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- 05** Editor
- 07** Insider
- 09** News

FEATURES

- 23** A first for Arran
- 26** New perio research
- 28** One man walking
- 31** Wellness symposium
- 33** Associate status update
- 36** Jim Gall: an appreciation
- 40** Cover feature: DDHRS

CLINICAL

- 45** Cementation with resin
- 49** Class IV restoration

PROFESSIONAL FOCUS

- 53** Services and equipment
- 81** Product news



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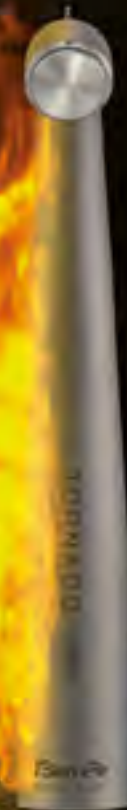
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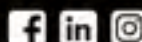
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A new model

Perhaps not of care initially, but certainly of dialogue – and that's to be commended

As the UK headed towards lockdown in March 2020, *Scottish Dental* went to print with a cover story about the proposed new model of care for NHS dentistry in Scotland. It was to be a model based on preventing disease, rather allowing it to proceed to a point requiring surgical treatment. But lockdown put that work on hold. Now it has restarted – though tentatively, it must be said. That is probably a good thing; better to reach that goal of a new model through discussion, drawing on evidence and by reaching a consensus among the profession.

In this tentative way, the Scottish Government is focused first on achieving consensus on an element of the old model of care; specifically, Determination I – part of the Statement of Dental Remuneration. Though perhaps frustrating to modernisers, this makes sense. Financially – as well as in its manner of practice – the dental profession is still transitioning from the period of pandemic and post-pandemic. To introduce a radically different model of care now could be problematic.

However, elements of new thinking can still be introduced. The way the government is handling this transition is to be commended. It did two things; the first was to survey the profession about what treatments should be available on the NHS and, second, it established an advisory group that could both consider the results of the survey and bring a range of experience and expertise to the government's work on a new Determination I, to be introduced in April next year.

As we report on page 10, the survey showed that most dentists in Scotland believe that a simplified Determination I – the list of treatments available on the NHS – should be developed. There was also a series of questions about each of the six sections contained in the list of treatment items (orthodontics was not included in the list as it will be considered in a separate phase of reform).

The treatments mostly commonly mentioned for inclusion were periodontal care, preventive care/screening and extractions for urgent dental care. The treatments most cited for exclusion were endodontics, veneers, dentures and crowns. For endodontics, the most cited for exclusion was molar endodontics (you can read the full report here: bit.ly/3OmycDV).

To consider the results of the survey and to provide experience and expertise to the government, an advisory group was established by Tom Ferris, the Chief Dental Officer (CDO). The group is part of an "iterative engagement with the sector" and is designed to ensure that comment and advice on the format of a revised Statement of Dental Remuneration is available to the

CDO. The overarching approach is to "consider and develop the full range of treatment options that are necessary to ensure that NHS dental contractors are able to provide care to patients that secures and maintains the oral health of NHS patients."

Among ideas discussed at the first meeting were: the introduction of a 'traffic light-style' oral health risk assessment; that a move toward prevention rather than treatment of disease be reflected in the Statement of Dental Remuneration (SDR); and that the role of Dental Care Professionals be incorporated into the SDR – for the delivery of preventive care, periodontal cleaning and charting.

There was debate – but only partial agreement – on increasing the time between full oral health assessments from six to 12 months, and there was disagreement over increasing the time for 'low risk' patients to 24 months. At two subsequent meetings – in October and November – the group discussed urgent, preventative and periodontal care as well as restorative and surgical treatment (full details can be found here: www.scottishdental.org/cdo-advisory-group).

To the outside observer, this all looks very positive.

The dental profession does, of course, have a trade body – the British Dental Association (BDA) – to represent its interests and, in Scotland, the pandemic yielded two other organisations, the Scottish Dental Association (SDA) and the Scottish Dental Practice Owners (SDPO) group. It is not being suggested that the role of the BDA should be usurped in any way (and, indeed, its recently appointed director in Scotland promises to bring new energy to its purpose). There are some legitimate arguments for the SDA and SDPO to exist, though what impact they had, thus far, is open to question.

But those two steps taken by the government this year – survey the profession and provide a forum for debate on the nature of practice – should become permanent, and regularly used, features of the way the profession and policymakers shape the future of dentistry in Scotland.

“
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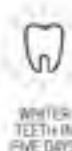
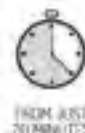


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Acting in haste

Decades in the making, why sprint to the finish when there is a risk of stumbling?

What would make you change your business model? It is not something you do lightly, is it? It seems to be the norm for corporates to push towards a privatised approach to care. I can understand that; it suggests a higher margin for owners or shareholders. But that's not a change in business model, is it? That is their model: procure to alter. And there's nothing wrong with that.

The change of model, where a mostly NHS practice decides to leave the health service, that's quite a shift in ethos. I can't imagine it's something that's done lightly, or quickly. I am sure there is a long period of wrestling with the decision and then the practicalities of the process. So, it's probably at least a year in the making. There are people making a living facilitating that change and I hear more and more people are making the shift all the time.

What do the last two things have in common? Fallout. In a transition, there is usually a choice to be made by the patient base. Stay and change to private care or sign up to a plan – or find another place for your care. The strategy is to retain as many patients as possible but there is an understanding there will be losses. As time goes by, the corporates' acquisitions increase the proportion of patients who are likely to need care in another location. If there is a mass exodus by current NHS dentists and practices, then the numbers of patients without NHS care, and, likely, no care at all, will increase.

These patients may find it difficult to become registered elsewhere. I know very few practices who are registering new patients. This was demonstrated in a recent BBC piece of research. However, the further question is why practices aren't taking on new patients? Most I know are focusing on the care of their existing patients, rather than taking on someone new, to ensure those who waited throughout the pandemic get the care they deserve. I think this is a very responsible position. However, it means that deregistered patients may struggle greatly to get registered in NHS care. In this instance, they become the responsibility of the health boards. Over-stretched PDS services will not have the ability to look after large numbers of excess patients.

People will suffer and, at the very least, become annoyed. In the early 2000s, people wrote letters to their MSPs. Nowadays, they will just tweet, or similar. I can see this becoming political very quickly. It is going to be more complicated than that too. The new Chancellor has just announced that everyone will have to pay more tax. Not what anyone wants to hear. But I guess you have to pay the piper, right? Recession is around the corner. High inflation and costs are already here and worsening.

Interest rates are the highest in years. If people are struggling to pay mortgages, heat their homes and buy food, then private dentistry could be really difficult to justify in the family budget.

So, does it matter what the proposed new SDR is going to be? It must. Does it matter when it arrives? Within reason, probably not. Are NHS practitioners going to exit the NHS in April if the new SDR doesn't appear? If they are, then they are already well on that path with a decision made. I have a concern for whatever the new SDR may be. My bigger concern is that, with less than five months to April 2023, we have no knowledge of what it would be and how it would be funded. Some details of the 'Advisory Group' discussions have been released. However, if this has just started, how long will it take?

Surely, it must take weeks and months to create something and refine it? Not to mention negotiate the fee structure. Then there's changes to Practice Management Software. With all this to do, can April really be a realistic target? If that is the target, then I struggle to believe a whole new SDR will be a well prepared and tested document. I think that a document which has been speedily devised and without adequate testing will do more damage to maintaining NHS practices than a well-communicated delay.

Time and again the profession has been kept in the dark to the last minute. Will this pattern continue and create greater tension? It's going to take a monumental effort to keep the number of NHS practitioners the same in the face of huge financial challenges. There seems to be an inevitability about a reduction in access for patients. With what the Health Secretary said about money for (nurses') pay increases, the new SDR is not looking like a well-funded structure either.

I feel the profession needs some time to deal with the backlog. Get things under control. Understand what the spiralling costs will do to our viability. The idea that an 'open book' accounting process in the spring, based on the least stable and unrepresentative time in financial history for dentistry, will bring perspective is laughable. Why would our profession base anything on a system that was paused and financial structures that were abnormal?

Please consider what you're doing: that's to professionals and the Scottish Government alike. What is it they say: act in haste, repent at leisure? I would love a plan, with a realistic timeframe, all set out before us. April 2024 is doable. Let us all get back on our feet and work our way through these crises. Imagine how much better placed we will be in 12 months to properly decide our future. It has been decades in the making, why sprint to the finish? We risk stumbling before the finish line.



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Services remain below pre-pandemic levels

But Health Secretary says 'considerable progress' has been made

DENTISTRY SERVICES provided to adults across Scotland remained below pre-pandemic levels in the quarter to June, according to the latest statistics.

Data from Public Health Scotland (PHS) showed that during that quarter, there were 751,770 NHS General Dental Service (GDS) courses of treatment given to adults in Scotland. This was an increase of more than 50 per cent compared with the previous quarter.

However, the PHS report stated: "Despite climbing in recent months, activity levels remained around three quarters of pre-pandemic levels."

More than a fifth (22.2 per cent) of adult treatments authorised were for

triage activity, such as telephone advice and issuing prescriptions. During the quarter ending June 2022, there were 219,245 GDS courses of treatment given to those aged under 18 in Scotland. This marked an increase of 83.4 per cent compared with the previous quarter.

PHS said the increase highlighted the impact of the recent change in claiming rules permitting new additional treatment claims which were previously not counted.

Humza Yousaf, Scotland's Health Secretary, said: "A record number of people are registered with a NHS dentist, more than 95 per cent of the population of Scotland. These statistics continue to

show that considerable progress has been made in ensuring access to NHS dental services and oral health improvements.

"Over 1.1 million NHS adult and child examination appointments have been completed, since April to August this year. This shows an increase of 66 per cent on adult examinations alone compared with the same period in 2021.

"Across key treatment items NHS dental services is at comparable levels of activity to levels last seen before pandemic restrictions were introduced. The Scottish Government has provided over £150m in financial support to date to maintain the capacity and capability of NHS dentistry."

Government asks to see accounts

THE SCOTTISH GOVERNMENT has asked NHS dentists to take part in an 'open books' exercise, "to understand in more detail the pressures practices are under". The initiative has come from Humza Yousaf, the Government's Health Secretary, and it will take place next spring. Officials have begun writing to practices inviting them to share their accounts.

Mr Yousef said it "will allow Scottish Government to understand the impact of business costs on NHS practice, help inform future pay awards, and allow us to provide comprehensive evidence to the Doctors and Dentists Review Body (DDRB) next year. In this way, government will better take account of any financial difficulties practices face".

A spokesperson for the British Dental Association (BDA) said: "Apart from being commercially intrusive, this is a sledgehammer to crack a nut. Given there are very specific issues around items of service prices and costs of lab bills we recommend

the government goes directly to dental labs for a list of charges and accept these figures as evidence. This direct approach would be far more efficient and accurate."

News of the exercise came alongside an update on the 'multiplier' arrangement and other financial support that had been in place during and after the pandemic. The intention had been to end the arrangement – reducing the multiplier from 1.3 to 1.0 – from 1 October.

"However," said Mr Yousaf, "within the past six months, an unprecedented cost of living crisis has hit our economy. I appreciate that the challenging economic outlook – with prevailing high inflation and rising energy costs – has increased the cost of business. Therefore, while the additional support provided by the Scottish Government has helped to preserve the sector through the pandemic, further action is needed."

Writing to NHS dentists, he said: "In recognition of this, and of the hard work you have undertaken and continue to

undertake for NHS dentistry, I am pleased to offer the sector a temporary recovery period 'bridging' payment to run to April 2023. This payment will continue to be made on the same basis as the multiplier and will be set at a rate of 1.2 for the first three months, and 1.1 for the remaining three months of this six-month period."

In response, the BDA said: "We have not ceased reminding officials that without an adequate interim funding package several key treatments including extractions, and anything – like dentures – that requires laboratory work, risk being delivered at a financial loss.

"We are clear this cannot presage a return to 'business as usual' from April 2023. In the months ahead efforts must be made to deliver needed change to the broken high volume/low margin model NHS dentistry is based on. Without needed reform, this package will simply delay an inevitable exodus of dentists from the NHS that is already evident in other UK nations."

NHS reform advisory group meets

Online workshops will help shape NHS treatment from spring 2023

A GROUP established to advise the Scottish Government on the reform of dental treatments available on the NHS has held a series of meetings.

The Advisory Group was set up by Tom Ferris, Scotland's Chief Dental Officer (CDO), and has been asked to consider a new "high trust model" with increased clinical freedom for dental practitioners.

The Group comprises General Dental Practitioners, Dental Care Professionals and Specialists from across Scotland.

All members are committed NHS practitioners and were nominated to the Group by their local Health Boards.

The Group's role is to consider the results of a survey of the profession (see 'Call to simplify NHS treatment list' on this page) and to provide clinical advice on the treatment items that should be available in a revised Determination I.

It was set-up to ensure that comments and advice on the format of a revised Statement of Dental Remuneration are available to the CDO.

Items discussed by the Group include a revised set of items for examination and

diagnosis, urgent care, preventative care and periodontal care.

Gillian Leslie, Deputy CDO and one of the Chairs of the Advisory Group, said: "This essential engagement with the sector follows on from our successful survey, which showed broad support for a simplified Determination I.

"This new Det I will be a high trust model that gives dentists more of the clinical freedom they desire.

"As per best practice, it will also include an increased focus on prevention and periodontal care.

"Through considering the Advisory Group's suggestions and advice, alongside other expert evidence and guidance, we will create a much-improved system for dental professionals and NHS patients.

"We are grateful to the members of the Advisory Group for contributing to this work."

The agendas, meeting notes and other papers relating to the advisory group can be viewed¹ and will be updated on a regular basis.

¹www.scottishdental.org/cdo-advisory-group

Call to simplify NHS treatment list

MOST dentists in Scotland believe that a simplified list of treatments available on the NHS – the so-called Determination I – should be developed, according to a survey carried out earlier this year¹.

The survey, initiated by the Scottish Government, received 557 responses from a range of dental professionals across Scotland, with the most – almost half – coming from Associate Dentists.

The survey asked respondents an initial question about whether they would prefer to retain the existing Determination I, develop a simplified version or extend the existing version, with 83 per cent stating they would prefer to develop a simplified version.

