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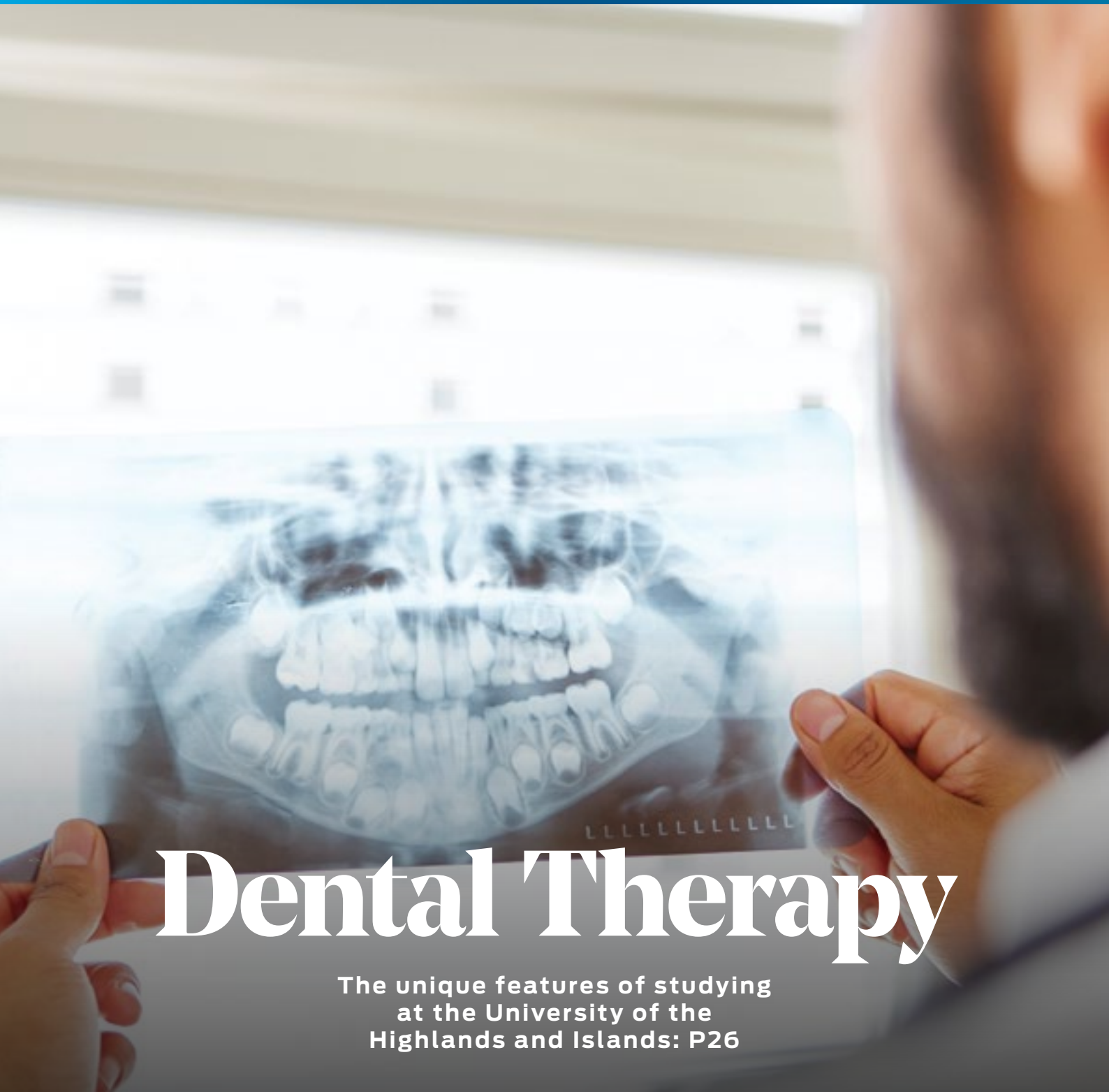

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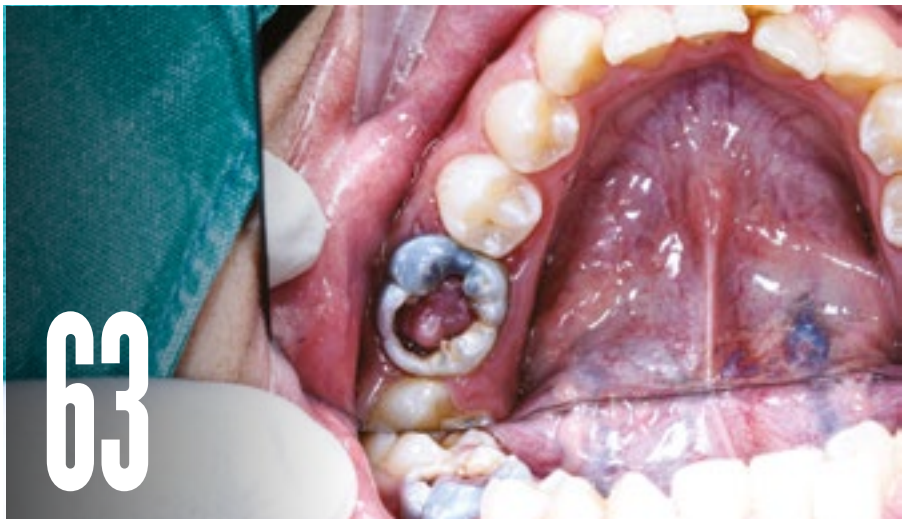

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Time to simplify re-registration

Professionals are being deprived of income while they await restoration and patients are experiencing needless delays in being treated

According to the General Dental Council (GDC), the number of dentists on the UK Register – following the most recently documented annual renewal period – "has remained stable and in line with the trajectory of previous years". After removals, there were 42,215 dentists on the Register: an increase on the equivalent figure for 2021.

This year, 1,079 dentists did not renew their registration, which is 2.56 per cent of those on the Register as of 31 December 2021. This compares with an average of 2.96 per cent over the previous four years. Gurvinder Soomal, the GDC's Chief Operating Officer, said that this apparent stability was "encouraging" following such a challenging period in dentistry which, he added, "continues for many".

It should be noted that the Register provides only a partial view; it does not provide insight into the number of professionals working in different patterns (e.g., full time vs part time), how many dentists are working in NHS services compared with private practice, local variations in the workforce, or the numbers of professionals working in different roles (e.g., academia).

That number – 42,215 – was published in January; usefully, the GDC also provides a monthly snapshot and, according to the most recent (September), it has increased to 43,817. All this would seem to suggest a somewhat reassuring picture of the strength of the dentist workforce. Of course, we know this not to be the case. Practices are confronted with an unprecedented treatment backlog. They are struggling to recruit staff. Some feel they have no option but to remove patients from their list.

What does not especially help dental professionals is the GDC's re-registration process if it lapses accidentally for non-payment of the GDC's annual retention fee (ARF). The Dental Defence Union has noted that some of their members are being removed from the register due to administrative problems when paying the ARF, such as direct debit failure. A little over a year ago, the GDC introduced the option to pay the ARF by quarterly instalments, meaning there are more opportunities for problems to occur.

The defence organisation says it is aware of a small but significant number of members who are waiting several weeks to be restored. It is asking the GDC to simplify and speed up the process of re-registration for those affected. At the same time, it has urged dental professionals to set up a reminder ahead of the ARF due date to prevent their registration accidentally lapsing.

As John Makin, Head of the DDU, pointed out recently: "With patients in some parts of the UK experiencing significant difficulties in accessing dental care, we need as many dental professionals as possible practising. Unfortunately, a small but significant number of members have been unable to treat patients after their registration lapsed due to bank errors or missed correspondence."

The GDC's website currently indicates a target of three working weeks, increasing during busy periods. However, some people are waiting for two months or more to be restored. This is, as Mr Makin observed, hugely disappointing in the current climate. While it is the responsibility of dental professionals to ensure renewal by keeping their contact and bank details up to date, it is also now vital that the GDC makes the administrative process as simple and speedy as possible, which is not the case currently.

The re-registration process should be simplified; not only is it extremely stressful for the dental professionals involved, who cannot earn an income while they await restoration, but it means many dental patients are experiencing needless inconvenience and delays.

> "IT IS ALSO VITAL THAT THE GDC MAKES THE ADMINISTRATIVE PROCESS AS SIMPLE AND SPEEDY AS POSSIBLE."

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Consultant Oral & Maxillofacial Surgeon

Martin is a Consultant Oral & Maxillofacial Surgeon for NHS Lothian based in the Regional Maxillofacial Unit at St Johns Hospital. His main NHS area of interest is head and neck cancer and he performs the often complex reconstruction and oral rehabilitation these patients require using free tissue transfer techniques and dental implantology.

Dr Kevin A Lochhead

BDS (Lond) 1987, M.F.G.D.P. (R.C.S. Eng) GDC No 62945,

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Kevin qualified from King's College London in 1987. For over 30 years Kevin has committed himself to intensive postgraduate training, following both international and British training pathways. He is Regional Clinical Lead for the Referral Division at Portman Dental Care.

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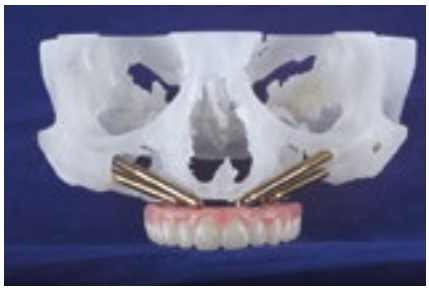

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We need more people

That is certain. But who, and how will they be funded, trained and recruited?

For the longest while, I've been bleating on about COVID and its associated struggles. One of my hobby horses is workforce planning. This has been an issue for a number of years. COVID has caused healthcare to lose a significant proportion of its workforce and dentistry is no different. Many have left the profession entirely and there is certainly a drive towards privatisation.

If we need more people, which people do we need?

Nurses: to replace the ones we've lost to other sectors or professions. There are training places in colleges and dental hospitals. However, it's apparent when we come to recruit, there just aren't enough. I don't know if there's capacity to increase training levels. With all things, especially at the moment, budget will be the most important factor.
Do practices look for trainees and hope to get them into a college course at some point? Do practices fund this? Can we tie trainees into longer contracts, or must we take the risk and the expense? Can the Government actually do something pro-active to help us?

Earlier this year, a training programme started to allow existing nurses to train as hygienists. The training had to involve a VT training practice. We had a couple of potential trainees call us for a place. However, when we tried to find out more details about the time it would take, what was involved and how it was funded, we didn't have much luck. It is evident that the CDO's office is trying to do something helpful, but it seems – unsurprisingly – that communicating the detail has not been easy for them. How do they actually get hands-on training? If this is to happen in-practice, who has the surgery space, staff and spare time to do that training? It seems well intentioned but, ultimately, a little ill-conceived. Not to mention the failure to bring anyone new into the profession; just robbing Peter to pay Paul.

For years we have not trained hygienists but, instead, insisted upon only training therapists. I have always thought that a mistake. Once upon a time, we had a therapist who worked for us, and it was a great system. The problem was paying for it. While a therapist requires the same resource as a dentist (nurse, surgery, equipment, materials) they didn't have the earning capacity. However, there was an extremely high expectation when it came to their hourly rate. Practices are, effectively, taking on an employee at a loss. If you work in private practice and have a vacancy for a dentist you can't fill, then this is probably a great option; as you can pass the cost onto the patient. However, in a mainly NHS practice, it might be better, economically, to have an empty surgery rather than one which loses money.

A dentist is going to be preferable to a therapist, if at all possible. They tend to generate more income, are more likely to be self-employed (with all the benefits and pitfalls that brings; especially the 'need to earn') and will have a greater perceived value to practice owners and patients. These are not insurmountable problems, though. Therapists are quicker to train. The biggest problem is how the NHS funds dentistry and the lack of viability for a therapist in NHS care.

The funding system would have to recognise the difference. However, how can you pay a therapist more to do a filling than a dentist? That's what you'd need to do. Unless you raise the fees to make therapists viable and dentists better paid. You could, let's say, do something like have a multiplier on treatment costs. Where have we heard that? And with two weeks to go until the next incarnation of the multiplier, we still don't know what's going to happen. Will it go down and by how much?

If we are to use the therapists that are in the system, but are currently working as hygienists, would we need to introduce a training programme to get them back to the level they were at when they transitioned to hygienists? Would we need to create more hygienists to fill that gap? They are even quicker and cheaper to train than the therapists who trump the dentists in those stakes. So, that might be the quickest option of all.

We all know we need more dentists. Training places must be opened up for that. However, we also know it will take seven to 10 years to get a reasonable number of productive dentists into the system. Ten years of training hygienists would boost that sector significantly and allow dentists to shift their working methods to incorporate more advanced trained DCPs. This would give a more blended level of workforce in communities. The funding model has to change a bit to support this.

More importantly, if practices are to change their methods of working, there needs to be serious commitment to changing the funding and then guaranteeing it without significant change for maybe five to 10 years. If the Scottish Government does not do that, practices will hold position and not recruit anything other than dentists and nurses. A change in the model of business will require a change in our methods. Or, like orthodontists, who seem to have embraced therapists, will we have a workforce epiphany?

If we continue to have a dentist problem, can we move to a more consultant-style model like the US and Canada? One dentist and several therapists carrying out the plans conceived? Would this work for us? Can we make it work? I fear that the restrictions of NHS pricing and the ubiquitous 'hamster's wheel' mean it's quite a hurdle. Do we leap or will we get a helpful push from the Government?

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NHS dentistry support extended

But there can be no return to 'business as usual', says the BDA

DENTISTS have warned that the Scottish Government's last-minute extension of financial support for NHS practices must go hand-in-hand with reform to avert a crisis in the service.

A new 'bridging payment' replaces the previous 'multiplier', which expired on 1 October, uplifting NHS fees at a rate of 1.2 for three months, falling to 1.1 for the period up to April next year.

Humza Yousaf, the Cabinet Secretary for Health and Social Care had previously told the British Dental Association (BDA) that the multiplier – which at its current level increased NHS fees by 1.3 - had not been included in the Scottish Government's budget forecasting.

The BDA had told officials that without an adequate interim funding package several key treatments, including extractions – and anything that requires laboratory work, such as dentures – risk being delivered at a financial loss.

The association said in a statement that the new support package could not presage a return to 'business as usual' from April 2023. It added that efforts must be made to address "the broken high volume/low margin model NHS dentistry is based on". Without reform, the package will "simply delay an inevitable exodus of dentists from the NHS that is already evident in other UK nations."

While COVID emergency measures have been withdrawn, dentistry in Scotland has not returned to anything resembling pre-pandemic norms, with practices continuing to work under capacity in the face of an historic backlog. Latest figures indicate 261,537 claims were made by dentists delivering NHS treatments in July 2022, less than 60 per cent of the number made in the same month in 2019.

Recent research by the BBC indicated nine in 10 practices UK-wide were unable to take on new adult patients.

David McColl, Chair of the BDA's Scottish Dental Practice Committee said: "The Scottish Government seem to have recognised the wholesale inadequacy of the funding model for NHS dentistry.

"It's not rocket science. Without additional support, the basics of NHS care – from extractions to dentures – would have been delivered at a loss. No business can operate on that basis.

"We now need some serious long-term thinking. Unless Ministers are prepared to revisit the system this service is built on, this funding will amount to sticking plaster on a gaping wound. If this is just delaying the return to a broken 'business as usual' then millions of patients stand to lose out."

Unrepresented DCPs face harsher sanctions

DENTAL care professionals (DCPs) face harsher sanctions when unrepresented at tribunals, according to figures released as the result of a Freedom of Information (FoI) request.

Nearly three quarters (72 per cent) of DCPs did not have legal representation when facing a GDC fitness to practise hearing according to figures obtained by Dental Protection covering 2018-21. This compares to 34 per cent of dentists who were not represented.

The figures, through an FoI request to the GDC, also showed that those DCPs without legal representation were more likely to receive a harsher sanction - 77 per cent were either suspended or erased from the register, and only 10 per cent were concluded with no adverse finding. In comparison, 32 per cent of DCPs with legal representation were either suspended or erased from the dentists register, and 39 per cent were concluded with no adverse finding.

Dental Protection is urging dental nurses, technicians, therapists, clinical dental technicians, orthodontic therapists and hygienists to consider the protection they have in place and whether this includes support for GDC investigations, so they do not face the process alone.

Yvonne Shaw, Deputy Director at Dental Protection, said: "These figures serve as a powerful reminder of how important it is to be able to request assistance with GDC investigations. The difference in outcomes when a DCP has legal representation at their hearing is stark.

"I cannot imagine facing this lengthy and complex process alone, without someone fighting my corner. Sadly though, the majority of DCPs do, and go on to face tougher sanctions at their hearing when compared to those with legal representation.

"GDC investigations impact on mental health and reputation, and for some have career ending implications. It is important that DCPs understand the nature of the protection they have in place and whether they should obtain additional support for GDC investigations."

New BDA director appointed

And urges the development of a 'sustainable long-term model' for NHS dentistry

CHARLOTTE Waite, the dentist and experienced campaigner, has been appointed Director of British Dental Association (BDA) Scotland.

The BDA said Charlotte will take on a "leading role in the fight for the future of dental services in Scotland," supporting members in negotiations with the Scottish Government and overseeing outreach to the Scottish Parliament, officials, the press and wider stakeholders.

Prior to the pandemic, Charlotte exposed the scandal of Westminster's aggressive NHS fines regime, which saw millions of often vulnerable patients face £100 fines for attempting to claim free dental care or prescriptions.

News of Charlotte's appointment last August came in a week that the BBC revealed 82 per cent of NHS practices in Scotland were not accepting new adult patients, with one in five stating they had waiting times of a year or longer. Researchers were unable to find any practices taking on new patients in nine of Scotland's 32 local authorities.

BDA Scotland warned ministers and officials they risked undermining the future sustainability of NHS dentistry, with cuts to financial support leaving some practices delivering some NHS treatments at a loss. There is a growing exodus from NHS dental services, with official data showing the total number of high street NHS dentists in Scotland has fallen by more than five per cent since the onset of COVID.

Waite will be pursuing BDA Scotland's call for development of a new, sustainable long-term model for NHS dentistry, support for dentists in all fields of practice, and effective action to tackle Scotland's deep oral health inequalities, which are now set to widen as a result of the pandemic.

"I'm downing my drill to fight for the future of dentistry in Scotland," said Waite. "The service is on the brink and the public are living with the results. The Scottish Government pledged free NHS dental care for all, but we now face an exodus from the workforce, the risk of a two-tier system, and a shameful oral health gap that will only widen.

"Our message to every MSP and every party is that this crisis will not end without real commitment. Sit down with us and we can secure a better future for a service that millions depend on."

Who's Who, page 35

Needle-free anaesthesia breakthrough

Device, driven by a silent motor, could reduce dental anxiety

RESEARCHERS have claimed they are "taking the pain out of visits to the dentist" after the creation and trial of a needle-free dental anaesthesia device.

The device differs from other needle-free dental jet injectors in that it is driven by a silent motor and is specifically designed for dental work. It is the result of a collaboration between the University of Otago, University of Auckland, and Auckland University of Technology,

Eight patients who needed removal of top teeth as part of their treatment plan were included in the trial. All participants received both the traditional needle and the needle-free injection device. The needle-free anaesthesia was the preferred technique of all participants at all stages, and six of the eight reported a pain-free extraction with the needle-free delivery. In two cases further anaesthetic was required by the traditional needle technique.

Professor Paul Brunton, who undertook the study, published in the Journal of Dentistry[1], said: "Dental anxiety or fear of dental procedures is a significant barrier to accessing regular dental care, affecting about nine per cent of the global population.

"Dental anxiety and needle phobia have contributed to more patients avoiding dental treatment and missing regular check-ups, generating poor oral health outcomes and associated impacts on general health."

Of the eight participants in the study, five were not considered to have dental anxiety, two had mild dental anxiety and one was classified as having high dental anxiety. The patients were followed for seven days after the treatment to gather further feedback on the levels of discomfort and preferred technique, but also to check on the healing of the sockets and bleeding of the injection site. In all cases healing was "uneventful", irrespective of the technique used.

"Even though this was just a proof-of-concept trial, this device certainly could reduce or eliminate anxiety due to needle phobia," said Professor Brunton. He said that while the results of the study were encouraging, a larger clinical trial would be the next step to validate the technique and to investigate whether it can be used for other dental treatments that require local anaesthesia.

[1]*https://pubmed.ncbi.nlm.nih.gov/35580835/*

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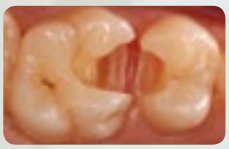

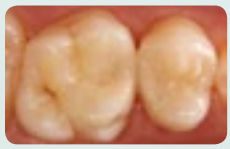

Courtesy of Dr. Z Bilge Kütük, Turkey

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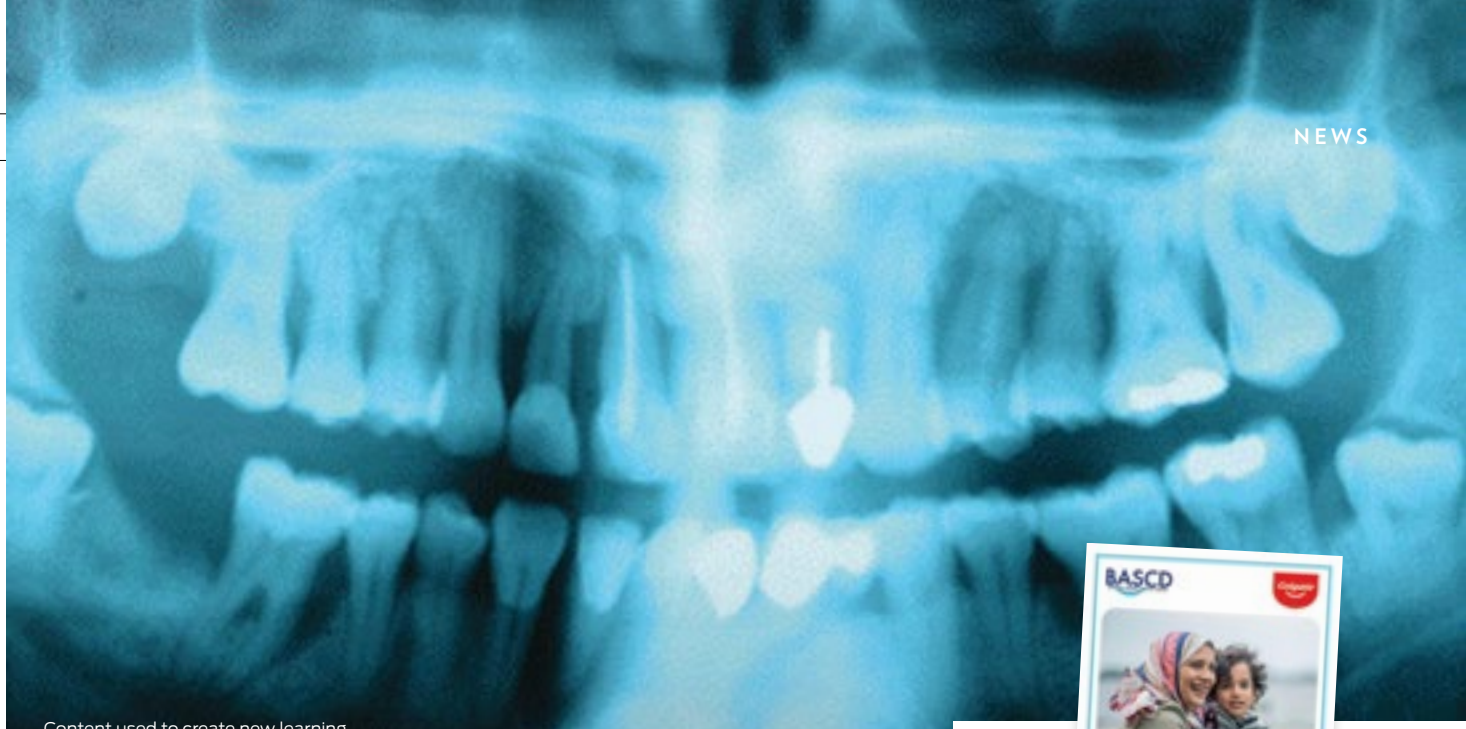

Content used to create new learning modules within an interactive platform

Training manuals feature augmented reality

OUP advances learning through immersive technologies in new licensing agreement

OXFORD University Press (OUP) has announced that it will license its leading dentistry training manuals to Immersify Education for application in the company's propriety interactive educational platform, Immersify Dental.

The agreement will see OUP's high-quality training content used to create new learning modules within the interactive platform, enabling dental students and professionals to benefit from both practical and theoretical learning. As part of the agreement, Immersify Education will initially license OUP's leading dentistry titles including *The Oxford Handbook of Clinical Dentistry*[1] and *Pickard's Manual of Operative Dentistry*[2] with the potential for more titles to be licensed in dentistry and additional academic areas in the future.

By accessing theoretical training through an interactive platform, dental learners and institutions will be able to prepare for real-world scenarios remotely and to the highest standard.

With its vision to become a digital-first publisher and a mission to create world-class academic and educational resources and to make them available as widely as possible, this commercial licensing deal in the field of immersive education technologies represents an important step in an area of focus for the Press.

Andrew Sandland, senior business development and strategy manager at OUP, said: "We are extremely proud to announce our new digital content licensing agreement with Immersify Education, which will help provide the most effective learning experience for students and educators.

"In line with our mission, we are actively looking for opportunities to translate our gold-standard research and training manuals into higher-impact immersive technologies and our agreement with Immersify Education is a positive step in that direction."

Chloe Barrett, CEO, Immersify Education, added: "For us at Immersify Education, it›s crucial to establish relationships that enable us to continue building and expanding the Immersify platform. Our agreement with Oxford University Press will help us to continue creating expert content and embedding gamified, personalised experiences for the modern generation of learners."

[1]https://academic.oup.com/book/35986
[2]https://global.oup.com/uk/orc/dentistry/pickards9e/

BASCD's scientific meeting

THE British Association for the Study of Community Dentistry (BASCD) has organised an Autumn Scientific Meeting in London on 10 November 2022, with the theme of 'A Place to Call Home: Rescue or Repair'.

It continues the topic of inclusion in oral health which was highlighted during the Summer Scientific Meeting in Glasgow in June. The meeting will look at the response in providing dental care to two vulnerable groups in our society. The morning session will be on asylum seekers and refugees, while the afternoon session will focus on looked-after children.

After the lunch break, there will be an update on the revised BASCD position statement on recommended actions to reduce the consumption of free sugars and improve oral health. This is timely as the Sugar Awareness Week 2022 will take place soon after the Autumn Scientific Meeting.

