUE DILIGENCE

Picture the scene: you've found your perfect buyer. You're excited about the deal going through and you're already planning the fun you're going to have when those sale proceeds are in your bank account. Then the eight-page business questionnaire drops on to your desk. Swiftly followed by the three-page property questionnaire. You find yourself knee deep in collating all the necessary due diligence information, including accounts, staff contracts, service agreements and inspection certificates. My advice is to avoid delays by starting this process early.

6. DON'T UNDERESTIMATE THE NEED FOR DENTAL SPECIALISTS

You're going to need someone who can get your dental practice valuation right first time. A dental sales agent will be best placed to market your practice to the maximum number of appropriate people who are actively looking to buy in your area.

Dental lawyers understand all the nooks and crannies of due diligence and they're also past masters at making sure all the right warranties and protections are included in your sale agreement, leaving you to stroll away post-sale, knowing you're safe from future claims.



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SUSTAINABILITY – SMALL STEPS TO MAKE A BIG DIFFERENCE

Sustainability has become a hot topic over recent years. Practice Plan's Head of Sales, Zoe Close, spoke to Wesleyan's Group Sustainability Manager, Dan Gamson, to find out more

ZC: THANKS FOR TAKING THE TIME TO CHAT ABOUT SUSTAINABILITY. WHAT DO WE MEAN BY SUSTAINABILITY? WHY DO WE NEED TO THINK ABOUT IT?

DG: I think, even in my fairly short career, sustainability has ramped up massively. Everyone's talking about it in some way. But I think it's changed as well. When I first started out, I was more environmentally focused. But then as things have developed and progressed, the world has changed quite a lot, and over the past few years with Brexit, Covid and everything else going on in the world, I think sustainability has really expanded in its relevance and meaning.

For example, what does sustainability mean to Wesleyan? It's our investments, what we're doing with our money. It's our clients that we're investing in and the dental practices we work with, the stewardship and duty of care with our customers. Without our customers, our business isn't sustainable. We need them to continue to keep working. And it's our carbon footprint. A lot of legislation and rules and regulations are being brought into play around that. So, people need to be more aware of their carbon footprint and how to reduce it.

ZC: WHAT PREVENTS SUSTAINABILITY FROM BEING PART OF EVERYONE'S BUSINESS AS USUAL?

DG: One of the things that gets in the way of sustainability is the intention/action gap. An example of this is New Year's resolutions. If you're like me, it gets to New Year's Eve and you start thinking, 'Oh no, I've had a really heavy Christmas. So, on the first of January, I'm going to stop drinking and I'm going to go for a run twice a week.' And you have all of these good intentions. But then the reality is, the first week back at work was tough, so

on Friday you crack a beer at half past six and then you get a takeaway because you're shattered, and everything falls off a cliff. So, although we could have great intentions the reality is, if you try to tackle everything, you're going to fail.

So, it's much better to pick one or two little items and then really invest and go wholeheartedly into it. You can make little changes and still make a difference.

ZC: WHAT PRACTICAL THINGS CAN WE DO TO BE MORE SUSTAINABLE?

DG: Recycling has just changed where I live, so now we can recycle more. It's a small thing but it is making a difference because now we only put one black bin bag out a week, whereas beforehand we used to put two or three out. And small things like that help.

With regard to material management in dentistry, because it's a medical setting there's a lot of single use plastic, things you have to throw away. We will never get away from that and we should never kid ourselves, because it's there for a reason. But I think being able to rationalise that and reduce it wherever we can, or make people aware of what they're doing, is a really positive step.

We can always make proactive challenges or be a positive disruptor. Just ask whether something needs to be done. Such as: 'Did you really need to print that off to then bring me a piece of paper through? Could you have just told me? Could you have messaged me?' There are ways and means.

So, what I'm trying to say is that it's great to have these aspirations, we all need them, but the intention action gap gets in the way. And, just the little things, whether it be at home or whether people cycle to work once a week, there's always a lot of things that we can do that can have quite a big impact on the bigger picture.

What we need to do is just try and challenge the way we do things. We're not



always going to be perfect, but I think just thinking about it and making little tweaks along the way, you'd be surprised a) how much money you save in doing it and b) how much you're helping the environment.

I think probably my overarching theme is that none of us are perfect. We don't live in this ideal world where everyone walks to work because they work two miles away from home. And we all create waste – it's part of human nature, unfortunately – but we can always make better choices.