This was followed by a series of questions about each of the six sections contained in the list of treatment items. Orthodontics was not included in the list of treatments as it will be considered in a separate phase of reform.

The treatments mostly commonly mentioned for inclusion in the list were periodontal care, preventive care/ screening and extractions for urgent dental care. In terms of perio, suggestions were made for a perio assessment, with various elements such as BPE, plaque and bleeding indices, pocket charting, along with education and preventive advice.

Management of perio related conditions, such as abscesses and periodontium was also noted. For preventive care/screening, respondents suggested that oral health advice, instruction and education was required. This should be available for adults, parents/carers, and in domiciliary care settings.

The use of diet diaries, smoking and alcohol cessation advice, prescription of fluoride products, fluoride varnish and silver diamine fluoride liquid were some of the suggestions made.

The treatments most cited for exclusion were endodontics, veneers, dentures and crowns. For endodontics, the most cited for exclusion was molar endodontics.

In terms of veneers, the reasons given were because they are not required to maintain oral health, they are often purely aesthetic, and they are not financially viable. Some respondents did note if they were available, it should only be in exceptional circumstances or for replacements for people who already have veneers.

¹www.scottishdental.org/reform-of-nhs-dental-services-survey-1-report



A group of dental professionals in Scotland has met online to provide advice to the Scottish Government on treatments that should be available on the NHS

Crisis in care spreads to Dumfries & Galloway

More than 10,000 of Borders patients affected by withdrawal of NHS dental services

A DENTAL PRACTICE in Thornhill, north of Dumfries, has notified adult patients that they will no longer be provided with NHS services as of 24 December.

The decision to withdraw provision to all 3,800 adult NHS patients has added to the worsening situation around access to NHS dental services within Dumfries and Galloway.

The move by the practice is in response to the anticipated departure of one of its two dentists at a time when practices are finding it extremely difficult to fill vacancies.

The practice will continue to provide NHS services for children, and private dental care for adults.

It follows the news that Gretna Dental Practice stopped providing NHS dental services to adults from 10 November, affecting 2,400 people. Gardenhill Dental Clinic in Castle Douglas also announced in October the withdrawal of NHS services for its 4,400 patients from January 2023.

This brings the total number of people affected by the withdrawal of NHS dental services in the Scottish Borders to more than 10,000.

In a survey conducted by the BBC earlier this year it was revealed that 82 per cent of NHS practices in Scotland - 687 in all - were not accepting new adult patients. Of those who weren't taking on new patients, more

than a third had an open waiting list and the wait time was a year or longer. And 79 per cent of practices were not accepting new child patients.

In a blog post¹ last month, Charlotte Waite, director of the British Dental Association Scotland, said that more than six million NHS dental appointments have been lost since lockdown and that National Dental Inspection Programme data in October showed 9.7 per cent of primary 1 school children had severe decay or abscesses, that "required a dental visit as soon as possible", an increase from 6.6 per cent in 2020.

¹bit.ly/3XtLSkz



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Water fluoridation ‘not enough to shrink dental health inequalities’

Approach brings smaller benefits to children’s teeth than previously suggested, study finds

WATER FLUORIDATION provides a modest benefit for children’s teeth in an era of fluoride toothpastes but does not shrink inequalities in dental health between rich and poor communities, research has revealed.

Fluoride, a naturally occurring mineral, has been added to drinking water for decades in areas where natural levels are low in a bid to tackle tooth decay.

Water fluoridation occurs in about 25 countries, according to the UK Government, and encompasses about six million people in England, largely in the West Midlands and the north-east.

But while water fluoridation is supported by all the UK chief medical officers¹, it has proved controversial. Many studies examining the impact of water fluoridation were conducted before fluoride toothpaste became a household staple.

Now researchers say that while water fluoridation appears to bring benefits, these

are much smaller than earlier research suggested. “We’re aware of a number of different areas that are looking at implementing water fluoridation, so it’s very much a live issue at the moment,” said Dr Michaela Goodwin, senior investigator on the Catfish study, from the University of Manchester.

The team, which published its findings in the journal *Public Health Research*², focused on two areas of Cumbria, one without water fluoridation and one where fluoridation had only recently restarted.

In both areas they recruited children aged around five years old when fluoridation restarted in parts of the county in 2013, and hence had not previously been exposed to fluoridated water – as well as babies who were conceived after this point in time.

Experts examined the milk teeth of the younger group at three and five years of age, and newly erupting adult teeth for the older

group at ages five, seven and 11 years old. The results from 1,444 children in the younger cohort reveal that 17.4 per cent of those living in fluoridated areas had decayed milk teeth, compared with 21.4 per cent for those in areas without water fluoridation.

After considering factors such as age, sex and deprivation, the team found the odds of decay for those in the water fluoridation group compared with the no fluoridation group were 26 per cent lower. There was no clear evidence of an effect for the 1,192 older children.

While the team say this may suggest an important role for fluoride exposure in the womb, they add it could be that not enough time had passed for cavities to develop in the adult teeth.

¹bit.ly/3EX7e2q

²www.journalslibrary.nihr.ac.uk/phr/SHMX1584/#/abstract

Scottish Orthodontic Conference

In-person spaces are limited and filling up fast so book now



THE SCOTTISH ORTHODONTIC CONFERENCE 2023 will be held at the Royal College of Surgeons and Physicians of Glasgow on Friday, 27 January. Now in its eighth year, the ever-popular full day of lectures will be available to attend online or in-person.

Course organisers Laura Short, consultant orthodontist at Glasgow Dental Hospital, and Andrew McGregor, specialist orthodontist at Park Orthodontics in Glasgow, invite anyone with an interest in orthodontics to attend

including – but not limited to – dental nurses, orthodontic therapists, dentists with a special interest and orthodontic specialists.

There will be something for everyone on the programme. Some topics confirmed are:

- › CBCT in orthodontics
- › Self-ligating bracket mechanics
- › Cleft
- › Aligner tips
- › And how to apply for orthodontic therapy

Following the success of last year, there will be another poster competition which anyone

can apply for on the College website.

During breaks, there will be sponsors’ trade stands and a chance to catch up with colleagues. The organisers are also delighted to announce the return of a cheese and wine reception after a three-year absence.

In-person spaces are limited and filling up fast so book now to ensure your place at what will be a fantastic day.

<https://community.rcpsg.ac.uk/event/view/scottish-orthodontic-conference-27-jan-23>

Mouth cancer rates hit record high

New cases in the United Kingdom have risen by 34 per cent in a decade

FIGURES collected by the Oral Health Foundation show that 8,864 people in the UK were diagnosed with mouth cancer last year. This is an increase of 34 per cent compared with 10 years ago and has more than doubled (103%) within the last generation.

The findings are part of the charity's new State of Mouth Cancer UK Report 2022 and released to coincide with November's Mouth Cancer Action Month. Dr Nigel Carter OBE, Chief Executive of the Oral Health Foundation, said the charity is "fighting an uphill battle" against mouth cancer and more must be done to raise awareness of the disease.

"While most cancers are on the decrease, cases of mouth cancer continue to rise at an

alarming rate," he said. "Traditional causes like smoking and drinking alcohol to excess are quickly being caught by emerging risk factors like the human papillomavirus (HPV). The stigma around mouth cancer has changed dramatically. It's now a cancer that really can affect anybody."

Mouth cancer can appear as a mouth ulcer which does not heal, red or white patches in the mouth, or unusual lumps or swellings in the mouth, head or neck. One-in-three mouth cancers (33 per cent) are found on the tongue and almost one-in-four (23 per cent) are discovered on the tonsil.

After noticing a lump on his neck, David Cowan, a journalist from Dundee, was diagnosed with early-stage cancer. He was



treated with radiography and after six months was given the all-clear. "It did take a big toll on me mentally," he said. "It's changed how I think."

Latest figures show that 3,034 people in the UK lost their life to mouth cancer last year. This has risen by almost 20 per cent in the last five years. Survival rates for mouth cancer have barely improved in the last 20 years. One of the key reasons behind this is that far too many mouth cancers are diagnosed too late. More than half (53 per cent) of all mouth cancers diagnosed at stage IV – where the cancer is at its most advanced.

For more information about mouth cancer, visit: www.mouthcancer.org.

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SHOP WHERE SERVICE AND VALUE COUNT

Dental resource hub launched

PRACTICE PLAN has launched an online hub for the dental profession which it describes as a "comprehensive resource centre designed to give you a sense of calm and peace of mind, and to help you take positive action in the key areas affecting you the most right now".

Split into four sections: Wellbeing, Recruitment and Retention, Cost of living, and Business Finances, YouHub aims to provide support in key areas and provide the know-how "needed to navigate your way through the choppy waters we're facing".

The content has been developed by collaborating with experts in the fields of mental health and wellbeing, HR and recruitment, as well as business coaches, mentors, and Practice Plan's colleagues at Wesleyan.

In Wellbeing, there is advice on meditation, mindfulness, dealing with burnout and suggestions on how to improve your team's morale. In Recruitment, there are webinars and blogs on subjects such as how to use CSR (Corporate Social Responsibility) to attract and keep good staff, how to be a good leader and the importance of supporting your staff.

The Cost-of-Living section has resources to help with your personal finances such as a handy budget planner from the team at Wesleyan, and a podcast from award-winning financial coach Catherine Morgan. The Business Finances section is where you'll find information to help you run a practice.

Find out more at:
www.practiceplan.co.uk/youhub





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GDC No. 72073 & 242628

Dentists embark on training programme

Group launches career development opportunity for early clinicians

CLYDE MUNRO, the Scottish dental group, has launched its dentist development programme, designed to enhance the knowledge and skills of its early career dentists. The group has invited clinicians from across Scotland, who have qualified in the last five years, to participate.

The year-long Flying Start Programme – which launched in September – will see 30 dental clinicians receiving expert training from some of the biggest names in dentistry, providing them with learning and development opportunities across a wide range of topics.

Split into modules, the programme will cover management of tooth wear, dental trauma, digital dentistry, communication skills, as well as sustainability within dentistry and personal goal setting. The course will also feature talks from key opinion leaders such as Ashley Latter, the dental coach, and experts from the multinational oral healthcare company, Haleon.

Dr Yvonne Goodall BDS, dental practitioner at Clyde Munro's Torwood Dental Practice, is one of the dentists who will be participating in the programme. Having graduated from the University of Glasgow in 2020, and completing her vocational training shortly after, Yvonne started at Torwood in August of this year.

"I was delighted when Clyde Munro reached out to me about the Flying Start Programme. I'm keen to learn and always eager to take the opportunity to do so – I believe it's important to step out of your comfort zone in order to grow," she said.

Suzanne McLean, Training and Development Manager for Clyde Munro, said: "We recognise the challenges that clinicians face in their first few years, and we want to equip them with knowledge and skills that will enhance their practice, and of course, as a group, it brings the benefit of having clinicians that are satisfied in their career."



Dr Yvonne Goodall of Torwood Dental Practice

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Peri-implant disease guideline to be created

Workshop reaches consensus on path to developing guidelines for prevention and treatment

THE EUROPEAN FEDERATION of Periodontology's (EFP) Perio Workshop 2022 has reached consensus agreements that will lead to the development of 52 recommendations forming a clinical practice guideline for the prevention and treatment of peri-implant diseases.

At the workshop, held from 6-9 November in La Granja de San Ildefonso, Spain, 71 experts (27 of them women; 38 per cent of the total) from 21 countries evaluated 13 systematic reviews

They were on peri-implant health and the prevention of peri-implant diseases, and the treatment of peri-implant mucositis and peri-implantitis.

In four working groups, they listened to the scientific evidence and voted on specific recommendations to create an evidence- and expert-based guideline for the prevention and treatment of peri-implant diseases.

This is expected to be published in spring 2023 in the *Journal of Clinical Periodontology*.

The guideline will be of the highest level – S3 – like the two existing EFP guidelines for the treatment of stage I-III periodontitis¹ and stage IV periodontitis², which were drawn up at previous editions of the workshop.

"The development of this third EFP clinical-practice guideline was a challenge from the start," said David Herrera, chair of the EFP workshop committee.

"For periodontitis, decades of research and knowledge were available; for peri-implant diseases, as they are relatively novel,

Guideline on prevention and treatment expected to be published in spring 2023



we knew from the beginning that we would have limited evidence.

"However, we believe that we could help clinicians and patients to take the best decisions by selecting those interventions that can be suggested or recommended.

"By highlighting which interventions need additional research and should be a priority in the research agenda. I believe that the fruitful discussions in La Granja will help us to achieve those goals."

The EFP has also simplified the clinical guideline on the treatment of the first three stages of periodontitis and has translated it into visual terms "without compromising its scientific rigour"³.

Shining a light on oral bacteria in a bid to fight infections and inflammation of the gums, see page 23.

¹bit.ly/3F00Jfl

²bit.ly/3tXkWMx

³bit.ly/3Vr9EvC



SDI's Luna 2 stands up to clinical challenges

AS a leading manufacturer of dental products, SDI continues to find new ways to meet clinical challenges with Luna 2. The newest universal composite from SDI, Luna 2 was launched earlier in 2022 with features based on clinician feedback.

Building on the success of Luna, the next generation Luna 2 is new and improved, designed to elevate the workflow and provide additional benefits to patients and dentists. These include creamy handling without sticking to instruments or slumping, with leading clinicians praising its ease of use. Made possible by the composite's ultra-fine particles, this creamy consistency also lends itself to perfect polishing, in a radically reduced time.

Additional stand-out improvements from the original Luna span from its natural tooth-like appearance across all light, and easy matching to the Classical Vita Shade Guide. With a notable high compressive strength of 360 MPa, high flexural strength at 130 MPa and an impressive 250% AL radiopacity, the composite suits almost any indication and clinical case.

BPA-free, it's perfect for health-conscious patients, and Luna 2 adds to patient comfort by speeding up chair time with a 40 second curing time for opaque shades and just 20 seconds for remaining shades.

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The power of a healthy smile

THE BRITISH Orthodontic Society (BOS) held its annual conference in September, focused on the power of a healthy smile and the importance of the orthodontist in the correction of malocclusion.

The theme of this year's event was "Most.Smile.Debate", three words that summarised the current mood in orthodontic treatment and provided a geotag for the venue using the what3words mapping tool (<https://what3words.com/most.smile.debate>).