During the conference, there will be a BASCD-Borrow Foundation Early Career Award competition. The poster award is sponsored by BASCD and the Borrow Foundation, who are actively engaged in promoting oral health and disease prevention. The closing date for abstracts submission was 19 September.

In addition to posters display, there is also an exhibition showcasing the work of Dentaid in the UK and overseas. There will be a collection for donation to this charity.

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

New lead for standards

GRAHAM Chadwick, Professor of Operative Dentistry and Dental Materials Science at the University of Dundee, has been appointed chair of CH/106, the British Standards Institution (BSI) committee overseeing dental materials and equipment.

Professor Chadwick takes over from Peter Jacobsen who led the committee for 17 years and enabled the UK to participate in standards development on the world stage through the International Standards Organisation (ISO).

"Peter will be a hard act to follow, having been involved with standards for 44 years, representing the BDA since 1978 on six standards committees," said Professor Chadwick. "He guided the development of the standard for polymeric restorative materials (ISO 4049) as convenor of the ISO Working Group since 1980 and was responsible for four revisions."

Following Brexit, standards are of increased importance and Professor Chadwick said that it was essential that the profession was involved in their shaping. He is keen that all members of the dental profession should contribute to standards' revision and development.

The current dental portfolio, covering a wide range from aspirators to xenon lights, to materials, comprises around 170 standards.

"A lot of expertise is required," said Professor Chadwick. "To this end a series of webinars is planned with a view to explaining standards and recruiting new committee members."

DATES FOR YOUR DIARY

2022

13-14 OCTOBER
Restorative and Aesthetic Dentistry
London
https://tinyurl.com/56uxea2t

13-15 OCTOBER
BSP Conference
Luton
www.bsperio.org.uk/events/bsp-event-calendar/bsp-conference-2022

14 OCTOBER
CGDent NI Biennial Conference
Belfast
www.cgdent-ni.org.uk/2022/03/cgdent-ni-biennial-conference-2022

03-04 NOVEMBER
BAOS Annual Scientific Conference
Edinburgh
www.baos.org.uk/events/event/conference2022/

10 NOVEMBER
BASCD Autumn Scientific Meeting
London
https://bascd-events.co.uk

10-12 NOVEMBER
BACD Annual Conference
Newport
https://bacd.com

18-19 NOVEMBER
Periodontics and Preventive Dentistry
London
https://tinyurl.com/4cfk9rhk

09-10 DECEMBER
Restorative Dentistry and Oral Implantology
London
https://tinyurl.com/yrcjsu6e

2023

24-25 MARCH
BDIA Dental Showcase
London
www.dentalshowcase.com

09-10 MAY
Scottish Dental Show
Glasgow

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

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THE BEST, BY DESIGN

UK's first SureSmile studio opens

State of the art facility in Perth welcomes patients

CLYDE Munro has now opened the doors to its new SureSmile Studio[1], after spending more than £1 million transforming the former British Linen Bank site in Perth city centre.

The Glasgow-based group teamed up with the world's largest manufacturer of dental products and technologies, Dentsply Sirona, to roll out the SureSmile technology, which bypasses the need for traditional tooth braces with modern, unintrusive, clear-aligner treatment. Dental patients from across the country are already being booked into the facility, which was selected for its central location and ease of access from all around Scotland.

Fiona Wood, Clyde Munro's Chief Operating Officer, said: "Perth is the first SureSmile Studio in Scotland, and we are delighted to officially open its doors to patients. The SureSmile technology is a marvellous innovation which will truly transform the way we deliver essential oral care. Utilising the latest digital scanner technology, our patients will be guided through the process by our trained clinicians, providing a dental experience like no other.


The facility will also be home to a training academy

"Our studio is located in the heart of Scotland making it easily accessible for most people around the country to enjoy a more modern and unintrusive experience. We are confident the SureSmile flagship in Perth will be the first of many in the UK."

In addition to the facilities for patients, a new dental training academy will open later this year within the same building. This will focus on upskilling and training current professionals in new technologies as well as offering practical clinical training.

Meanwhile, Clyde Munro has formed a dedicated in-house recruitment team to support its efforts to bring more dentists into its Scottish practices. The group also announced it was acquiring two more practices, Colinton Dental and Riccarton Dental in Edinburgh. It now has 70 practices, more than 200 dentists and 500 members of staff.

[1]*https://suresmilestudio.com/*

FINANCIAL ADVICE

martin aitken
accounting | tax | finance

If you are in the process of securing your first Dental Associate post, or you have already started your self-employed career, then the following accounting, tax and financial suggestions and recommendations will be relevant for you

Preparing for life as a newly self-employed dental associate

WORDS
JAYNE CLIFFORD

Register as self employed

You should register as self-employed with HMRC within three months of becoming self-employed to ensure you pay the correct income tax and national insurance.

How do I pay tax and how much should I set aside each month?

You should pay HMRC directly. Tax payments are due at the end of January and July each year. If, for example, you become self employed in August, you may not have to pay your first tax bill until the January after next – a full 17 months later. It is good practice to set aside 30 per cent of your annual income for tax. Don't forget that you will also have to pay national insurance through self-assessment and some of you may well have student loans to repay.

Do I need an accountant?

An accountant will act as your business and tax adviser. This will involve keeping you compliant with the law and tax regulations – submitting your annual tax return and preparing your annual accounts and providing you with advice on offsetting your taxable income with business expenditure including any business or professional courses you attend.

Your accountant should have good working knowledge of the dental sector and be aware of the nuances that only exist for those working in the NHS. We would also recommend that your accountant is a member of the Institute of Chartered Accountants of Scotland.

If you are thinking about buying a practice, then your accountant will help you with sourcing funding, creating financial projections in terms of your business income and meeting your liabilities as they fall due, and they will also help you to structure the business to minimise your future tax bills.

Lenders will look for at least five years post-qualifying experience and a deposit of between 10 per cent and 24 per cent of the purchase price.

Turning to your personal finances: mortgages, savings, and protection

To obtain a mortgage*, most lenders will require you to have two years of self-employed accounts as evidence of your income and your ability to repay the debt. The Help-to-Buy Individual Savings Account (ISA) is worth checking out as you save towards your deposit.

Cash ISAs are always a good option for those early in their dental careers – see our tax rate card at maco.co.uk for the current annual maximum savings limits. You won't pay any tax on the interest you receive from your ISA, nor will you have to declare it on your annual tax return.

For longer term savings, Stocks & Shares ISAs are also worth considering as part of your investment strategy as both capital gains and income tax will be free. They are not suitable for everyone though, so do speak to us before investing.

If you arranged an income protection policy while still at university or at the start of your VT year, you should review this policy to ensure the cover is still adequate.

You should also make up a Will and set up a Power of Attorney. No one likes to think about dying, however, dying without a Will can leave those you leave behind with significant financial uncertainty. Scottish intestacy law is complex, archaic and can be unfair, so don't leave others to deal with your finances if you are no longer around or if you are unable to deal with them yourself.

Where can I get advice?

Martin Aitken & Co run financial and tax awareness sessions in association with dental schools for those beginning their dental careers.

We also regularly attend the CGDent Faculty Day in December and the Scottish Dental Show each spring, as well as other BDS undergraduate events throughout the year. If you would rather have a private chat, you can email me at jfc@maco.co.uk with your query and I'd be more than happy to arrange a time to meet with you.

**As a mortgage is secured against your home, it could be repossessed if you do not keep up with the mortgage payments.*

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

Can we simulate dental surgery and how real does it have to be?

WORDS
ISRA'A MIRGHANI ET AL

In 1894 Oswald Fergus, with the help of one metal rod and two brass jaws, presented the world's first phantom head simulator to the dental community. His remarks made clear that the time for simulation had arrived because it was "rightly expected, that students should not be let loose to work their will on their suffering fellow-creatures without first having acquired a proper efficiency".

More than a century later, simulation is now a key part of dental education curricula, but its implementation is outstripped by more traditional forms of pedagogy. We have come a long way from brass jaws and metal rods, with much of this movement into the digital realm, but numerous questions around the use of digital simulation abound.

Specifically, what evidence do we have for the efficacy of today's digital approaches to simulation? When and where should digital simulation be implemented in the curriculum? How much exposure to digital simulation is required for an adequate level of efficiency in the real world? What are the benchmarks that simulators must achieve? Has the adoption of digital simulation had any tangible impact on patient safety? What does the future hold for digital simulation in dental education?

To address these questions, supported by the Association for Dental Education in Europe, dental educators from across Europe have convened with the goal of reaching a consensus on a broad range of issues concerning digital simulation[1]. Specifically, they set about reflecting on the current best-practices in simulation, the benefits and challenges that simulation brings and, in light of the increasing prevalence of immersive simulators, exploring how dental education can most benefit from emerging technologies.

Notes from the workshop discussions were shared globally with the wider educational community. Contributors included dentists, dental educators, educational researchers, healthcare specialists from disciplines with related challenges (e.g., surgeons performing minimally invasive procedures), psychologists studying the processes underlying human learning, engineers pioneering the development of surgical technologies, and computer scientists working at the cutting edge of virtual reality (VR) and artificial intelligence (AI).

Five broad themes were identified: (i) the role of simulation in the assessment of dental students; (ii) the pedagogy of holistic dental skill education; (iii) student sensorimotor learning and decision-making; (iv) postgraduate and continuing education; and (v) strategies for dental education to take advantage of novel immersive technologies. Within each theme, delegates considered the key issues and contemporaneous approaches with a focus on how simulation might help or hinder.

It is generally agreed that the purpose of a simulation is to replicate or amplify real experiences using analogous tools or settings that imitate real-world conditions, with the goal of learning and training in an immersive and interactive mode. Simulation has been effectively utilised for the education, assessment, and maintenance of various skills across numerous domains and has been particularly crucial in professions that demand a high degree of precision and safety – from the nuclear industry to healthcare.

Some of the earliest evidence of simulation efficacy in training has come from the aviation industry. Since the invention of the first instrumented cockpit simulator in 1929, simulation became a key part of aviation training during World War Two. The academic study of the efficacy of simulation in training began in 1949 when an early study indicated that the use of simulation reduced flight training time for pilots.

In the intervening period, a strong evidence base has developed linking simulation to performance gains in aviation training, and flight simulation is now an integral part of the aviation industry's approach to maintaining high safety standards.

Over the last three decades, healthcare has attempted to learn from the success of simulation in aviation. In the case of dentistry, simulated clinical activity plays a vital role in the development of successful dental students. The state-of-art simulation tool (and one that also nurtures skills' development) for the assessment of dental students should reproduce a real-life situation, allowing variability of decision-making and realistic consequences that enables meaningful self-reflection and goal setting, while maintaining a focus on patient outcomes.

A current point of contention is whether it is good practice to transfer the teaching and learning techniques that are currently used to teach dental skills to the digital simulation environment. The concerns range from whether we have a sufficient evidence base and the technology to do such a mapping. The evolution of haptic technology has great potential, but it is unlikely to be a substitute for traditional approaches in the near term. As such, a blended approach to teaching preclinical skills training must be pursued.

Recent studies suggest that virtual reality (VR) tools for teaching and assessment can provide more objective input and assist student self-reflection in the learning process. These techniques could also be used to develop 'core' clinical skills teaching and assessment in a much more overt way (such as cross-infection control, communication, posture, handwashing, medical emergencies, preparation of the clinical environment,

working as a team, reflective practice, etc.) before entry onto the clinics, to gate-keep access to patients.

In terms of technical approaches, digitised patient-specific cases imported into a VR system, or brought into the clinical skills environment by 3D printing, allow the student to perform true surgical rehearsal. Haptic devices and stereographic vision can also play a role with consideration to the concept of 'deliberate practice' (i.e., purposeful and systematic, rather than repetitive).

Some argue that VR/haptics are useful because they allow the standardisation of pathology or morphology and provide a consistent and uniform experience for all, a safe learning environment, improved teaching resources and group learning.

While unlimited access to digital content is typically associated with better results, with a finite amount of time available for training, research on understanding how we can optimise the learning process is much needed, the researchers contend. For most organisations, the purchase of additional VR/haptic systems reflects a large investment.

But when considering the cost-benefit analysis it is important not just to factor in the up-front purchase price, but also to consider the evidence base around the technology, the technical know-how required, the maintenance of a VR/haptic system including staff training, and of course, curriculum integration.

> "IMMERSIVE HAPTIC TECHNOLOGIES HAVE A KEY ROLE TO PLAY IN DENTAL EDUCATION."

'Never first on a patient'

Within the UK it is no longer considered acceptable or appropriate, for students at any level of training to practise new skills on patients, even if they have a patient's explicit consent. Digital simulation practice could be key to abide by this maxim and prove an invaluable tool in increasing patient safety. This may be achieved via increased learning through rehearsal with little-to-no patient contact, allowing students to improve their skills, before their first exposure to patients.

Gamification can increase enjoyment and engagement with training activities, although successfully implementing this does not come without its challenges. Chiefly, improvements in patient safety are associated with high levels of authenticity – how life-like interactions are with the digital simulation, rather than fidelity – how visually life-like the digital simulation is, which has too often been the focus of digital simulation development.

It is now possible to integrate information from 3D scanning within the virtual environment, allowing predictable interactions via digital haptic simulation. This has the potential to improve both the authenticity and fidelity of the virtual experience and improve confidence in a clinic when presented with patients.

Digital simulation may also be useful in the development of decision-making skills within complex and novel environments and supporting the transition to a 'safe beginner'. As things stand, the ability to do this within a simulated environment may be limited by a lack

of interactivity in comparison with other technologies that offer AI.

Indeed, AI could benefit student education, allowing students to complete tasks associated with clinical practice, outside of practical surgery, such as taking histories and dealing with complaints from virtual patients. Integration of AI may enhance the experience of digital simulation, increase training opportunities for clinical decision-making and treatment planning followed by clinical execution.

Overall, immersive haptic technologies have a key role to play in dental education. However, researchers argue that their limitations must be recognised, mitigated and their use tailored to maximise their strengths. Educators must only use these technologies when right and appropriate, rather than viewing them as a one size fits all training solution and implement these technologies alongside traditional preclinical training options.

Digital simulation is a unique learning opportunity that must be well planned and implemented in a controlled environment as part of a wider structured curriculum whereas simulators are tools that form a valuable part of the digital simulation experience. From G.V. Black's giant tooth models and Fergus's phantom head to high fidelity VR simulators and robotics, dental education has come a long way in the realism of the preclinical digital simulation experience, which continues to be an integral part of undergraduate dental education.

> "SIMULATION SHOULD NOT BE SEEN AS A REPLACEMENT FOR TRADITIONAL TRAINING METHODS."

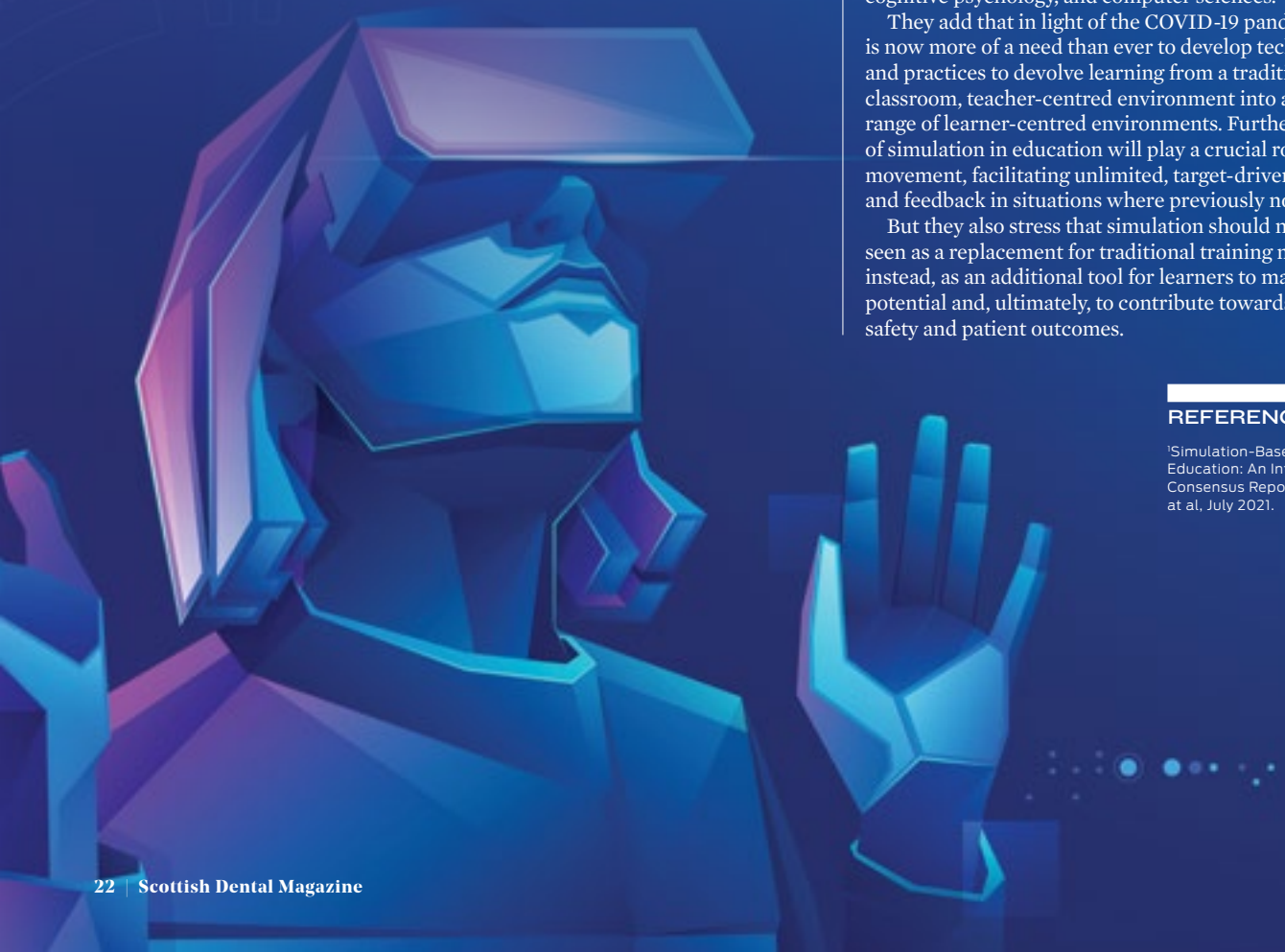
For dental schools that have taken the first step into haptic technology and purchased a small number of machines, a sensible strategy may be to use it for pre-surgical treatment planning and practice. Mindful of the advances in digital dentistry, and how these can be used to support training, students could upload intraoral scans or study model scans to the haptic machines to practice a procedure, or a difficult part of a procedure, on a particular patient in advance.

The benefits of pre-surgical planning using 3D models are well documented already in surgery and this approach also overcomes the comparable lack of varied content available in many machines. Also, the haptic machine can provide objective quantitative analytics helping students identify areas for improvement. This use would mostly benefit students in higher years who have already developed some self-assessment skills and would be less dependent on a tutor for corrective advice.

Researchers say that it is becoming increasingly clear that there is a need to empirically scrutinise today's digital simulators in the context of dental training and education to identify their potential utility as pedagogical tools and to inform their future design improvement. This would facilitate the formulation of best practices recommendations for the use of dental simulators. The inherently broad and multifaceted nature of the topic demands collaborative research efforts from various disciplines including dentistry, education, engineering, cognitive psychology, and computer sciences.

They add that in light of the COVID-19 pandemic, there is now more of a need than ever to develop technologies and practices to devolve learning from a traditional classroom, teacher-centred environment into a diverse range of learner-centred environments. Further uptake of simulation in education will play a crucial role in this movement, facilitating unlimited, target-driven practice and feedback in situations where previously not possible.

But they also stress that simulation should not be seen as a replacement for traditional training methods; instead, as an additional tool for learners to maximise their potential and, ultimately, to contribute towards improving safety and patient outcomes.



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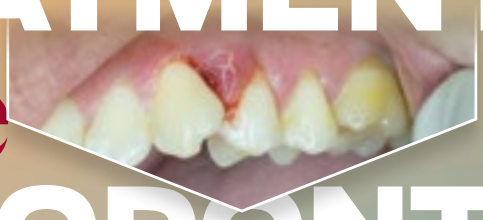
TREATMENT OF Stage I–III PERIODONTITIS



Approximately 1.1 billion people worldwide suffer from severe periodontitis

The EFP S3 level clinical practice guideline explained

WORDS | WILL PEAKIN

The 2017 World Workshop on the classification of periodontitis, incorporating stages and grades of disease, aimed to link disease classification with approaches to prevention and treatment, as it described not only disease severity and extent but also the degree of complexity and an individual's risk.

There has been, therefore, a need for evidence-based clinical guidelines providing recommendations to treat periodontitis. The objective of a recent project undertaken by members of the European Federation of Periodontology (EFP) was to develop a S3 Level Clinical Practice Guideline (CPG) for the treatment of stage I–III periodontitis.

This S3 CPG was developed under the auspices of the EFP, following the methodological guidance of the Association of Scientific Medical Societies in Germany and the Grading of Recommendations Assessment, Development and Evaluation (GRADE).

The rigorous and transparent process included synthesis of relevant research in 15 specifically commissioned systematic reviews, evaluation of the quality and strength of evidence, the formulation of specific recommendations, and consensus on those recommendations, by leading experts and a broad base of stakeholders.

The S3 CPG approaches the treatment of periodontitis (stages I, II and III) using a pre-established stepwise approach to therapy that, depending on the disease stage, should be incremental, each including different interventions. Consensus was achieved on recommendations covering different interventions, aimed at:

- Behavioural changes, supragingival biofilm, gingival inflammation and risk factor control
- Supra- and sub-gingival instrumentation, with and without adjunctive therapies
- Different types of periodontal surgical interventions
- The necessary supportive periodontal care to extend benefits over time.

This guideline informs clinical practice, health systems, policymakers and, indirectly, the public on the available and most effective modalities to treat periodontitis and to maintain a healthy dentition for a lifetime, according to the available evidence at the time of publication.

It was announced during EuroPerio10 in June this year and published in the *Journal of Clinical Periodontology*[1], the official publication of the EFP. "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, of Complutense University of Madrid, and one of the authors.

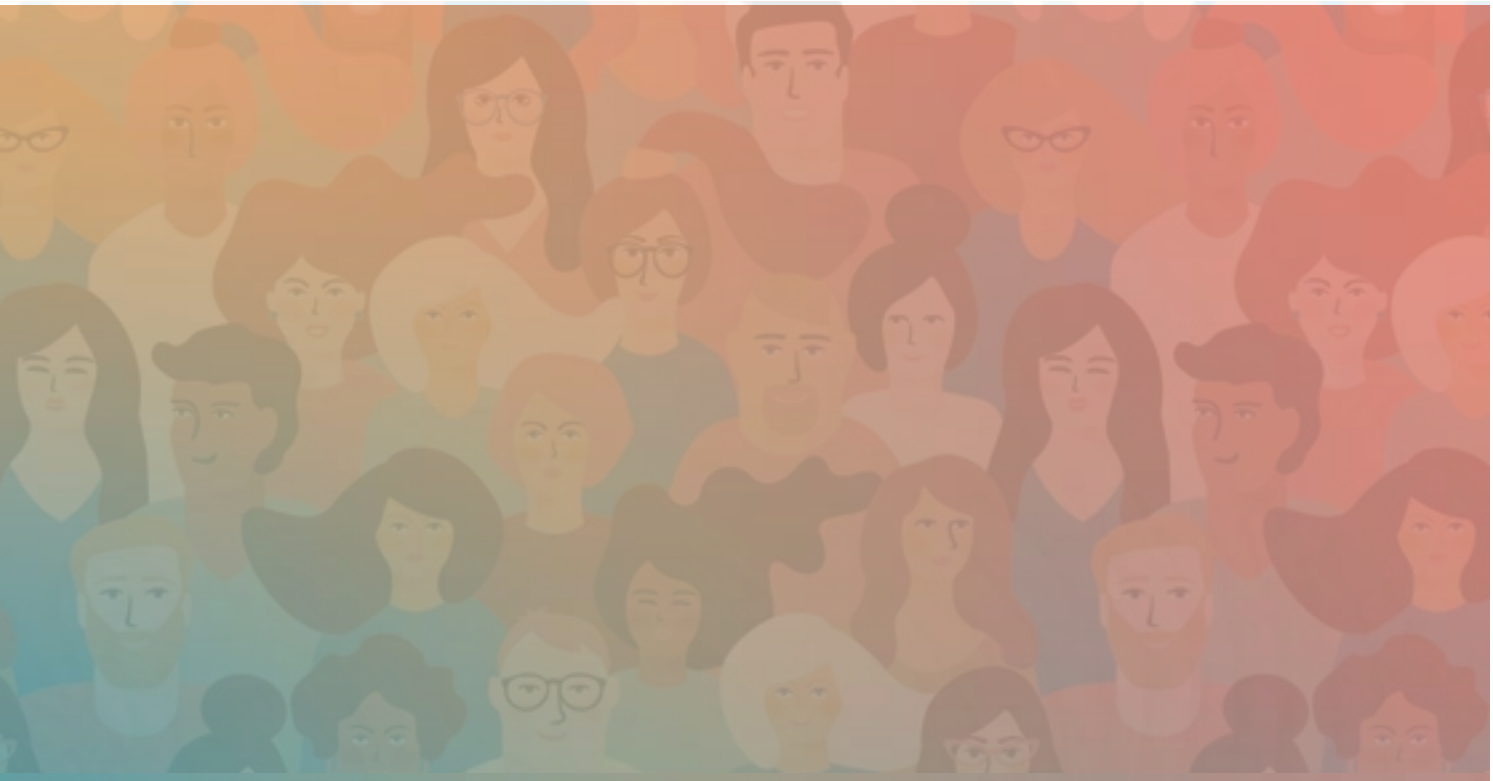
"Those affected can experience difficulty eating and speaking clearly and some feel ashamed, frustrated and vulnerable. However, as today's document shows, most advanced disease can be successfully treated, and teeth maintained in the long-term."

Approximately 1.1 billion people worldwide had severe periodontitis (stages III and IV) in 2019, making it the most common chronic inflammatory non-communicable disease. Inflammation starts in the gums, then progressively destroys the ligament and bone supporting the teeth, causing the teeth to loosen and fall out.

The new guideline focuses on stage IV periodontitis, which is the most advanced stage. In addition to the inflammation and loose teeth in stage III, patients with advanced disease have some of the following: loss of five or more teeth due to periodontitis, teeth moving out of position, flaring teeth, and difficulty in chewing.