ZC: Thanks, Dan. It's good to know that by taking personal responsibility and doing our own little bit, we can still achieve a level of sustainability and not be expected to save the planet single-handedly.

About Dan

Dan Gamson is Wesleyan Group's Sustainability Manager. He has more than 12 years' experience of working in sustainability and prior to joining Wesleyan worked on the Sustainability Strategy for the 2022 Commonwealth Games in Birmingham.

About Zoe

Zoe Close is Head of Sales at Practice Plan, the leading provider of practice-branded dental plans. Zoe has 35 years' experience in the dental sector, including Group Business Manager for a corporate group, Dental Nurse, Head Receptionist and Practice Manager. 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.

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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 peace of mind for your most valued practice equipment. Our range of dental cabinetry options offers 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 with 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.

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The Little Sister SES 3020B ensures that you can process every load in the most convenient way. Able to run both 'B' and 'N' type cycles with cycle times starting from 31 minutes (with drying)*, the system also has a dedicated handpiece cycle for hollow instruments. It also features longer trays, meaning that it can process a higher volume of instruments per cycle for ultimate convenience.

Its 23-litre capacity means that you can quickly process loads of up to 6kg. Plus, this autoclave features multiple microprocessing units that independently control and verify every cycle – a feature made possible through our unique cycle verification and air detection technology.

THE LITTLE SISTER SES 3000B VACUUM AUTOCLAVE



Able to accommodate every type of load, the Little Sister SES 3000B also gives clinicians the ability to select both 'B' and 'N' type cycles. Its 17-litre capacity means that it can easily accommodate 5kg loads. Plus, fast cycle times from just 21 minutes (with drying)* mean that you can easily implement the system into your daily workflows, enhancing your instrument sterilisation and reducing the strain on staff.

THE LITTLE SISTER SES 2020N NON-VACUUM AUTOCLAVE



Featuring a 17-litre capacity that can accommodate loads of 4.5kg and fit 10 x HFiT cassettes, the system also has cycle times starting from just 12 minutes (without drying)*. As such, the Little Sister SES 2020N is another perfect option for helping to relieve the pressure on your staff while guaranteeing an excellent standard of sterilisation.

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THE LITTLE SISTER SES 2010 TOUCHSCREEN NON-VACUUM AUTOCLAVE



The Little Sister SES 2010 autoclave offers full cycle validation and a USB port so that cycle records can be downloaded at a later date, making it a convenient way to ensure compliant instrument sterilisation. A feature that if available on all our Eschmann autoclaves.

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- 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

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Eschmann's range of autoclaves is a trusted choice for any professional looking to utilise high-quality, reliable equipment that has been designed to meet the needs of modern dentistry. Plus, with Care & Cover, you can have absolute peace of mind that your investment is not only protected and compliant, but supported by a nationwide team of Eschmann engineers.

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Nicky Steadman is Senior Marketing Manager for Eschmann

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IMPROVING INFORMED CONSENT

Dr Hubertus Schindler presents a case where the new CS 8200 3D Neo Edition from Carestream Dental was utilised to help diagnose and treat impacted wisdom teeth alongside numerous other oral issues in a patient

A 30-year-old male patient presented complaining of recurrent pain in his 48. An initial evaluation showed that he had extremely impacted wisdom teeth, especially in the lower jaw (38,48) with signs of coronal osteolysis which was causing him clinically observable pain. Additionally, his oral hygiene was poor and had resulted in gingivitis and calculus build-up. He had caries in multiple sites (15, 16 and 26) and there were signs of abrasion which suggested that the patient was suffering from bruxism.



To identify the extent of the problem, the CS 8200 3D Neo Edition from Carestream Dental was used to obtain volumes for a precise diagnosis. The main benefit of this was the exceptional quality of the x-rays and how these could be used as a powerful communication tool. As the images captured so much detail, they helped the patient to understand his medical condition and why the proposed treatment options were necessary. This improved the quality of his informed consent. The system was very easy to use, intuitive, and also helped to streamline the diagnostic workflow due to its fast image acquisition and simple patient positioning.



Multiple treatments were recommended based on the findings from the diagnostic images, including:

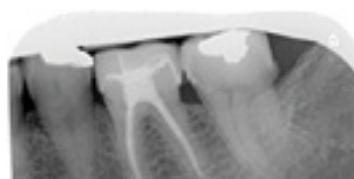
1. Parotherapy to help treat the gingivitis and prevent bone loss from progressing any further. This would involve a process of giving the patient a series of thorough tests and questionnaires regarding his oral hygiene habits to assess the extent of the problem,

as well as taking images to accurately assess bone structure. Following this, root surface planing is often required and any teeth that cannot be sustained may be removed. The removal of subgingival calculus and any build-up along the gumline would be performed using special paro instruments and root surfaces would be cleaned and smoothed out. This usually takes two to four sessions.