Speakers included Dr Michael Mosley, who said: "All my family has benefited from orthodontic treatment, so I was delighted to speak at the British Orthodontic Society Conference this year. A big smile that can light up the room will not only make you feel good but other people as well."

BOS data shows that 75 per cent of UK orthodontists have reported an increase in patient volume. There was growing concern among clinicians, however, about an increasing number of online service providers who BOS said were offering "quick dental solutions" to consumers.

To help consumers to make better choices about their orthodontic care, BOS and the Oral Health Foundation have launched Safe Smiles, a charity campaign that gives unbiased, trusted and expert advice about dental treatments. Dr Nikki Attack, BOS president, explained: "We want to ensure patients are given the very best advice about the safest and most effective way to have orthodontic treatment."

The 2023 BOS event will take place on 28-30 September in London.

New orofacial pain course endorsed

Leading dental body announces accreditation of course created by two international institutions

THE ROYAL COLLEGE of Surgeons of Edinburgh's Faculty of Dental Surgery has confirmed its accreditation of the Certificate in Orofacial Pain, a new joint course launched by the University of Southern California (USC) and Trinity College's Dublin Dental University Hospital.

The course will focus on orofacial pain – a complex area of dentistry in which patients often need very careful diagnoses – and will arm dental professionals with the requisite skills to treat patients living with conditions such as TMD, headaches, and orofacial pain.

Glenn Clark, Professor at the Herman Ostrow School of Dentistry of the University of Southern California (USC), Dr Dermot Canavan, Lecturer in Orofacial Pain and Michael O'Sullivan, Director of Graduate Prosthodontics, at Dublin Dental University Hospital, devised the course in a bid to improve understanding and awareness of these conditions and how to treat them.



New course allows busy working professionals to go at their own pace

Professor Phil Taylor, Dean of the Faculty of Dental Surgery at the Royal College of Surgeons of Edinburgh, said: "This new course covers a very important area of dentistry and I'm glad the Faculty of Dental Surgery has been able to offer its support by announcing its accreditation."

"Orofacial pain can be caused by a wide range of dental issues, so this course has been designed to improve our understanding of these problems, and to improve our ability as dental professionals to help patients suffering with these conditions."

This endorsement is a first for the Faculty as part of their newly launched accreditation scheme which has been created to provide assurance to dentists that courses are of a high standard and provide quality learning outcomes.

For more information on the course: <https://online.dentalhospital.ie> For more on the RCSEd's Faculty of Dental Surgery: www.rcsed.ac.uk/faculties/faculty-of-dental-surgery

Food industry misleading parents on sugar

THE BRITISH Dental Association (BDA) has said the Government must "stamp out" misleading marketing claims by children's food manufacturers, in response to damning new research from Action on Sugar.

Latest findings show breakfast foods aimed at toddlers contain up to four teaspoons of sugar per serving. More than three quarters of products claim to have 'no added sugars' or 'only naturally occurring sugars' despite many containing sugars from fruit juices, concentrates and purees – all of which are harmful to dental health.

Earlier this year a British Dental Association study of 109 baby pouches aimed at children aged under 12 months found over a quarter contained more sugar by volume than Coca-Cola, with parents of infants as young as

four months being marketed pouches that contain the equivalent of up to 150 per cent of the sugar levels of the soft drink.

The BDA backs sweeping action on food marketing and labelling, including the complete removal of misleading nutrition and health claims on baby and toddler food and drink products and ensuring dedicated baby aisles in supermarkets are a 'safe space' for parents.

Eddie Crouch, the BDA's Chair, said: "Tooth decay is the number one reason for hospital admission among young children, and Ministers can't remain bystanders. Action here is a prerequisite if we're ever going to turn the tables on wholly preventable diseases."





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The term 'safe practitioner' is being introduced

New standards in education proposed

Regulator invites responses to consultation on updated learning outcomes and behaviour expectations

AS part of the General Dental Council's (GDC) statutory role in setting standards in dental education, the regulator has launched a public consultation on proposed changes to the learning outcomes and behaviour expectations for education and training programmes leading to registration¹.

In addition to introducing the new terminology of 'safe practitioner', to describe newly qualified dental professionals, the proposals will introduce new areas of required behaviour and make updates to both clinical and non-clinical requirements that programmes must achieve.

Ross Scales, the GDC's Head of Upstream Regulation, said: "Since the learning outcomes in Preparing for Practice² were last reviewed back in 2015, there have been significant shifts in both dentistry and wider society, and the proposed changes in The

Safe Practitioner Framework very much reflect this.

"I'd like to thank the many stakeholders who have shared their views to date, and particularly those who contributed their significant experience and expertise to our reference group which explored feedback and research.

"We are now seeking broader views on our proposals and welcome feedback from all of those with an interest in dental education and training."

The consultation closes to responses on 12 January 2023.

¹www.gdc-uk.org/about-us/what-we-do/consultations-and-responses

²[www.gdc-uk.org/docs/default-source/quality-assurance/preparing-for-practice-\(revised-2015\).pdf](http://www.gdc-uk.org/docs/default-source/quality-assurance/preparing-for-practice-(revised-2015).pdf)

Landmark alliance formed

A NEW global alliance between Oral-B and Straumann, two of the world's leading oral care companies, has been announced.

Its purpose is to elevate the importance of prevention in periodontal and peri-implant health. It will set new standards in quality scientific education for dental professionals and help their patients achieve better long-term outcomes.

It has a long-term goal of delivering a holistic programme of scientific events, professional courses, webinars and publications, co-created with and delivered by

the world's leading experts and thought leaders in dentistry.

The alliance was launched with a sponsored scientific session at EuroPerio10 Copenhagen, where both companies also presented their recent innovations for periodontal and peri-implant patients: Straumann Biomaterials solutions and Oral-B iO Specialised Clean brush head, Oral-B iO10 and iOsense to empower patients in effective self-care.

Full story here: www.sdmag.co.uk/oral-b-straumann-alliance

Wellbeing research welcomed

THE dental professionals' organisation Dental Protection has welcomed the commitment by the General Dental Council (GDC) to conduct research into the number of deaths by suicide of those involved in fitness to practise proceedings and to publish their findings.

In a blog post¹, the GDC said that it plans to develop an accurate picture of the prevalence of suicide while a fitness to practise case is active. The first report will cover the period 2019 – 2021 and will be published by the GDC before June 2023.

The GDC also highlighted the importance of making "changes which aim to avoid or minimise unnecessary stress and to help ensure that people have the support they need and committed to "reviewing the mental health and wellbeing signposting that is offered to all participants as well as the training and support we offer to our own team".

Dr Raj Rattan, Dental Director at Dental Protection, said: "We called on the GDC to draw inspiration from the positive steps taken by the General Medical Council with regard to reporting the number of doctor suicides during the investigation process, and we are pleased that the GDC has committed to these.

"We also welcome the renewed commitment to minimising the impact that investigations have on the mental health and wellbeing of the registrants involved, including by improving the tone of their fitness to practise communications."

Dental Protection members can find out about its confidential counselling service here: www.medicalprotection.org/uk/medicolegal-advice/counselling-service

¹www.gdc-uk.org/news-blogs/blog/detail/blogs/2022/11/09/reporting-the-cause-of-death-of-registrants-who-have-died-while-under-fitness-to-practise-investigation



WE CALLED ON THE GDC TO DRAW INSPIRATION FROM THE POSITIVE STEPS TAKEN BY THE GENERAL MEDICAL COUNCIL"

Help shape dentistry's future

Wanted: General Dental Practitioners for important three-year research trial

DENTISTS across Scotland and England are currently being offered the opportunity to help shape the future of dentistry by signing up to take part in an interesting research trial of Selective Caries Removal in Permanent Teeth (SCRiPT).

It will compare the clinical and cost effectiveness of Selective Caries Removal (SCR) with Complete/conventional Caries Removal (CCR) in permanent posterior teeth.



The NHS National Institute for Health Research Health Technology Assessment (NIHR HTA) programme has commissioned a collaborative team from the Universities of Dundee, Aberdeen, Glasgow, King's College London, Sheffield and NHS Education for Scotland to conduct the research.

The trial started in June 2019 and participant recruitment is ongoing. A total of 623 patients will be recruited from around 65 general dental practices (about nine patients recruited by each dentist) and will be followed up for three years.

Remote training with CPD will be provided and payments of up to £2,000 from the research grant, and other support of up to £1,200, are available over the period of the trial, with no impact on NHS fees or charges for private treatment.

If you have NHS patients and would like to join the trial or hear more about it, please email: script@dundee.ac.uk



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GC Europe celebrates 50 years

Anniversary marked by a commitment to quality in oral health

GC EUROPE'S 50th anniversary was celebrated on 14 October with an opportunity for the company to commemorate its unwavering dedication to quality in oral health.

Hosting a prestigious anniversary event with close to 200 guests, GC Europe (<https://europe.gc.dental/en>) put the spotlight on its plans for the next decade. This celebration closely followed GC Corporation's centennial anniversary on 11 February 2021 which was marked by a selection of celebratory events across the world. The 50th anniversary event invited dental professionals, academics and trade and industry partners from Europe, the Middle East and Africa. The landmark occasion included inspiring speeches from local government representatives,

stakeholders and research partners who all underlined the importance of strong collaboration. Dr Kiyotaka Nakao, president and chief executive of GC Corporation/GC International AG, expressed his deepest gratitude for the dedicated support that has led to today's success, quoting GC's new corporate Vision 2031, "to become the leading dental company committed to realising a healthy and long-living society".

Funding announcement

Meanwhile, dental academics and clinicians have been invited to apply for a Foundation Nakao Grant – the fourth round of funding made available by the foundation since its launch in 2018. The organisation supports clinical trials and research in topics such as minimum intervention dentistry and



GC Europe staff with guests at the company's recent VIP day

oral health of the elderly. Successful applications will receive fully funded projects of £44,000 per year. This is in addition to broad exposure among dental professionals, the dental industry and the public of each study's outcomes and achievements. The maximum grant goes up to two years and £90,552.66. If the project budget is more than £45,276.33 in two years, then applicants will need to submit applications for the second year.

www.foundation-nakao.com/applications



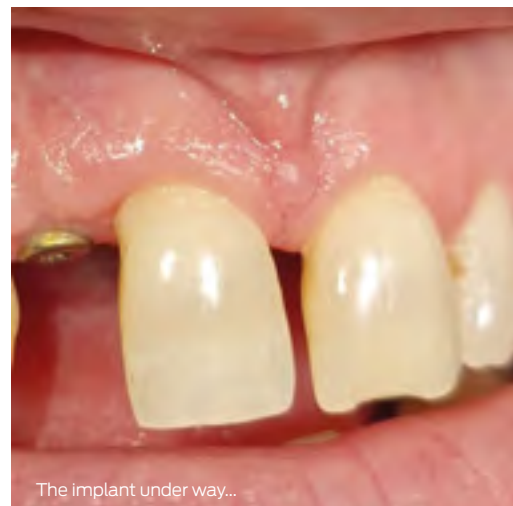
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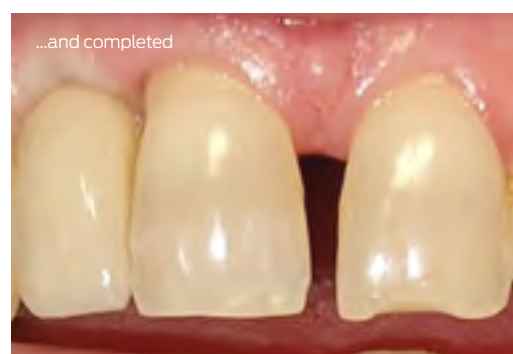
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The implant under way...



...and completed

Making history



The first dental implant has been carried out on the island of Arran

WORDS
WILL PEAKIN

Emma Kendall and her dentist husband Kenneth took over Arran Dental Care, a one surgery practice on the island, in November 2021. A little under a year later they made history, with the island's first implant.

"We found there is great demand for implants on the island," said Emma, a dental nurse and the practice manager. "But patients struggle to make the journey off the island."

"Especially with the difficulties in securing ferry bookings, made worse by the high number of cancellations in the winter months, not to mention the added cost of travel and accommodation if carried out off island."

"Placing an implant has not been an option in the past as there was not a dentist on the Island qualified to provide this treatment. Patients have had to go to the mainland to get any implant treatment. We wanted to help patients by providing as much treatment here on the island as possible."

Arran Dental Care caters to NHS, private and plan patients, providing a wide range of treatments – from restorative to prosthodontics.

Making up the team, along with Emma and Kenneth is – with the introduction of implants – visiting colleague John Wall, general practitioner with a specialist interest in implants, and owner of Cherry Court Dental Care & Implant Clinic in Peebles.

"Our colleague and friend, John, is an experienced implant surgeon who trained with one of the best implant dentists in Scotland," said Emma.

"John wanted to come to Arran and provide a fantastic service to patients. He comes to the island every six to eight weeks to see patients. He has also been mentoring Kenny on the restorative side."

"At Arran Dental Care our aim is to provide comprehensive, modern, dental care to the island community."

“
**OUR AIM IS TO PROVIDE
COMPREHENSIVE,
MODERN, DENTAL CARE TO
THE ISLAND COMMUNITY”**



John Wall, general practitioner with a specialist interest in implants, with Emma and Kenneth Kendall

Consultation on draft Scottish Health Technical Memorandum (SHTM) 01-05

Comments and feedback are invited from as wide a range of stakeholders as possible

A DRAFT of SHTM01-05, *Management, equipment and process of the decontamination of dental instruments in a Local Decontamination Unit (LDU) in NHS Scotland* is now available for consultation and comment.

- **PART A** – Management.
- **PART B** – Decontamination equipment – operation, validation, periodic testing, maintenance and test methods.
- **PART C** – Process - Guidance on decontamination processes, including elements applicable to the dental environment.

Note: Part C is based on the Scottish Dental Clinical Effectiveness Programme (SDCEP) Decontamination into Practice guidance.

Final formatting and an accessibility assessment will be undertaken prior to publication.