Clinical assessment of advanced

> FOR THE FIRST TIME WE HAVE EUROPEAN RECOMMENDATIONS FOR THE INTERDISCIPLINARY AND EVIDENCE-BASED



gum disease includes five components:

1. Evaluate the extent of 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 and/or placing dental 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, considering the possible presence of risk factors such as smoking and diabetes.

Professor Maurizio Tonetti of Shanghai Jiao Tong University School of Medicine, Shanghai, China, co-author of the guideline, explained: "This detailed diagnostic process is crucial as it enables us to design a multidisciplinary treatment plan based on what is technically and biologically feasible, cost-effective, and in line with the patient's preferences and expectations."

Treatment aims to control inflammation and prevent further damage of the supporting tissues of the teeth, and to restore 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, as stated in the previous guideline published in 2020[2].

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.

Professor 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.

"The benefits of periodontal therapy extend beyond the mouth to improved nutrition, quality of life, and systemic health, as, for example, better control of blood sugar in patients with diabetes due to the two-way relationship between diabetes and periodontitis." Professor Andreas Stavropoulos, EFP president, said: "This guideline for stage IV periodontitis complements that for stages I to III[3], meaning that for the first time in history, we now have European recommendations for the interdisciplinary and evidence-based management of all stages of this disease.

"Application of the guideline is expected to improve the quality of periodontal treatment in Europe and worldwide. The EFP will be working with national periodontology societies to translate and adapt the guideline to the local context."

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[2]At EuroPerio10, the session "The multidisciplinary treatment of stage IV periodontitis" took place on 16 June in Copenhagen. More details at https://europerio10.abstractserver.com/program/#/details/sessions/20

[3]Mariano Sanz, David Herrera, Moritz Kebschull, Iain Chapple, Søren Jepsen, Tord Berglundh, Anton Sculean, Maurizio S. Tonetti. Treatment of stage I-III periodontitis –The EFP S3 level clinical practice guideline. J Clin Periodontol. 2020;47(Suppl 22):4–60. doi:10.1111/jcpe.13290.

MANAGEMENT OF ALL STAGES OF THIS DISEASE" PROFESSOR ANDREAS STAVROPOULOS

Becoming a dental therapist with UHI

WORDS
HASSAN SHARIFF

Students benefit from substantial face-to-face tuition in practical skills

Choice. It presents to us throughout life.

Unsurprisingly, this is also reflected in education. For prospective students, hoping to study Oral Health Sciences (OHS), there are four dental institutions within Scotland to choose from – allowing pupils to enter the world of dentistry and, upon graduation, register with the General Dental Council to claim the title of a Dental Therapist.

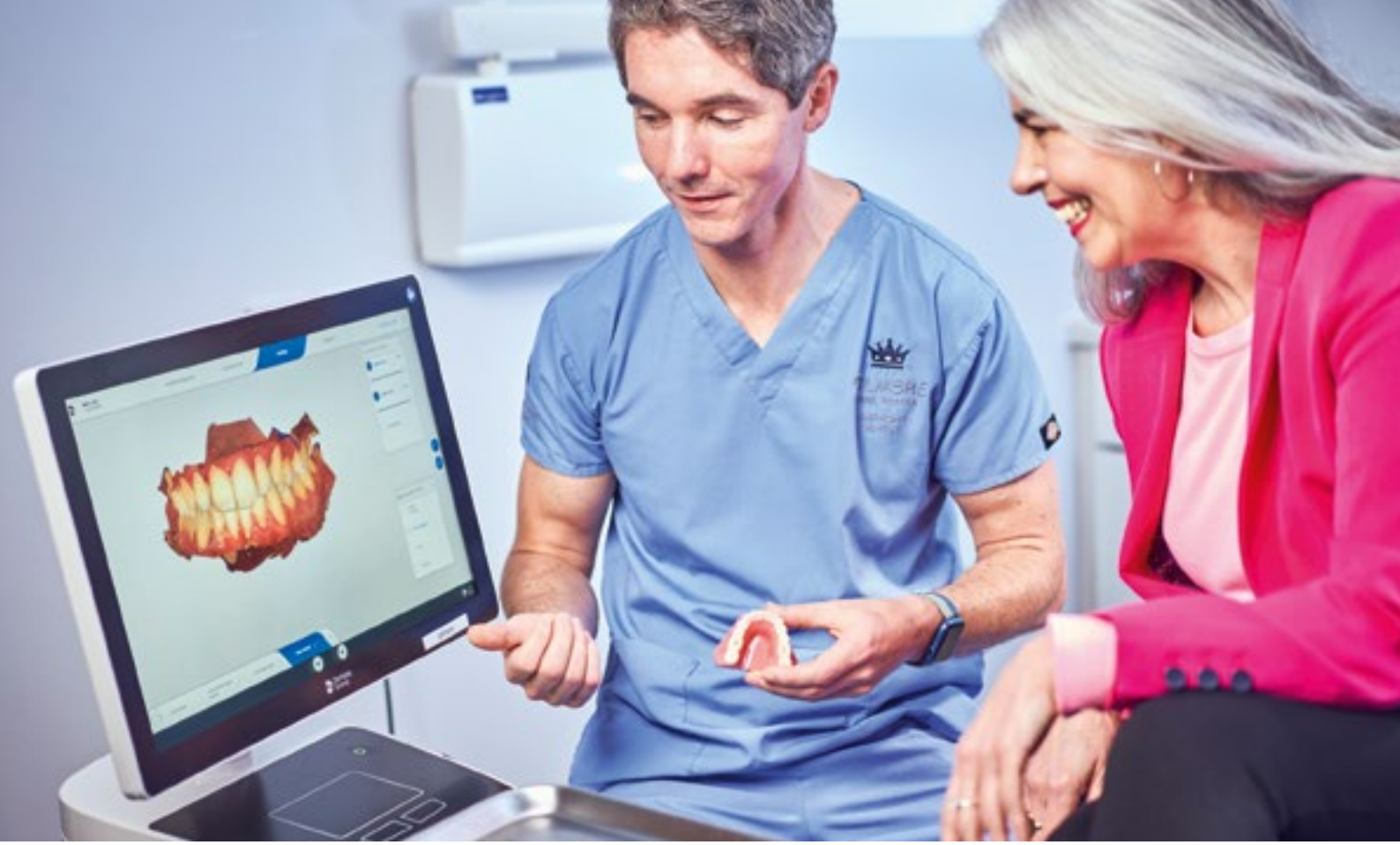
One of these schools is the University of the Highlands and Islands (UHI). Being a teaching fellow for the establishment means I am biased. However, the UHI OHS structure results in both clinical care and theoretical knowledge being rigorously reinforced throughout the programme. Consequently, practitioners graduate with high self-efficacy and confidence in their future careers.

When comparatively assessing overall student satisfaction rate in the UK, the National Student Survey of 2021 found that UHI students were 78 per cent satisfied with their studies; this is higher than the national average of 75 per cent. Dive into these results further and you can see students on the OHS course at UHI reported a 92 per cent overall satisfaction rate. So far so good, right?

Well, what about UHI as a whole? Unlike other localised universities, UHI spans the Scottish Highlands. Now, that is a vast area. This means operating becomes contemporary rather than traditional. The university consists of 12 colleges/research institutions where students can enrol on to undergraduate/postgraduate courses. From these 12 colleges, there are approximately 70 learning sites where study is conducted, meaning the university unites more than 30,000 students.

You may be wondering how this affects prospective therapist students. The OHS course at UHI is delivered through three sites: Dumfries, Inverness and Stornoway. Whilst the application process is standardised through UCAS, students can express a preference of site during the interview process. Following accepting a place on the course, students enrol at either Lews Castle College in Stornoway or at Inverness College.

The OHS course has an intake of 14 students per year. Whilst there are entry requirements which include four



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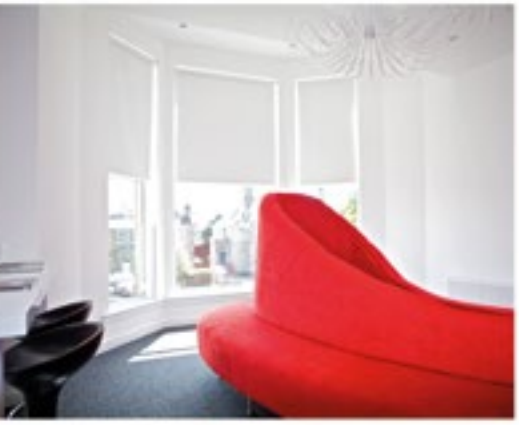

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You may ask, why is OHS at UHI special? Here is where having numerous learning sites comes in to play. As the annual intake of students is spread out across three sites, it means students benefit from substantial face-to-face tuition in practical skills sessions. Consequently, our students are left fully informed and confident in the care they deliver. In addition to tutor-driven support, UHI has virtual and physical services which ensure students are safe and given assistance if required.

The OHS course is delivered via a flipped-classroom approach; in essence this means students get to direct their own theoretical learning while being monitored and guided by tutors. This promotes independence, research and analytical skills; key components to being an autonomous clinician.

Patient interaction on the course begins early on, with first year students seeing patients by the end of semester one.

This early interaction results in profound communication methodology being implemented by students during study and post-graduation.

Like any healthcare course, the OHS programme is intensive but due to the direct support students receive, this intensive nature results in motivation and progression.

Periodontal management skills are developed in the first year, with radiography/imaging, restorative and paediatric dentistry being introduced in year two. By the end of third year these skills have been refined, particularly due to final year students having the opportunity to attend general anaesthesia/radiography clinics and placement sessions in Perth.

Our programme thrives on evidence-base, and we have recently implemented the EMS GBT technology into our training, giving graduates a solid foundation prior to commencing in their career. As the world changes around us, I look forward to guiding new students in becoming the therapists of tomorrow.

Hassan Shariff is a clinical and academic teaching fellow for the University of the Highlands and Islands.

Inverness - one of the three locations at which the UHI Oral Health Science course is delivered

Increasing role for dental therapists

While calls to employ more dental therapists – in a bid to help tackle the backlog of patients waiting for appointments – are still being considered by the Scottish Government, in England, the NHS has begun the process of reforming the dental contract.

Earlier this year, Professor Phil Taylor, Dean of the Faculty of Dental Surgery at the Royal College of Surgeons of Edinburgh, said that employing greater numbers of dental therapists would provide much-needed support to the profession.

Under changes announced in July, NHS dentists in England will be paid more for treating complex cases, such as people who need three fillings or more. Dental therapists will also be able to accept patients for NHS treatments, providing fillings, sealants and preventative care for adults and children, which will free up dentists' time for urgent and complex cases.

Debbie Hemington, President of The British Association of Dental Therapists, said: "The British Association of Dental Therapists are pleased that the full skill set of DCPs has been acknowledged and welcomes these initial reforms to the NHS dental contract, and we particularly look forward to working with NHS England to clarify how skill mix and direct access in NHS practice can be utilised."

Diane Rochford, President of the British Society of Dental Hygiene and Therapy (BSDHT), added: "I welcome the initial phase of changes to the contract for general dental services in England. The focus on access to care for patients and the implementation of the wider dental team providing care within their full scope of practice is essential to assist in reducing oral health inequalities. BSDHT look forward to the next phase work for dental contract reform."

Collaborative tone welcomed

GDC begins analysis of responses to its three-year strategic plan 'amidst great uncertainty in dentistry'

WORDS
WILL PEAKIN

The General Dental Council (GDC) has begun analysing the responses to a consultation on its strategic plan for the next three years. The regulator was seeking views on its proposed strategy which "focuses on ways both to prevent patient harm and to be proportionate when handling the concerns it receives, progressing its ambition to shift the balance from enforcement to prevention".

The strategy includes plans to embed new principles of professionalism, providing the dental team with what it described as "the space needed to make informed judgements relevant to the situations faced in practice". The regulator said there were also ongoing plans to focus investigations on the most serious concerns, such as those that raise issues of public safety or confidence.

The GDC said the quality of the regulation it provides is closely linked to the quality of legislation it works under. This legislation has not been fundamentally updated for four decades and, said the GDC, its weaknesses are becoming increasingly apparent while the timetable for reform gets less and less certain.

The regulator says it will continue to press government for the reform it needs to become more agile and efficient – and be ready to respond should it arrive in the next three years – but it will also continue to focus on its core functions, and make improvements wherever it can, should reform not materialise.

Stefan Czerniawski, the GDC's Executive Director, said: "After the shock of the pandemic and in a rapidly changing environment, we have taken this opportunity to review our aims and objectives and to make sure that our strategic direction remains the right one for the next three years. Our priority is to continue focusing on ensuring dental professionals on our registers reach and maintain the highest standards, but to be ready to intervene where those standards are not met."

This consultation, which closed on 6 September, was not only on the regulator's plans but also on what those plans will cost to deliver. That will have an impact on the Annual Retention Fee, which the GDC expects will increase from the levels set in 2019 to around £730 (+7 per cent) for dentists and around £120 (+5 per cent) for dental care professionals.

Inflation is forecast to continue for some time and the regulator said it will do all it can to keep its own costs down, but that it "may need to revisit the fee in subsequent years if inflation remains high. The GDC commits to limiting any further increases to the rate of inflation unless other exceptional circumstances arise."

Lord Toby Harris, the GDC's Chair, said: "I believe the plans we set out in this consultation explain how we intend to manage the significant uncertainty we face in the coming years, while continuing to deliver on our core functions of protecting the public and maintaining confidence in the dental professions.

"Crucially though, these plans are not yet set in stone. [The] consultation provides the opportunity for anyone with an interest to tell us their views and help shape our strategy for the next three years."

In its response, the British Dental Association said that the consultation had a "tone and approach that is positive and collaborative, which is of course to be welcomed, as are the strategic themes in general.

"We believe that many of the current approaches by the GDC are useful and welcome. This includes the wish to empower registrants to make clinical decisions without fear of inappropriate enforcement action and fighting the climate of fear and defensive dentistry."

It also welcomed the proposals around professionalism, engagement with professions and stakeholders, improvement of procedures, communication with registrants, quality assurance of decision-making "and the genuine wish to leave behind what has been a dire situation for a significant period of time".

The BDA said, however, that it was

concerned about the GDC's apparent intent to have a say in workforce planning. "Regulators do not, and should not, have any involvement or role in workforce planning; it is a role for government," it said.

"If the regulator wishes to move into this area, then professional regulation must be funded from public taxation. No matter how this is dressed up as 'working in partnership', the direct involvement of the GDC in any workforce planning activities, is unacceptable."

It added: "There continues to be a dissonance between the GDC's obvious wish to work closely with the professions – which is welcome – and its apparent worry that 'representation' might unduly influence its working groups. Professional organisations have knowledge and expertise which others do not have and can contribute much to the early formation of policies and identify potential issues that might be elusive to others."

The BDA also criticised what it described as a lack of transparency surrounding the costings of the GDC's plans. "Throughout conversations with the GDC in 2018 and 2019, whenever cost was a theme, we were referred to the forthcoming strategy consultation that would bring clarity on this. There is little actual clarity as to how these figures for the five strategic aims have been decided upon, or on what exactly the money will be spent.

"There is an overlap of many of the ideas and projects mentioned and no evidence-base for the approach itself. For the purpose of the consultation, it would also have been useful to see clearly the income and expenditure over the last few years and how this has been streamlined and/or changed into the current set of strategic aims.

"Registration figures, income vs expenditure, operational costs, reserve levels and changes to budgets over time would have been useful. We note that there is a commitment to publish detailed plans, together with timescales for the various programmes of activity, on an annual basis; but there is no commitment to consultation on these. We find it a bit odd that the consultation questions do not include questions about the vision and values at the beginning of the consultation. They are clearly meant to be part of it."

But it added: "We would like to say that we support the approach and the language used. As the GDC will be aware, we continue to have significant concerns about transparency – and accountability – but we welcome its inclusion in the values and look forward to significant improvements to the openness of decision-making, which is something we will obviously monitor extremely closely."

> "OUR PRIORITY IS TO CONTINUE FOCUSING ON ENSURING DENTAL PROFESSIONALS ON OUR REGISTERS REACH AND MAINTAIN THE HIGHEST STANDARDS"
>
> STEFAN CZERNIAWSKI

Building a model for early detection of head and neck cancer

Using patient demographics, behavioural factors and clinical factors to calculate an individual's cancer risk

Head and neck (and within this oral) cancer is a disease of high mortality and high morbidity when detected at later stages. If detected at early stages, however, patients can face a much better prognosis.

Early detection leads to better patient outcomes. For example, surgical treatment alone is often less destructive than when combined with adjuvant radiotherapy treatment which is often indicated at advanced stages. Whilst early detection is essential, efforts to prevent future cases developing in the first place are also key (e.g. through behavioural intervention) This led me to develop a model to help dentists, GPs and other secondary care professionals to detect cancer early and to help shape cancer prevention in the future.

Inequality and access backlogs

Head and neck cancer incidence is increasing in Scotland, as reported by the BDA.[1] There are many different factors at play which are influencing this increase in cases. There are clinical factors, such as the growing incidence of HPV-positive oropharyngeal cancer but also underlying socioeconomic inequalities that will only be worsened by the cost-of-living crisis. People living in more deprived communities (who typically may need treatment more urgently) are struggling the most to access and pay for care. Deprivation cannot be understated or overlooked.

Dentists and healthcare professionals cannot detect cancer in patients if they can't get appointments, however. Both medical and dental primary care services have suffered from massive backlogs as a result of the pandemic. For example, at a vaccine clinic, I came across what I suspect may have been head and neck cancer in an elderly patient who had been struggling to get a GP appointment, presenting with a persistent hoarseness and throat pain of well over a year and reporting a history of heavy smoking. I ended up contacting the patient in question's GP. I don't suppose I'll ever know the outcome for that patient, but I really hope my suspicion was wrong. This story typifies some of the challenges we, as clinicians, face as we deal with the damaging effects of the pandemic and chronic underfunding of the health service.

Specialising in cancer

After completing years one to three of my BDS degree, I began my intercalated year studying Public Health just as the pandemic hit. After my first year, a unique opportunity with the TRACC (to Train and Retain Academic Cancer Clinicians) Programme presented itself. TRACC is a novel, exciting clinical academic training programme which is jointly run by the Universities of Edinburgh and Glasgow and funded by Cancer Research UK.

It is an unusual PhD - the programme takes place immediately after an intercalated degree before a student resumes their MBChB or BDS course. The programme aims to arm future clinicians with research techniques and experience, afforded by a fully funded and supported PhD. Students will then finish their clinical degree in dentistry or medicine and be qualified academically, as well as clinically. I am the first dental student in this programme, hopefully paving the way for others to take up this opportunity in the future.

Creating a risk prevention tool

The final tool I'm developing as part of the TRACC programme will aim to use patient demographics, behavioural factors, and clinical factors (obtainable from routine patient histories, notes or even a waiting room questionnaire) to calculate an individual's cancer risk for a clinician. This could have scope for early detection, for example - the prompting of referrals. Crucially, such a model has major scope for prevention, the long-term value of which cannot be understated. The tool could promote changes in recall times and link in with preventative behavioural change pathways. Research has found brief motivational interventions (supported by risk assessment) in the clinical settings have potential for behavioural change.[2] Thus, a clinical risk model could prove a massive aid in such interventions, a calculation or quantification

of risk offering a "teachable moment" for at-risk patients. Examples of the factors considered for inclusion include:

- **Sex:** Men are more predisposed, being 2-3 times more likely to develop HNC
- **Age:** As we age, the probability of developing many types of cancer increases. Exposure to carcinogens or conversely protective agents is important to consider. Most patients present between their 5th and 7th decade of life
- **Socioeconomic status:** Deprivation is a huge factor – area-based deprivation and personal social and economic circumstances greatly affect individual access to care but also the ability to interact with local services.
- **Alcohol:** Clinicians are always conscious of the effects of alcohol increasing cancer risk in patients
- **Smoking:** Tobacco smoking is a major risk factor, acting synergistically with alcohol to promote carcinogenesis. We should also be mindful of other chewable tobacco products such as Betel Quid. Individual risk can be greatly mitigated if a patient quits smoking – in fact individual risk after 20 years of smoking cessation is on par with that or a never smoker.
- **HPV:** HPV infection can promote carcinogenesis and is a big driver in the increase of oropharyngeal cancer rates. It will take years for the full protective effect of the HPV vaccination programme to be fully realised
- **Clinical Factors:** Persistent hoarseness, red or white patches, stridor, unexplained weight loss, neck lumps.

Alongside the BDA oral cancer toolkit available to dental teams[3] and cancer recognition CPD[4] providing advice on how to complete an examination of the mouth, oropharynx, and neck for reportable lesions, I want the model to support and equip practitioners to help open a dialogue and start those (sometimes difficult) conversations with patients on behavioural change.

Looking ahead

Head and neck cancers present a major challenge to our healthcare systems, but I believe there is hope. A dual strategy is required, where we improve public awareness and equip clinicians to detect and manage cancers as early and promptly as possible.

There have been great strides in awareness of breast cancer and colon cancer, for example, with high-profile voices speaking out. Despite being the eighth most common type diagnosed, head and neck cancer sometimes goes 'forgotten' in the public sphere. Awareness is shockingly low, and we must work harder to reach marginalised people in deprived areas.

From seeing cutting-edge robotic surgery cases to presenting at an international conference in Heidelberg, Germany, my PhD has taken me to new settings in healthcare and beyond. I cannot thank the TRACC programme and my supervisors David Conway, Alex McMahon, Alistair Ross and Gareth Inman enough for the opportunities as well as Jenny Montgomery and the QEUH ENT department for their support. I'd also like to express my thanks to Cancer Research UK for their funding of this project.

Dental school is a great starting point to get dentists out there in the field, but research and academic training are also vital for the future, especially in areas such as cancer prevention. I would wholeheartedly encourage dental students and dentists to grab opportunities with both hands and try new things. The more experience you can gain, the better.

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Who's who?

Meet the new Director of BDA Scotland

Charlotte Waite will take on a leading role in the fight for the future of dental services in Scotland

Charlotte Waite, dentist and experienced campaigner, was appointed Director of British Dental Association (BDA) Scotland in August 2022.

Glasgow-born Charlotte qualified in Dundee, before completing general professional training in the East of Scotland, locuming in Australia and then working in the Community Dental Service (CDS), providing dental care for some of the most vulnerable in society.

Prior to the pandemic, Charlotte exposed the scandal of Westminster's aggressive NHS fines regime, which saw millions of often vulnerable patients face £100 fines for attempting to claim free dental care or prescriptions.

Working with the media and speaking up for patients in the UK Parliament, she lifted the lid on a system that saw 1.7 million fines – worth £188 million – withdrawn because the 'fraudsters' targeted were fully entitled to claim support towards NHS dental or prescription charges.

After her powerful evidence to the Westminster Public Accounts Committee, the UK Department of Health and Social Care abandoned a 'fines first' policy, based on the presumption of guilt.

While redeployed on the front line during Covid, she revealed chronic PPE shortages that left hundreds of Urgent Dental Care centres struggling to deliver care to patients, when most practices were closed for routine care.

Working with partners including Mencap she has continued to press the UK Government for action on backlogs for patients facing year-long waiting times for dental treatment under general anaesthetic as a result of pandemic disruption.

Charlotte has also led efforts to encourage the use of Makaton – a unique language programme that uses symbols and signs, alongside speech – within dental settings, to break down barriers to communication with dental patients with learning disabilities.

She has also spoken out in the press and lobbied the UK Government for better investment and provision of dental services for people experiencing homelessness and for residents in care homes.

The BDA said Charlotte will take on a "leading role in the fight for the future of dental services in Scotland", supporting members in negotiations with the Scottish Government and overseeing outreach to the Scottish Parliament, officials, the press and wider stakeholders.

Arshad Ali

Arshad Ali established the Scottish Centre for Excellence in Dentistry in 2009. He qualified with commendation from the University of Glasgow in 1978 and carried out 10 years of postgraduate training in Glasgow, Cardiff, London and Sweden. He was appointed to the first NHS Consultant in Restorative Dentistry in Wales in 1988. He returned to Glasgow Dental Hospital in 1997 to take up an NHS Consultant post until March 2011 after which he focused fully on Scottish Centre for Excellence in Dentistry and post-graduate teaching.

Arshad has been involved in implantology since 1985 and has continued to develop his expertise in this area. He has delivered more than 350 lectures and courses in the UK, Europe, North America, Hawaii and the Far East, and is currently providing hands on courses in crowns, bridges and implants. He is a member of the American Academy of Fixed Prosthodontics; a leading national voice for the discipline of fixed prosthodontics where he attends and judges at the annual meeting in Chicago featuring world renowned speakers.
The Scottish Centre for Excellence in Dentistry is a referral centre for all aspects of dentistry, oral/facial surgery and rejuvenation.
www.scottishdentistry.com

Tony Anderson

Tony Anderson worked in General Dental Practice for more than 20 years, becoming increasingly involved in postgraduate education and training, before taking up post as the first Director of Postgraduate GDP Education with NHS Education for Scotland (NES) in 2002. He is the lead for the national Continuing Professional Development (CPD) workstream, which includes CPD for all dentists and dental care professionals in Scotland, Quality Improvement Activity and the NES NEST programme. This includes Remediation and Return to Work support for dental registrants and Mandatory Training, which is required before those entering the primary care dental workforce in Scotland can be listed. As Associate Postgraduate Dental Dean (CPD), supported by a national team of Assistant Deans and CPD Advisers, he is continuing the development of the NES Dental CPD programme, with face-to-face as well as online and blended delivery, to enable ease of access for all members of the dental team to appropriate CPD.

Dr Atif Bashir

Atif Bashir is the Clinical Director of the BE Dental Group, which has practices in Falkirk and Edinburgh, and is Principal Dentist at Falkirk Dental Care. In 2020, he became Chair of the newly founded Scottish Dental Practice Owners Group (SDPO).

Dr Bashir was born in Glasgow and has a Bachelor of Science Undergraduate degree from University of Strathclyde in Chemistry and a Bachelor of Dental Surgery Degree from the University Glasgow, MSc in Laser Dentistry from the University of Genoa and is a Member of the Royal College of Surgeons Edinburgh.

He was for five years Scotland's Chair of Mosaic Regional Leadership Group at the Princes Trust, recently stepping down from this position but continuing to be involved with the charity.

Dr M Tariq Bashir

Tariq Bashir graduated from University of Glasgow Dental School in 2005 and held SHO positions in hospitals throughout Scotland before settling at the Visage Cosmetic Dental Clinic, Glasgow.

He has been practising there since 2008 and his main interests lie in minimally invasive and biomimetic dentistry, toothwear and endodontics. He has travelled extensively and learnt from renowned clinicians including Newton Fahl, Pascal Magne, Didier Dietschi and John Kois. In 2018, he became the first graduate from Scotland at the prestigious Kois Center in Seattle. He completed the intensive nine-step treatment planning, occlusion and restorative focused Kois curriculum.