2. Filling therapy for the carious teeth – the teeth at sites 15, 16 and 26 needed fillings to prevent any further decay and existing caries would need to be removed.

3. Wisdom tooth extraction to remove the profoundly impacted wisdom teeth. The patient was warned of any potential damage to the alveolar nerve that extraction could result in.

4. A brux splint to help treat the bruxism. This measure would be to prevent further abrasion and damage to the dentition and would require extra appointments in the future for the fitting of the splint.



The patient was informed of the benefits and possible complications associated with each treatment option. Using the images taken by the CS 8200 3D Neo Edition made this part of the process really simple, especially as the images captured had all the detail necessary to aid any conversation surrounding each treatment option and give the patient a better understanding of how every possibility would impact his dentition moving forward. While the primary goal was the removal of the impacted wisdom teeth, I recommended that the additional treatments (parotherapy, fillings, brux splint) be completed as soon as possible – however, these would require further consent at additional consultations.

Overall, the patient was very satisfied with the clarity of the medical briefing and was able to give a much better quality of

informed consent due to the use of the CS 8200 3D Neo Edition. The system offers speed, precision and intuitive use, and as my first CBCT system it was remarkably easy to learn how to use. As mentioned before, the excellent quality of the X-rays and the fact that the patient could view them on screen made a big difference to this case. I had a lot more confidence as I had all the information I needed and gaining treatment acceptance was straightforward as the patient was properly informed and had a much more detailed understanding of his needs.

I also liked the fact that there was no need to make an extra appointment with the patient to make a precise diagnosis and explain everything in detail as I had the images and the possibility to easily explain the treatment options with the CS Imaging 8 software immediately at my fingertips. I would usually refer out for CBCT images, and this slows the treatment process down. With the CS 8200 3D Neo Edition it's all instant and there when I need it.

Ultimately, the CS 8200 3D Neo Edition is a fantastic system that has completely transformed my workflows and optimised the way I provide treatment in practice. Not only is it easy to use and capable of capturing dynamic, high-quality images, but it also boasts a number of innovative features that have revolutionised the diagnostic process, which has made me a more confident clinician.

For more information, contact Carestream Dental on 0800 169 9692 or visit www.carestreamdental.co.uk

For the latest news and updates, follow us on Twitter @CarestreamDentl and Facebook

Dr Hubertus Schindler

Dr Schindler first qualified as a dental technician in 1998. He then studied human medicine and then later dentistry at the University Hospital in Vienna, during which time he also worked as a demonstrator/lecturer in the anatomical department at the Medical University of Vienna. Following graduation, Dr Schindler has since worked in the University Dental Clinic in Vienna, opened his own private practice in Wiener Neudorf and undertaken advanced training in orthodontics, implantology and oral surgery.



Dr Hubertus Schindler



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ACTEON

Practical, Effective, Hands-On Implant Training

Let our experienced tutors guide you through your implant journey

NEW Dentale Training Clinic opened in Carlisle!

These courses have been designed to provide you with the knowledge and hands-on experience to help you accomplish your implantology goals and provide better results for your patients.



Week Long Introduction to Implantology

10-Day Practical Advanced Implantology Course

BEAT THE 2023 PRICE INCREASE AND BOOK YOUR PLACE NOW

MODULE 1:

Two Day Theory of Implantology
14 Hours CPD | Cost: £1000

MODULE 2:

Introduction to SMOP, Restoration and Digital Work low
7 Hours CPD | Cost: £500

MODULE 3:

Soft Tissue Management and Suturing
7 Hours CPD | Cost: £500

MODULE 4:

Case Reviews and Practical Implant Placement
7 Hours CPD | Cost: £500

These modules can be booked individually or you can book all 4 modules for only £2000

Visit us online or call to book your place and find out more.
www.dentaletraining.co.uk

Tel: 03300 585828 | coursebookings@dentale.co.uk

Only dentists who have proven theoretical implant knowledge, have flap raising and suturing experience and have placed an implant can proceed onto this course.