Comments and feedback are invited from as wide a range of stakeholders as possible during the consultation period (1 November 2022 to 31 January 2023) and



Deadline for comments is 31 January 2023

should be returned by using a separate comments template for each part (A, B or C) as appropriate, and emailed directly to david.shaw3@nhs.scot

Copies of the draft SHTM01-05 – parts A, B and C – and the three comments

templates are available to download at the website www.scottishdental.org with the following link:

www.scottishdental.org/consultation-on-draft-scottish-health-technical-memorandum-shtm-01-05/

DATES FOR YOUR DIARY

2022

02 DECEMBER

CGDent Scotland Study Day

Glasgow

<https://cgdent.uk/2022/07/01/cgdent-scotland-study-day-2-december-2022>

09-10 DECEMBER

Restorative Dentistry and Oral Implantology

tinyurl.com/yrjcsu6e

2023

27 JANUARY

Scottish Orthodontic Conference

Glasgow

<https://community.rcpsg.ac.uk/event/view/scottish-orthodontic-conference-27-jan-23>

25 FEBRUARY

25th Annual Conference for Dental Care Professionals

Edinburgh

www.rcsed.ac.uk/events-courses/event-entry?diaryId=3187

24-25 MARCH

BDIA Dental Showcase

London

www.dentalshowcase.com

24-25 MARCH

Excellence for the Dental Team

London

<https://cgdent.uk/2022/07/11/biennial-international-conference-2023-excellence-for-the-dental-team>

11-13 MAY

European Aligner Society 4th Congress

Turin

www.eas-aligners.com/4th-eas-congress

19-20 MAY

Scottish Dental Show

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Shining a light...

...on oral bacteria in a bid to fight infections and inflammation of the gums

Using so-called ‘extremely brilliant light’ – that is millions of times brighter than the sun – researchers have advanced our understanding of how a specific group of bacteria in the human mouth contribute to periodontal disease.

A collaboration between the Canadian Light Source (CLS) at the University of Saskatchewan and researchers at the Wilfrid Laurier University in Kitchener, Canada, was focused on a group of three different bacteria – commonly referred to as the “red complex” – as key contributors to infections and inflammation of the gums and bones that surround and support the teeth.

The red complex, which appears later during biofilm development, comprises species that are considered periodontal pathogens, namely, *Porphyrromonas gingivalis*, *Treponema denticola* and *Tannerella forsythia*¹.

With the CLS’s beamline, the team was able to examine the atomic details of a cluster of proteins from one of the bacteria that make up the red complex. They found that the proteins encoded in the cluster contribute to the breakdown of long

carbohydrate chains – one of the complex molecules that make up part of the ligaments that hold your teeth in place².

This discovery could eventually lead to the development of new therapeutics that specifically target the bad bacteria in oral biofilms, which are the plaque that forms on your teeth. Biofilms are a mixture of carbohydrates, extracellular DNA, lipids, and proteins.

Michael Suits, an Assistant Professor in the Department of Chemistry at Wilfrid Laurier, said that the space between teeth and soft tissue is “like a warehouse, and the bacteria are like the workers inside”. The ‘warehouse’ space gives the bacteria room and “access to dismantle components of the building, or the periodontal ligaments”.

Suits’ team produced a crystallised form of the target proteins. By examining them using crystallography and X-ray diffraction analysis, they were able to learn more about how the red complex supports itself and attacks tissues in the oral cavity.

WORDS
WILL PEAKIN

“It (the CLS) provided us with a unique insight,” said Suits. “The level of detail we get from the synchrotron is unparalleled... it’s kind of glimpsing not under a microscope, but under a super-microscope, to really see what these proteins look like.”

There are still many questions about the red complex bacteria and how the member bacteria interact with each other and the environment, he added. “There are a lot of unknowns in this system,” he said. “Understanding how these things come together is important and filling in the blanks with what we don’t understand about what’s going on in the oral cavity is important.”

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¹Mohanty R, Asopa SJ, Joseph MD, Singh B, Rajguru JP, Saidath K, Sharma U. Red complex: Polymicrobial conglomerate in oral flora: A review. *J Family Med Prim Care*. 2019 Nov 15;8(11):3480-3486. doi: 10.4103/jfmpc.jfmpc_759_19. PMID: 31803640; PMCID: PMC6881954.

²Nguyen, Peter, Rony Eshaque, Barbara Anne Garland, Anthony Dang, and Michael DL Suits. “Degradation of chondroitin sulfate A by a PUL-like operon in *Tannerella forsythia*.” *PLoS one* 17, no. 9 (2022): e0272904. doi: org/10.1371/journal.pone.0272904

Michael Suits



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Phil is the Principal Dentist at our Advanced Dentistry clinic in Glasgow and has vast experience in all aspects of Dental Implantology, including bone grafting, immediate implant placement and loading together with soft tissue surgery. Phil accepts referral appointments at our Advanced Dentistry clinic in Glasgow, as well as our clinics in Oban, Edinburgh and Inverness.



DR. KEVIN LEEMING

MF GOP (UK) 2006 I BOS
DENTAL IMPLANTS

Kevin is the Principal Dentist at our Advanced Dentistry clinic in Inverness. Since passing his MFGDP diploma in 2005, achieving his MJDF qualification in 2007 and his DPDS in 2008, Kevin has focused on general dentistry with a special interest in Dental Implantology. Kevin accepts referral appointments at our Advanced Dentistry clinic in Inverness.



DR. MAIRI HENDERSON

BOS Dip. MJDF MFDS RCS Eng MCGDent PG Cert Imp
PERIODONTICS & DENTAL IMPLANTS

Mairi has committed her professional development and training to the disciplines of Periodontology and Implantology. Mairi accepts referral appointments at our Advanced Dentistry clinic in Glasgow, as well as our clinics in Linlithgow and Edinburgh.



DR. CHRIS DALL

BDS

DENTAL IMPLANTS

Chris enjoys all aspects of general and cosmetic dentistry and has developed a special interest in Dental Implantology. Chris accepts referral appointments at our Advanced Dentistry clinic in Inverness.



DR. STUART MCLAREN

MBChB BDS MFDS RCSEd MRCEM

DENTAL IMPLANTS & SEDATION

Dr Stuart McLaren is a qualified Medical Doctor and Dentist with a special interest in Dental Implantology. Stuart accepts referral appointments at our clinic in Dumfries.



DR. MARTIN MACEACHEN

BOS MFDS RCPSG MCGDent

RESTORATIVE DENTISTRY & DENTAL IMPLANTS

Martin's particular focus is on restorative dentistry, especially crown, implant, and bridge work in both basic and advanced cases. Martin accepts referral appointments at our Advanced Dentistry clinic in Glasgow, as well as our clinic in Oban.



DR. MEHDI SHAMS

BDS MSc MFGDP (UK)

DENTAL IMPLANTS

Mehdi is the Principal Dentist at our Grandholm Clinic in Aberdeen. He has a special interest in Dental Implantology and teaching as a VT Trainer. Mehdi accepts referral appointments at our Aberdeen clinics.



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‘Thanks ... it’s been a bit of a walk’

Over the summer of 2022, a national conversation around suicide was begun. Here, the founder of The Canmore Trust describes his experience

WORDS
JOHN GIBSON

I promised the editor that I would write an update on The Canmore Trust and LEJoG for this issue of *Scottish Dental*, but where do I start to update you on the whirlwind that has been 2022?

However, the first thing I want to do is say a very sincere ‘thank you’ to every member of the dental profession in Scotland for your remarkable support of The Canmore Trust. The vision of the Trust, in particular ‘safe spaces’ for those impacted by suicide, has clearly gained considerable traction within the profession and monetary support for the Trust has followed emotional support.

So, thank you to each and every one of you who has written, emailed, texted, walked with us, given of your time and donated money to support the Trust. But, most of all, thank you to those of you who have asked for help and support for yourselves, your staff, your family and your friends – because lives are being saved.

The Canmore Trust (SC051511) has only been in existence since the end of January 2022 and the Trustees set a fundraising target of £250,000 for the rest of 2022. I didn’t appreciate that, in charity fund-raising circles, this was a huge ask, particularly in a time of economic hardship for the country.

We had two major fund-raising events planned – LEJoG and The Canmore Trust Dentistry Wellbeing Symposium – but I hadn’t realised that so many people would take part in various events to raise additional support for the Trust, including:

- 5K and 10K races
- Half-marathons and marathons
- Conker competitions
- Coastal and loch swims
- A 24-hour trail race
- A Cape-to-Cape walk in Western Australia
- Charity events in veterinary and dental practices

- Charity events in hair salons
- Cake sales
- A garden party – and a whole lot more!

We had reached, and passed, our target for the year by early November.

Team LEJoG travelled south on the weekend of 11-12 June, ready to start at Land’s End on Monday 13 June 2022. Here I was at Land’s End ready to start. I had walked 2,500 training miles and now I was embarking on a 1,200-mile walk to John O’Groats. How ready was I, both physically and emotionally? I would be walking 25 miles each day, on average, to keep to schedule.

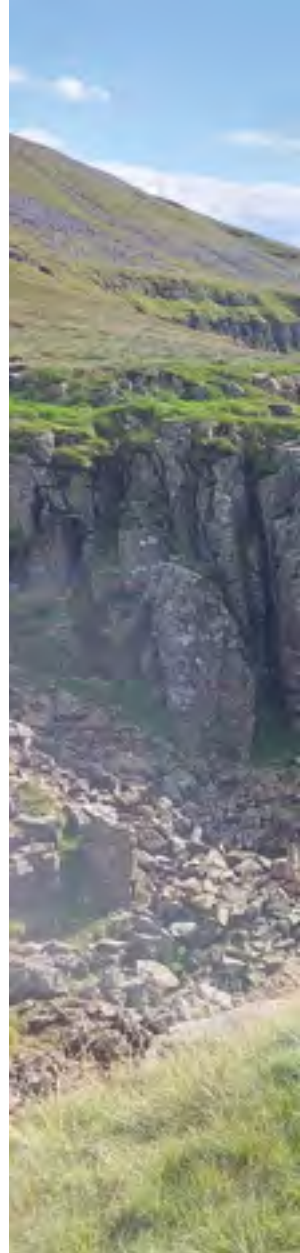
Suddenly, my whole attention landed on memories of Cameron, our much-loved son – a 24-year-old veterinary surgeon who died by suicide in the early hours of Sunday 20 October 2019. His was a spontaneous act with no background of obvious psychological disturbance and no note left.

As the gentle south coast breeze caused The Canmore Trust flag in my rucksack to unfurl, tears started to flow to match those memories. Who was I kidding? I couldn’t do this. How could I make any impact on mental wellbeing and suicide in the UK?

But then, suddenly, as the photographs were being taken on that first morning, it became very clear what lay ahead. A couple stepped towards us, having seen our Canmore Trust shirts and flags, identifying us as a charity involved in suicide prevention, and told their story. This was to be the first of hundreds of deeply moving stories we would hear.

This woman had lost her younger sister to suicide, aged 15, more than 30 years ago but her family had never talked about the loss or the circumstances. Standing at Land’s End, this woman felt empowered for the first time to open up about her loss and then to go back to her family and explore her sister’s story and her legacy – to move the

“
AS THE GENTLE SOUTH COAST BREEZE CAUSED THE CANMORE TRUST FLAG IN MY RUCKSACK TO UNFURL, TEARS STARTED TO FLOW – WHO WAS I KIDDING?”



'We will keep walking together, ensuring that our communal 'lived experience' creates impact and, wherever possible, saves lives' – John Gibson



whole set of circumstances from the shadows and into the light.

#onemanwalkingamilliontalking was up and running – well, walking!

So, as we set off, I was convinced again of the importance of telling Cameron's story fully and without hesitation – painful as that would be. Suicide is a hugely complex subject. Despite three years having passed, we still have little understanding as to why Cameron took his life in the early hours of that Sunday morning.

Rory O'Connor is Professor of Health Psychology at the University of Glasgow and is one of the foremost international researchers into suicide behaviour. I highly recommend his recently published book, *When it is Darkest* (Penguin, 2021).

In his book, Professor O'Connor describes a model of suicidal behaviour which involves possible factors in the background of someone who dies by suicide, alongside the factors which might contribute to suicidal thoughts and suicidal acts. It is a complex model which makes it very clear that no one factor causes someone to take their life – it is much more complicated than that.

With increasing numbers of suicides in the UK appearing to be so-called 'spontaneous' suicides (i.e., in those individuals where there is no obvious history of psychological disturbance), it seems that our approach to preventing suicide needs to change with open discussion in schools, colleges, universities and workplaces about suicide and, most importantly, about suicide safety planning.

This new concept of safety planning is evidence-based and opens up discussion about what to do if you

find yourself at some point with suicidal thoughts – something that affects one in five young Scottish adults. So, this walk was about opening up a conversation across the UK on suicide prevention and bringing the suicide community together.

As I started to walk, I was reminded again of how broken I was in the months after Cameron died and how I rediscovered walking and the delights of watercourses, frog spawn, goldcrests, nesting kestrels, red squirrels, pine martens and simply walking for miles on end. Then I discovered that other men and women affected by suicide grief also wanted to walk and talk – and the conversations were remarkable; sharing insights and stories that would otherwise have remained covered over.

LEJoG had taken a huge amount of planning by a remarkable team, particularly my wife Isobel and good friends John and Lorraine Gallacher. The team around me ensured that planning was meticulous. LEJoG started on 13 June and completed on 20 August 2022 – 11 weeks, with only five days of any precipitation in that period and a few days off for COVID-19.

What a remarkable summer it was! I had been given two pieces of advice by seasoned long-distance walkers: firstly, don't forget that it's just a walk; and secondly, just concentrate on today and let tomorrow take care of itself. Great advice!

We were joined by many hundreds of people across the UK as we walked, with great representation from the veterinary community. We heard many tragic stories about suicide in veterinary surgeons and now understand that the suicide rate in vets is four times the national average.

We have galvanised discussion in the profession about improving mental health and how to impact the dreadful litany of suicide for this hard-pressed profession, whilst never forgetting that behind every 'statistic' is a grieving family, grieving friends, grieving colleagues and a grieving community. We have engaged with the Royal College of Veterinary Surgeons and anticipate that changes in drug-handling will come, along with active research into suicidality in the profession.

We experienced amazing kindness and hospitality across the whole of the UK. However, worthy of mention is that Ian and Zena Mills, dentists from Devon, arranged hospitality for us within the dental profession for the first month of LEJoG and we were shown such generosity by the dental profession as we walked from Land's End, up to Bristol and round into Wales.