He has also been awarded an MSc in endodontology from the University of Chester. In the past he has held a visiting GDP role in the Restorative Dentistry Department of Glasgow Dental School. He is the BACD Scotland representative for Scotland and sits on the BACD Education Committee.

In 2018, he co-founded the popular Scottish Dental Study Club with his wife Dr Saimah Ahmed. The aim of the club has been to promote clinical excellence for all clinicians and help deliver the highest standards of care for their patients. The club has brought top names in dentistry from around the world. The have many more eminent speakers planned to visit Scotland in the coming year. Tariq is also involved in postgraduate teaching through his own popular composite training courses. He is now working on further advanced restorative and cosmetic dental courses for 2023. Tariq features regularly in the dental media and was invited by BBC Radio Scotland to host the first *Ask the Dentist* programme and has since featured regularly.
tariqbashirdentistry.co.uk / scottishdentalstudyclub.co.uk

Professor Aileen Bell

Professor Aileen Bell is head of Glasgow Dental School. She graduated from the University of Stirling with a BSc with Honours First Class in Biology in July 1990. Professor Bell worked at the Hannah Research Institute in Ayrshire as a Research Assistant on a Mammalian Biochemistry project before taking up a PhD position at the University of Glasgow in 1990. She developed an interest in clinical research and patient contact and began studying dentistry as a second first degree in October 1993. She graduated from Glasgow University as the Most Distinguished Graduate for 1998 with a BDS with Honours and was awarded the Dean Webster Prize and the Lord Provost's Prize for the most marks obtained in Dental School Examinations.

In 1998, she embarked on a two-year General Professional Training Programme, with one year in General Dental Practice as a Vocational Dental Practitioner and one year as a GPT House Officer in Glasgow Dental Hospital and School. She obtained an MFDS from The Royal College of Physicians and Surgeons of Glasgow and was awarded the T.C. White Medal for outstanding performance in part C of the exam.

From 2000-2002, she worked as a Senior House Officer in Glasgow Dental Hospital and School after which she took up the post of Specialist Registrar in Surgical Dentistry in Glasgow (2002-2004). In 2004, she was appointed as a Clinical

Lecturer in Oral Surgery/Honorary Specialist Registrar in Academic Oral and Maxillofacial Surgery in Glasgow.

She took up the post of Clinical Senior Lecturer/Honorary Consultant in Oral Surgery at Glasgow University Dental School in May 2009 and was also appointed as Deputy Director of Dental Education. Other roles included Education Lead for Clinical Dentistry and Oral Surgery Teaching Lead.

In 2012, Professor Bell took on the role of Director of Dental Education. In 2015, she was elected as a Fellow of the International Team for Implantology and in 2019 was appointed Chair of the Intercollegiate Specialty Fellowship Examination in Oral Surgery and Training Programme Director for Specialty Training in Oral Surgery in the West of Scotland. She is currently Professor of Oral Surgery and Dental Education at the University of Glasgow and was appointed as Head of the Dental School in September 2021.

Gerard Boyle

Gerard Boyle was appointed by NHS National Services Scotland (NSS) as the Senior Dental Adviser in May 2022, as the clinical lead for the Dental Adviser team at Practitioner Services and the Dental Reference Officer team within the Scottish Dental Reference Service.

He qualified from Glasgow Dental School in 1989 and has spent 30 years in general dental practice, including 20 years as a partner in a largely NHS practice in Glasgow.

Gerard has 15 years' experience as a dental practice inspector with NHS Greater Glasgow and Clyde, NHS Education for Scotland and Healthcare Improvement Scotland; and was Dental Practice Adviser (DPA) for NHS Forth Valley before joining NSS.

He spent over 10 years with the Faculty of General Dental Practice Scotland as a board member and treasurer and represented the profession nationally; on the BDA Scottish Dental Practice Committee and on Greater Glasgow and Clyde LDC, as Chair and Secretary between 2004 and 2019. He was awarded a Fellowship by the Faculty of General Dental Practice in 2020 for his contribution to the Faculty and the wider dental community.

Dr James Boyle

Dr Boyle, Vice Dean of the Faculty of Dental Surgery, Royal College of Physicians and Surgeons of Glasgow, graduated from Glasgow Dental School in 1986. Having undertaken vocational training on the Isle of Bute, he opened his own practice in 1988.

He renewed his involvement with vocational training (VT) in 1999, when he assumed the role of Vocational Trainer. After five years as a trainer, he was appointed Vocational Training Adviser and became Assistant Director for the West three years later. Within this role, he successfully completed a Master's degree in Education. He was appointed Associate Postgraduate Dental Dean for NHS Education for Scotland in 2015. In this role he is involved in VT for new graduates across Scotland. Within the Royal College of Physicians and Surgeons of Glasgow, he has served as both a member and chair of Dental Education, Training and Professional Development Board, and as Director of Dental Education. From November 2019, he has served as Vice Dean of the Dental Faculty.

Stuart Clark

Stuart Clark graduated in dentistry from Edinburgh in 1985 before oral and maxillofacial posts in Edinburgh, Liverpool and Aberdeen. He qualified in medicine from Aberdeen in 1994 and completed basic surgical training in Aberdeen and Edinburgh and higher surgical training in Newcastle, Sunderland and Middlesbrough.

He was appointed Consultant Oral and Maxillofacial Surgeon to Central Manchester and Manchester NHS Trust and WWL in August 2002. Stuart is a member of the European Academy of Facial Plastic Surgeons and the Association of Facial Plastic Surgeons.

He regularly teaches on Advanced Trauma Life Support and Critical Care of the Surgical Patient courses. Stuart examines for the Royal College of Surgeons of Edinburgh for MFDS, MRCS and the Exit Specialty FRCS exam in oral and maxillo-facial surgery.

Elected to the Council of the Royal College of Surgeons of Edinburgh in 2016, Stuart is also currently a Specialty Adviser for the North West for the Royal College of Surgeons. He has more than 50 publications, covering all aspects of oral and maxillo-facial surgery.

Professor Jan Clarkson

Professor Jan Clarkson is a Director of the Scottish Dental Clinical Effectiveness Programme (SDCEP) and Professor of Clinical Effectiveness at the University of Dundee.

Her remit is to conduct high-quality research and promote the implementation of evidence in dental primary care.

Professor Clarkson has attracted more than £15m to lead UK-wide trials to evaluate aspects of routine dental care involving more than 200 dental practices and 5,000 of their patients.

She is a founding member of the Cochrane Oral Health Group and is Joint Co-ordinating Editor. Furthermore. She is Associate Dental Dean for Clinical Effectiveness in NES and Director of SDCEP, as well as being a Fellow of the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons Edinburgh, Faculty of General Dental Practitioners.

In 2020, she led reviews of International Dental Guidelines to inform SDCEP's COVID response which resulted in the publication of a UK-wide reduction in fallow time.

In 2021, she established the development of Dundee Dental Research Hospital and School and in 2022 introduced sustainability into SDCEP guidance recommendations.

Professor David Conway

David Conway graduated from Glasgow University BDS in 1996. Following brief periods in general dental practice, hospital dentistry in Bristol and Edinburgh, and SHO posts in oral and maxillofacial surgery at St John's in Livingston, he attained FDS RCS (England) in 1999. He returned to Glasgow in 2000 for a clinical lectureship in dental public health combined with a specialist registrar training post based in NHS Lanarkshire and NHS Argyll & Clyde Health Boards. David completed the MPH at Glasgow in 2002 and specialist training in dental public health in 2005 (FDS DPH RCS, and FFPH. He was awarded a PhD in 2008 for research on the epidemiology of oral cancer from a socioeconomic

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perspective. Since 2005, he has held the position of Honorary Consultant in Dental Public Health - Information Services Division, NSS, which transferred to Public Health Scotland on its inception in April 2020 where he is currently the dental lead. David was appointed Professor of Dental Public Health in 2015 in the School of Medicine, Dentistry and Nursing, where he is the current Director of Dental Research, and he is a Co-Lead for the Oral & Dental Specialty Group in NHS Research Scotland. His research interests focus on health inequalities, head and neck cancer epidemiology, and child oral health. During the pandemic David was redeployed into COVID-19 surveillance establishing a testing programme in dental settings across Scotland. Twitter: @davidiconway

Nicola Cross

Director of the Dental Examinations Board, Royal College of Physicians and Surgeons of Glasgow, Nicola graduated from the University of Dundee in 2004 and has spent most of her career practising in Oral Surgery. She completed her Specialist Training in Oral Surgery in 2016. Nicola has gained Membership in Oral Surgery with the Royal College of Surgeons (2015), a Masters in Implant Dentistry with the University of Central Lancashire (2012) and a Post Graduate Diploma in Conscious Sedation in Dentistry with Newcastle University (2015). Nicola currently works as a Locum Consultant in Oral Surgery in the Edinburgh Dental Institute and as a GDC registered Specialist in Oral Surgery at Glasgow Dental Hospital and School, providing clinical care to patients and teaching trainees at all levels.

Richard Cure

Richard Cure, Convener of Dental Education and Council Member, Faculty of Dental Surgery, Royal College of Surgeons Edinburgh, is Associate Clinical Professor, Principal Fellow of the Higher Education Academy, Head of Dentistry Studies, and Clinical and Course Director of Orthodontics at the University of Warwick. He is a Principal Fellow of the Higher Education Academy, a Fellow of the Faculty of Dental Trainers and a GDC Education Associate. He examines for the College at MOrth, MFDS and MAGDS.

Paul Cushley

Paul Cushley became National Services Scotland's (NSS) first Dental Director in 2015, having had extensive experience across dentistry in Scotland. This new role provided dentistry with a voice at a national level in Scotland, and Paul also acts as NSS's voice across dentistry in Scotland.

The NSS Clinical Directorate's business as usual function is as multidisciplinary unit provides the NSS Board with direct access to professionals across the NHS to ensure that it meets the needs of staff and patients across the NHS. The Clinical Directorate is a small specialist unit with the ability to respond quickly to requests made of the NHS. The pandemic was a test of the organisation's ability and resilience.

Delivery of the Louisa Jordan Hospital, the Test and Protect app, the vaccination delivery programme, the sourcing and delivery of the PPE requirements across the NHS were some of the many NSS achievements during the pandemic. Paul fronted the NSS National Procurement's efforts to supply all dentists, doctors, community pharmacists and optometrists with Personal Protective Equipment (PPE). Initially for emergency care only and eventually for the resumption of all normal primary care services. This service now provides online ordering of PPE and delivers directly to the door to almost 5,000 primary care locations across Scotland. Billions of items of PPE have been made available online and delivered to keep all front-line dental services going.

Ulpee Darbar

Ulpee Darbar is a Consultant in Restorative Dentistry and Director of Dental Education for the Eastman Dental Hospital. She is a trainer of specialists, and those wishing to upskill, and a coach and mentor. Graduating from the University of Wales College of Medicine in 1986, after a brief period in general dental practice, she began her hospital career in 1987.

Ulpee completed her training in Restorative Dentistry in 1996 and took up her consultant position in 1997. She has held several leadership positions at the Eastman and outwith, while maintaining a busy clinical practice. She lectures and teaches widely on soft tissue management, augmentation in implant dentistry and periodontology, management of failures and treatment planning and has written one of the few textbooks on implants for Dental Care Professionals. She also holds a number of positions for the Royal Colleges and Specialist Societies, was Chair of the Advisory Board in Implant Dentistry for the Royal College of Surgeons of Edinburgh, Deputy Chair for the National Advisory Board for Human Factors in Dentistry and executive clinical Board member for the National Examining Board for Dental Nurses.

Robert Donald

Robert Donald is Chair of the British Dental Association Scottish Council. A GDP based in Nairn, he qualified from Edinburgh with honours in 1983, before spending 18 months in a training position at Edinburgh Dental Hospital.

Robert entered general practice in 1985, gaining the diploma in general dental practice in 1992. He is a past chairman of Independent Care Plans UK and director of Highland Dental Plan. Robert was previously a chairman of the Scottish Dental Practice Committee, vice-chairman of the Scottish Dental Vocational Training Committee and vice-chairman of the Scottish Association of Local Dental Committees. He recently retired as a non-executive Director of MDDUS. In 2021, he chaired the UK Council of the BDA.

Robert was presented with the British Dental Association Fellowship Medal in September 2022 to honour his distinguished service to the BDA and the dental profession.

Andrew Edwards

Andrew Edwards, Dean of the Faculty of Dental Surgery and Vice President, Royal College of Physicians and Surgeons of Glasgow, qualified in dentistry from Dundee in 1987. A period of junior positions in Oral & Maxillofacial Surgery followed. He gained Fellowship in Dental Surgery from the RCPSG in 1993.

He qualified MBChB from the University of Aberdeen in 1998. He was admitted as Fellow in General Surgery of the RCPSG in 1993. He went on to higher surgical training in Oral and Maxillofacial Surgery in the North West of England, gaining the Intercollegiate Fellowship in Oral and Maxillofacial Surgery in 2006.

He worked in South Africa as visiting Registrar at the University of Pretoria, gaining experience in facial trauma and cleft lip and palate surgery. After completion of his maxillofacial training he was appointed Consultant Oral & Maxillofacial Surgeon at The Royal Preston Hospital specialising in the correction of facial deformity, trauma and reconstructive surgery.

Within the RCPSG, he has been an examiner for the MFDS since 2006 as well as Regional Advisor for the North West of England (he demits from the Dean's position at RCPSG on 11 November). He was appointed Director of Dental Examinations from 2016 to 2019. He is Visiting Honorary Professor at Dr M.G. R Educational & Research Institute, Chennai. In addition, he holds an Honorary Professorship with The University of Hong Kong.

Dr David H Felix

David Felix graduated in dentistry in 1978 from the University of Glasgow and after completing a number of training grade posts within the Hospital Dental Service returned to study medicine, graduating from the University of Edinburgh in 1988. Following completion of higher specialist training in Oral Medicine he was appointed to the post of Consultant and Honorary Senior Lecturer at Glasgow Dental Hospital and School in 1992.

In 1995, he took on the role of Postgraduate Tutor for the West of Scotland. He was appointed to the post of Associate Dean for Postgraduate Dental Education NHS Education for Scotland in 2002 and subsequently Postgraduate Dental Dean in 2011. He has contributed to the peer reviewed literature in dentistry and education. He is a Fellow in Dental Surgery of the Royal College of Surgeons of England, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons of Edinburgh. He was awarded Fellowship of the Royal College of Physicians of Edinburgh (FRCPE) in 2011 and was one of the first to be awarded Fellowship status in the Faculty of Dental Trainers of the Royal College of Surgeons of Edinburgh in 2017.

Over the years, he has gained extensive experience of the structure of postgraduate education within the UK and overseas and has held a number of key UK-wide roles – President, British Society for Oral Medicine (2003 – 2005), Chair of the Specialist Advisory Committee for the Additional Dental Specialties (2007 – 2010), Dean of the Faculty of Dental Surgery in The Royal College of Surgeons of Edinburgh (2008 – 2011), Chair of the Joint Committee for Postgraduate Training in Dentistry (2013 – 2017) and Chair of the Committee of Postgraduate Dental Deans (2019 – 2021). In 2022, the University of Glasgow awarded him the status of Honorary Professor in the School of Medicine, Dentistry and Nursing.

Tom Ferris

Appointed in October 2019, he qualified from Glasgow in 1982 and has worked in general practice, hospital service, the salaried service in Scotland and in the hospital service in Malta. He has a Master's in Public Health (Glasgow) and a Master's in Business Administration (Stirling) and has been awarded an honorary Fellowship in Dental Surgery from both the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons of Edinburgh and Fellowship of the Faculty of Public Health.

Tom is undertaking a Bachelor of Arts in classical studies with the Open University. He was seconded to the Scottish Government as Deputy Chief Dental Officer from his substantive posts with NHS Forth Valley and NHS Education for Scotland in 2010. In December 2018, he was appointed interim Chief Dental Officer before the post was made permanent 10 months later. Post-pandemic, the Scottish Government appointed three part-time deputy CDOs to support the recovery of dental services and a programme of change in the delivery of oral health care.

Toby Gilgrass

A Consultant and Honorary Senior Clinical Lecturer in Orthodontics at Glasgow Dental Hospital, Toby is the clinical lead for the Cleft Surgical Service for Scotland and a member of the Craniofacial Council of Great Britain and Ireland. He is a former programme director for orthodontics for the south east of Scotland and is a member of the Specialist Advisory Committee for Orthodontics for the GDC. He is a former chair of the Specialty Advisory Board in Orthodontics for the Royal College of Surgeons of Edinburgh and is presently the Oversees Lead for orthodontic exams for the Royal College of Surgeons of Edinburgh. He is a former recipient of the Dean's Medal for the Royal College of Surgeons and also a Fellow of the Faculty of Dental Trainers.

Dr Mike Gow

Clinical Director of the Dental Anxiety Management at The Berkeley Clinic, he graduated from Glasgow University's Dental School in 1999. He completed a master's degree in Hypnosis Applied to Dentistry from the University of London and later achieved a Postgraduate Certificate in the Management of Dental Anxiety from the University of Edinburgh.

Mike has trained in this field to develop a wide range of techniques which he uses to treat the individual needs of his anxious patients. He is a certified Neuro Linguistic Programming Practitioner and has undertaken a module at KCL on Cognitive Behavioural Therapy. Mike is a past President of The British Society of Medical and Dental Hypnosis (Scotland) and was a founding member of The International Society of Dental Anxiety Management. He is Chairman of the Henry Noble History of Dentistry Research Group and Treasurer of the British Society of Medical and Dental Hypnosis. Mike regularly teaches on the topics of dental anxiety management and hypnosis and has written many papers, articles and book chapters on these topics. He is a Fellow of dental materials company VOCO. He assisted in the development of DefactoDentists.com (a dental listing website) and YourDentistRecommends.com (a dental sundry virtual shop, which allows dentists/therapists/hygienists to recommend and sell products directly to patients, earning a small commission while avoiding the problems of holding stock). He also created and runs InterdentalTV. Mike accepts referrals at The Berkeley Clinic in Glasgow (www.berkeleyclinic.com) for dental anxiety management, conscious sedation (inhalation or intravenous), and dental hypnosis.

Elaine Halley

Dr Elaine Halley graduated from the University of Edinburgh in 1992. She opened her first practice in Perth, Cherrybank Dental Spa in 1995 and works there as the Principal Dentist. She opened a second practice in Edinburgh which is now part of the Pain Free Dental Group. Elaine is the clinical

director for this group and her work includes mentoring the associate dentists across the group.

She is a founder member, past president and accredited member of the British Academy of Cosmetic Dentistry and a fellow of the International College of Dentists. She is a board member for the UK Digital Dental Society.

In 2012, she gained an MSc with distinction in Restorative and Aesthetic Dentistry from the University of Manchester. She is a Digital Smile Design Master and instructor and a clinical Key Opinion Leader for Optident, DMG, Ivoclar Vivadent and Align Technology. She teaches the Full Certification Invisalign course for Aligner Consulting and the Digital Smile Design module for Tipton Training.

She has authored many articles and lectures on clinical dentistry, digital workflow, comprehensive treatment planning and inter-disciplinary planning of complex cases and is the author of *Smile Analysis*, a dental textbook describing her system for comprehensive treatment planning in practice published by Edra publishing.

Emeritus Professor Mark Hector

Professor Mark Hector was appointed Dean and Professor of Oral Health of Children at the University of Dundee in 2011 and conferred as The Boyd Chair in Dental Surgery in 2015. He retired in the first half of 2022 and is Emeritus Boyd Professor of Dental Surgery.

Professor Hector first graduated in Physiology, then in Dentistry in 1981 at Guy's Hospital London. There followed three years at the University of Bristol and Kings College, London, after which he received his PhD. Following three years in oral medicine and pathology at Guy's Hospital Dental School, he was recruited to The London Hospital Medical College as a lecturer in Child Dental Health. He gained his Readership in 2001 and in 2002 became Professor of Oral Health of Children at Barts and The London School of Medicine and Dentistry. Between 2009-11, he was President of the International Association of Paediatric Dentistry. In 2019, Professor Hector was awarded Honorary Membership of the International Association of Paediatric Dentistry (IAPD) and took on the Presidency of the Association of Science Educators in Dentistry. Mark will now be able to devote more time to his silversmithing, fulfilling a backlog of commissions.

Emeritus Professor Richard Ibbetson

Richard Ibbetson graduated from Guy's Hospital Dental School, University of London in 1974. He spent time in general dental practice in the West Country and then worked in Northern Canada.

He undertook his postgraduate training at the Eastman in London and joined the staff there initially as a lecturer. He was at the Eastman for 20 years, becoming Senior Lecturer and Consultant. During this time developed his major interest in the teaching and clinical practice of Conservative Dentistry and Fixed Prosthodontics.

In 1999, he was appointed Professor of Primary Dental Care and the Director of the Edinburgh Dental Institute at the University of Edinburgh. During this period, Edinburgh established the first Honours BSc in Oral Health Sciences for those wishing to register as Dental Hygienists and Therapists. Richard was Dean of the Dental Faculty of The Royal College of Surgeons of Edinburgh from 2011-14. In 2015, he was appointed Professor of Restorative Dentistry and Director of Dentistry at the University of Aberdeen.

After retiring in 2021, he has continued to examine for the Royal Colleges, and selected universities, and chairs the Dental Committee for NHS Education for Scotland. In November 2021, he agreed to return to full-time work for one year as the Interim Head of the School of Dentistry at the University of Central Lancashire due to the long-term absence of the Head of School on medical leave.

Kevin Lochhead

After qualifying from King's College London in 1987, Dr Lochhead committed himself to intensive postgraduate training, following both international and British training pathways. His special interests lie in complex reconstruction, dental implants and cosmetic dentistry. He has run postgraduate courses and lectures on dental implants, cosmetic and restorative dentistry since 1995. Dr Lochhead has represented the Association of Dental Implantology in Scotland and has been a diploma tutor for the east of Scotland Faculty of General Dental Practitioners and a clinical tutor on the MSc in Primary Dental Care at Glasgow Dental Hospital. In 2002, he was recognised by the General Dental Council as a specialist in Prosthodontics.

When he opened Edinburgh Dental Specialists in 1993, the aim was to deliver comprehensive dental care of the highest standard and provide a first-class warm and welcoming service. The centre now has a team of more than 40, all of whom are united in continuing to deliver dental care of the highest standard. Dr Lochhead is a member of various professional societies, including The Academy of Osseointegration, The Association of Dental Implantology, The American Equilibration Society, The British Society of Occlusal Studies, the British Society of Restorative Dentistry, British Society of Periodontology, The Royal Odontological Chirurgical Society and the British Dental Association.

Dr Sarah Manton

Sarah Manton is Director of the Faculty of Dental Trainers and the former Vice-Dean of the Faculty of Dental Surgery at The Royal College of Surgeons in Edinburgh. She is a Specialist in Restorative, Periodontics and Special Care Dentistry and is currently working in specialist practice.

She was Consultant (Honorary Senior lecturer) in Restorative and Special Care Dentistry at Dundee Dental School, where

she led the sedation and special care teaching and clinical services. Previous posts have been held in university, hospital and primary care settings, including positions as Clinical Dental Director of a Community Dental Service. She is currently the Chair of the British National Formulary Dental Advisory Group.

Ian Macmillan

Ian Macmillan is owner of Cherrybank Dental in Balfron, Stirlingshire and a director of The Restorative Programme. Ian qualified in 1991 from the University of Glasgow, and after a stint in the Department of Conservation in Dundee he entered general practice. In 2005 he combined working in practice with a return to university to study for an honours degree in History and graduated from Glasgow for a second time in 2009. In 2011, Ian recognised there was a lack of postgraduate education in Scotland and, with his partner, Jason Smithson, he rolled out a series of restorative-based courses. To date, the live courses and online webinars have been attended by more than 5000 delegates worldwide.

Gordon Matheson

Gordon Matheson CBE has been Head of Scottish Affairs at the General Dental Council (GDC) since January 2020. In this role, he leads on stakeholder engagement in Scotland and ensures that GDC policy developments are fully informed by the distinct Scottish context.

Previously, he was Leader of Glasgow City Council from 2010-15, during which time the city hosted the acclaimed 2014 Commonwealth Games. First elected to the Council in 1999, he also served as Bailie, Justice of the Peace, Executive Member for Education and City Treasurer. In 2016, he was appointed visiting professor at Strathclyde University's Institute for Future Cities and honorary professor at Glasgow Caledonian University. He has also led the public affairs and policy functions in Scotland for two UK charities, RNIB and Cancer Research UK.

Dr Peter McCallum

Peter McCallum, a Clinical Speaker and member of the Orthodontic Advisory Board for Align Technology (Invisalign), has been a specialist practitioner in Stirling and Falkirk since 1989.

He lectures on Invisalign Clear Alignment therapy at home and overseas.

An Edinburgh graduate, he worked in various hospital units including Cambridge, Ayrshire and Glasgow before completing his orthodontic training at Glasgow Dental Hospital and School. He has a Fellowship and Orthodontic Diploma from the RCPS(Glasg). Peter has worked within the BOS for many years.

In 1991, he founded the Scottish Orthodontic Specialists Group to provide a forum for the Scottish Orthodontists to discuss clinical and political issues. This group has grown in strength over the years and represents the interests of orthodontic practitioners since healthcare became a devolved power under the Scottish Executive in 1997.

In 2015, he co-founded the Scottish Orthodontic Symposium which continues to meet on an annual basis.

David McColl

David McColl is Chair of the Scottish Dental Practice Committee, Vice Chair of the GP sub-committee of GGC Local Dental Committee, and a member of the Area Dental Committee of Greater Glasgow and Clyde LDC. He is also the Scottish representative on the BDA Pensions Committee and is on the board of the Scottish Public Pensions Authority. David also runs a busy NHS practice in Govanhill, Glasgow. Outside dentistry, he enjoys cycling, swimming, playing tennis and ski mountaineering.

Gordon Morson

Gordon Morson has worked in general practice since qualifying from the University of Glasgow in 1998. He works in Alloa and has been a partner in a large, mainly NHS practice there since 2004. He is a member of Forth Valley Local and Area Dental Committees and has been involved in dental politics for more than 20 years. Gordon also has a significant interest in dental education, having organised Forth Valley's educational programme for dentists and DCPs for more than 15 years. He is a VT trainer and regularly contributes to the training programme, speaking about communication and dental politics. In May 2020, he was a speaker in the 'Oral Health, Urgencies and Emergencies in COVID-19' webinar hosted by The Royal College of Surgeons Edinburgh. He continues to be actively involved in local negotiation, national lobbying and presenting and organising education events.