Over the course of the 10-days, you will cover all aspects of implant dentistry which will include virtual consultations & treatment planning, implant placements, grafting, suturing, guided surgery and restorative. We guarantee you will place 15 implants on this course to gain the vital hands-on experience you will require to place implants at your practice, and we will provide all of the patients!

70 Hours CPD

Book this course for only £8000

dentale

Training courses for the whole team

DENTALE TRAINING COMES TO CARLISLE

Dental implant training on patients is now available in the centre of Carlisle in the brand new practice and training facility

For the last 15 years we have trained many Scottish dentists in our facilities in the Midlands and Bristol. Now we can offer you an implant training solution on your doorstep, just a five-minute walk from Carlisle station with plenty of parking available nearby.

WHY CHOOSE DENTALE FOR YOUR IMPLANT TRAINING?

- **Longevity** - At Dentale we have been training dentists to place implants on patients with our hands-on courses since 2007 and even longer within our other implant practices.
- **Large Numbers of Implants Placed** - All delegates will place 15 implants during this 10-day course and often this number is exceeded.
- **Safe Mentoring Environment** - With only three delegates on each 10-day course, direct support is given by both tutor and clinical staff. Mentoring is one-to-one initially until you gain your confidence.
- **Patients** - All patients are provided by Dentale, therefore mentoring can take place without the need to explain to your patients that you need to practise on them. We understand from experience the difficulties of mentoring within your own practice.
- **Nursing Support** - Our nursing staff are there to support all Dentale courses and delegates to help you get the best out of your surgery time. We also offer the option to bring your nurse with you so they can train alongside.
- **Case Portfolios & CPD** - On completion of the 10-day course you will receive a 70-hour CPD certificate and a patient portfolio with all the cases you have treated. This will include radiographs, CT scans and clinical graphs and will be provided in a digital format.
- **Not System Specific** - Although Dentale primarily uses one brand of implant, the lectures are not system specific. There will be no pressure to use our products within your practice. However, if you want information and prices of surgery setup, we can support you with this.
- **Experienced Tutors** - We select our tutors for their implant experience and their ability to teach you in a relaxed professional manner. Most have additional qualifications, and all tutors are extremely competent

dental surgeons. They will be able to tell you from their many years of experience the pitfalls and positives of implant placement.

DON'T JUST TAKE OUR WORD FOR IT!

"I had previously undertaken a year-long, theory-based implant course and number of practical animal and cadaveric courses. However, I was immediately drawn to the Dentale 10 Day Practical Advanced Implantology course to further enhance my training. The course is unique as it provides one-to-one mentoring on live patients who are provided for you and is run in accordance with GDC guidelines.

"Throughout the course I was supported by my mentor, Kashif Hafeez, a highly experienced implant clinician and examiner for Royal College of Surgeons as well a fantastic nurse and an extremely knowledge team.

The course places an emphasis on real-time feedback and developing skills of reflective practice.

"I would highly recommend this as a course for anyone at the early stages of their implant journey who wishes to improve their practical skills in a real-world setting."

Dr Rajveer Athwal BSc (Hons) BDS MFDS RCSEd

"I have been very impressed with both the week-long and 10-day implant courses at Dentale. The courses are very hands-on, meaning you apply your learning as you go. The tutor Kash is so knowledgeable and keen to help to learn. The entire Dentale team are so friendly and supportive, making it a great environment to learn. I would highly recommend the courses to anyone keen to place implants."

Dr Iain Ogilvie BDS

"THE ENTIRE DENTALE TEAM ARE SO FRIENDLY AND SUPPORTIVE, MAKING IT A GREAT ENVIRONMENT TO LEARN."

DR IAIN OGILVIE BDS





MEADOWS

DENTAL CLINIC

The Meadows Dental Clinic is a private specialist referral service based in Edinburgh with available on street parking immediately outside.

We accept referrals for: Endodontics, Oral Surgery, Dental implants (fully restored or implant placed and returned to GDP for restoration), Paediatric dentistry, Prosthodontics and Periodontics. Multidisciplinary full mouth rehabilitations for tooth wear and extensively failing dentitions. We are also happy to provide an advice only service to our referring GDPs.