The aim of #onemanwalkingamilliontalking was realised across the 1,200 miles with kerb-side conversations, chats as we walked, public lectures, podcasts, radio interviews and television coverage. We saw families previously isolated by their suicide experience come forward to walk, talk and weep with other families similarly affected.

And, very importantly, we saw lives saved.

Let me share one such story with you. The background is that John Gallacher, who walked much of the way with me, realised that on Day 3 that he had lost his Canmore Trust flag from his rucksack, somewhere in Cornwall.

Then on Day 10, a 35-year-old woman contacted me on Instagram and stated that she had been struggling with her physical and mental health for many years and had previously made three attempts on her life. She had set off to walk the South-West Coastal Path in an attempt to gain fitness – for both her physical health and mental health.

However, a few days into her walk, she realised that she was struggling greatly and had been sitting on a cliff-top contemplating her future with growing negative thoughts. She then noticed some green material in the





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How you can get involved

Please feel free to explore more of the Trust's plans at thecanmoretrust.co.uk where there is also a link to our JustGiving page via **#onemanwalkingamilliontalking** and a QR code (see right).

For those who would rather give through practice accounts, the Trust's banking details are:

- › Sort Code: 83-16-16
- › Account Number: 00250570.

Please do consider organising a charity event in your family, practice or community to support the work of The Canmore Trust in 2023. Thank you for caring. Stay safe, stay well.

John Gibson is a member of the National Suicide Prevention Leadership Group's Lived Experience Panel. He is CEO of The Canmore Trust (SC051511).

If you have been affected by reading this article, please see The Canmore Trust's website for appropriate resources (thecanmoretrust.co.uk) or, in

acute distress, please call The Samaritans on 116 123.



LEJoG took a huge amount of planning by a remarkable team, particularly John's wife Isobel and friends John and Lorraine Gallacher

→ bracken adjacent to her and found John's flag. From the flag, she accessed The Canmore Trust website and read Cameron's Story – and, for the first time ever, considered the negative impact that a suicide has on those family members, friends and colleagues left behind.

In that moment, still with great sobs and tears rolling down her cheeks, she decided that she would not take her own life and that she would complete the walk. She wanted me to know that the story of LEJoG had changed her whole outlook on life and that she would keep walking; that Cameron's Story and The Canmore Trust had saved her life.

A highlight of LEJoG for me was our 'Meet and Greet' event in The Meadows, Edinburgh on 6 August when we met so many people, including Kevin Stewart MSP, the Minister for Mental Wellbeing and Social Care in Scottish Government, along with his team of civil servants from the Suicide Prevention Unit. A book detailing our experiences is underway and I hope to share more of that in due course.

The impact of LEJoG continued into the first Canmore Trust Dentistry Wellbeing Symposium in Glasgow on Friday 4 November 2022, so ably organised and hosted by Mike and Juliet Gow. The day was a huge success and was followed by a black-tie dinner in the evening. It was so good to see many friends from dentistry having great fun together – and the wonderful sum of more than £25,000 was raised during the day and evening event for the work of The Canmore Trust. Please look out for the details of the next event in 2023.

So, where to now? Well, undoubtedly the hashtag has gained traction and we will keep walking and keep talking. Plans are already afoot, so watch out for Orkney and Shetland in 2023!

Over the past three years, I have met some remarkable people honed by similar experience. We will keep walking together, ensuring that our communal 'lived experience' creates impact and, wherever possible, saves lives. If you would like to join us, support us or have further information, please feel free to contact me at The Canmore Trust at the.canmore.trust@btinternet.com

Our five gutsy aims for the Trust will be honed and developed as we head into 2023, but with education for suicide prevention at the forefront of all we do, as well as developing centres where families affected by suicide can stay and meet with 'lived experienced' counsellors, appropriately trained by the Trust.

Success of first wellbeing symposium

The inaugural Dentistry Wellbeing Symposium and Dinner was held in November, at the Voco Grand Central Hotel in Glasgow.

The event, organised and hosted by Mike Gow, of The Berkeley Clinic, and his wife Juliet, was in support of The Canmore Trust, founded by Professor John Gibson.

More than £25,000 was raised on the day. "A huge thank you to everyone who attended, either or both the symposium and dinner, and contributed to this amazing total," said Mike.

The symposium featured a range of speakers who presented on topics relevant to the wellbeing and mental health of people who



Professor Gibson speaking at the symposium

work within the dentistry profession. They included Drs Kevin Lewis, Mike Gow and Colin Campbell, and Professor Rory O'Connor. Professor Gibson delivered The Jamie Newlands Memorial Lecture, *Introducing The*

Canmore Trust. The organisers thanked the event's speakers, those who donated auction and raffle prizes, and the sponsors (VOCO GmbH - The Dentalists, Scottish Dental Care and Advanced Dentistry at Hyndland

Dental Clinic, Your Dentist Recommends and Orascope). Around 80 attended the symposium and 160 the dinner.

The organisers said the turnout reflected people's concern around mental health and their interest in seeing positive change. One, of many, ideas from delegates was that mental health becomes a core CPD topic.

It is intended that the symposium and dinner will be an annual event in locations throughout the UK.
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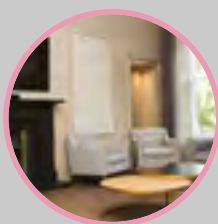
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Associate worker status – it's complicated

A recent employment tribunal ruling could potentially have implications for dental practices across the country

Following the recent N Sejjal-v-Rodericks Dental case¹ there has been discussion in the dental sector about the status of

Associates and whether they are self-employed, workers, or both.

Worker status is relevant for tax, employment rights including holidays and discrimination claims. Many Associates will prefer self-employment due to the flexibility and tax benefits. However, it could be the case that one could be considered self-employed for tax purposes by HMRC and still be a worker.

Nick Ledingham, Senior Partner at dental accountants, Morris & Co, explained: "This is an extremely complicated area and there is no 'one size fits all' I'm afraid. Employment law is very case specific and in my experience, the issue will not affect all Associates. As ever, it is important to seek specialist advice."

Chris Davies, Head of Healthcare at JCP Solicitors, said: "There are a number of factors to consider when examining any healthcare employment case, with the issue of personal service, in particular, set to be crucial when looking into the issue

WORDS
WILL PEAKIN

of an individual's employment status for employment rights purposes.

"This is an evolving area of the law, and we are monitoring influential cases which could set a precedent such as N Sejjal-v-Rodericks Dental Limited, which has been remitted back to the Employment Tribunal for final determination following a successful appeal to the Employment Appeal Tribunal.

"This case could have wide-ranging implications for the future of healthcare employment law, so we are watching this carefully.

"Employment rights and the issue of self-employment in the healthcare sector is a highly complex area of law and should be approached with expertise on a case-by-case basis."

Dental practices across the country would be wise to keep this particular case under review and to follow the outcome as to how the employment tribunal deals with the questions of:

- whether individuals are carrying

on a profession or business undertaking, and;

- whether and in what circumstances a party is likely to be considered a client or customer in the context of dental practice relationships with Associates.

Employment cases are very fact specific. However, the outcome of the aforementioned case could potentially have implications for dental practices across the country, who tend to operate on the basis that Dental Associates are self-employed and not employees or workers.

NASDAL, the National Association of Specialist Dental Accountants and Lawyers, was set up in 1998. It is an association of accountants and lawyers who specialise in acting for and looking after the accounting, tax and legal affairs of dentists. It is the pre-eminent centre of excellence for accounting, tax and legal matters concerning dentists. Its members are required to pass strict admission criteria, and it regulates the performance of its members to ensure high standards of technical knowledge and service.

REFERENCE

¹www.gov.uk/employment-appeal-tribunal-decisions/mrs-n-sejjal-v-rodericks-dental-ltd-2022-eat-91

“THIS CASE COULD HAVE WIDE-RANGING IMPLICATIONS FOR THE FUTURE OF HEALTHCARE EMPLOYMENT LAW, SO WE ARE WATCHING THIS CAREFULLY”

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Callum Graham, Larkhall Dental Institute – Larkhall

Callum graduated from Newcastle University in 1999 and completed his vocational training in Carlisle before returning to Glasgow in 2001. He has been planning, placing and restoring implants for nearly 20 years, firstly as an associate, then as a practice owner and now as an associate with Clyde Munro.



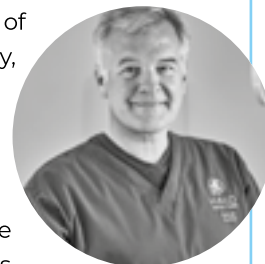
Callum has trained on and used a variety of implant systems and bone augmentation techniques but has settled on a more organic approach using Endoret (PRGF). He has always had a keen interest in dental innovation and was an early adopter of digital technology and laser dentistry.

Callum completes 100+ hours of CPD annually, recently completing RCSEd diplomas in Implant Dentistry, Advanced General Dental Surgery and MFDS at RCPSCG, and is currently collaborating on a research project looking at novel sinus augmentation techniques.

Contact: callum.graham@clydemunrodental.com

Duncan Black, Halo Dental Clinic – Glasgow

Duncan studied at the Royal College of Surgeons of England, gaining his Diploma in Implant Dentistry, and now has over 15 years of experience providing Dental Implantology in general dental practice. He has attended advanced courses in Germany, Italy and South Africa.



Duncan was the first dentist in the UK to use the 3 Shape Trios and 3M Lava LCOS intraoral scanners, for both restoring implants and restorative dentistry. He has an ongoing motivation for Digital integration in Dental Practice and Digital Planning in complex implant and restorative cases.

Halo Dental is at the epicentre of 'Refer and Restore' evenings with the help of Dentsply Sirona Implants.

Contact: duncan.black@clydemunrodental.com

Sara Abbott, Paisley Orthodontic Practice – Paisley

Sara graduated from Dundee University in 1997 and spent the following two years in general dental practice in Cornwall before moving back to Scotland to do an SHO post at Edinburgh Dental Institute where she worked in the emergency clinic, oral surgery, oral medicine and children's departments.



Keen to pursue specialist training in Orthodontics, Sara completed training at Glasgow Dental Hospital and School, graduating with MOrth and MSc in Orthodontics in 2005.

Sara is currently one of six specialist orthodontists at the practice, offering a range of treatment options to NHS and private patients. This includes fixed appliances and Invisalign aligners, dealing with all aspects of malocclusion from simple crowding to exposure and alignment of ectopic canines.

Contact: sara.abbott@clydemunrodental.com

Priya Kalsi, City Dental by Clyde Munro – Glasgow

As Head of Paediatric and Special Care Clinical Development, Priya is passionate about treating children and is committed to promoting a holistic, patient-centred model of care with an emphasis on the prevention of dental disease. In addition to completing her BDS, Priya also has post-graduate Diplomas in Person-Centred Counselling and Special Care Dentistry. Having worked closely with paediatric clinical psychologists, Priya understands the behavioural and management techniques that help children accept dental visits more readily turning them into a more positive experience.

Priya is experienced in treating children struggling with dental anxiety and complex additional needs, making City Dental a place where children will want to come for their dental visits.

Priya is able to accept referrals for customised paediatric dental plans, caries management/prevention, inhalation sedation, extractions, restorative dentistry and more.

Contact: priya.kalsi@clydemunrodental.com



Duncan Robertson, Fairmilehead Dental Practice & Implant Centre – Edinburgh

Duncan entered general dental practice in Edinburgh in the early 1990s and set up his fresh start practice in 1993. Since expanding to three surgeries in 2003, he has adhered to the highest standards in practice in accordance with the Denplan Excel Accreditation Programme. He dedicated considerable interest to the regional BDA becoming the Branch President in 2000, and remains a Fellow of the RCS and an Examiner for MPDC and MFDS.

As Clinical lead at Fairmilehead Dental Practice & Implant Centre, and Head of Implant Development for Clyde Munro, Duncan provides patients with surgical and restorative treatments. He works closely with colleagues on restorative and implant solutions for referred and existing patients, in addition to chairing a number of national implant meetings.

His implant interests focus on immediate placement and restoration in the aesthetic region along with full arch immediate restoration.

Contact: duncan.robertson@clydemunrodental.com

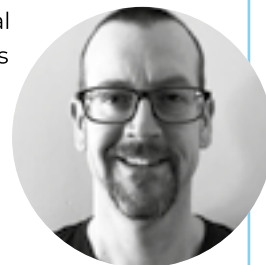


Will McLean, Dental Care Perth & Torwood Dental Practice – Perth/Inverness

Will is a Senior Lecturer and Honorary Consultant in Endodontics at the University of Glasgow Dental School. He is the lead for Undergraduate Endodontics, programme director for the MSc Endodontics and Glasgow Endodontology Group lead with research interests in endodontic microbiology and stem cell biology.

Will provides Endodontic referral services in Inverness and Perth, offering all aspects of endodontic treatment from primary treatments to retreatments including management of cases with complex anatomy, sclerosis, open apices, perforation repair and removal of fractured posts and separated instruments. He has extensive experience in lecturing and running hands-on courses in the UK. He is currently Vice President Elect of the British Endodontic Society, European Regent for The International Federation of Endodontic Associations and a Dental School Tutor for the Royal College of Physicians and Surgeons of Glasgow.

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Duncan Weir, Fairmilehead Dental Practice & Implant Centre – Edinburgh

Duncan graduated from The University of Glasgow Dental School where he obtained the Board of Management prize for his work in relation to periodontal treatment.

At the earliest opportunity, he obtained his membership exams to the Royal College of Surgeons in Edinburgh and has since obtained further training from world-leading centres and clinicians from Dubai to Australia and South Africa.

Duncan has a keen interest in aesthetic zone immediate implants, bone grafting and full arch implants, and is regularly involved in mentoring implants to dentists around the UK – running an Implant Modular Training program for dentists starting their implant journey.

Duncan takes referrals for all forms of implant and periodontal surgery including full arch treatments, immediate loading aesthetics and full arch, bone grafting and soft tissue grafting.

Contact: duncan.weir@clydemunrodental.com





21 April 1924 – 18 July 2022

An Appreciation

JAMES GALL was known by many as Jim, or Jimmy, but to his family he was Grandpa Gee or just Gee. He reached the remarkable age of 98 and maintained a vibrant hunger for learning and living life to the full, with a keen sense of humour right up until the end. His professional achievements speak for themselves; his passion for hypnosis, particularly in relation to helping anxious patients, and his love of teaching will be his legacy in this profession.