Dr Eimear O'Connell

As the first woman to hold the office of ADI President, Eimear is working hard to promote and support women in dentistry. She received her degree from the University of Edinburgh and went on to get her MFGDP and FFGDP from the Royal College of Surgeons London and her Diploma of Implant Dentistry from the Royal College of Surgeons Edinburgh. Recently, she completed her PG Cert in Sedation at Newcastle University. Eimear has owned and run her own practice in central Edinburgh for more than 25 years. It is a private, preventatively based practice using digital tools to allow a team-based approach to delivering streamlined dentistry and at the same time education of patients about their own dental health to maximise their preventative efforts to best effect. Eimear is Key Opinion Leader for Dentsply Sirona in the fields of implant and digital dentistry. Outside work is spent enjoying the great outdoors with her three daughters.

Peter Ommer

Peter Ommer is the Director of Dentistry for the NHS Ayrshire and Arran. He holds a Master of Business Administration and a Master of Public Health, as well as an MJDF with the Royal College of Surgeons of England, an FDS with the Royal College of Physicians and Surgeons of Glasgow and is a Fellow of the College of General Dental Practice. He was previously the Clinical Director for the Public Dental Service in Ayrshire, as well as a General Dental Practitioner and practice owner for 15 years.

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
Specilaist 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 FFDRCSI
- 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**

In addition, he also held an appointment as a member of the Scottish Dental Practice Board, between 2007 and 2013, has been a panellist and Chair for the GDC Fitness to Practise committee since 2013, was engaged as a professional adviser to the Scottish Public Services Ombudsman in 2017, the Northern Ireland Public Services Ombudsman in 2020, and appointed as a dental member of the Scottish NHS Tribunal Service in 2018.

Andrew Paterson

Andrew Paterson graduated from the University of Edinburgh in 1987 and practised in a specialist referral based restorative practice in Glasgow for 22 years. He has previously been an NHS Consultant at Glasgow Dental Hospital, Crosshouse Hospital, Kilmarnock, Leeds Dental Institute, a dento-legal adviser for a dental defence organisation and a Clinical Senior Lecturer/Honorary Consultant at Dundee School/NHS Tayside.

Andrew was brought up in Uganda, Kenya and Malawi and has always had an interest in developing world dentistry. He undertook a master's degree in Medical Law and Ethics where his dissertation was on the ethics of international healthcare volunteering, which is now also the subject of a part-time PhD. Andrew is a volunteer, clinical lead, and trustee of the UK dental development charity Bridge2Aid which trains non-dentists in emergency dentistry and cascade training of oral health promoters in rural sub-Saharan Africa.

Andrew currently works as a Clinical Senior Lecturer/Honorary Consultant in Restorative Dentistry at the University of Glasgow/NHS Greater Glasgow and Clyde. Andrew is involved in postgraduate education and is lead for Prosthodontics for the Restorative Specialty Membership Examinations of RCS (Eng) and RCPS (Glasg).

Dr Sarah Pollington

Sarah Pollington is Director of Dental Education at The Royal College of Physicians and Surgeons of Glasgow. Dr Pollington graduated from the University of Sheffield in 1992. After working in General Dental Practice, she began part-time teaching at the University in 1995 initially in Oral Surgery and then Restorative Dentistry. Following this, she became a full-time Clinical Lecturer in Restorative Dentistry in 2001. In 2008, she went on to complete her PhD in novel dental ceramics and then completed specialist training in 2013. Dr Pollington is on the GDC specialist list in Restorative Dentistry, Prosthodontics, Periodontics and Endodontics. Currently, Dr Pollington is a Senior Clinical Teacher and Honorary Consultant in Restorative Dentistry at the University of Sheffield. She is the Undergraduate Lead for Learning and Teaching in Periodontology, Lead for a number of Prosthodontic clinical skills courses and Director of Student Affairs.

Umar Rehman

Umar Rehman has had the pleasure of providing orthodontics for the people of Lanarkshire and Glasgow for 15 years and is the clinical lead for the Orthodontic Lounge group. He graduated from the University of Dundee in 2004 and went on to complete the MJDF diploma (RCS London, 2009) and an MSc in Primary Dental Care and Orthodontics with distinction (University of Glasgow, 2010). Umar has been privileged to work with Specialist and GDP colleagues, benefitting from their knowledge, support, and expertise. Umar's passion is providing help and advice to his fellow professionals and is keen to help bridge the gap between Specialist and GDP orthodontics. Umar was a founding member of the Invisalign Network Scotland, an initiative designed to help improve patient access to clear aligner treatments in Scotland. He has been lucky enough to help mentor many colleagues over the years and is committed to ongoing education.

Derek Richards

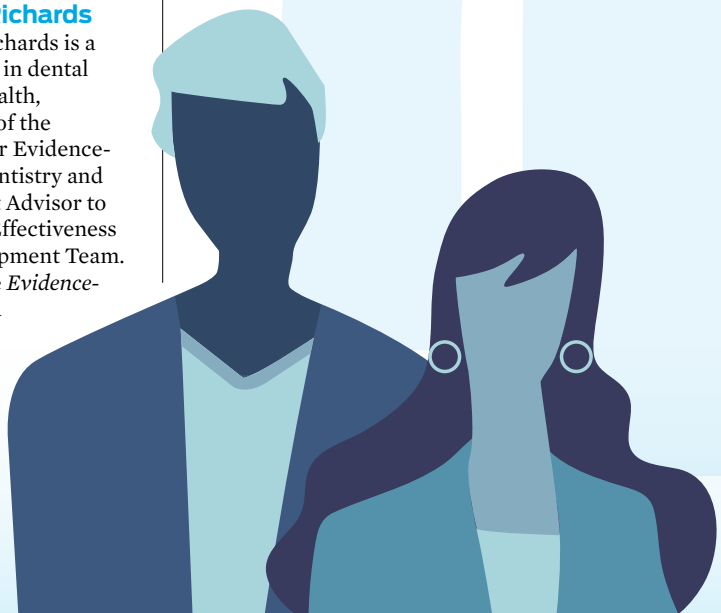
Derek Richards is a specialist in dental public health, Director of the Centre for Evidence-Based Dentistry and Specialist Advisor to the Scottish Dental Clinical Effectiveness Programme (SDCEP) Development Team.

He is a former editor of the *Evidence-Based Dentistry Journal* and a past president of the British Association for the Study of Community Dentistry. He is a senior lecturer at Dundee Dental School and has been involved with a wide range of evidence-based initiatives both nationally and internationally since 1994. He is co-author of the book, *Evidence-Based Dentistry: Managing Information for Better Practice (Quintessentials of Dental Practice)* and the chief blogger for the Dental Elf website.

Professor William Saunders

Emeritus Professor of Endodontology at the University of Dundee, he was appointed in 2000 having previously been in the Royal Air Force (1970-75), general dental practice (1975-1981) and a lecturer in Conservative Dentistry at the University of Dundee Dental School (1981-88). He was the first clinical academic to undertake formal higher training in Restorative Dentistry. He was appointed to a senior lectureship in the University of Glasgow Dental School in 1988 and promoted to a Personal Chair in Clinical Dental Practice in 1993. He was appointed to the first Chair in Endodontology in the United Kingdom in 1995, appointed Dean of the Dundee Dental School in 2000 and served three terms until 2011.

He was Chair of the Dental Schools Council (2008-2011) having been President of the British Endodontic Society (1997-8). William served as Dean of the Dental Faculty (2014-17) and was awarded the Faculty Medal in 2018 and an honorary Fellowship of the Royal College of Surgeons of Edinburgh in 2017. As a consultant, William devoted the majority of clinical practice to endodontics and was one of the first clinicians to use an operating microscope in this discipline. William was the recipient of the inaugural Scottish Dental Lifetime Achievement Award in 2012.



Hassan Shariff

Hassan Shariff is Clinical and Academic Educator at the University of the Highlands and Islands. He graduated from the University of Northampton in 2014 with a FdSc in Dental Nursing. He then qualifyied as a Dental Hygienist and Therapist from the University of Portsmouth in 2019. He has worked in multiple settings including private, national, community and maxillofacial environments.

Hassan collaborated with GlaxoSmithKline to assess the general public's engagement with dental services and subsequently completed a PGCert in Dental Public Health at the University of Manchester. Experience in various clinical settings allowed Hassan to be eligible for a role as an educator for the BSc Oral Health Science course at UHI. Here he aims to promote an understanding of equality, equity and diversity, having worked with podcast creators and dental magazines to increase awareness of these core ethical issues. Hassan is now studying on a Masters of Education programme while concurrently occupying his role as an educator.

Mark Skimming

Mark Skimming graduated from the University of Glasgow Dental School in 2005 and with an MSc in Restorative Dentistry at the University of Leeds in 2009. He has ceased clinical work to become Managing Director of the Pain Free Dentistry Group and co-founder of Smilefast Implants.

The PFD group has multiple practices based in Scotland and England and is 100% clinician owned. It works on a model where associates are invited to become equity stake holders allowing it to maintain its clinical standards and values of patient care whilst allowing clinicians to enter practice ownership without the challenges of management.

Smilefast Implants mentors dentists on both implant restorative treatments and surgical placement with diploma qualification and laboratory services. The PFD Group charity foundation gives back nationally with local homeless charities in Scotland and internationally supporting Dental Mavericks providing treatment to children in Africa and refugee camps across the world. Mark has published multiple guides and books available on Amazon; the most recent, helping practice principals understand the process of selling their practice without the 'hassle' and transitioning out of their existing role whilst maintaining team happiness and standards of patient care. https://painfreedentistrygroup.co.uk

Professor Philip Taylor

Professor Philip Taylor is the Dean of the Faculty of Dental Surgery, Royal College of Surgeons Edinburgh. He is Professor Emeritus in Prosthodontics at Queen Mary University of London (QMUL) and until recently was a Restorative Consultant at Barts Health NHS Trust, where he was the Clinical Director for Dentistry, OMFS and Ophthalmology overseeing 64 consultants.

His career spans more than 40 years, graduating from Newcastle University in 1981 and working in general dental practice for 12 years where he was a vocational trainer and passed his first postgraduate diploma. During his working career he has been the President of the British Society of Prosthodontics and the British Association of Teachers in Conservative Dentistry.

Professor Taylor was the Director of the postgraduate course in Prosthodontics at QMUL for 20 years and an elected member of RCSEd's Faculty of Dental Surgery Council since 2017. He has recently retired from clinical practice to concentrate on his new role as Dean.

Douglas Thain

Douglas Thain has worked in general practice for 23 years. He graduated from Glasgow University in 1999 and completed his vocational training in Dunblane. He took an associate position at Central Dental Care in Cumbernauld in 2000 and became a partner in the practice in 2005. With his wife as business partner, he has developed a large modern family dental practice. In 2008, Douglas became a vocational trainer and remained so until 2018. He is also Chair of the interim committee of the Scottish Dental Association, a professional body he helped establish in July 2020, whose purpose is to help unite and support dental professionals in Scotland.

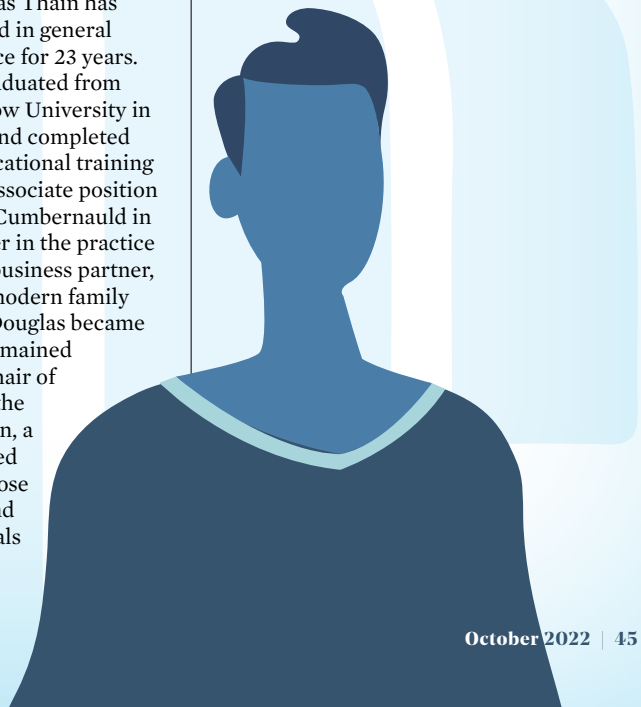
Donald J Thomson

Dr Donald J Thomson has worked in paediatric, dental emergency, oral medicine and oral surgery posts in dental hospitals in Bristol, Edinburgh and Glasgow before beginning specialist training in DMFR in Dundee and Glasgow.

Since 2016, he has been a part-time consultant in dental and maxillofacial radiology in NHS Lothian, having previously been a consultant in Tayside. His primary role is CBCT and salivary gland imaging. He also works for NES, with responsibility for the dental core trainees in the east and north of Scotland and private reporting of CBCTs..

Professor Angus Walls

Professor Angus Walls is the Director of Edinburgh Dental Institute, an Honorary Consultant in Restorative Dentistry to NHS Lothian, and Director Dentistry for NHS Lothian. Professor Walls' research interests focus on the oral health status and care needs of older people. He served as President of the British Society for Gerodontology, the British Society for Restorative Dentistry the British Society for Oral and Dental Research, the European College of Gerodontology and the International Association for Dental Research. Professor Walls was a member of the RAE panel in 2008 and the REF in 2014 and is a panel member for REF 2021.



AMY REILLY • CLYDE MUNRO DENTAL GROUP

AMY REILLY IS HEAD OF COMMERCIAL FINANCE & ESG AT CLYDE MUNRO DENTAL GROUP

HAVING begun her career as a Chartered Accountant at EY, Amy joined Clyde Munro in 2016. As Head of Commercial Finance, Amy works closely with operational teams and helps to drive key strategic projects, such as Clyde Munro's roll-out of Digital Dentistry, provision of adult orthodontic services and supporting the teams to develop their understanding of the financial impact of day-to-day operations.

At Clyde Munro, ensuring that the business has a positive impact on the environment is an integral core value, meaning that environmental sustainability and social responsibility initiatives are embedded throughout the culture of the organisation.

Amy leads on ESG (Environmental, Social & Governance) initiatives, using digital technology to drive waste reduction, recycling, lowering emissions and innovations in sustainability.

Clyde Munro supports several social responsibility programmes across the group and Amy's team delivers improvements in access to dental services for children and vulnerable adults. This including those experiencing homelessness, through partnership with the Marie Trust centre in Glasgow. Key charity partnerships with Alzheimer Scotland and Race Against Dementia are hugely important to Clyde Munro, with programmes including fundraising, direct financial support and raising awareness through practice-wide dementia friendly training.

Amy can be contacted at - amy.reilly@clydemunrodental.com

CAROLYN KENNEDY • CLYDE MUNRO DENTAL GROUP

CAROLYN KENNEDY, BUSINESS GROWTH MANAGER, CLYDE MUNRO DENTAL GROUP

HAVING started her dental career in 1999 as a Trainee Dental Nurse, Carolyn has worked her way through the ranks - Lead Dental Nurse, Manager, Dual Site Manager, Head of Region and since 2020, Business Growth Manager at Clyde Munro.

Carolyn steers the Group's digital strategy. This encompasses training Patient Care Coordinators, organising scanner installations and embedding the new patient journey into the everyday practice routine. This has been a vast project, and at the time of writing, she has set up 43 different digital practices and trained 53 Patient Care Coordinators.

Additionally, Carolyn helps to implement new initiatives in the group and works closely with Clyde Munro's Regional Managers and external partner companies. Carolyn thrives within the training element of her role and enjoys sharing her experience and motivation with others. This encourages them to develop within their roles and take pride in delivering best-in-class dental care to every single patient.

To contact Carolyn - carolyn.kennedy@clydemunrodental.com

FIONA WOOD • CLYDE MUNRO DENTAL GROUP

FIONA WOOD, CHIEF OPERATING OFFICER, CLYDE MUNRO DENTAL GROUP

FIONA initially trained as a dental nurse, however she quickly became interested and heavily involved in the management and business aspects of practice management. This sparked her innate entrepreneurial flair and a distinct career pathway within business and management began.

Now with more than 21 years of operational experience managing multi-site and leading teams, Fiona thrives within the challenges and opportunities that high-level managerial roles demand.

Fiona has been with the Clyde Munro Dental Group since January 2016, joining as Acquisition and Integration Director and being responsible for the early growth successes and acquisition strategy of the Group.

She was promoted to Chief Operating Officer less than two years later and is now responsible for the group's operations, marketing and facilities. Fiona leads on the group's progressive approach towards embracing innovation. Nowhere is this more apparent than the launch of an AI enabled state-of-the-art training facility located in Perth.

Fiona can be contacted at - fiona.wood@clydemunrodental.com

NICOLA LOGAN • CLYDE MUNRO DENTAL GROUP

NICOLA LOGAN, HEAD OF HUMAN RESOURCE, CLYDE MUNRO DENTAL GROUP

NICOLA started within human resources in 2016 and has a background of working within the hospitality industry where she gained a distinct passion for developing teams and focusing on organisational culture. Working within Clyde Munro has enabled Nicola to continue working to these core values, while changing the landscape of how dental groups are viewed across the country

Nicola is responsible for the overall people strategy for the Clyde Munro, focusing on recruitment and selection, learning and development, employee engagement, employer relations as well as compensation and benefits.

Having an experienced HR team within Clyde Munro is essential in ensuring the business provides a career pathway for talented individuals and promotes the industry as a place for teams to continue to grow and develop. This philosophy ensures people and their wellbeing remain at the forefront of the group's thinking and that it continues to invest in both staff and clinicians at all stages of their career as well as enabling them to access the most state-of-the-art technology available.

Nicola continues to play a key role in building out a strong talent pipeline as the group embarks on its ambitious expansion plans.

Nicola can be contacted at - nicola.logan@clydemunrodental.com

DONNA MORRISON • DMG

LOOKING FORWARD TO SEEING YOU!

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

Donna has an extensive and interesting background in dentistry, having worked in the industry for 33 years. She began her career as a dental nurse, working in practice for 15 years, before moving into sales.

Her first sales job was with a leading dental manufacturer, she then moved on to work with Dental Directory for 10 years. Donna returned to the manufacturing side of the industry before a period at Wrights and The Ventilation Company.

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

Donna is looking forward to meeting delegates at the Scottish Dental Show 2023 so make sure you stop by stand H15 to say hello!

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

BARRY MCLELLAND • KULZER

BRINGING A WEALTH OF EXPERIENCE

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

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

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

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

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

Barry Mclelland
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CHRIS BARROWMAN • INFINITYBLU

Chris Barrowman
Principal dentist
BDS Dund 2001 | GDC Number: 79642

BEHIND THE BRAND

CLINICAL Director and owner Chris Barrowman's vision of Infinityblu has developed into a well-respected and known dental brand and group of dental practices in Scotland. Award-winning independent dental practice, Infinityblu Dental Care & Implant Clinic, which started in 2007 as a squat in Pitlochry, has now grown over the past 15 years to a 10 practice dental group. With clinics across Scotland, three of which have been opened as squat practices, Infinityblu now has practices in locations in Perthshire, Stirlingshire, Scottish Borders and Fife.

ETHOS AND VISION:

"Infinityblu Dental Care & Implant Clinic started late 2007 when I took on the unknown and opened a squat dental practice in Pitlochry," said Chris.

"I purchased the fruit and veg wholesaler premises in 2006, refurbished, and marketed my vision of Infinityblu as a dental practice with the patients and team at the heart, opening our doors in October 2007. Back in 2007, Infinityblu was unique in what I was trying to achieve. My vision was to provide a dental service where patients were the primary focus, the patient experience, the journey, be able to offer patients what they wanted, not just what the dentist wanted to offer them, or thought the patient wanted. To listen to patients, build a rapport and relationship with the patients, educate them as to what was available, and those options never been discussed with them before.

"My dream was to build on this ethos and vision, and create a group of Infinityblu practices based around the patients and the team, and by sharing my vision as a dentist and a leader, patients know when they have stepped into an Infinityblu practice.

"With Infinityblu practices in Pitlochry, Dunkeld, Crieff, Auchterarder, Alyth, Callander, Duns, Peebles, Killin and Auchtermuchty, we are continuously developing and building predictability in our customer experience in each practice, and with the focus being on the patients, they become ambassadors to promote the dental brand Infinityblu.

SPECIALISTS:

"By creating the spread of practices around a few key regions in Scotland, we're now growing our referral business. Our dental implant referral service, whether we're receiving patients for single, multiple, or full arch cases, can place the implants and fully restore, or place the implants then guide the referring dentist in the restorative phase.

"Our specialist oral surgery service is building, and we've recently introduced both Private and NHS Orthodontic referrals, with numbers of referrals in the last few months growing at an incredible rate. With the formation of an incredibly strong management team, several acquisitions in progress, and another central squat practice in early stages of planning, there's an exciting six-12 months ahead for the Infinityblu group."

iblu
infinityblu
dental care &
implant clinic

T: 0333 305 0886
W: www.infinitybludental.co.uk

ALEXANDROS COSTA • BLACKTIDE MARKETING

WHO ARE WE?

BLACKTIDE Marketing is an award-winning marketing agency that provides Digital Marketing services for its customers and especially, dentists and dental clinics, as the name suggests.

It is important for every brand to have an online presence where they can market their services to a much bigger audience. At Blacktide, they help dentists and dental clinics to boost their online presence by offering a niche of services that caters to their needs.

WHY CHOOSE BLACKTIDE?

Founded in 2018 in Glasgow, Scotland, Blacktide Marketing has emerged as one of the most effective marketing agencies known for providing exceptional services for its clients. Within four years of its inception, Blacktide has generated over £2.3 Million in revenue with over 45,000 Patient Sign-Ups for it's clients, making them one of the best marketing agencies available in today's market.

The team of digital marketing experts is committed to serve you in the best way possible. They carry out an extensive research program with real time-tested strategies which enables them to accurately carry out your campaign. At Blacktide, they provide digital marketing services specifically for dentists and dental clinics, so that, they can connect easily with your patients online.

CAPTURING THE DIGITAL SPACE

At Blacktide, The primary focus is to help build brand loyalty and brand awareness for your brand. By providing bespoke services, They help you improve conversions and have increased patient sign-ups Get in touch with them to learn more about the world of digital marketing.

Alexandros Costa
T: 0141 266 0166 M: 07794 638348
E: alexandros@blacktidemarketing.com

RICHARD O'BRIEN • SEPTODONT

BRINGING YEARS OF EXPERIENCE

Product Specialist, Septodont – bringing many years of experience to strengthen our service to customers

SEPTODONT is delighted to announce that Richard O'Brien joined our team to cover Scotland and the Northeast of England from September 2021.

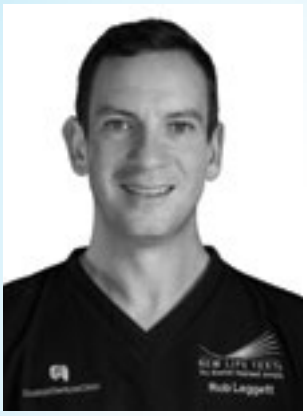
Richard is well known in Scottish dental circles and brings many years of experience which will strengthen our local service to customers, old and new.

As may be expected from the world leaders in dental pharmaceuticals, Richard will stand behind our range of local anaesthetics and Ultra Safety Plus Twist® needle safety device, while also focusing on our unique tricalcium silicate-based products, Biodentine and BioRoot. He will be pleased to offer help and advice regarding just about anything Septodont.

For support from Septodont in Scotland and the Northeast of England, either online, by phone or face- to-face in your practice, contact Richard on 07534 188 447, email robrien@septodont.com or call our head office on 01622 695520.

T: 07534 188 447
E: robrien@septodont.com
W: www.septodont.co.uk

ROB LEGGETT • NEW LIFE TEETH



Rob Leggett RDT Dip CDT RCS Ed
GDC number: 116479

A REPUTATION FOR EXCELLENCE

Director New Life Teeth and Scottish Denture Clinic, Clinical Dental Technician

ROB qualified as a dental technician in 1997 from Edinburgh's Telford College. He has worked in a mixture of the private and public sector spending 10 years working in the NHS including Glasgow Dental Hospital and Edinburgh's Dental Institute before co-founding New Life Teeth and Scottish Denture Clinic.

In February 2009, Rob returned to study a diploma in Clinical Dental Technology which was the first CDT course to be run in the UK, qualifying through the Royal College of Surgeons in December 2009.

Rob is an elected council member of the Dental Technologists Association and sits on the council for DCPs at the Royal College of Surgeons of Edinburgh.

Rob has a special interest in digital dentistry and is proud to be an early implementer of a full digital denture workflow both clinically and technically.

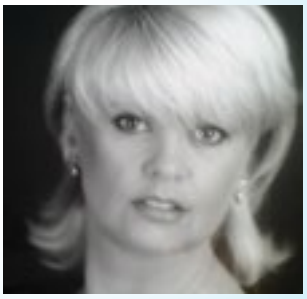
New Life Teeth Lab is one of the most technically sophisticated labs in Scotland, utilising implant planning from 3shape, design software from Zirkonzhann, 3shape and Formlabs as well as milling machines from Zirkonzhann and Ivoclar.

Rob has now been practicing as a clinical dental technician for more than 10 years and within that time has earned a reputation for excellence from his growing list of referring dentists and patients. Rob accepts referrals for all removable dentures with a focus on complex and implant retained overdentures.

T: 0131 381 0155 E: edinburgh@newlifeteeth.co.uk W: www.newlifeteeth.co.uk

KAY KUSZPIT & JAQUI RAE • TRYCARE

HERE TO SUPPORT YOU WHATEVER YOUR NEEDS!



AS part of our expanding National Team of 24 Area Sales Managers, Trycare is delighted to offer you comprehensive support from their team of Scottish based product specialists.
Kay (Highlands, Moray, Aberdeen, Aberdeenshire, Angus, Perth & Kinross, Fife, Falkirk, Stirling, Argyll & Bute) is a recent addition to our National Team of Area Sales Managers and brings with her a wealth of Dental Practice and Customer Care experience.

Jaqui (Glasgow, Edinburgh, Lanarkshire, Lothian, Lanarkshire, Ayrshire, Borders, Dumfries and Galloway) is also a recent addition to our National Team of Area Sales Managers and brings with her a wealth of Customer Focused experience.

Both would love to speak to you to discuss the benefits Trycare can bring to your Practice including all the latest news on product developments from all of the major manufacturers, a free trial with no obligation on Adin implants, drape training and much, much more!