KRISHNAKANT BHATIA
Specialist Prosthodontist
BDS (Glas), MFDS RCPS (Glas)
MClinDent (Edin)
MRD RCS (Edin)
- **GDC NO 81960**



CHARLIE MARAN
Specialist Periodontist
BDS MSc (Restorative
Dentistry)
- **GDC NO 63897**



ADRIAN PACE-BALZAN
Specialist Endodontist
BChD MFDS RCPS (Glasg)
MPhil MClinDent (Prosthodontics)
FDS(Rest Dent)
RCS (Glasg)
- **GDC NO: 83943**



LORNA HARLEY
Specialist Endodontist
BDS MFDS RCS (ED)
MRD (ENDO)
RCS (ED)
- **GDC NO 79246**



KATHY HARLEY
Specialist in Paediatrics
BDS MSc FDSRCS (ED)
FDSRCS (England)
FDSRCP FFGDP FFDRC SI
- **GDC NO 56124**



NADIR KHAN
Specialist Oral Surgeon
BDS FDS RCPS
FFD RCSI
- **GDC NO 61209**

Our highly qualified and experienced team deliver modern dentistry in a welcoming and relaxed setting.

For more information, please call **0131 447 4159**
Email - reception@meadowsdentalclinic.co.uk
Website - www.meadowsdentalclinic.co.uk
Address - **18 Thirlestane Road, Edinburgh. EH9 1AN**

THE STATIM® B G4+

The autoclave solution for every size of practice

We'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 6-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,



ENHANCED DIGITAL CAPABILITIES MEAN YOU'LL USE LESS ELECTRICITY BUT STILL MAINTAIN THE HIGHEST LEVELS OF HYGIENE."

this is a solution that can help you keep a better eye on your bills too.

AVAILABLE FROM SCICAN, PART OF THE COLTENE GROUP

The SciCan STATIM® B G4+ vacuum autoclave is the latest launch from COLTENE's infection control range.

COLTENE is the worldwide dental specialist that manufactures tools and consumables for a range of treatment areas, from infection control to endo and all restorative applications. Alongside SciCan, other award-winning brands in the group include MicroMega, Affinis, BioSonic and HyFlex.

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 and Marketing Manager for COLTENE.

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

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



Your reps across Scotland

SOUTHERN IMPLANTS

COLIN HOGG, AREA MANAGER FOR WEST OF SCOTLAND



HERE TO SUPPORT YOUR NEEDS

Colin Hogg recently joined the SI UK & Ireland team, and will be looking after the West of Scotland. Colin has been involved with implant dentistry since 1999. He is a GDC registered Dental Technician, and has worked in the industry as a sales specialist and technical trainer delivering a number of courses for the DCP team.

Colin has a keen interest in technical, restorative and digital dentistry and bring a wealth of experience to the Southern family.



Colin Hogg
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BRAEMAR FINANCE

GAIL CORMACK, AREA MANAGER FOR SCOTLAND



DEDICATED TO PROVIDING TAILOR-MADE SOLUTIONS

Our dedicated Area Manager for Scotland has been with Braemar Finance for 20 years and holds a wealth of experience in providing finance for the dental profession.

Specialising in asset finance and unsecured loans, Gail provides a dedicated service tailoring a range of finance solutions to suit the unique demands of a business or individual operating in the dental profession.

Our trusted, reliable lending decisions ensure we can continue to support businesses through all economic cycles, providing finance solutions to assist working capital and cash flow management.

We work with businesses of all sizes, at every stage of their journey, from start-up to maturity, and focus on developing long term relationships, supporting clients to achieve their growth and development goals.

We're available almost all of the time and we're happy to adapt to our clients' needs – we understand they're busy during working hours, so we're happy to speak or pick up messages and texts at a time to suit them.

For more information on the services we offer, contact Gail directly.



Gail Cormack
M: 07919 598577
E: gcormack@braemarfinance.co.uk
W: www.braemarfinance.co.uk

ACTEON UK LTD.

BRIAN RHONEY, NORTHERN & SCOTLAND TERRITORY MANAGER



WEALTH OF EXPERIENCE MAKES BRIAN THE PERFECT FIT

Brian Rhoney has more than 22 years of dental sales experience having started with the well-known dental laboratory supplier John Winter and Company back in late 1999.

Brian started as a technical sales representative and later progressed to Sales Manager before moving into dental surgery sales, having had spells with Dentsply Sirona and Straumann.

He is probably best recognised for his time as Surgical Product Manager for Henry Schein where he spent eight years covering Scotland, Northern Ireland and the North of England.

Having sold general consumables and equipment for laboratories and practices, CAD/CAM systems, biomaterials and implants, Brian has an extensive knowledge base across dentistry, particularly in the surgical field. He is now delighted to be able to bring that knowledge to his new role as Northern and Scotland Territory Manager with Acteon UK Ltd.