Jim gained his LDS from the Royal Faculty of Physicians and Surgeons of Glasgow on the 10 May 1948, just a couple of weeks after turning 24 and just as the NHS started. He worked in General Dental Practice from qualifying in 1948 until 1974, working in his Mossend practice in Bellshill and, at first, living above the clinic.

He was elected to the Local Dental Committee in Lanarkshire and served on the Executive Council from 1958-1974 and was a Dental Member with the Scottish Dental Estimates Board between 1971-1974. After leaving general practice in 1974, he joined the Scottish Home and Health Department (SHHD) as a Dental Officer and joined the Area Dental Committee for Lanarkshire Health Board from 1974-1985. Jim also worked 24 hour on-call for dental emergencies at various hospitals including Law, Carstairs and Hairmyres Hospitals.

Jim was an Honorary Visiting Dental Surgeon at the Glasgow Dental Hospital and School from 1964. Following on from George Fairfull Smith and Charlie Downie, Jim took over the 'Anxiety and Hypnosis

Clinic' and continued working in this clinic helping anxious patients and offering hypnosis well into his 70s. He continued working with hypnosis cases on a private basis for Arshad Ali.

Jim served as Deputy Chief Dental Officer in Scotland from 1976 and when CDO Martin Downer stood down to become CDO in England in 1983, Jim fulfilled the chief role on an interim basis managing to persuade the civil service not to enforce the rule of retirement at aged 60. He was Senior Dental Adviser (Supplies Division and Building Division) for the Common Services Agency in the NHS from 1977 and was also Senior Dental Adviser for the Prisons Division (Scottish Office) for many years. Only a few weeks before passing away, with a glint in his eye, Jim was teasing a carer attending to him at home, telling her that he had "been in every prison in Scotland".

Jim was a Life Founder Fellow of the Federation Dentaire International (FDI) and a Provisional Fellow Royal Society of Medicine. He attended various conferences around the world, expanding and sharing his knowledge.

He had a great passion, and natural skill, for dental hypnosis and alongside David Keir Fisher and George Fairfull Smith, among others, was one of the founding members of the Scottish Branch of the Dental and Medical Society for the study of Hypnosis, which would later become The British Society of Medical and Dental Hypnosis (BSMDH) in 1968. Jim held the position of President of the Scottish Branch at this time, from 1968 to

1971. He then held the position of Chairman of the national BSMDH between 1977-1980 and was President between 1980-1982.

It was at the end of this term as BSMDH national President that Jim was on the organising committee for the 9th International Congress of Hypnosis and Psychosomatic Medicine for the International Society of Hypnosis, which was held in Glasgow in 1982. Some 800 delegates attended this congress at the University of Glasgow. Jim presented a talk to delegates on 'The Difficult Dental Patient' in Boyd Orr Lecture Theatre 1 and wrote a chapter for the subsequent book *Modern Trends in Hypnosis* in 1983.

In 1987, Jim was awarded the title of Honorary President of the Scottish Branch of BSMDH for his contribution to the society. The branch went on to become an independent society in 1991, and Jim served again as President between 1993-1994.

Jim was involved in teaching and mentoring on hypnosis society training courses, dental CPD Section 63 courses and with dental students for many years. He had no hesitation answering a call for help and acted as a mentor for a Scottish delegate at the University College London's Masters in Hypnosis Applied to Dentistry. By passing on his knowledge of hypnosis in this way, Jim helped hundreds of dentists and countless patients.

For the full appreciation, visit:
www.sdmag.co.uk/james-gall-appreciation

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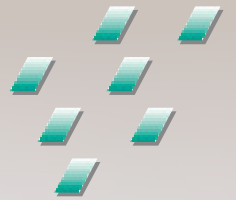
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BE WARY OF SWAPPING ONE TREADMILL FOR ANOTHER

THERE IS a growing momentum for a move away from a reliance on the NHS for an income. One of the main reasons is the desire for an escape from the 'NHS treadmill'. The purpose of this article is to urge caution for what you wish, lest you swap one treadmill for another.

One definition of a treadmill is "an apparatus used to produce rotation in which the weight of men or animals climbing steps on or around the periphery of cylinder or wheel causes it to turn". It is easy to blame the NHS system for the repetitive, endless and uncontrolled feeling of professional life.

On my way home from a day in the practice I would often sing along to a couple of lines from the song, 'Relentlessly', written by my friend, blues guitarist and singer, Graham Davies. The chorus was brief: "Relentlessly; ground down by the wheels of industry," he sang, and so did I. From outside, the 'free market' of private dentistry looks desirable. No unnecessary bureaucratic rules, clinical freedom and the ability to set your own fees. It sounds attractive and, when done properly, it is. But, like a soap bubble held on the palm of your hand it takes expertise and concentration to prevent it from bursting.

Before getting caught up in the zeitgeist of the headlong rush away from 'the nash' to a rosy but undefined 'private' future take time to know exactly what you want to achieve.

How will you differentiate yourself and your practice from the others in the town or street? What makes you so special? Resist the temptation to become a clone of the 'studio', 'centre' or 'style salon' down the road. You're looking to be free, with autonomy and independence. Be wary of tying your brand to any other either by treatment type or name.

Before getting caught up in the rush to a rosy but undefined 'private' future, take time to know exactly what you want to achieve

WORDS
ALAN K REES



Alan K Rees BDS is The Dental Business Coach. An experienced dental practice owner who changed career, he now works as a coach, consultant, trouble-shooter, analyst, speaker, writer and broadcaster. He brings the wisdom gained from his and others' successes to help his clients achieve the rewards their work and dedication deserve.
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Removal of the NHS brand does not mean a licence to print money. Fee setting can be fraught with errors. Success takes monitoring, repetition and course adjustment when indicated. It requires activity, you may not be shackled to the treadmill, but you could find yourself working harder.

I learned that being truly self-employed meant working for the worst boss that you will ever have. Waking at 3 or 4am thinking about the increasing overdraft, the resignation of a new team member or the need to re-equip, can make freedom seem a strange way to describe things.

What is required is absolute self-honesty, a need to know yourself, with

a clear understanding of what you are looking to achieve and the steps you must take to get there.

Freedom is not a cut price 'NHS+' that is another treadmill. It takes time to understand that freedom comes at a price, paid in focused dedication to both sharing the skills that you have to offer and to constantly refine and improve those skills. Offering truly bespoke treatment to your patients brings rewards way beyond the financial. The privilege of being able to ask your patient: "How can I help?" And then being able to offer honest solutions is immeasurable.

Once started, no matter how challenging the path, you will never go back. Ask anyone who has.





A world first

Within the dental hospital, all thirteen dental specialities are provided as well as multidisciplinary care for patients with complex needs

The creation of the Dundee Dental Hospital & Research School has been announced

On a bright autumn morning recently, staff at Dundee Dental Hospital & School gathered in a room on the ground floor of the school's 10-storey building in Park Place – the adjacent terraced housing of which served as the location of the institution's founding in 1916 – where they were joined by representatives of NHS Tayside, NHS Education for Scotland (NES) and the Scottish Government.

They were there to announce a collaboration between the University of Dundee, NHS Tayside and NES that aims to transform the delivery of oral healthcare.

The first of its kind in the world, the Dundee Dental Hospital & Research School (DDHRS) aims to embed research or quality improvement in every activity, patient contact and process undertaken – with the goal of “ensuring effective, sustainable and inclusive care”.

The Dental Hospital & School has served Tayside for more than 100 years, with around three million patient attendances to date. It is unique as a dental institution because of the creative, and effective, partnership between the University, NHS Tayside and NES.

Together, they offer innovation and quality in education and research, and the training of dentists, hygiene-therapists, dental nurses, clinical academics and dental post-graduates from around the world.

The mission

Building on the history of the Dental Hospital and School, the DDHRS's mission will continue to be to transform lives through the creation, sharing and application of knowledge, through:

- Preparing our students to be outstanding dental practitioners and potential future leaders with research activity underpinning their future career.
 - Using innovation, research and education to stimulate and sustain improved population oral health and patient care for future generations.
 - Influencing policy and practice in oral and dental healthcare.
 - Embracing the net zero agenda and delivering sustainable dentistry by 2030.
 - Delivering inclusive dental care for vulnerable groups.
- 

Building on this, the Dundee Dental Hospital & Research School will see patients invited to participate in a variety of projects designed to provide service improvement, with the aspiration that every patient contact will contribute to service development, clinical teaching and research.

The pillars of activity will be effective care, environmental sustainability and social inclusion – all contributing positively to learning and teaching as well as innovation, research for impact and social purpose.

The team behind the initiative said they will seek to involve all staff, students, patients and the public in the co-design and co-delivery through partnership and collaborative working across the NHS and the university. The aim is to invite all patients attending the hospital to have active involvement in service improvement through research and quality improvement activities, where possible.

This will enable the hospital to deliver effective care in a sustainable way and to reach out to vulnerable groups, with a focus on providing inclusive healthcare. It also aims to develop processes that will allow for agility in clinical research, reducing the current lag between

“

IT IS UNIQUE AS A DENTAL INSTITUTION BECAUSE OF THE CREATIVE, AND EFFECTIVE, PARTNERSHIPS”

conception delivery and implementation of findings.

Its vision is that, by 2027, the DDHRS will be “globally recognised as being transformative in delivering sustainable, socially inclusive and research-led oral healthcare for the population of Tayside”.

Students will be “recognised as talented contributors to improving oral health and wellbeing both locally and globally and working towards solving contemporary global challenges in delivering healthcare”.

It aims to partner with world-leading companies, such as Dentsply Sirona who played a key role in the recent physical transformation of the school.

Co-design will be key in the short, medium and long term, said the team. The aim is to establish a Patient and Public Involvement group to support multiple projects, including the development phase of the DDHRS, grant funded projects and those for specific vulnerable groups, such as those with experience of drug addiction or



People and environment

The School of Dentistry is research active – with around 350 undergraduate students, 50 postgraduate students and 100 members of staff. The dental hospital has 150 staff and is the largest single outpatient facility in Tayside. Dundee Dental Education Centre is the site of tripartite (UoD, NHS, NES) accommodation and home to NES postgraduate training and the Scottish Dental Clinical Effectiveness Programme (SDCEP), the NICE accredited developers of UK-wide guidance.

Within the dental hospital, all 13 dental specialties are provided as well as multidisciplinary care for patients with complex needs. A full range of clinical facilities are available comprising 100 dental chairs, a full radiological suite including cone beam CT, ultrasound and saliva gland imaging, medical photography including 2D and 3D photography and high-quality dental laboratories with a range of innovative digital dentistry and CAD-CAM facilities. Outreach services are provided at Ninewells Hospital and in Perth and Arbroath to serve the needs of these populations.





homelessness, and people with experience of head and neck cancer.

It is anticipated these groups will have a Scotland-wide relevance and reach. To overcome the physical constraints of the DDHRS building – which can limit access or add to patients' anxiety associated with dental treatment – the intention is to co-design a 'hub and spoke' structure, working alongside vulnerable groups in the community.

Delivering the vision

This is the genesis of a new concept in dentistry; a dental hospital and school where research or quality improvement is embedded in every activity, patient contact and process undertaken. Patients will not only attend for treatment but will be informed of, and invited to participate in, a variety of projects designed to provide service improvement.

In doing so, this will not only increase the institution's innovation and research impact but enhance the already positive and close relationship between NHS Tayside, the University of Dundee, NES and the local community.

The initiative will serve to underpin how dentistry can become more sustainable and for dental teaching



THE COLLABORATION WILL GIVE ALL STUDENTS, PATIENTS AND TEAM MEMBERS THE OPPORTUNITY TO BE INVOLVED IN RESEARCH OR QUALITY IMPROVEMENT

approach that will place Dundee at the forefront of oral health research, education and treatment."

National Clinical Director Professor Jason Leitch commented: "The Scottish Government welcomes this innovative approach to oral health care in Scotland.

hospitals to be "anchor institutions in the transition to beacons of environmentally friendly and sustainable oral and dental healthcare for generations to come".

Professor Jan Clarkson, Associate Dean Research in the School of Dentistry at the University of Dundee, said: "By combining the very best of the three institutions – the University of Dundee, NHS Tayside and NHS Education for Scotland, we aim to build on our great innovation and quality with a new



Digital transformation

One of the novel principles of the research dental hospital and school will be that consent to participate in research will be assumed at the point of contact, with an opt out being available for patients who do not wish their clinical information or personal information used. The current permission that was obtained for the Orthodontic Department (and recently renewed) entering every patient contact into research will be extended across the Hospital Dental Service.

Work is ongoing to introduce electronic patient records which will assist with obtaining patient consent to participate in research and service development. This will also provide longitudinal health and treatment data. The ambition is to increase the amount of digital dentistry with the clinical service becoming less reliant on natural resources through the development of a paper-free electronic patient record and to use less plaster within the dental laboratories. Medical photography and dental radiology have already gone paper/film-free with digital storage and communication systems.

NHS Tayside digital transformation of patient appointment systems, triage and consultation has developed during the pandemic and is ongoing. The University of Dundee's ambition to transform into a truly digital community will enable expansion of the current developments in digital dental teaching and learning. NHS Education for Scotland is also transforming the delivery, accessibility and digital content of educational material.



“Collaborations such as this will help ensure oral health care research shapes the high-quality treatment of patients in the future.”

Professor David Felix, Director of Dentistry at NES, added: “The collaboration will give all students, patients and team members the opportunity to be involved in research or quality improvement.

“This experience and training will ensure our graduating dental professionals will be ready to take this into clinical practice understanding the importance of continuous improvement throughout their lives.”

Professor Grant Archibald, Chief Executive of NHS Tayside, said: “This exciting development is continuing to build on our strong relationship with the University of Dundee and NHS Education for Scotland to provide the very best care to the patients of Tayside.

“Research is a vital part of service improvement, and the Dundee Dental Hospital and Research School will work with patients to improve treatment delivery now and into the future.”

Working with partners

Working with external partners will be important in realising the initiative's ambition and impact.

The team is engaging with Dundee City Council, in particular the planned Life Sciences Innovation District collaboration, Eden Trust and the Dundee Climate Change Leaders Group. The Eden Project Dundee will go live in 2024 and one of the key ‘guilds’ will focus on ‘healers’. With Dundee's rich history in healthcare the inclusion of oral health in this will be explored. Partnership with the dental industry will also be explored for developments in the sustainability and delivery of clinical research. The new institution will partner with third sector organisations to assist with social inclusion and support meaningful social purpose.