Kay and Jaqui are available for pre-arranged appointments, virtual or in person, at any time to suit you. They are backed up by Trycare's Customer Service Team in Bradford and a warehouse stocked up with more than 28,000 product lines – including Dentsply, GC, Kerr, 3M and Perfection Plus etc plus Trycare's own market leading and award-winning speciality products from Adin, Biomin, OsteoBiol and, of course, Tokuyama. So, whatever you need to run your Practice you can get it from Trycare!

For further information please contact Kay or Jaqui (details below), visit the Trycare website www.trycare.co.uk or telephone Trycare Customer Services on 01274 885544.

Kay Kuszpit
Mobile – 07518 299098
Email – kay.kuszpit@trycare.co.uk

Jaqui Rae
Mobile – 07811 414846
Email – jaqui.rae@trycare.co.uk

Trycare

BRIAN RHONEY • ACTEON

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 & 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."

Mobile – 07508 245111
Email – brian.rhoney@acteongroup.com

ACTEON

DR TARIQ ALI • CENTRE FOR IMPLANT DENTISTRY

Dr Tariq Ali BDS(Glas) MJDF RCPS (Eng) MFDS RCPS (Glas) DipImpDent RCS (Eng) Centre For Implant Dentistry. GDC No: 74600

THE GO-TO GUY FOR DENTAL IMPLANTS

The vision: Improving the world one smile at a time...

A SPECIALIST in Dental Implantology and owner of Centre for Implant Dentistry. Tariq qualified from Glasgow University in 1998 and gained valuable experience working in NHS dentistry and then as an associate. He has a well-established implant practice, The Centre for Implant Dentistry, based in Charing Cross, Glasgow. He now operates solely within implant dentistry.

He has attended numerous courses in the UK and abroad, developing his skills until exposed to the world of implants. He said: "Implants struck me as an ideal solution when a patient was faced with edentulism. I asked myself: Why was I providing dentures when there was a better alternative?"

He provides personalised and bespoke care to patients and has done for over 16 years, with his patients at the heart of his practice. His practice receives referrals for implants, from simple single implant cases to the more complex full-arch treatments. Referring dentists can also refer patients to CID for CBCT scans, bone/soft tissue grafting and sinus lifts/grafts at his widely renowned practice in Glasgow, the Centre for Implant Dentistry. More than happy to help any dentists out with issues regarding dental implants and even offers his wisdom in the form of Implant Restoration courses, during which time the dentists will find themselves learning and being mentored by Tariq.

Centre for Implant Dentistry, 100 Berkeley Street, Glasgow G3 7HU. T: 0141 248 1444
E: info@centreforimplantdentistry.com W: www.centreforimplantdentistry.com

To refer a patient, please visit centreforimplantdentistry.com/refer-a-patient/dental-implant-referrals

RODDY ANDERSON • JOHNSTON CARMICHAEL

JOHNSTON Carmichael is a leading independent business advisory and chartered accountancy firm, with 12 offices based across Scotland and one in London.

Our multi-disciplinary dental team have the in-depth insight and technical expertise to support your business. With a deep understanding of the industry issues you face every day, we advise dental businesses of varying sizes and complexities – from partnerships and large group practices, to individual dentists.

OUR DENTAL TEAM:

Roddy Anderson, Partner and Head of Dental, is a member of the National Association of Specialist Dental Accountants and Lawyers (NASDAL), meaning we are always up to date with the latest accounting, tax and industry-specialist knowledge. Roddy is the only NASDAL registered accountant and business adviser in the North East of Scotland, offering a high standard of technical knowledge and service that is difficult to match, complemented by his team.

Sam Nicholson, Business Advisory Director, manages our dedicated healthcare team, ensuring we deliver the upmost professional service to our clients. Sam looks after various dental practices and associates throughout Scotland, providing support and advice to factors directly affecting the dental industry.

Our experienced sector experts provide a range of services including:

- Year-end accounting preparation;
- Management accounting;
- Training on and configuration of cloud accounting software;
- Payroll preparation;
- Budgets and cash-flow forecasts;
- Tax planning and preparation of personal, partnership and company tax returns
- Practice valuations;
- Finance sourcing for practices; and
- Reporting on practice efficiency and profitability.

Our in-house wealth team also has specialist knowledge of the NHS pension scheme and can advise on retirement planning, lifetime allowance, annual allowance and related matters.

JOHNSTON CARMICHAEL
Chartered Accountants & Business Advisers

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07795235585

ANDREW MCGREGOR • PARK ORTHODONTICS

Andrew McGregor BDS, MSc, BSc
MFDS RCS, MOrth RCS
GDC: 80505

PARK
ORTHODONTICS

SOLUTIONS ARE MADE FOR YOU

Specialist in orthodontics and owner of Park Orthodontics

ANDREW qualified from Glasgow Dental School in 2002 and gained his MOrth qualification in 2010 at Newcastle Dental Hospital. He bought into Park Orthodontics in 2012, then an exclusively NHS practice. Since then, it has been transformed into a successful mixed practice offering the full range of orthodontic appliances.

His main area of interest is in digital workflow and custom-made appliances. Using the iTero scanner and software systems - Insignia, Invisalign and Incognito - his clinic offers a bespoke solution to all patients.

These cutting-edge technologies have opened up new opportunities in precision tooth and root alignment. In turn, this has made working alongside dental colleagues at the ortho-restorative interface a more efficient process, resulting in superior results and happy patients!

Away from Park Orthodontics Andrew is a firm believer in safe orthodontic provision. He advises and lectures dentists across the UK with their own orthodontic case planning and treatment progression and says you can contact him directly at any time for orthodontic support!

Park Orthodontics, 14 Royal Terrace, Glasgow G3 7NY.
T: 0141 332 5107 E: manager@parkorthodontics.co.uk W: www.parkorthodontics.co.uk

LOUISE GRANT & ANNA COFF • EQ ACCOUNTANTS

Louise Grant
BA (Hons) FCCA
Partner & Head of EQ Healthcare

Anna Coff
BAcc (Hons) FCCA
Manager

LOUISE IS HERE TO HELP HER CLIENTS GROW

LOUISE Grant is a Partner in our Dundee office and heads up our EQ Healthcare team, who offer specific accountancy, taxation and business advisory services to each of the healthcare professions, particularly within the dental sector.

She enjoys working with clients who view her as part of the team, supporting them to grow, develop and realise their personal ambitions.

Specialising in corporate finance, Louise has assisted many dental professionals with their dream of owning their own practice, on their own or with other business partners.

ANNA Coff is a Manager in our Forfar office and is a member of EQ Healthcare, acting for numerous dental practices of all shapes and sizee across Scotland. Anna offers advice on accounting and taxation issues that allows her clients focus on running a successful practice.

Anna attends various dental events and has delivered talks at the Scottish Dental Show alongside Louise. If you would like more information on the services and support we can offer, contact Louise or Anna

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T: 01382 312110
W: https://www.eqaccountants.co.uk/healthcare/

LESLEY MCKENZIE • SDI

Lesley McKenzie, Sales Manager, Scotland and 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 at SDI. SDI must lead the market and foresee the needs of dentists through our own research and product innovation.
-

Lesley McKenzie, Scotland & Ireland sales manager, started with SDI in September 2000.

T: 07887 930 923
E: Lesley.McKenzie@sdi.com.au
W: www.sdi.com.au/au

DUNCAN MACCAIG • JAYNE CLIFFORD • GAVIN CURR • MARTIN AITKEN & CO

YOUR FIRST POINT OF CONTACT

Director, Martin Aitken & Co Ltd and NASDAL Member

OUR director Jayne Clifford MA, CA, heads up our dedicated professionals' team. With more than 28 years' experience as a qualified Chartered Accountant and member of NASDAL, Jayne and our dental team have worked with more than 400 dental clients, advising on accounting and tax compliance and on business and financial improvement, ensuring we deliver an accessible level of knowledge and expertise, without the jargon and legalese.

Supporting Jayne on our dental team are our directors Gavin Curr and Duncan MacCaig, whose expertise consists of audit, accounting, finance, strategic management, leadership and succession planning.

As well as thriving on developing long-standing client relationships, Jayne is committed to achieving success for her clients with a simple objective in mind – to be your reliable first point of contact for all your business and financial needs.

We help Associates, Principals and Directors to comply with their statutory accounting and tax obligations and we help improve practice financial and business performance. We also advise on practice acquisitions, sales, restructures and succession planning for new and retiring Principals.

Our financial services team will also be able to provide personal finance, investment and pensions advice, as well as advising on setting up practice pensions schemes and insurances.

martin aitken
financial services

maco.co.uk | ca@maco.co.uk | 0141 272 0000

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E: jfc@maco.co.uk

Gavin Curr
E: gavin.curr@maco.co.uk

Duncan MacCaig
E: duncan.maccaig@maco.co.uk

GEORGE CAMPBELL • INFINITY SMILES

AT THE FOREFRONT OF TECHNOLOGY

Putting patient safety first

GEORGE was born and schooled in Glasgow, then studied Dentistry at Edinburgh University. On leaving, he enlisted as a Captain in the British Army, followed by various posts in oral and maxillofacial surgery in which he completed his fellowship of the Royal College of Surgeons.

He spent three years as the Registrar in Orthodontics at Guy's Hospital in London, obtaining his MSc and obtained his MOrth in Orthodontics from the Royal College of Surgeons in Edinburgh. George worked as a consultant in Orthodontics near London for a year before opening his first practice in Scotland, which has now grown to six practices. He is also included in the Who's Who of Dentistry.

George has trained 15 Orthodontic Therapists in the last 10 years and his practice, Infinity Smiles, is at the forefront of technology including relaxed virtual consultations day and night to suit patients, and the introduction of four new scanners including the latest Invisalign iTero scanner which provides future smile simulation.

Infinity Smiles goes from strength to strength, with more trhan 1,000 positive reviews across all platforms (370 this year alone), a BDA Good Practice Gold Award, our Investors In People, our Customer Service Charter with commendations and Best In Patient Care 2021 award.

T: 0330 094 8930
C: www.infinitysmiles.co.uk/contact
W: www.infinitysmiles.co.uk

George Campbell, BDS (Edin), FDS RCPS (Glas), MOrth RCS (Edin), MSc (Lon) GDC Number: 63331

INFINITY SMILES

BRUCE DEANE • IWT DENTAL

BRUCE DEANE DIRECTOR, IWT DENTAL + SERVICES

BRUCE Deane is joint Director of IWT Dental + Services and has worked in the dental industry for the past two decades overseeing the sales, implementation and on-going customer support process for hundreds of dental practices, giving him a detailed understanding of dental practices and the dental sector in general. Bruce and his team at IWT are fully committed to every task they undertake and thanks to the IWT 'Partnership' method of working are perfectly placed to advise and support you with a range of solutions, including IT management, dental chair supply and service, digital X-rays systems, phone systems and AV solutions. Working with both NHS and private practices, Bruce and the team at IWT bring enthusiasm, dedication and experience to every single project. Bruce works closely with his fellow Director Ian to steer IWT forward and continue to build on the excellent working relationships with industry-leading suppliers and manufacturers, so they can bring you the best possible products while ensuring the service and support you receive is exceptional at every stage.

T: 0141 471 9515
W: www.iwtdental.co.uk

IAN WILSON • IWT DENTAL

IAN WILSON DIRECTOR, IWT DENTAL + SERVICES

IAN Wilson, Director of IWT Dental + Services, has been supporting dental practices throughout Scotland for more than 15 years, providing expert IT knowledge and advice. Ian works closely with practices to understand and discover their current and future needs to align with the long-term ambitions and goals of the practice. As Director of IWT, Ian has worked on a variety of projects – specialising in technology services, including complete networks, digital imaging, installation of practice management software and much more. Before starting IWT, Ian gained years of valuable experience working with some of the leading software and hardware companies in the industry, making his knowledge second-to-none in the field of digital and dental IT solutions. IWT have gained the reputation of being the leading provider of specialist dental IT solutions in Scotland with a service that goes the extra mile. With a dedicated team including fellow Director Bruce Deane, Ian and IWT offer a comprehensive support service which goes far beyond the installation.

T: 0141 471 9515
W: www.iwtdental.co.uk

DR PHILIP FRIEL • SDG GROUP

COMMITMENT TO EDUCATION

DR Philip Friel's professional career has resulted from a long-held passion for the study of dentistry and especially cosmetic enhancement work. Having graduated from Glasgow University with degrees in Anatomy (1998) and Dental Surgery (2000), he attained membership to the Royal College of Surgeons in Edinburgh in 2004 and, in 2009, was awarded entry to the Royal College of Physicians and Surgeons of Glasgow without examination.

Currently working in cosmetic and implant reconstructive dentistry, Philip is based at Advanced Dentistry @ Hyndland Dental Clinic, a private referral clinic in Glasgow's west end. He also carries out implant work in various Scottish Dental Care clinics across the country, including Oban, Linlithgow and Dumfries, and is the Clinical Director and co-founder of this growing and progressive family-owned group of clinics.

With a particular interest in dental implantology, including bone grafting, immediate implant placement and loading together with soft tissue surgery, his commitment to continued education means he travels extensively to train with and learn from globally recognised pioneers and experts of advanced cosmetic and implant techniques.

Philip is a member of several key professional organisations including the British and American Academies of Cosmetic Dentistry, the ADI and the International Team for Implantology (ITI) and gets involved in implant mentoring, lecturing and co-ordination of courses on the placement and restoration of dental implants.

Outwith dentistry, Philip is an ambassador for the Prince and Princess of Wales Hospice in Glasgow and a busy father of four children and two cockapoo puppies. While ambitious and hard-working for his patients and team, he endeavours to maintain a good work life balance with his family.

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T: 0141 339 7579

Dr Philip Friel – 77637
BDS BSC (Hons) MFDS RCSEd MFDS RCPSG MCGDent

SCOTTISH DENTAL CARE
ADVANCED DENTISTRY

DR ANDREW CULBARD • SDG GROUP

FIRST-CLASS REPUTATION

BASED in Advanced Dentistry @ Hyndland Dental Clinic, Andrew is a partner and the Director of Cosmetic Dentistry, Orthodontics & Facial Aesthetics at Scottish Dental Care. Born and raised in the outskirts of Glasgow, Andrew completed his studies at the University of Glasgow.

After achieving a Bachelor of Dental Surgery (BDS) he went on to gain membership to the Royal College of Surgeons of England (Dip MJDF) and pursued post-graduate training in a variety of specialties to ensure a diverse accolade of knowledge and skills to offer his patients.

After completing DVT training in Glasgow, Andrew gradually moved into private practice which eventually led to an opportunity to work in a prestigious clinic in Dubai. After a year of full-time employment there, he moved back to Glasgow and maintained a monthly travelling clinic in Dubai with that clinic for 18 months.

Andrew maintains efforts toward continuous professional development in both dentistry and facial aesthetics, recently completing a two-year Post Graduate Diploma in Orthodontics (PG DIP Clin Orth) and furthering this with a Diploma in Aligner Therapy (PG Dip Align).

Alongside growing accolades in general and cosmetic dentistry, including award of Best Young Dentist at the Private Dentistry Awards, Andrew discovered a passion for the world of facial aesthetics and its ability to drastically improve confidence and quality of life for those dissatisfied with their appearance. He has a first-class reputation among patients and peers alike and is renowned as one of Scotland's leading practitioners.

Andrew founded Facial Aesthetic Courses in 2015 with, with a mission to raise the quality of aesthetic training provision for healthcare practitioners. Operating courses in Glasgow and London, Andrew remains active in his role as Managing Clinical Director and as an Advanced Trainer.

Although work keeps him extremely busy, socially Andrew is very active and enjoys football, golfing and spending time with his loved ones.

E: andrew@sdcgroup.co.uk
T: 0141 339 7579

Dr Andrew Culbard - 244040
BDS Dip.MJDF PG Dip.Clin Orth PG Dip.Align

SCOTTISH DENTAL CARE
ADVANCED DENTISTRY

COLIN HOGG & COLIN HART • SOUTHERN IMPLANTS

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COLIN HART REGIONAL MANAGER FOR SCOTLAND. COLIN HOGG, AREA MANAGER FOR WEST OF SCOTLAND. SOUTHERN IMPLANTS

SOUTHERN Implants is a privately-owned, global osseo-integration company founded in 1987. Focused on the top end of the market, our implant range has been specifically designed to simplify complex cases, reduce the need for grafting, reduce the number of visits needed to complete the treatment and to facilitate straightforward restorations.

With over 21 years of published data, the high-strength Grade IV pure titanium we use and our unique co-axis angled implants, Inverta and MAX implants that complement our regular implant range, combine to facilitate predictable immediate treatments that work with biology and biomechanics, to facilitate successful long-term treatments.

Our clinical support and product specialist in Scotland is Colin Hart, Regional Manager for Scotland. Colin is well known for his cheerful presence and exceptional clinical and customer support. Please contact Colin directly for any enquiries.

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 brings a wealth of experience to the Southern family.

JAK RENNISON • SCHULKE

JAK RENNISON – SCHÜLKE REGIONAL ACCOUNT MANAGER

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'.

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

All mikrozid® products for surface decontamination are virucidal against enveloped viruses, including coronaviruses in one minute. mikrozid liquid is ideal to clean and disinfect hard surfaces, mikrozid alcohol-free is useful for cleaning and disinfecting surfaces sensitive to alcohol like leather, PVC and acrylic glass. mikrozid 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.

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

Jak Rennison can be contacted on:
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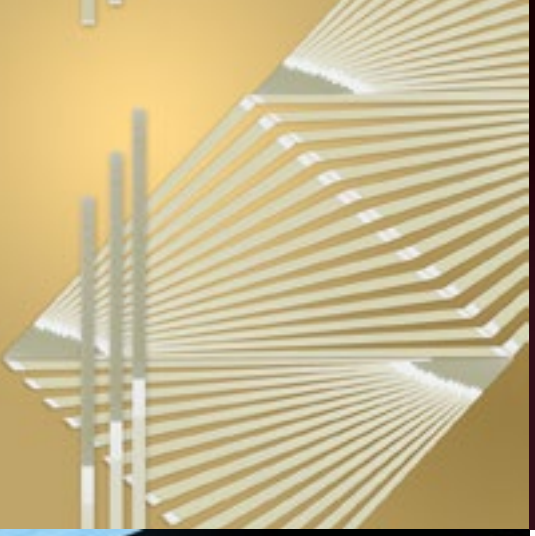
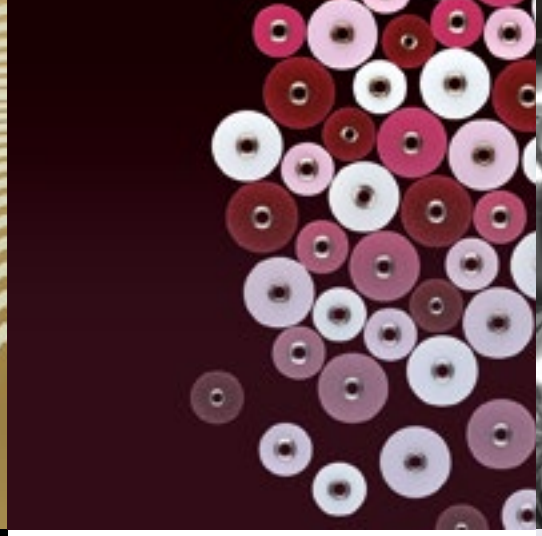
07970860202
www.schuelke.com

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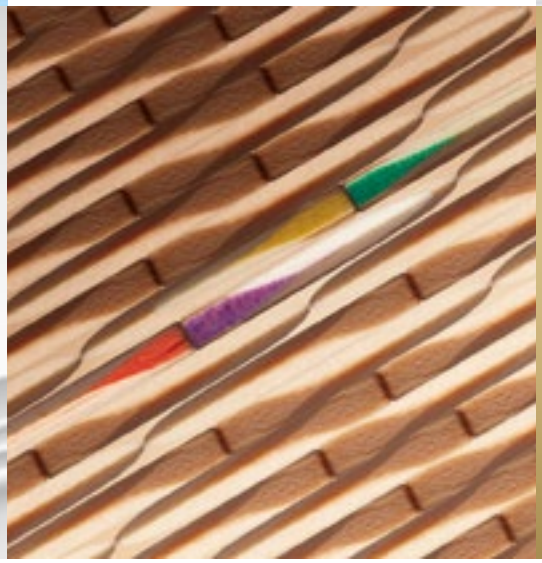


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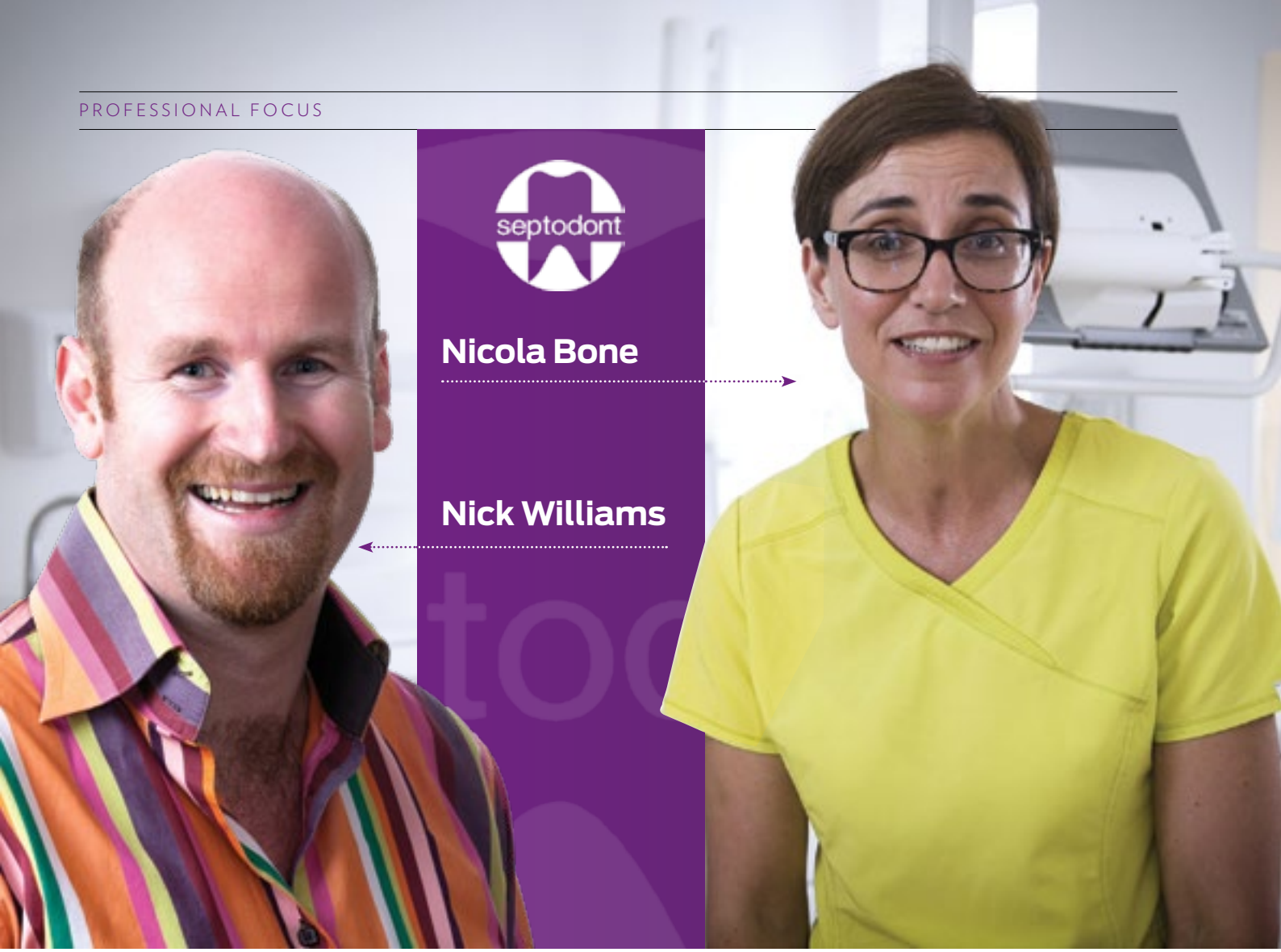

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Septodont's proprietary breakthrough active tricalcium silicate technology ensures high biocompatibility alongside bioactive and regenerative properties, and the high purity tricalcium silicate means no shrinkage and an absence of aluminates and calcium sulfates. With its restorative, paediatric and endodontic indications, Biodentine™ isn't just for "special" cases, it's a superior, therapeutic product with amazing capabilities that should be used in everyday cases where dentine is damaged.

Thanks to its one-of-a-kind properties, dentists can extend vital pulp therapy using Biodentine to irreversible pulpitis conditions, which allows complete dentine bridge formation. The treatment is minimally invasive to preserve as much tooth structure as possible. The patient is immediately relieved from the pain associated with the inflammation. The Bio"bulk-fill" procedure of Biodentine™ allows the practitioner to use only one material to fill the cavity, making it easier to use.

Nicola Bone, Principal Dentist at The Natural Smile, Bristol, has been a keen advocate of Biodentine for many years:

"Biodentine makes some pretty bold claims and we wanted to be sure that was true to the case .... and what we have seen over the years with every single claim about the properties and the uses, it hasn't let us down"

Nick Williams, Principal Dentist at Limetree Dental Practice, Portishead says:

I used Biodentine in many of my patients to try to keep the pulp alive. Like you, many of us have removed fillings in the past and you've either had a small exposure or the cavity has been very close to pulp and you have the very difficult decision – do you do a direct or indirect pulp cap, putting Calcium Hydroxide in or do you move forward and do root canal treatment? But we all knew in our heart of hearts that Calcium Hydroxide lining was going to break up, composite doesn't bond to it and the chances are the tooth was going to become non-vital.

Biodentine came out in 2010 and I've been using it ever since with my patients and we have seen a huge success.... Test the tooth's vitality and if there is no apical pathology, give Biodentine a go. Prepare the tooth and, if you can, leave some dentine over the pulp. However, Biodentine can be used for direct pulp caps and even pulpotomies.

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Management of deep caries lesion and exposed pulp

Phil Tomson[1], **Birmingham Dental Hospital and School**

BDS, PhD, MFDS RCSEd, RCSEng, FDS (Rest Dent) RCSEd

[1]Head of Conservative Dentistry and Endodontics

Senior Clinical Lecturer and Honorary Consultant in Restorative Dentistry

Introduction

Caries is the most common non-communicable disease with a greater prevalence in patients from disadvantaged groups.[1] It is a huge burden to healthcare systems, yet is entirely preventable. It is caused by biofilm on the surface of the tooth and if there is a nutrient source, such as sugar, the bacteria within the biofilm will flourish. It is acidic, so will cause liberation of the mineralised tissue of the tooth. The surface of the tooth is then under threat. If the pH rises, remineralisation can occur but if it falls – below the critical point of 5.5 – then this liberation reoccurs.