Brian says: "I've known Acteon for many years now from my time promoting their surgical products at Henry Schein but was unaware until recently of just how wide a range of different products they manufacture, ranging from top quality hand instruments right through to cutting edge CBCT scanners.

"I am very excited to have been given the opportunity to join Acteon and really looking forward to being back out in the field meeting all our distributors and end users again and promoting such great products."



Brian Rhoney
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E: brian.rhoney@acteongroup.com

DB ORTHODONTICS

ELLA NYDZA-BURDESS, SALES EXECUTIVE - SCOTLAND



ELLA'S GOT A REAL PASSION FOR WORKING WITH CUSTOMERS

I joined the family business full-time in 2018 after working part-time in the warehouse. I started in customer service and gained experience working in our on-site digital laboratory Studio-8.

I soon realised working closely with customers is something I wanted to do. At the end of 2020 I started the role of sales representative for Scotland.

I am loving continuously meeting new and current customers and loving the relationships that I am creating and growing.



Ella Nydza-Burdess
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E: Ella.nydza-burdess@dbortho.com

NEOSS LTD

DANIEL SCHOFIELD, TERRITORY MANAGER NORTH



READY TO ENSURE CLIENTS GET THE BEST SERVICE AND SUPPORT

Neoss Ltd is pleased to announce that as of 4 July 2022, Daniel Schofield has joined the company as Territory Manager North. He will manage all accounts in Scotland and Northern England to ensure customers have the best service, access to products and are supported with clinical cases.

Having 20 years of experience within the dental industry, most of this working very closely with Dental Implants, Guided Surgery and Digital workflows, Daniel is looking forward to re-connecting with previous customers while creating new relationships with practices throughout Scotland and the North of England.

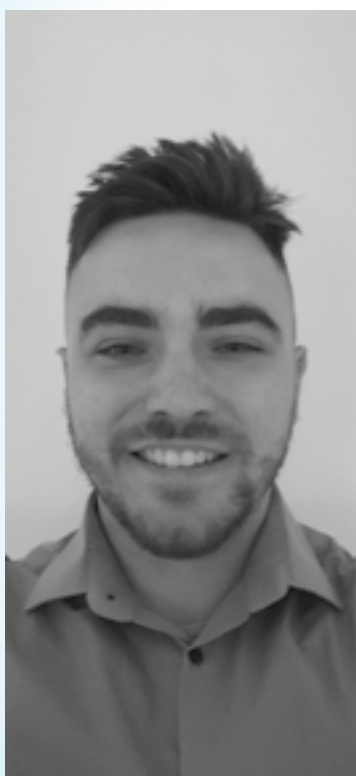
Daniel said: "I'm excited to have joined Neoss as the Territory Manager covering the North of the UK. It's great to be back in the dental sector after a couple of years out of the industry working in recruitment."



Daniel Schofield
E: daniel.schofield@neoss.com
M: 07917 703995

SCHÜLKE

JAK RENNISON, REGIONAL ACCOUNT MANAGER



MOVE LETS JAK WORK WITH 'GOLD STANDARD PRODUCTS'

Before joining schülke earlier this year, Jak spent seven years working in medical sales. Jak's key focus is on helping improve infection prevention in healthcare environments. He describes his move to schülke as offering a unique opportunity to "work with gold standard products".

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

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

Our hand hygiene range includes new desderman care hand rub for hygienic disinfection in 30 seconds and surgical hand disinfection in 90 seconds.

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



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W: www.schuelke.com

SDI

LESLEY MCKENZIE, SALES MANAGER – SCOTLAND & IRELAND



YOUR SMILE. OUR VISION.

These words define SDI. They reflect SDI's focus on dentists' ultimate goal of achieving perfect smiles for their patients. Helping dentists and the dental team to produce beautiful, healthy, long lasting smiles, to work efficiently, and to provide quality and innovation to their patients is the key goal for SDI.

Your Smile – Everything SDI does is for the ultimate goal of the dentist: to create the perfect smile for their patients. Perfection means excellence. Beautifully natural, long-lasting materials that are simple for dentists to use.

Our Vision – SDI continually innovates to provide dental materials that assist dentists and their team to create the perfect smile. Research and development is paramount. SDI must lead the market and foresee the needs of dentists through our own research and product innovation.