Professor Jan Clarkson (front, centre) and Professor Grant McIntyre (back, second right), at the launch of the Dundee Dental Hospital and Research School, with Tom Ferris, the Chief Dental Officer (left), Professor Jason Leitch, the National Clinical Director (right), along with representatives of Dundee University, NHS Tayside and NHS Education Scotland.



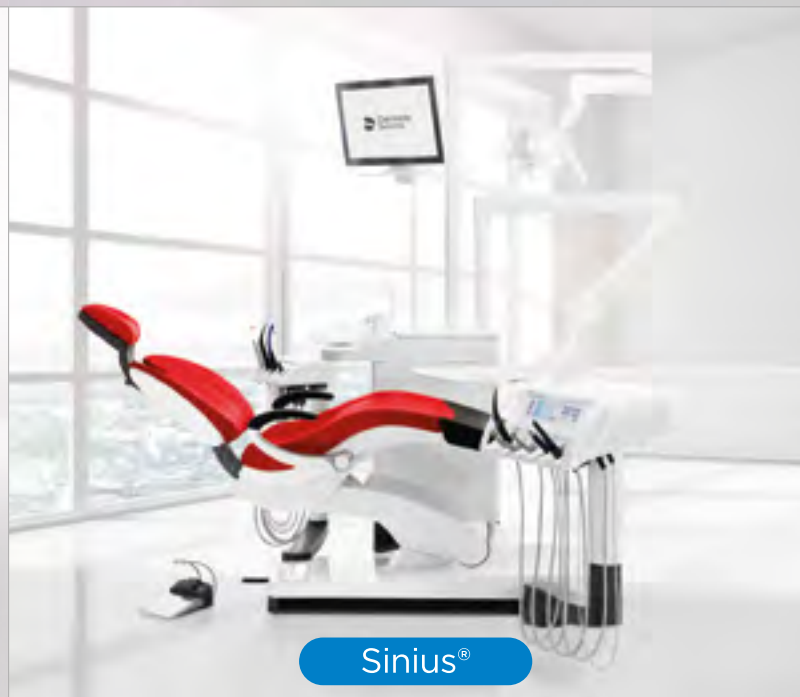


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Cementation with self-adhesive resin cement

Dr Christian Lampson¹

¹Praxisklinik Dr Thein und Kollegen

Albert Einstein once said: “Everything should be made as simple as possible, but not simpler.” It is a mantra that is applicable to many situations, including dentistry; bringing back the necessary work to the essentials without losing the focus on a qualitative outcome. In this article, we share some tips and tricks on how this can be applied to your cementation process, based on a case report.

Case study

The patient needed dental treatment after a hoof strike, with trauma of the upper front teeth as a result. Tooth 21 could not be preserved; tooth 22 required endodontic treatment and a core build-up with a glass fibre post. It was planned to restore teeth 11, 12, 22 and 23 with zirconia crowns, an implant at the site of tooth 21 and a direct restoration on tooth 13.

Treatment planning

Even though it's not the first thing that comes to mind, it is best to already select the cement during the treatment planning as well. Patient factors and the restorative design may influence the choice. Self-adhesive resin cements simplify the placement of indirect restorations by eliminating the need for separate etchants and primers.

Precious time can be saved because fewer steps are required. However, as with any cement system, be sure that it's indicated in the specific case and always use it according to the manufacturer instructions to ensure optimal performance and longevity.

A long-term temporary restoration from tooth 11 to 22 was made chairside with TEMPSMART DC (GC). To optimise the alveolar bone and soft tissue prior to implant insertion, tooth 21 was orthodontically extruded before extraction.

Thereafter, the implant (diameter 4.1 mm, length 14 mm) was placed according to an immediate placement protocol followed by immediate insertion of a laboratory fabricated milled long-term temporary restoration (Shade A3).

Preparations

Teeth 11, 12, 22 and 23 were prepared with a circumferential chamfer and rounded edges. The implant impression was taken using the pick-up technique, which was applied for the exact transfer of the implant position after four months of healing time.

Thereafter, the placement of the definitive zirconia restorations was planned (Fig.1).

The temporary restorations were removed, and the field was isolated with cotton rolls (Fig. 2). The implant crown was placed, and the screw channel was closed with universal bond and composite after having covered the screw with Teflon tape. The preparations were cleaned with a pumice slurry (Fig. 3). Thereafter, they were thoroughly rinsed and dried (Fig. 4).

Fig 1:
Situation before
cementation with
the temporary
crowns in situ



Fig 2: After
removal of the
temporary
restorations



Fig 3: The
preparations
were cleaned
with a pumice
slurry



Figs 4 (1) & (2):
After cleaning,
the preparations
were thoroughly
rinsed and dried





After the try-in, the intaglio surfaces of the zirconia crowns were ultrasonically cleaned, dried and sandblasted with Al_2O_3 to remove all contaminants. To have a good bond strength, it is important that both surfaces – the tooth abutment as well as the intaglio surface of the crown – are clean before cementation.

Zirconia has phosphate-based bonding sites which attract the phospholipids in saliva¹, and these should be removed prior to cementation. Simply rinsing off with water won't do the trick. Specific cleaning solutions could also be used².

The self-adhesive resin cement G-CEM ONE (GC; Shade A2) was used (Fig. 5) because of its excellent dark-cure properties (as light does not effectively penetrate the zirconia crown, this is very important), good handling and easy excess removal. It was not necessary to use the G-CEM ONE Adhesive Enhancing Primer (AEP) as the restorations were sufficiently retentive.

With the tack-curing option, the excess cement reaches a rubbery consistency very fast (Fig. 6). This rubbery stage is the best moment to remove the excess: it can be peeled off easily with a scaler (Fig. 7). The contact points were flossed to remove leftover debris and to ensure that all excess is thoroughly removed from the interproximal areas (Fig. 8).

Once all debris was removed, the margins were light-cured again to reach complete setting. If needed, the margins can still be polished (Fig. 9). At the follow-up appointment a few months later, the gingiva showed a healthy aspect (Fig. 10).

Thinking of the appropriate steps and appropriate materials before the actual cementation is half the work. Some steps, such as cleaning the surfaces, require extra attention to ensure good quality and to avoid problems at a later stage.

In other steps, time can be saved; by selecting a self-adhesive resin cement and tack-cure before excess removal, your time can be efficiently spent. This is not only beneficial in terms of cost, but when the cementation can be done faster, there is also less risk of moisture in the working field.

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Dr Christian Lampson obtained his dental degree in 2007 at the University of Heidelberg (Germany) and finished his doctorate in 2008. He has worked at the Praxisklinik Dr Thein und Kollegen, in Karlsruhe, Germany, since 2009. His focus is aesthetic dentistry.



Fig 5



Fig 6



Fig 7



Fig 8



Fig 9



Fig 10 (1)



Fig 10 (2)



Fig 10 (3)

Fig 5: Cementation of the crowns on teeth 22 and 23 with G-CEM ONE (GC) self-adhesive resin cement (Shade A2)

Fig 6: Tack-curing of the cement with the curing light

Fig 7: Excess was easily removed with a scaler

Fig 8: Interproximal clean-up with dental floss

Fig 9: Final result directly after cementation

Fig 10 (1), (2), (3): Intraoral view at follow-up, showing lifelike aesthetics and healthy gingival aspect



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Class IV restoration with direct composite resin: a case study utilising the layering-stratification technique with the G-ænial A'CHORD composite system

Dr Anthony Mak¹, BDS (USyd), Grad Dip Clin Dent (Oral Implants) (USyd), and Dr Andrew Chio²

¹Private Practice, Sydney, Australia.

²Private Practice, Melbourne, Australia.

Introduction

The concept of layering or stratification of direct composite restorations utilises the combination of optical properties from the different resin layers with the aim of emulating the natural colour, characteristics and translucency of the natural dentition. Progressive improvements in composite resin technologies have led to the simplification of this treatment procedure that is commonly perceived as complex.

However, difficulties exist in mimicking the remaining tooth structure when restoring teeth in the anterior segment of the dentition because of the variety of shades, chroma, and translucency levels of many current composite resin systems.

The G-ænial A'CHORD represents the evolution of the highly successful G-ænial system that has been utilised in dental practices throughout the world for the past 10 years. Compared to its predecessor, the G-ænial A'CHORD system provides an upgrade from the original G-ænial system in the following aspects:

- Beautiful and harmonious under any light with a natural fluorescence.
- Optimal handling properties allowing for the material to be easily sculpted with conventional composite manipulation instruments or brushed with restorative brushes.
- The Full-Coverage Silane Coating (FSC) technology that covers the nano-fillers with silane coupling agent leads to high polish and gloss with only a few steps.
- The incorporation of additional opaque and enamel shades allows an infinite range of opacity and value possibilities.
- Simplification with 5 CORE shades which covers all 16 Vita shades.

Case report

The following case study demonstrates the use of the G-ænial A'CHORD (GC Europe) direct composite system in the restoration of a complex class IV in a 22-year-old female patient. The patient presented to the practice relaying her dissatisfaction of an existing restoration on her upper left central incisor (FDI tooth 21).

She requested its replacement with a new restoration that was conservative and “invisible” when she smiled or engaged in normal conversation. She also relayed that the existing class IV restoration had been done four times by her previous dentist without an outcome or result that was satisfactory to her.

Clinical examination revealed a high smile-line with a symmetrical and aesthetic gingival architecture. The existing composite restoration on the tooth 21, while clinically acceptable, did not integrate with the shade of the tooth and to the other teeth in her dentition. The discolouration and minor ledging on the disto-labial aspect of the existing restoration also indicated the likelihood of marginal leakage in the region.

The pre-operative colour assessment showed that the upper left central incisor (21) was slightly more chromatic than the adjacent upper right central incisor (11). The upper left central incisor (21) also exhibited a very slight labial displacement in its alignment compared to the adjacent right central incisor (11).

The patient's health history was unremarkable.

Radiographic and periodontal examination showed that the tooth 21 demonstrated no pathology or issues requiring intervention prior to the commencement of the restoration. The 21 exhibited a normal response when the vitality was thermally tested. The treatment options were discussed with the patient and the advantages and disadvantages of each of the options were carefully identified.

The options presented were: 1) A single reductive ceramic veneer on tooth 21. 2) A full surface composite veneer on tooth 21. The patient was advised that due to the slight labial displacement of tooth 21, a very small labial reduction would be required to allow the space to mask the chromatic dentine. 3) A conservative complex class IV on the tooth 21 to be completed additively to minimise any preparation and reduction of the natural tooth structure.

She preferred the conservative approach to her treatment involving an additive protocol (option 3). She relayed that she would be happy with a harmonious composite restoration on tooth 21 and did not feel that the slightly chromatic upper left





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central (21) would be an aesthetic concern for her.

From the clinician's perspective, the final plan and goal of the treatment was to restore the tooth 21 with a durable and long-lasting conservative direct composite restoration with a result that is biomimetic with optimal aesthetic and morphological integration with her existing natural dentition.

Step by step

Prior to the commencement of the restorative process, diagnostic images and the selection of the estimated shade was completed. Diagnostic impressions were also taken to allow the fabrication of silicone palatal stent or matrix that would facilitate the three-dimensional blueprint for the layering of the composite increments.



Fig 1



Fig 2

Fig 1. Pre-operative unretracted view illustrating the unaesthetic and failing direct composite restoration on the upper left central incisor (tooth 21).

Fig 2. Pre-operative retracted a) with regular flash and b) with polarised filter.



Fig 3a



Fig 3b

Fig 3. The working field was isolated with the use of the rubber dam. The existing restoration and caries were removed and a 2mm bevel prepared on the labial margin of the preparation to facilitate the aesthetic and functional integration of the restoration to the remaining natural tooth structure.



Fig 4



Fig 5

Fig 4. The bevel was prepared and finished with a tapered diamond bur (Komet 6862.314.012 and 8862.314.012). All the transition angles of the cavity were rounded with an oval or egg-shaped polishing diamond bur (Komet 8379.314.023). The burs form part of the "Dr Anthony Mak Custom C&B Selection" Kit from Komet Dental.

Fig 5. The palatal stent was trimmed and tried-in to verify the fit of the silicone matrix and to ensure the absence of any interferences to its seating from the rubber dam and clamps.



Fig 6



Fig 7

Fig 6. The cavity was lightly air abraded with a 29-micron aluminium oxide powder AquaCare (Velopex) prior to the adhesive procedure and Teflon (PTFE) tape was utilised to prevent the inadvertent bonding to the adjacent teeth.

Fig 7. The adhesive procedure commenced with the cavity selectively etched with 37% phosphoric acid gel Ultra-Etch (Ultradent). The etching gel was rinsed away and the adhesive protocol was completed by the application of a universal bonding agent, G-Premio BOND (GC Europe). The universal bonding agent was then air dried for 5 seconds with maximum air pressure and light-cured for 10 seconds according to the manufacturer's instructions.



Fig 8



Fig 9

Fig 8. Following the adhesive protocol, a thin layer of semitranslucent enamel, G-aërial A'CHORD shade JE (GC Europe), was used to create the palatal shell.

Fig 9. The interproximal wall was then completed utilising the same semi-translucent enamel shade, G-aërial A'CHORD shade JE (GC Europe). The interproximal wall was formed with the use of a plastic myeloid strip and pull through technique to help developing an anatomical contour.



Fig 10

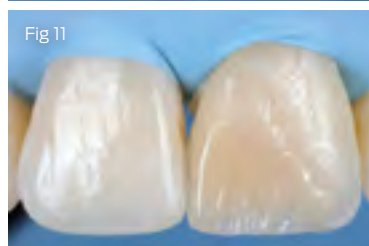


Fig 11

Fig 10. The dentine layer was then completed by the application of an opaque shade, G-aërial A'CHORD shade AO2 (GC Europe). This increment was shaped to emulate the extensions of natural dentine core morphology and was extended just slightly short the prepared bevel. The dentine or opaque shade provides the correct opacity to the final restoration.

Fig 11. A chromatic body shade, G-aërial A'CHORD shade A2 (GC Europe) was then applied and extended beyond the bevel to mask the transition line. Internal anatomy (i.e., mamelons) in the incisal third was also sculpted and formed in this increment of composite resin.