> “IT IS IMPORTANT TO CONSIDER THE RESPONSES OF THE DENTINE TO CARIES. PULP TISSUE IS IN UNION WITH THE DENTINE.”

Histopathology of the carious lesion

Once the caries breaks through the enamel to the amelo-dentinal junction (ADJ) there is a response from the pulp which includes changes in dentine and differences in fluid movement, causing an expansion of the ADJ, the creation of a cone-shaped enameliesion and, consequently, an increase in speed of the breakdown of the dentine tissue. The edge of the ADJ is known as the ‘zone of destruction’, where the gross proteolytic breakdown of tissue occurs involving transverse clefts. In front of this you have the ‘zone of bacterial invasion’ where the various pathogenic organisms exist and flourish in the acidic environment.

The process of proteolysis (decay) will also be present. Deeper down the dentine, towards the pulp, there is a ‘zone of demineralisation’ which features a wave of diffusing acid. Although this area of the dentine is affected, there tends not to be any bacteria present and so is not infected. Further down there is a ‘zone of sclerosis’ where the odontoblasts are developing a defensive response by increasing mineral crystal deposition which, in turn, leads to a calcification of the odontoblast process and the creation of empty spaces known as ‘dead tracts of fish’.

What is a carious lesion? It is defined as the caries reaching the inner quarter of the dentine but with a zone of firm or hard dentine between the caries and the pulp, which is radiologically detectable when located on an interproximal or occlusal surface[2]. There is a risk of pulp exposure during operative treatment. You can also have an extremely deep caries lesion where the caries is penetrating the entire thickness of the dentine, radiographically detectable when located on an interproximal or occlusal surface. In this instance, pulp exposure is unavoidable during operative treatment.

When clinically managing a case, there is no way of knowing which area, histologically, of the lesion you are in; a surrogate marker is to study the appearance of the caries and the tooth structure, the feel and the texture of the dentine – to give you an idea of the likely histological nature of the tissue that you are managing, in order to make a decision whether to leave some of the caries there or go further and remove it. It is a challenging process.

Soft dentine can be removed with minimum resistance using hand instruments. Firm dentine should be resistant to removal with hand instruments, and hard dentine should be sound and resistant to probe penetration and scratching. The decision-making process on what to remove is addressed later in this article.

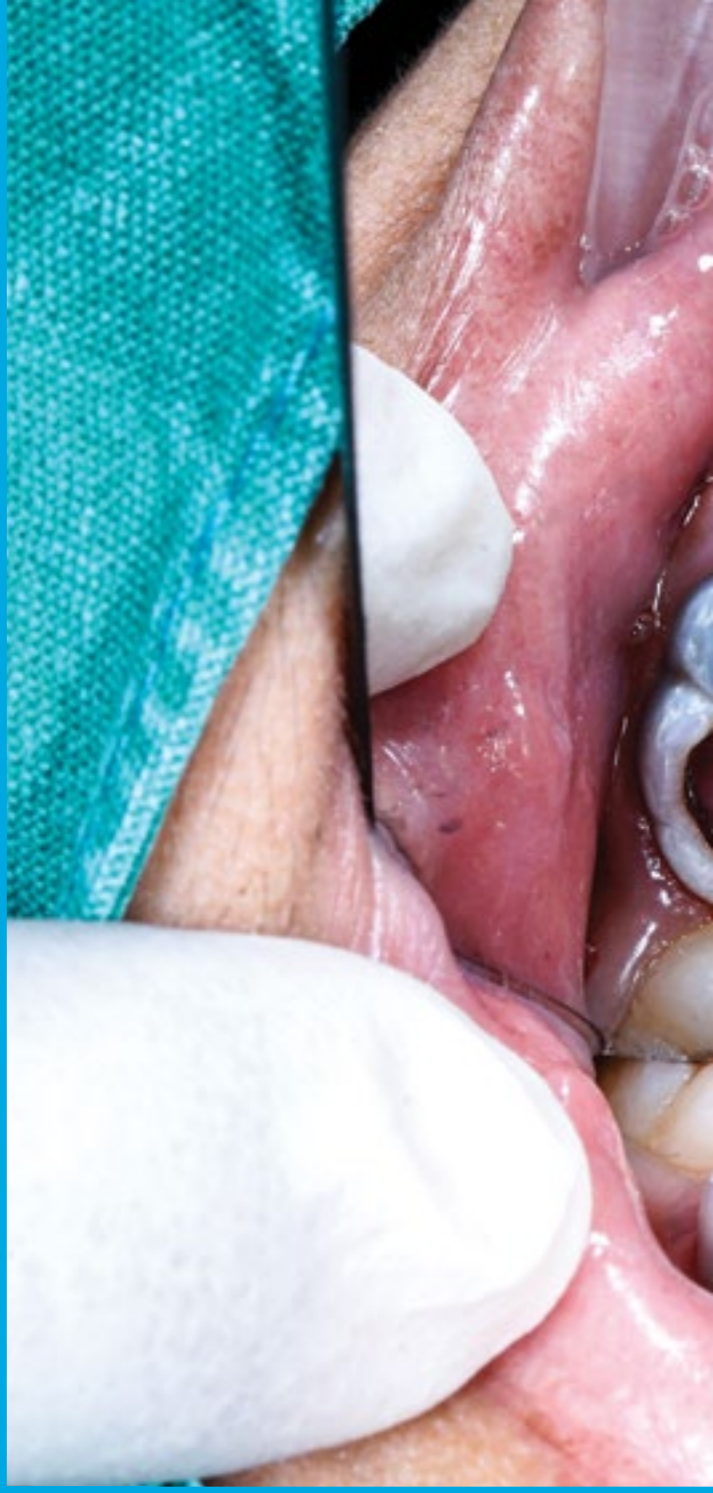
It is important to consider the responses of the dentine to caries. Pulp tissue is in union with the dentine; this is otherwise known as the ‘pulp-dentine complex’. The pulp tends to respond in two ways[3]; if there is a mild stimulus then the odontoblast tends to work a little bit harder leading to the creation of reactionary dentine, whereas a strong stimulus can lead to the death of the odontoblast layer which, in turn, leads to a response where reparative dentine is laid down.

Management of the deep carious lesion

Notwithstanding that prevention is key, management of deep caries lesion can include non-selective removal of the affected dentine, selective removal to firm dentine, or selective removal to soft dentine. In all cases, a perquisite is a clear ADJ; you need to establish you have treated the whole of the area of the caries lesion. Micro-organisms have an essential role in the pathogenesis of peripheral lesions and the absence or presence of a microbial flora is the major determinant of healing[4].

Management of the pulp when it is under threat

Management can be broken down into two essential paths: indirect treatment of the pulp and direct treatment of the pulp. Indirect can include selective carious-tissue removal



in one stage and stepwise excavation. Direct treatment can include a direct pulp cap, partial pulpotomy, full pulpotomy, or pulpectomy.

Indirect treatment methods include the stepwise excavation[5], where you are conservative with your caries removal, the tooth is capped with the effect of stimulating tertiary dentine formulation in order to increase the space between the deepest part of the cavity and the pulp itself. After about six months, the area is exposed again, and any softened dentine is removed, and the tooth capped again. However, the problem with this strategy is because of the re-entry you have risk of damaging the pulp again. Therefore, the purpose of selective carious tissue removal in one stage is to prevent that risk.

Research into this approach is ongoing, but the most recent conclusions state that stepwise and partial excavation reduce the incidence of pulp exposure in symptomless, vital, carious primary as well as permanent teeth and that these techniques show clinical advantage over complete caries removal in the management of dentinal caries[6].

If you do have a pulp exposure that requires management, direct pulp capping involves the creation of an aseptic working field, application of a biomaterial directly onto the exposed pulp prior to immediate placement of a permanent restoration. The same applies with a pulpotomy. In the case of a pulpectomy, the pulp is completely removed from the root canal system followed by root canal treatment prior to placement of a permanent restoration. Some have concerns about vital pulp therapy, such as sclerosis of the root canal. In terms of the success of vital pulp therapy, however, a systematic review found that vital permanent teeth with cariously exposed pulp can be treated successfully with vital pulp therapy[7].

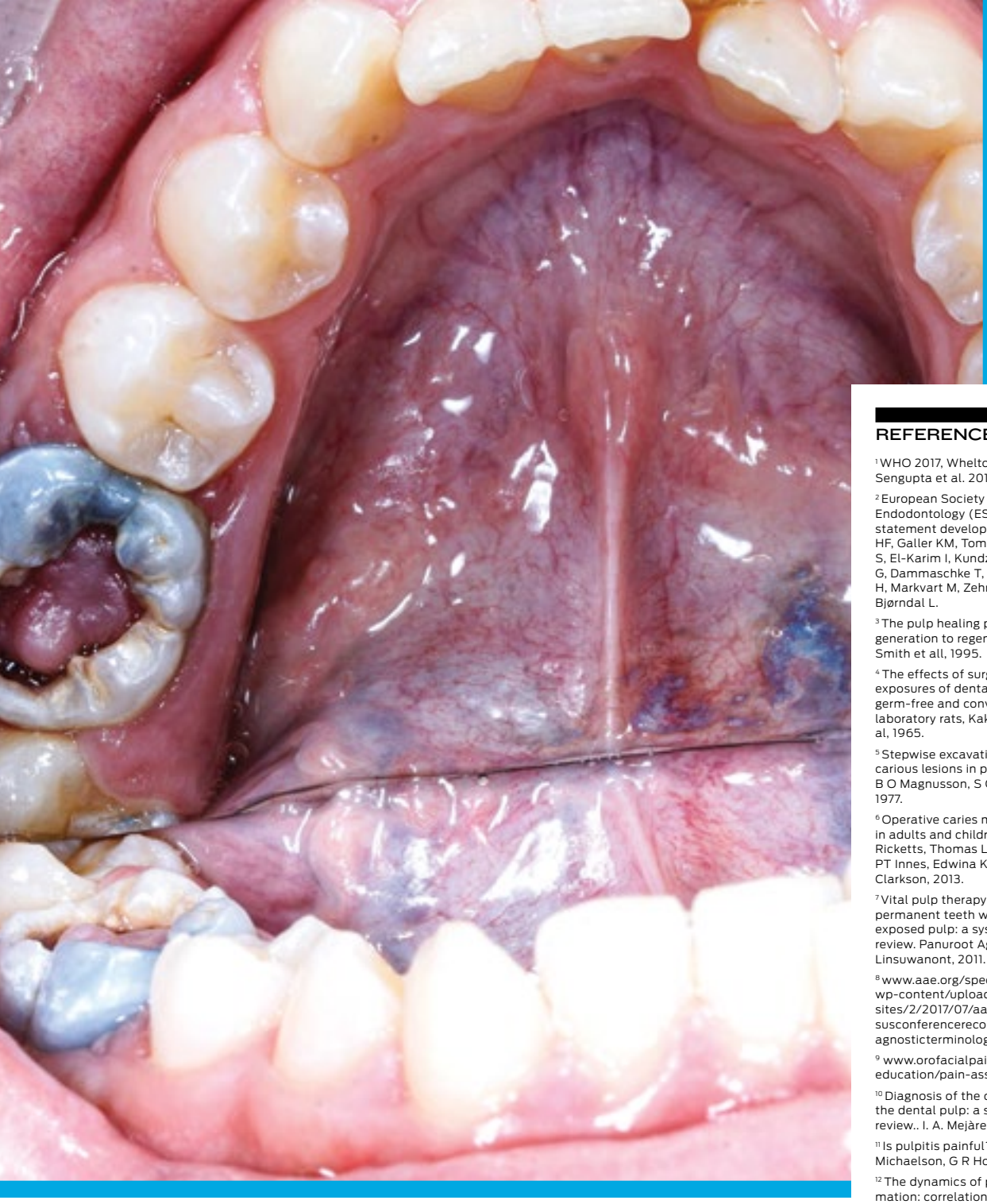
Why is it worth the effort to maintain pulp vitality? Why not simply carry out root canal treatment? For the following reasons: pulpless teeth have no defence system; the pulp does have a proprioceptive function; if the tooth is immature, the pulp should be preserved in order to complete its development through apexogenesis; endodontic treatment of the necrotic pulp is technically demanding and not always successful; and endodontically treated teeth are prone to fracture.

There is a diagnostic challenge; just how injured is the pulp? The best diagnostic terminology available is that produced by the AAE Consensus Conference[8], though more up-to-date guidance is awaited. Talking to your patient and giving them time to speak to you is very important. That can be difficult in a busy clinic, but it pays to step back and listen because their history is so important. It is useful to have a framework for this, and in the UK 'SOCRATES'[9] is often used. There are a series of diagnostic tests, such as percussion and palpation, but the evidence on which one is best is inconclusive[10]. It is better to use all sources of information in conjunction with one another to build a picture. It is possible for a patient with pulpitis not to present in pain[11]. It has been shown that there is a poor correlation between signs and symptoms and the actual histological state of the pulp[12], though this has been questioned more recently[13].

> "TALKING TO YOUR PATIENT AND GIVING THEM TIME TO SPEAK TO YOU IS VERY IMPORTANT. IT PAYS TO STEP BACK AND LISTEN."

Calcium silicate cements

The material directed therapy of the exposed pulp classically involves the use of calcium hydroxide. The use of resin bonding agents has proved unsuccessful. Other materials available are calcium silicate cements, such as mineral trioxide



aggregate (MTA) and biodentine. The pulpal response with calcium hydroxide is positive, but MTA has been shown to be clinically easier to use as a direct pulp–capping agent and results in less pulpal inflammation and more predictable hard tissue barrier formation[14]. A treatment protocol has been outlined by George Bogen[15].

The future treatment of pulp disease

Is it possible to treat 'irreversible pulpitis'? A study[16] of MTA pulpotomy for the treatment of irreversible pulpitis has shown complete dentin bridge formation and that the pulps were vital and free of inflammation. Another[17] showed that MTA full pulpotomy was a successful treatment option for cariously exposed pulps in mature permanent molar teeth.

Conclusions

- There is a need to develop a new diagnostic terminology for pulpal disease.
- There is emerging evidence that you can treat what is termed as 'irreversible pulpitis' using strategies aimed at maintaining some vital pulp tissue.
- Developing diagnostic methods to determine the inflammatory state of the pulp in order to in order to carry out pulp treatments predictably is key.

This article is based on https://learn.nes.nhs.scot/59963/dental-cpd/educational-resources/endodontic-resources-british-endodontic-society/01-management-of-deep-caries-and-the-hot-pulp

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SELLING THE PRACTICE OR NEARING RETIREMENT?

The word is, always seek professional advice | Words: Scott Lawson

With a little planning, and foresight, the seller, or retiree, can prevent a rather unexpected demand from HMRC dropping through the letterbox requesting a larger share of the proceeds than was probably necessary.

One of the key issues for practice owners planning to retire or sell a business centres on how best they plan their tax liability, specifically on Capital Gains Tax (CGT) and Inheritance Tax (IHT). In our experience it is never too early to consider financial planning and while 'younger' principals may not place this at the top of their agenda right now, the reality is that planning at an early stage can be structured to help with current tax liabilities as well as those on retirement or sale.

Don't hand over a blank cheque

Both CGT and IHT need to be considered carefully as part of the planning exercise and examined in close detail – without appropriate planning for these two very real scenarios, practice owners might find themselves or their 'estate' handing over a blank cheque.

CGT is payable when you sell an asset, for example, premises or a dental business, and there has been an increase in the value of the asset. Currently CGT rates on most gains are 10 per cent for basic rate taxpayers and 20 per cent for higher rate taxpayers. However, there are exceptions. Gains for full principle private residential relief are taxed at 18 per cent/28 per cent.

CGT liabilities can be reduced by utilising the tax allowances to which you are entitled and by careful planning of your CGT position throughout your life. If you leave it too late to consider your CGT liabilities, especially if you are planning to sell investments made many years ago, it can be quite a shock to realise how large the CGT liability can be.

A will is a very effective tax planning tool

A priority for any practice owner should be the setting up of a will as the first step in any estate-planning exercise, not only to make certain that matters are dealt with in a tax-efficient way, but to ensure that your exact wishes are carried out.

Having a will means you avoid relying on the intestacy rules that come into play where there is no will. Effectively, the law decides what happens to the estate – THIS is your blank cheque! This can lead to financial anxiety for the surviving spouse/family along with a possible immediate charge to IHT.

Consider setting up a trust

If you don't want to give directly, you could consider a trust. With a little planning, you can transfer assets into a trust with minimal CGT or IHT consequences and it can also reduce your taxable estate. There are, however, some additional tax charges and costs related to trusts that may be applicable. If you are interested in setting up a trust, you should have a conversation with your accountant/lawyer first, to ensure that setting up a trust will meet your requirements.

Know your allowances and reliefs

Everyone has an inheritance tax Nil Rate Band of £325,000 and a Residence Nil Rate of £175,000 which are both due to remain at those rates until 5 April 2026. Where married couples jointly own a family home and wish to leave this to their children, the total IHT exemption is £1 million.

Business Property Relief can, with careful planning, potentially remove the full value of a dental business – sole trader, partnership or shares in private companies – from being subject to an IHT charge, either via lifetime gifts or on death. You can gift as much as you like during your lifetime, in what is referred to as a 'potentially exempt transfer'.

You can also offset capital gains on successful investments with losses from investments that haven't worked out so well. Losses can also be carried forward to offset gains in future tax years and equally important, is the use of your Annual Exempt Amount (AEA). Refer to our Tax Rate Card at maco.co.uk for the current rates and allowances.

Acts of benevolence have a double impact

Gifting income producing assets to your children, such as shares in the family business or an investment property, is also a good way of reducing the overall family income tax bill while at the same time conducting succession planning. Do take care to ensure there are no CGT or IHT liabilities that crystallise on the gift/transfer. The word is, always seek professional advice.

For a confidential chat, you can contact me at scott.lawson@maco.co.uk and I will be happy to arrange a time to meet with you.

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WILLS AND ESTATE PLANNING

Leaving the subject to one side can have unexpected consequences, writes Michael Royden

The subject of what happens to someone's estate when they die is often one avoided at all costs. It isn't a pleasant topic, many don't like talking about their own or their relative's demise, and to some it feels like tempting fate to consider the morbid subject of death. All quite understandable. But leaving the subject to one side can have unexpected consequences.

Who inherits your estate where there is no will?

Many assume that without a will their estate would pass to their closest relatives, such as a spouse or children, and so the outcome if they were to die would be similar to how they would provide in a will. However, unfortunately that isn't necessarily the case. In the absence of a will, the law sets out an order of inheritance, which does to an extent include spouses and children, but in other cases the estate may pass to other, more remote relatives. Put simply, the outcome is that there is no control over who inherits your estate. The law will be applied, and the estate distributed accordingly. As a result, it tends to be advisable to put a Will in place to remove that uncertainty.

Inheritance tax

In turn, having a will allows you to put plans in place to minimise Inheritance Tax (IHT) so far as that is possible. IHT is payable on an estate above a set level (known as the Nil Rate Band), and is at a rate of 40 per cent, and so it can have a substantial impact. Many view IHT as just another tax which has to be accepted, but with some forward planning, it is possible to reduce the tax paid. Again, having a will in place which includes tax effective provisions can made a big difference to the amounts passed on to loved ones.

On the subject of IHT, it is particularly important for practice owners. As we all know, practice values have grown over the years, and in most cases will result in a practice owner's estate being within the realms of IHT. If someone were to die while they still owned a practice, that value should under current tax rules be exempt for the purposes of calculating IHT, as it is classed as what is known as Business Property. However, once the practice is sold, the value of the practice becomes cash, which is not exempt. We therefore strongly recommend, when dealing with a practice sale, that our clients re-examine their IHT position, even if they already have a Will. That gives them the chance to re-assess their estate and consider if a new Will should be put in place.

Administering your estate

Another benefit of a will is that it can provide for who will be responsible for administering your estate, known as your executor. They have the task of identifying your estate, gathering it in and distributing it to the relevant beneficiaries. This is an important role, and one which you would wish to be carried out by someone in whom you have trust. Once again, having a Will allows you to state who you wish to be your Executor, whereas if there is no will, the law will specify who is entitled to be appointed. That may result in someone administering your estate who you wouldn't necessarily have chosen, and who might struggle to deal with all of the formalities.

Practice arrangements

A related area which it is also advisable to consider is practice ownership. In the event of the death of a practice owner who is a sole practitioner, in most cases the practice will be sold by the Executors, and the sale proceeds will fall into the estate. However, if the person is a practice owner along with one or more others (within a partnership or a company), then further thought needs to be given as to how the ownership of the practice will change going forward. If the preference is for the remaining dentists to take on the deceased person's interest in the practice, we would recommend that this is recorded in their Partnership or Shareholders Agreement so that the position is clear for everyone concerned.

We find that practices don't often address this subject, either because they don't get round to it, or they don't think it is a likely scenario. However, you can't predict life's twists and turns, and it tends to be too late to address matters after a death.

It is also sensible to consider, in such a situation, how the continuing dentists will find the cash to buy out the estate's interest in the practice. Particularly for younger dentists, where they may have less access to funds than a more established dentist, it is often a good idea to consider insurances which would pay out in the event of death. These are slightly more complex arrangements, but worth putting in place to cover that eventuality.

> "THE SUBJECT OF WHAT HAPPENS TO SOMEONE'S ESTATE WHEN THEY DIE IS OFTEN ONE AVOIDED AT ALL COSTS"

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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.

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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.

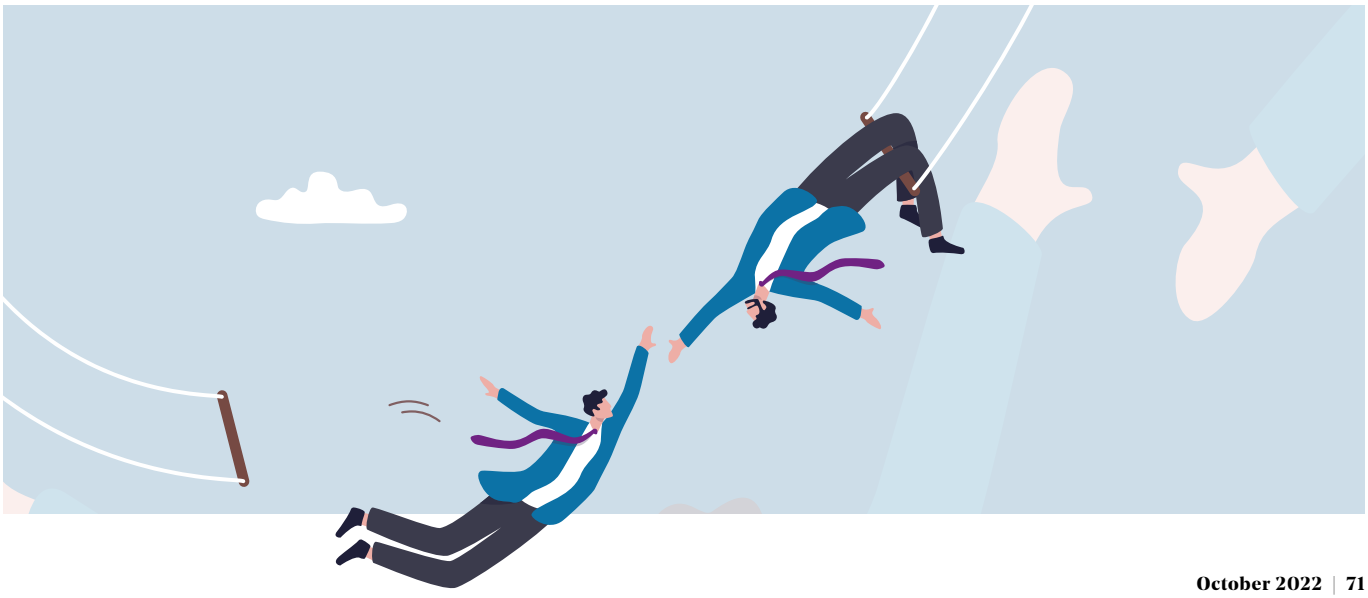
5. GET AHEAD OR GET HELP WITH DUE DILIGENCE

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.



STILL HUNGRY

Independent buyers' interest in Scottish dental businesses remains strong, says Joel Mannix

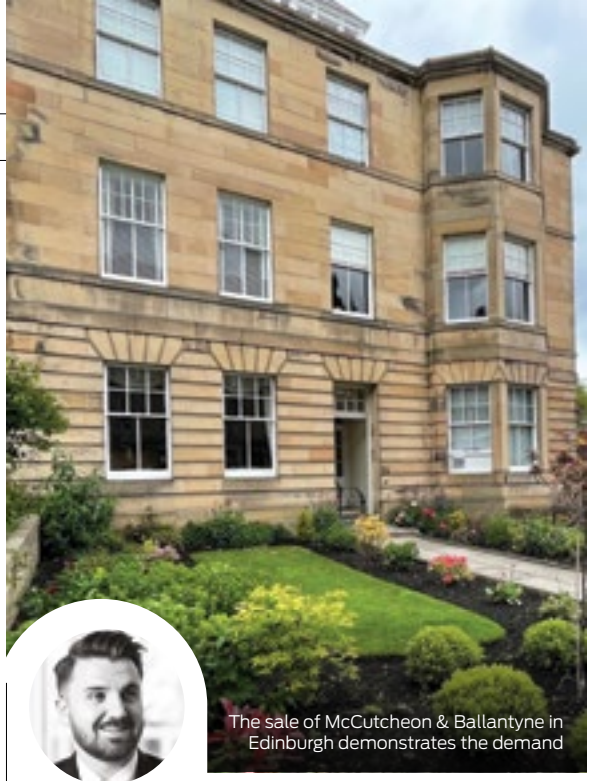
Roughly 17.5 per cent of dental practices in the UK are owned by corporate operators, and an impressive 82.5 per cent are held by a mixture of independent owners and independently owned small groups.

Despite the current highly competitive transactional market, just circa 65 UK practices were acquired by the larger corporates (excluding larger group deals) in 2021, which demonstrates the huge appetite from independent buyers for a range of practices up and down the country.

Independent owners continue to acquire at pace, and this isn't abating any time soon, as this type of buyer makes up the majority of work that we do at Christie & Co. It also helps that, following the pandemic, banks are very keen to lend to those seeking to acquire dental businesses, and this is of particular benefit to first-time buyers who may have previously found borrowing more challenging.

Looking at Scotland specifically, the market is more competitive still. In the first half of 2022, in Scotland alone, we generated 141 viewings, secured two offers for every three viewings, and received 80 offers with an aggregate offer value of £87 million.