Founded in 1972 and headquartered in Melbourne, Australia, SDI is primarily involved in the research and development, manufacturing and marketing of specialist dental materials. SDI's investment into research and development has ensured superior quality is achieved for the Pola tooth whitening, Riva glass ionomers, composites and amalgam ranges. SDI has offices and warehouses in USA, Germany and Brazil.

SDI's products are manufactured in Australia and distributed to more than 100 countries worldwide. For more information, visit www.sdi.com.au



Lesley McKenzie
Sales Manager -
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KULZER

BARRY MCLELLAND, PRODUCT SPECIALIST



BRINGING A WEALTH OF EXPERIENCE

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

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

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

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

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



Barry McLelland
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W: www.kulzer.com

the Wand[®]



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> CARESTREAM

THE CS 8200 GOES NEO



Building from the success of the popular CS 8200 3D CBCT system, Carestream Dental has recently launched a new variation – the Neo Edition.

Combining the accessibility of the standard edition with new streamlined acquisition workflows and exclusive features, the CS 8200 3D Neo Edition is the pinnacle of power and performance.

Benefit from absolute 2D/3D imaging versatility, the broadest range of fields of view for systems in its category and unique software such as CS MAR – Carestream Dental’s imaging module that reduces the appearance of metal artifacts for truly dynamic diagnoses.

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

> ESCHMANN

ENHANCED CPD USER TRAINING WITH ESCHMANN

When you invest in a system from Eschmann and take out our Care and Cover policy, you gain access to a number of excellent benefits at no extra cost.

One of these is Enhanced CPD User Training for your staff from one of our trained Eschmann engineers. This perk ensures that your team can confidently operate and understand all of the cutting-edge capabilities of your new Eschmann equipment, as well as ensuring that they are armed with the knowledge they need to ensure they are operating in adherence to guidelines.

Care and Cover also includes annual validation and Pressure Vessel Certification (PSSR/PVI), annual service and free software upgrades, unlimited breakdown cover and more – everything you need to ensure that your systems remain in perfect working order and fully compliant.

Find out more today.



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

> COLTENE

MEET THE SUPERKRAFT OF THE DENTAL WORLD!

Because some things are better as a team...



Two superheroes, one SUPERKRAFT!

COLTENE’s SoloCem and ONE COAT 7 UNIVERSAL – great on their own, but truly exceptional when used together.

When maximum bonding strength is required, SoloCem, the universal dental cement, works beautifully with ONE COAT 7 UNIVERSAL bonding agent – this duo of products can face any challenge!

Alongside reliable adhesion, benefits include easy handling and less stock to order in.

Every practice can use SUPERKRAFT, another innovation from COLTENE to save you time and money, while enabling the delivery of upgraded dentistry.

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

> COLTENE

UPGRADE YOUR ENDO WITH THE CANALPRO™ JENI



From COLTENE, the CanalPro™ Jeni motor enables safer, simpler canal preparation!

Revolutionary software allows it to operate like a traffic navigation system. Be guided through all the routes and obstacles. Even in complex cases, the Jeni will adapt to the unique anatomy.

Hear a beep? Time to irrigate! You will also hear an audible signal when a file change is recommended and the integrated apex locator will measure working length in real time, the entire time.

COLTENE manufactures high-quality tools and consumables; we want to save you time and money with our solutions.

To find out more about the CanalPro Jeni™, visit: <https://canalpro.coltene.com/jeni/>

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

> SHOFU

BLOCK HC HARD

CAD/CAM hybrid ceramic blocks

SHOFU Block HC Hard combines the best characteristics of high-strength ceramics and high-performance composites in a hybrid-ceramic material. Ceramic-like strength makes your restorations extremely wear-resistant and durable, and composite-like elasticity allows them to effectively absorb masticatory forces. Thanks to these benefits, this new hybrid ceramic is the ideal alternative to traditional ceramics for permanent, monolithic anterior and posterior single-tooth restorations.

Block HC Hard is particularly interesting if you wish to offer your patients aesthetic, chairside single-tooth restorations which are highly durable, ensure long-term occlusal stability, are gentle on antagonists and require much less time for the grinding process. Indications range from inlays, onlays and overlays to veneers, anterior and posterior full-coverage crowns and implant-supported single-tooth restorations.

Especially in challenging occlusal situations, Block HC Hard absorbs masticatory forces, helping to avoid parafunctions and damage to antagonists. This benefit is based on the high flexibility of the composite component, which cushions the masticatory forces acting on the restorations just like the shock absorbers in your car.

Block HC Hard's three-point flexural strength of over 270 MPa stands out from that of feldspathic ceramic and other hybrid ceramic blocks, ensuring high edge stability, even when margins are thin, and low occlusal abrasion for durable restorations.

Block HC Hard is your time-saving option for creating highly aesthetic restorations. You get manual polishing – without any firing and glazing, along with adapting the shade by means of the staining technique and customising by means of the layering technique.

Shofu Block HC Hard allows you to choose from blocks with universal or CEREC holders. This means the blocks can be processed in virtually all dental CAD/CAM milling systems. Each block type comes in 11 shades: six low and three high-translucency shades, one occlusal and one incisal shade.

SHOFU UK
sales@shofu.co.uk
www.shofu.co.uk/

> SDI

NEW POLA FOR ALIGNERS

Why wait to whiten when you can straighten and brighten together



SDI launch new Pola for Aligners, an innovative whitening treatment suitable for any clear aligner system, allowing patients to brighten as they straighten their teeth.

Building on the success of an award-winning at-home whitening range, Pola for Aligners uses SDI's Pola Night gel with a formulation that delivers exceptional results without the chairtime, and with minimal sensitivity. Pola for Aligner's benefits include:

- An easy-to-use, four-syringe take-home kit prescribed by a dentist.
- A versatile treatment safe for overnight wear, or for a couple of hours between meals, depending on patient preference.
- The greatest patient comfort thanks to a formulation with potassium nitrate and fluoride, making it ideal for long-term use.
- A high viscosity gel that stays in place in the clear aligner tray.
- Added 10 per cent carbamide peroxide, an active recognised as the Gold standard in teeth whitening for its optimal results and patient safety and comfort.

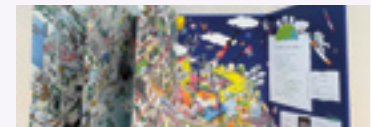
Dentist recommended and with proven efficacy, Pola for Aligners harnesses the best in whitening technology to safeguard patient comfort and create an ultra-convenient and effective at-home whitening treatment.

For more information about Pola for Aligners visit <https://sdipola.co.uk/products/pola-for-aligners/> and to take advantage of the latest offer, 2+1 on Pola for Aligners go to <https://sdipola.co.uk/offers/>

> GC DENTAL

GC WINS AWARD

At the 2022 Japan BtoB Advertising Award Ceremony



On 2 June 2022, the 43rd Japan BtoB Advertising Awards ceremony was held at the Royal Park in Nihonbashi, Tokyo, hosted by the BtoB Advertising Association Japan.

The ceremony included a range of awards for each of 13 categories with a total of 279 entries from representatives of advertisers and production companies.

During this prestigious event, GC's 100th anniversary book 'Smile for the World' was awarded the Special Jury Award.

The 100th anniversary book (pictured) was created to share with stakeholders the story of how GC has been committed to making products and providing services with an everlasting passion using three key terms to describe GC – "SEMUI", a term derived from ancient Buddhist teachings; "Nakama", fellow employees known as GC Associates; and "Vision Management", looking at the bigger picture and working towards a long-term vision.

As an illustration of GC's future aims, the book expresses GC's efforts using products and services around the world to realise that oral health should be essential in people's lives for smiling, eating and speaking, with the aim of realising a "healthy and happy world where everyone can smile".

The GC Corporation celebrated its 100th anniversary on 11 February 2021 and announced the new Vision 2031 to become the leading dental company committed to realising a healthy and long-living society. The GC Group aims to continue in a united effort to realise this vision and contribute to health and smiles of people around the world. We look forward to your continued support going forward.

'Smile for the World' is available to view at <https://www.gcdental.co.jp/gcmessagebook/en/>

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

BOCOUTURE® (Botulinum Toxin Type A) Observational Masterclass.

Join us at a half-day course, designed to kickstart your journey with BOCOUTURE®.

Our experienced aesthetic practitioners will guide you through the scientific and clinical aspects BOCOUTURE®, and demonstrate a treatment in all three upper facial line indications.

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-aminoguanolines 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: hypoesthesia, 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 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 or on +44 (0) 333 200 4143.

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

M-BOC-UK-0468 Date of Preparation: June 2022

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* Low cost limited products available to include the complete installation about 100000. Prices as from 100000.



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Martin Evans, Medical Director, drmartin@evansdental.co.uk



Support before, during

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