The sale of majority-private income dental practice, McCutcheon & Ballantyne, in Edinburgh demonstrates the demand we're seeing throughout the Scottish market. The practice attracted a substantial amount of interest, with more than 40 inquiries received within the first 48 hours of it launching to market. Out of the eight offers received, the practice sold to independent buyers, Davinder Singh Kalsi and Jonathan Wardell.



The sale of McCutcheon & Ballantyne in Edinburgh demonstrates the demand

Joel Mannix
Associate Director, Dental, Christie & Co
E: joel.mannix@christie.com
T: +44 7764 241691

By appointing Christie & Co, you can ensure the maximum price is achieved, the transaction is completed on the best possible terms to protect you, and the process is as smooth, professional, and efficient as possible. To find out more about the Scottish dental market, or for a confidential chat about your business options, contact Joel Mannix.

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

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

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

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

IT AND NETWORKING

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

DENTAL CHAIR SUPPLY

Dentistry requires precision and dexterity, and your equipment should be designed to work for you. IWT partner with trusted, industry leading vendors of dental chairs and dental furniture to ensure the success of our installations. Working with innovative, practical and established dental chair manufacturers such as Stern Weber, we provide various chair packages for any purpose. Our dental chair philosophy is founded on the perfection of technology modelled around your work. Our chair packages provide a wide range of functionality that can be personalised to suit your specific operating style and skills. Simplicity and integration ensure a perfect match of efficiency and speed. Innovation is one of our key principles, encompassing the integration of multimedia and x-ray diagnostic devices providing our customers multiple layers of versatility.

Supporting our dental equipment supplies, we have a dedicated service team who deliver industry leading advice and support, ensuring we deal with your service requirements promptly and effectively. We offer comprehensive dental chair and IT support contracts, providing you 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.

NOT A TIME TO BE COMPLACENT

Action should start with analysis – of performance, costs and pricing

I hope you had a nice summer? We have entered a period of relative stability in the Scottish Dental sector after the tumultuous period of the last two years, but it remains the case that the financial landscape is still challenging many practices. With the double digit rises in wages, fuel costs, lab fees, Associate gross splits, and an average price rise of dental supplies from one major manufacturer of 22 per cent, the squeeze on margins for the typical practice in Scotland is a very real problem for many.

So how do you react? As always, the option to do nothing or keep doing the same things is not recommended as you are likely to find a significantly adverse impact on your financial results. If, like many, you have one eye on a sale you may also find that any drop in profits will multiply by up to 10 times in reduced capital value for your practice on sale! Not a time to be complacent.

Action should start with analysis. Do you have a grasp on your current performance, how you compare to others in the sector? Do you have a handle on your cost comparisons and pricing of private treatment plans? We help our clients to benchmark their performance, to deep dive their performance and identify areas to be focused upon. Importantly we then support, challenge and inspire them to enhance their results in line with their personal goals. We deliberately and actively chose to work closely and exclusively in your sector rather than a limited and general approach. As a result, our waiting list has been in operation for the last six months to ensure consistent high quality. With a number of proposed sales in the pipeline we are planning to open for a short period to ambitious practices and would invite you to contact us for a free benchmarking review if that may be of interest. We would love to make a difference together.

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

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A wire like no other.

Wire size	Product code	
	Upper	Lower
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.016"	GM16UE	GM16LE
.018"	GM18UE	GM18LE
.016" x .016"	GM1616UE	GM1616LE
.016" x .022"	GM1622UE	GM1622LE
.017" x .022"	GM1722UE	GM1722LE
.017" x .025"	GM1725UE	GM1725LE
.018" x .022"	GM1822UE	GM1822LE
.018" x .025"	GM1825UE	GM1825LE
.019" x .025"	GM1925UE	GM1925LE
.021" x .025"	GM2125UE	GM2125LE

Features	Facts	Benefits
Low Modulus Elasticity (45Gpa)	Soft	Can create Optimum Orthodontics force continuously
Ultra High Tensile Strength (1,100Mpa)	Strong	
Ultra High elastic deformability (2.5%) & Non-linear elasticity	Flexible	Easy adaptation of a full sized wire for 3 dimensional control from early phase of treatment
Super Plastic deformability	Formable	Easier bending
No hysteresis	Loading force = Unloading force	Easier control of orthodontic force
High Spring Back	High Resilience	
No work hardening	No stress change by adjustment	Less breakage in the mouth
Low Friction	As low as 1/2 than other Titanium wires	Efficient teeth movement suitable for sliding Mechanics
Biocompatible	Non-Toxic	Can use for Ni sensitive patients

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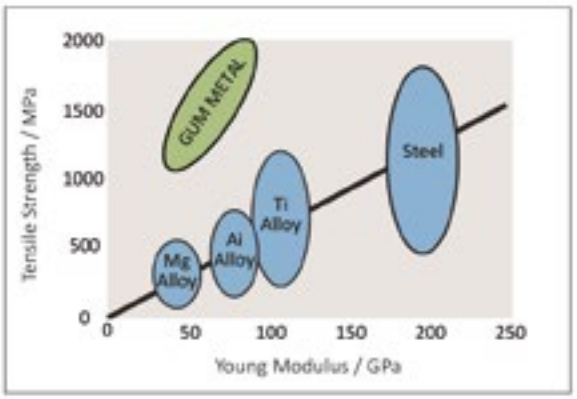

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ONE BULK-FILL COMPOSITE – TWO VISCOSITIES

Practical, quick, and reliable

Incremental placement is the method of choice to offset the shrinkage stress developed by conventional composite materials. Excessive stress may lead to debonding of the restoration especially at the margins and the floor of the cavity. The resulting problems include discolouration, recurrent caries, and postoperative sensitivity.

For this reason, the material-specific parameters of polymerisation shrinkage and shrinkage stress and their control are critically important to the use of restoratives in the bulk-filling technique.

With the development of the Beautifil-Bulk system clinicians can place increments up to 4mm in thickness, SHOFU has even gone one step further. This system features not only low shrinkage stress, but also effective optical diffusion processes for superior shade matching and aesthetics.

All Beautifil-Bulk products are multifunctional Giomer composites with S-PRG filler particles, characterised by recharge and release of fluoride and other beneficial ions.

The filler structure and glass core enable a natural light transmission and diffusion and a balanced chameleon effect in the dentine and enamel area.

The system consists of two materials with different viscosities and the same filler structure.

The slightly viscous BEAUTIFIL-Bulk Flowable can be easily and precisely applied directly from the syringe. It is particularly suitable for use as a base liner for Class I and Class II cavities or as a liner and filling material for small posterior cavities.

BEAUTIFIL-Bulk Restorative is a packable, sculptable material and suitable for occlusal stress-bearing surfaces thanks to its compressive strength of 340 MPa. Its pasty, non-sticky consistency makes it ideal for direct posterior restorations.

BEAUTIFIL-Bulk Flowable

- Base for Class I and II restorations
- Liner under direct restorative materials
- Restorative for small posterior cavities
- Beautifil-Bulk Flowable comes in syringe (2.4 g) and packs of 20 tips (0.25 g each), both available in the shades Universal and A.

BEAUTIFIL-Bulk Restorative

- Direct posterior restorations

MAKING THE MOVE...

...from NHS to private has benefits, but also implications you should consider

With various issues affecting the dental sector in recent years, many dental professionals have been considering whether a move from operating a primarily NHS funded practice to a private practice would be more financially viable, especially given the uncertainty within NHS Scotland.

It is estimated that more than 84 per cent of dentists anticipate delivering more private treatment over the coming year. This has been exaacerbated since the Scottish Government's announcement in July 2022 that they would be reducing the fee multiplier from 1.7 to 1.3. The initial increase in the multiplier was designed to cover the costs of infection control measures and lower levels of dental activity, but with lengthy waiting lists and a backlog of patients still an issue, the lower fee will leave dentists working at a loss and thinking twice about their future.

It is understood that Scotland has already lost 5 per cent of its NHS dentists since the COVID pandemic and setting the multiplier at an unsustainable level is likely to accelerate the number even further – whether that be a move to private practice or retirement for those who are nearing retirement age.

There are a number of benefits from moving to private treatment, with the most obvious being higher earning capabilities, as well as less paperwork and a reduced administrative burden.

However, you should also look at the implications for your retirement and pensions as a factor when considering a move away from or reducing any NHS work. Another factor to consider is the goodwill valuations and sales values of practices, as it has been widely reported that NHS and mixed practices attract a higher price over 100 per cent private practices.

If you are considering a move to private practice or are looking at how you can improve your cashflow, please get in touch with Louise Grant.

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Partner and Head of EQ Healthcare
E: louise.grant@eqaccountants.co.uk
T: 01382 312100

LITTLE SISTER: AUTOCLAVES YOU CAN RELY ON

Manufactured in the UK, they represent the gold standard of modern autoclave technology, writes Nicky Varney

Although first invented in 1879, autoclaves remain a key piece of equipment in dental practices today. These earlier systems were rudimentary and as understanding surrounding infection control has developed over the years, autoclaves have evolved to become ever more sophisticated.

Throughout the years, Eschmann has designed and manufactured a number of cutting-edge autoclaves that have taken the technology to new heights. Now, with their latest range of tried and tested Little Sister autoclaves, Eschmann continues to meet every need of the modern dental professional.

Excellence throughout the ages

Eschmann has long been at the forefront of autoclave innovation, creating a number of iconic systems throughout the years that have helped to define modern autoclave technology.

For instance, in 1978 the SES Matron Autoclave, one of the early SES autoclaves, was launched. Available in three different versions including a lab system with a 121°C cycle, this system helped lead a new generation of autoclaves and was in production until the year 2000.

Similarly, 1981 saw the launch of the Merlin autoclave – the very first autoclave with a 134°C cycle in the UK market – a temperature that is still the gold standard for instrument sterilisation today.

Autoclave evolution

One of the most important steps forward in modern infection control was the improvement made to autoclaves in the 1980s/90s. During this time, many practices still used hot air and glass bead sterilisers. Although guidance from the World Health Organization did state that steam sterilisation was the best method, systems that did employ this technology at the time were often quite basic, non-vacuum autoclaves.

It was in 1985 that Eschmann revolutionised autoclaves forever with the Little Sister 2. Named after the sisters in hospitals who traditionally help to keep wards running efficiently, this autoclave marked the moment that Eschmann became a leading manufacturer of autoclave technology.

Following this, the Little Sister 3/SES 2000 further helped to support Eschmann's excellence in the sector, introducing single button operation and quickly becoming the most popular autoclave of its size. The SES 113 and SES 225 were another breakthrough just a few years later, introducing features such as advanced air detection, self-checking cycles and direct data download – helping to streamline instrument sterilisation for the whole team.

Little Sister today and in the future

Now, dental professionals can choose from an exceptional selection of Little Sister autoclaves, all of which offer a range of different perks. What makes today's systems such trustworthy technology is that they are built with more than 60 years of expertise and user feedback behind them.

For instance, the new Little Sister SES 3020B autoclave has been specifically designed to ensure that instrument sterilisation is simpler, stress-free and completely compliant. Able to switch between both 'B' and 'N' type cycles, the system can achieve complete sterilisation (with drying) of a load in just 31 minutes* and holds 6kg of instruments. This combination of large capacity and swift cycles helps reduce any strain on the dental team, while also ensuring efficient instrument turnaround.

The Little Sister SES 3020B also has dedicated daily and weekly test cycles making compliance with HTM 01-05/SDCEP guidance easy. In addition, all of our vacuum autoclaves feature multiple microprocessors which independently control and verify every cycle – the result of Eschmann's unique cycle verification and air detection technology.

To find out more about Eschmann's Little Sister range of autoclaves, please contact the team today.

Nicky Varney is Marketing Manager at Eschmann.

Autoclaves you can trust

With so many years of research behind them, Little Sister autoclaves are a tried and trusted choice for all. Manufactured in the UK, they represent the gold standard of modern autoclave technology. You can also support your system with a Care & Cover service policy from Eschmann, which not only includes complete breakdown cover and regular maintenance, but also unlimited Eschmann parts and labour, Enhanced CPD user training, technical telephone support and more.

When you choose Little Sister, you're choosing autoclaves that you can rely on.

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.

**Times dependent on the load*

> "WITH SO MANY YEARS OF RESEARCH BEHIND THEM, LITTLE SISTER AUTOCLAVES ARE A TRIED AND TRUSTED CHOICE FOR ALL"

The new Little Sister SES 3020B

Ingenuity in
infection control
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Exceptional infection control.

Unrivalled experience, expertise and support.

Infection control is your top priority. So, it's imperative your Eschmann equipment is compliant and safe - for your patients, your staff and you. With Eschmann, you can expect unrivalled service and support with our Care & Cover plans. This means, if things go wrong, you have dedicated support from our nationwide team of engineers. Protect your practice - be certain your equipment is compliant, running with optimal efficiency and minimal downtime.

Experience Eschmann excellence. To find out more about Eschmann Care & Cover plans, visit us at www.eschmann.co.uk or call 01903 875787.

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PLATELET RICH FIBRIN

TWO DAY PRF COURSE with Drs Joseph and Elisa Choukroun

VENUE: MANDEC CENTRE, MANCHESTER DENTAL HOSPITAL
DATE: FRIDAY 20TH AND SATURDAY 21ST JANUARY 2023

EARLY BIRD PRICE

£799

INCLUDING VAT

12 HOURS CPD

This comprehensive two day course will cover the following topics in depth with hands on phlebotomy training and practical sessions using the various components of the system.

- What is PRF – Platelet Rich Fibrin?
- Biological factors for long term stability of bone and soft tissue grafts
- Quick and easy blood collection
- PRF membranes, plugs, liquid PRF and sticky bone
- Latest protocols to achieve larger clots and liquid PRF
- Suture technique hands on to increase keratinized tissue and avoid tension
- Soft brushing technique to extend flaps
- Peri-implantitis prevention and treatment
- Pain management in oral surgery

Pharmacology in oral surgery, preventing discomfort, infection and allergic reactions

The course is designed for dentists and oral surgeons who wish to increase surgical success through.

- Predictably accelerating wound and tissue healing
- Stimulating bone and soft tissue regeneration
- Promoting new blood vessel formation

SPECIAL BONUS

Post course all delegates will receive free access to Dr Choukrouns online webinar (8 hours) and online phlebotomy course (2 hours) totally free of charge. This course usually costs as much as the face to face session!

Email info@generalmedical.co.uk or call 01380 734990 www.generalmedical.co.uk

We asked dentists we've helped make a successful move from NHS to private practice to sum up how they feel now they've made the move, in **just three words...**

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UPGRADE YOUR ENDO

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Replacing all powdered latex dams, this is a move towards healthier endo, as the risk of latex hypersensitivity is greatly reduced.

Reliable moisture control

HySolate Latex Dams create a dry operating field and infection control barrier, allowing you to work in a clean and moisture-free area, as you concentrate on treating the tooth. Minimise cross contamination of the root canal system, with superior isolation while optimising patient comfort and improving your visibility.

Made from pure, natural rubber latex, you get strong retraction with a comprehensive choice of thickness, colour and size. You can opt for either 127mm x 127mm or 152mm x 152mm (5in x 5in or 6in x 6in). For a scented version, select the HySolate Fiesta Dental Dam.

Take bold leaps forward with HySolate Black Edition

The flagship product of the range is the HySolate Black Edition for brilliantly upgraded workflows. Its colour is a 'true' black, to help with visual contrast because you will see more detail on the treatment site. HySolate Black Edition is also ideal for taking better photographs, enabling superior record/note taking and planning. This dental dam also has the template pre-printed with the tooth position, therefore removing the step of marking it before punching. Offer shortened treatment times with no compromise to the outcome thanks to this smart feature. This is innovation that is practical and intuitive, for comfortable and cost-effective endo that benefits your practice and your patients. As an alternative to the Black Edition, the light-coloured HySolate Latex Dam will naturally illuminate the operating field. The decision is yours!

> "YOU CAN BE CONFIDENT THAT WE ONLY WANT THE BEST FOR EVERY DENTAL PROFESSIONAL, PRACTICE AND PATIENT"

Exceptional endo

HySolate Latex Dams are the latest addition to COLTENE's endo line for root canal treatments and retreatments. For conservative preps, COLTENE offers Hyflex EDM and CM files. If you prefer a single file system, or the clinical situation demands it, the MicroMega One RECI has superior cutting performance, while supporting the delivery of minimally invasive, safe treatments. Or why not try the CanalPro Jeni for autonomous digital navigation of the endo canal? A beep will signal time to irrigate, or when a file change is recommended. There are also irrigation solutions, obturation and sealing materials and everything else in between.

COLTENE wants dentists to do more

HySolate Dental Dams join other world-beating brands offered by COLTENE, enabling dentists to do more, and help more patients comprehensively. The group includes popular names such as HyFlex, MicroMega, Affinis, OneCoat, SciCan and BioSonic. From endo to all restorative applications, general dentistry and infection control, COLTENE has it covered. We only bring a product to the market when we are sure it will help dentists do things more efficiently, more conservatively and safely. We believe ethical dentistry can be fast and great value – something patients want to invest in, to improve their oral health, general health and sense of wellbeing. We will never suggest you buy anything we feel you won't need; COLTENE's approach also means streamlined stock and less waste.

Our team searches far and wide to find ideas and innovation that are user-friendly and actually work – something might look cutting-edge and impressive, but will it give you better results? And will it integrate seamlessly into what you do, and how you do it, everyday? Quality does not have to mean complicated. Choose COLTENE and you can be confident that we only want the best for every dental professional, practice and patient.

That is our mission – upgraded dentistry, that is simpler as well as better. Not only are our products award-wining, but our customer service is second-to-none. We have a team that is knowledgeable and friendly and who is just as good as listening as talking. That's why dentists, specialists, dental nurses and practice managers around the world trust us to help them deliver successful treatment and a high level of care to their happy and satisfied patients. To find out more about the new HySolate Latex Dam range, as well as our other offerings, get in touch today.

COLTENE

For more on COLTENE,
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email info.uk@coltene.com
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HySolate Dental Dam

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BLACK EDITION

A clever move

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- → Black colour for ultimate contrast
- → Less hypersensitivity – low protein and powder free latex dam

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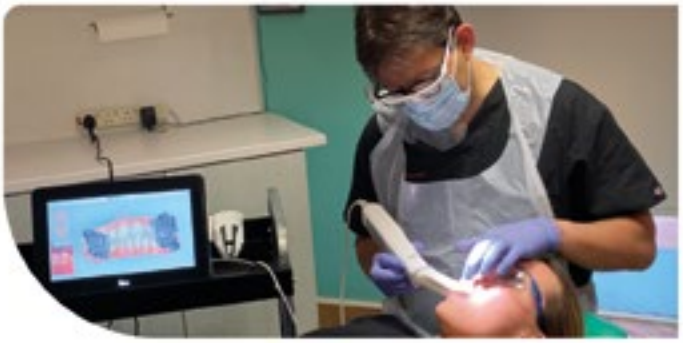
Paul Trevisan, Ciao Paolo Dental Practice,
Jordanhill, Glasgow



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PRIVATE DENTISTRY AWARDS FINALIST

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PUTTING PRF INTO PRACTICE

Successfully introducing any new technique relies on the best possible training and support

The use of PRF (platelet-rich fibrin) in practice is becoming more common as the clinical benefits are recognised. Similarly, PRF is now being successfully used in the aesthetic field as a natural alternative to fillers and for other indications, such as hair restoration.

Successfully introducing any new product or technique relies upon the best possible training and support. General Medical has announced that they able to offer training with Dr Joseph Choukroun, developer of the PRF system, during a two-day course on 20-21 January 2023 at the MANDEC Centre, Manchester Dental Hospital.

The course will be a mixture of lectures and practical sessions. On the theoretical side, PRF will be explained in full; what is it and why does it work so well?

The lectures will cover the biological factors affecting long term stability of soft and hard tissue grafts, techniques to increase keratinised tissue and reduce tension, preventing peri-implantitis and predictably accelerating wound and tissue healing by promoting new blood vessel formation.

Pain management and pharmacology will be covered, to minimise discomfort, infection and allergic reactions.

On the practical side, there will be a significant session given over to supervised phlebotomy techniques to ensure quick and easy blood collection. Delegates will see how to produce PRF membranes, plugs, sticky bone and liquid PRF, as well as practice on the soft brushing technique to extend flaps without tension using new suturing techniques.

As a special bonus, each delegate will be given free access to Dr Choukroun's online training courses covering his full eight-hour recorded training programme and his two-hour phlebotomy course.

Drs Joseph and Elisa Choukroun

For further details call 01380 734 990 or email info@generalmedical.co.uk

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BALANCING THE BOOKS IN SCOTTISH DENTISTRY

As the fee multiplier – paid to Scottish dentists to replace the COVID top-up – reduces, SDA Chairman Douglas Thain spoke to Practice Plan Regional Support Manager Cheryl Reynolds about the current financial state of dentistry in Scotland and shared his thoughts on the future of practices and why Government grants went unclaimed

CR: There has been a lot of talk about the reduction of the fee multiplier which replaced the COVID top ups. What effect has this had on your practice?

DT: The reduction in the multiplier from the 1.7 for the first quarter down to the 1.3 has resulted in our practice receiving probably the lowest monthly NHS cheque we've ever received in about 20 years. And, from talking to friends, it appears we're not alone. We're certainly at a level where this month I'll be putting money into the practice rather than taking anything out. Given a few more months like that, it'll be interesting to see who stays with the NHS.

We now know that the multiplier will be 1.2 from October for 3 months and 1.1 for the following 3 months, before a new system is supposedly going to be introduced. There will also be a 4.5% pay rise in November, backdated to the start of the financial year. Normally 4.5% would be good but in the current context it barely scratches the surface.

If the government takes the multiplier down to zero, they're going to kill NHS dentistry stone dead, it's as simple as that. As practice owners, if we continue to get this level of income, we may have to think about talking to a corporate about selling while it's something that's still worth doing.

CR: How do you think independents, like yourself, selling to corporates will affect things?

DT: If we reach the stage where corporates own everything, the government will have a rude awakening in terms of what negotiating actually looks like. The last thing they'll want is to be sitting across from the CEO of a corporate at a negotiating table, but it appears they're doing everything they can to find themselves in just that position. The corporates would probably want to be paid more than us independents, but it probably still won't be enough to do what the government wants done. However, it allows them to avoid looking like the bad guys in all this.

If this situation comes to pass, the corporates would be the winners either way. If they manage to get a better NHS contract, then they're laughing. But if the NHS contract folds, then they'll have the money to be able to sit it out and wait for things to get better. Unfortunately, independent dentists just don't have the endless sums of money needed to be able to do that. We're probably in a similar situation to pubs and coffee shops during COVID.

Once you've run out cash, you have a dilemma. Do you start to borrow to stay afloat, hoping that life's going to get back to normal? Or do you, reluctantly, let the business fold? As the cost-of-living crisis bites, it's hard to say when things will go back to 'normal'. As I walk through Glasgow in the middle of the week, it's still deserted so small businesses are wondering just how much borrowing they need to do before things come back to life again.

CR: What do you think needs to happen to help NHS dentistry stay afloat?

DT: Things certainly can't stay where they are. In two or three months from now, something has to be different. I think the multiplier needs to creep back up. Probably 1.5 is where it would work best. At 1.7, people demonstrated they can make it work really well. However, the graphs of activity show there was probably some gaming of the system. March payments were down by around 10 per cent relative to the previous months, because everyone knew that to submit the payment request form in March, would mean it was worth 70 per cent of what could be paid if they kept it till April. And something similar happened at the end of June when the multiplier ended; everything that could be submitted was submitted, so we saw a big spike again. So, the multiplier at 1.7 probably saw an artificially high number of claims being submitted.

CR: The SDA published the details of a Freedom of Information (FOI) request recently. What did your FOI request reveal, Douglas?

DT: Basically, it shows that in the last year there's been an underspend in dentistry in Scotland rather than a big injection of cash as promised, with the uptake of the ventilation grants and red band handpieces incredibly small. It showed that the injection of cash into Scottish dentistry touted by the Scottish Government went largely unclaimed, resulting in an underspend of between £30m and £50m.

Indeed, a few months back, the Government issued another round of free money for people who wanted to claim for repairs and maintenance during COVID. I'm not sure what the uptake for that was, but it suggests an awful lot of the excessive resources could've been avoided if a better funding package had been put in place and more sustainable package had been put in place a bit sooner.

We submitted the FOI because the notion of an extra spend in dentistry didn't seem to be correct, and it turns out that was the case. The Government has now admitted there was an underspend, and they claim most of the unspent money went on superannuation contributions and measures to prevent oral ill health. Preventing oral ill health is where an awful lot more money should be spent because ultimately, with the budget they've got for dentistry, prevention is the only way the books are ever going to balance.

CR: Thanks for your insight, Douglas.

ABOUT DOUGLAS

Douglas Thain qualified as a dentist in 1999 and runs Central Dental Care, in Cumbernauld, with his wife Lorna. He is interim chair of the Scottish Dental Association.

ABOUT CHERYL

Cheryl Reynolds is a Regional Support Manager at Practice Plan. Cheryl's career in dentistry spans more than 24 years. She joined the profession straight from school as a trainee dental nurse and since then has worked as a nurse in maxillofacial surgery, implants and sedation, as a dental nurse trainer in hospitals, and then as a trainer out in the field. 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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References

1. schülke, Skin Compatibility Study, data on file, 2022

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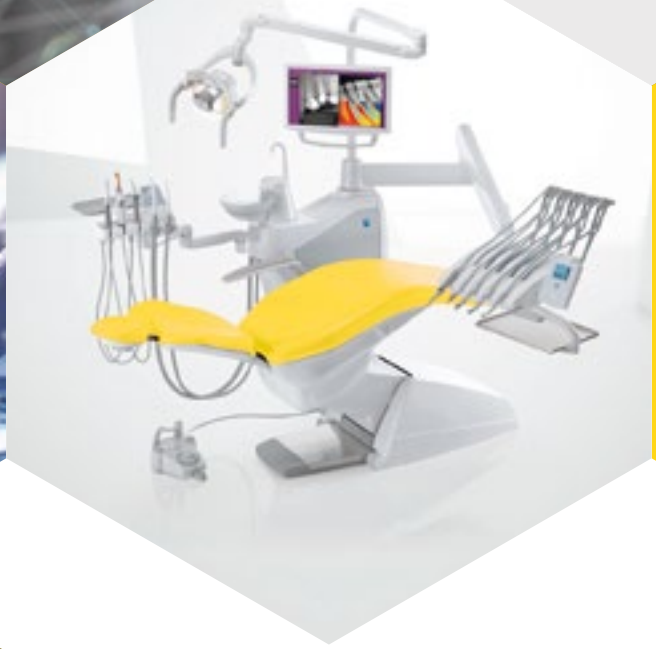

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