Fig 12



Fig 13



Fig 14a

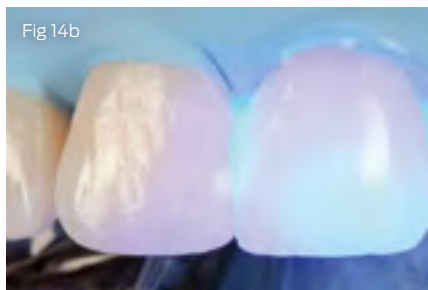


Fig 14b



Fig 15



Fig 16



Fig 17



Fig 18a



Fig 18b



Fig 19



Fig 20

Fig 12. White tints, Essentia White Modifier (WM) (GC Europe) was utilised to accentuate the mamelons and to replicate the similar characteristics and features present in the adjacent right central incisor (tooth 11). Comparisons to the polarised diagnostic images taken prior to commencement of the restoration provided a reference for the incorporation of these internal features.

Fig 13. A final translucent shade of G-aërial A'CHORD shade JE (GC Europe) was then layered to bring the anatomy to full contour and to achieve a natural optical blending effect.

Fig 14 a, b. Glycerine gel was then applied over the buccal surface of the restoration and light-cured to maximise the polymerisation of the layered direct composite restoration due to the absence of the oxygen-inhibition layer.

Fig 15. The restoration was then polished and finished to incorporate the primary, secondary and tertiary anatomy with the aim to produce a life-like restoration that mirrored the adjacent right central incisor (tooth 11).

Fig 16. The polishing and finishing protocol employed the use of abrasive discs (Soflex; 3M-ESPE), polishing diamond burs (Komet), followed a graded sequence of silicone polishers and finishers (Astropol; Ivoclar-Vivadent). The restoration was then completed using a Diapolisher paste (GC Europe) on a felt-buff (Flexi-Buff; Cosmedent Inc) to recreate the gloss of natural enamel.

Fig 17. Immediate post-operative (Unretracted). The finished and polished G-aërial A'CHORD (GC Europe) restoration demonstrates the morphological and optical aesthetic integration of the completed restoration to the existing natural dentition.

Fig 18. Immediate post-operative (Retracted) a) regular flash b) polarised filter

Fig 19. Two-week review demonstrating the complete optical and functional G-aërial A'CHORD restoration on the tooth 21.

Fig 20. 2-week review demonstrating the complete optical and functional G-aërial A'CHORD on the tooth 21.

Conclusion

While developments in single shaded universal composite systems for the anterior dentition continue to improve and advance layering techniques for the placement of a truly aesthetic anterior direct composite restoration will always be necessary in the contemporary aesthetic dental practice. This is due to the intrinsic anatomy of the natural tooth where the emulation of the optical and morphological properties cannot be achieved by a single mass of restorative material. The G-aërial A'CHORD (GC Europe) composite system has a simplified approach to the shading/layering process while providing a result that is truly biomimetic, aesthetic and long-lasting.

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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 new self-employed dental associate

WORDS
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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 also recommend that

your accountant is a member of the Institute of Chartered Accountants of Scotland (ICAS).

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
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WELCOME ...

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The Scottish Centre for Excellence in Dentistry (SCED) is a renowned referral centre that consistently goes the extra mile for referring dentists and patients. It is acknowledged as one of only 59 leading dental centres in the world, and one of just three in the UK, with a fantastic team of leading experts in a range of fields. The centre looks after more than 1,500 referrers and their patients.

SCED cares for patients that are both self-referred and referred by dentists, and is proud to treat them using cutting edge technology by clinicians who are at the forefront of digital dentistry.

Working with digitally innovative technology means that minimally invasive advanced options are available. By having its laboratory onsite SCED is able to offer a unique personal service, for both patients and clinicians.

Its cutting edge 3D printers are CAD/CAM compatible with all implant systems and a range of intraoral scanners allows for 3D visual outcomes to be discussed with patients. This improved digital workflow between dentists and laboratories increases productivity.

Lead Clinician Mr Arshad Ali established SCED in 2009 and it was recognised as the best specialist referral practice in the UK in 2010. Arshad has been involved in implantology since 1985 and worked extensively as an NHS consultant in restorative dentistry in Wales and Glasgow Dental Hospital and School.

He has won many awards from Nobel Biocare,



topped the polls in *Dentistry Scotland 2017* magazine as the most influential person in Scottish dentistry and given more than 500 lectures and courses across the UK, Europe, North America, Hawaii and the Far East. Arshad's work ethic, professionalism and reputation has allowed him to develop strong relationships with referrers in a shared care approach, with joint management for patients' treatment planning.

"Through my many years of experience teaching and working as a consultant and specialist restorative dentist I have built longstanding relationships along the way," said Arshad.

"I have been able to use this to build a team of our own consultants, specialist dentists, hygienists and dentists with special interests providing the very best of dental healthcare.

"This has allowed us to attract the very best of

support staff in all our laboratory technicians, nurses, receptionists and care coordinators. Having confidence in the team and from our referring dentists who allow us to look after their patients, we continue to grow and strive to be better every time."

The clinic is proud to be continually developing a team of more than 11 expert clinicians and three hygienists, all of whom are instrumental in allowing it to maintain and enhance its reputation as a leading multi-disciplinary referral centre.

SCED's highly skilled dental nurses are proficient in dental radiography, impression taking, intraoral scanning and digital pathways. The fantastic team at SCED, including support staff administrators and dedicated referral and treatment co-ordinators, enable them to offer first class customer care throughout the patient journey.

Training and education is at the forefront of what we do, to ensure that we are continually improving and learning, while our vision is to expand and continue providing first class care for our patients.

In our ever-changing environment SCED looks forward to introducing more team members as it plans expansion with an additional three surgeries and seminar space.

SCED is located in the centre of Glasgow, with on-site parking and early morning and evening appointments, making it the ideal referral clinic for your patients' complex cases.



Getting referrals right

Referrals are part and parcel of everyday practice, but some basic principles should be adopted

Among the key principles in managing a referral is excellent communication and record keeping. The General Dental Council's 'Standards for the Dental Team' says: "You should provide patients with clear information about any referral arrangements related to their treatment" (standard 2.3.11), and that: "If you refer a patient to another dental or other health professional, you must make an accurate record of this referral in the patient's notes and include a written prescription when necessary" (standard 4.1.6).

Making sure patients understand the reasons for the referral and that they have all available options presented to them, including NHS or private, the person or organisation to whom the referral is to be made is essential, along with any costs involved and a realistic indication of the timeframe. The GDC's standards also say that "patients cannot be led to believe that that NHS-available treatments can only be provided privately (standard 1.7.3) or, as standard 1.7.4 states, pressurised into having private treatment if it is available to

them under the NHS." Therefore, it is essential to ensure that all advice given is accurate and up-to-date. Practices can double-check their information by contacting their NHS Primary Care organisation and referral centres for written confirmation about referral options, criteria and protocols, and ask that they be updated when there are any changes. In this way you can be confident that patients are not inadvertently given inaccurate information at the time of referral.

The GDC also requires that colleagues communicate and work effectively as a team in patients' best interests. Protocols between practices and other organisations should be clear. You should avoid offering or accepting referral fees as the GDC standards state that:

- You must always put your patients' interests before any financial, personal or other gain
- You must refuse any gifts, payment or hospitality if accepting them could affect, or could appear to affect, your professional judgement
- Referrals must be made in the patients' best interests and not for your own or another team member's financial gain or benefit.



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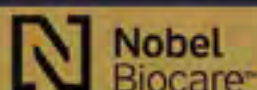


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UNIT 2 WED 15TH MARCH 2023

Restorative treatment planning

- Case discussion
- Implant restorative components & tools
- Impression techniques and shade taking
- Lab/Dental Interface - Digital Impressions
- Practical exercise Impression taking on models



LOCATION HILTON DOUBLE TREE HOTEL

UNIT 3 WED 19TH APRIL 2023

Live cases in surgery

Exposure to Implant
placement surgery
on patients



LOCATION CID PRACTICE

UNIT 4 WED 17TH MAY 2023

Fitting implant restorations

- Type of Implant restorations
- Screw retained and cement restorations
- Implant Crown Materials
- Practical exercise -
Occlusion & Face bow
- Practical exercise Restoration fits



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UNIT 5 WED 14TH JUNE 2023

Knowledge of:

- Periodontal implications
- Maintenance
- Marketing and Sales
- Dental Indemnity



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IWT offer a comprehensive range of IT hardware, coupled with fully project-managed installations, to include server-based networks, email systems, multi-monitor surgeries, cloud-based backup and disaster recovery, business phone systems, audio/visual installs, live surgery seminar solutions, digital waiting room signage, VOIP telephone systems, websites and remote working solutions. We pride ourselves in creating partnership relationships with our clients, gaining a thorough understanding of your business and expertly tailoring solutions around your specific requirements. This partnership is

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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



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

Nicky Varney is Marketing Manager at Eschmann

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.

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.

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A FIRST FOR PERTHSHIRE VILLAGE

Infinityblu's new £330,000 practice brings dentistry to Killin, saving residents a 100-mile round trip for treatment

A rapidly expanding Scottish dental group has opened a new practice in Killin, giving residents access to local dentistry for the first time. Previously, they had to make a round trip of up to 100 miles for treatment in locations such as Crieff, Callander, Oban – and even Fort William – because of the lack of a service in the village.

The opening of Infinityblu Dental Care & Implant Clinic's latest practice has been warmly welcomed, with new patients forming a queue along the village's Main Street to register. It also ends a long, and unforeseen, wait for the company itself.

Infinityblu was founded by Chris Barrowman, in Pitlochry in 2007, and has undergone steady growth in the region and beyond over the past 15 years. Chris purchased the former Eureka pound shop in Killin at auction nearly two years ago, with the intention of having the architect designed two-surgery practice up and running before now. Restrictions created by the pandemic and planning delays required patience, but the Infinityblu team is finally in its new environment near the picturesque Falls of Dochart.

"The community has been amazing," said Chris, who owns a further five Perthshire practices – in Pitlochry, Dunkeld, Crieff, Alyth and Auchterarder. "There were queues down the street on day one for new patients registering, which was nice to see. There has never been a dentist in the area and to bring this to Killin, and the community, significantly reduces the distance people need to travel."

The group also recently completed a self-funded £2m investment – including purchase of the latest 3D technology and

WORDS WILL PEAKIN

CBCT scanners – in its portfolio, which currently includes practices in four regions of Scotland. To date, more than 50,000 patients are registered on the group's lists, with further acquisitions planned.

Infinityblu began with a squat in Pitlochry in 2007. Its success was replicated with a second squat in neighbouring Dunkeld, in 2017. This initial growth was followed by the purchase of a practice in Crieff and one in Auchterarder in 2018, then Alyth in 2020. The following year, the presence in Auchterarder was significantly enhanced with the move from a basic single surgery and reception to a refurbished three-surgery property nearby.

As well as Perthshire, the Infinityblu brand extends to sites in Callander in Stirlingshire, and Duns and Peebles in the Scottish Borders.

It will also expand into Fife after acquiring a practice in Auchtermuchty. From establishment 15 years ago, Infinityblu now employs 25 dentists, five hygienists/therapists and a further 100 staff. It is also opening a hub in its hometown of Pitlochry which will offer a central point for phone and online bookings and enquiries, while providing a space for meetings and in-house training.

Chris qualified in 2001 from Dundee and has since created a group of dental practices that is highly respected amongst his peers and patients, locally and nationally. His clinical interests cover all aspects of dentistry, from general dental and oral health care through to cosmetic and dental implant procedures, and despite still working regularly in some of the



The opening of Infinityblu Dental Care & Implant Clinic's latest practice has been warmly welcomed



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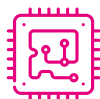


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practices, he still finds plenty of time to work on the business.

"Our investment in staff, patient environment and in hi-tech dental equipment enables us to offer innovative treatment options, together with outstanding levels of care, to develop specific treatment plans designed round each individual patient's needs," said Chris. "Above all, we believe in making all our practices a friendly, welcoming, customer-focused environment that our patients will feel comfortable and have confidence in. We like to think our name reflects our ethos."

"We believe in helping our patients through the whole dental journey, giving them the confidence to look ahead, smile and enjoy the view – a sense of calm 'infinity'. And we pride ourselves on keeping the environment relaxed and welcoming – think a restful, beautiful 'blue'."

"We also believe that we have an integral responsibility to the communities and

The stylish practice has a fresh, contemporary feel with neutral décor and warm wood fittings

"Infinityblu is the essence of my belief in how dentistry should be practised," said Chris Barrowman

environment we are a part of, so we have been making little steps to contribute to an eco-friendlier environment, for example recycling and reusing where we can. Our investment in digital dentistry also plays a huge role in this, enabling us to reduce the use of paper as much as possible.

"We also have our 'cycle to work' scheme and some employees like to car share as a team which helps in reducing footprint by travelling sustainably. Being environmentally responsible is everyone's responsibility and we aim to continue to taking steps on improving that and inspiring others do the same."

Chris spoke about his over-arching philosophy: "Infinityblu is the essence of my belief in how dentistry should be practised. I want all my patients to be able to access the latest procedures and the highest quality of dental care provided with a customer-focused approach."

He added: "Our people are our most valuable asset. Our teams at our Infinityblu

practices are fantastic, and we wouldn't be as successful and popular as we are without them. They're such caring, talented and customer service-focused individuals, and their attention to detail for our patients' needs is amazing.

"Their passion and dedication for Infinityblu is infectious. Every day this team come into work, they care for each other, they care for the patients, they ooze passion for Infinityblu, and work like a tight knit family. That's what makes this work."

The growth of the group continues, with the addition of Killin. "It was always an area I've been keeping my eye on, as I saw the potential catchment area. This property came up at auction and, luckily, I was successful with the highest bid," he said.

The stylish practice has a fresh, contemporary feel with neutral décor and warm wood fittings. There is a welcoming waiting area filled with light, thanks to the expansive, ceiling-high windows. This relaxing theme is continued into the surgeries, which are also filled with state-of-the-art equipment. Chris paid tribute to the companies that partnered with him on his latest venture including A-dec UK (<https://unitedkingdom.a-dec.com>), and their Territory Manager Allan Wright, DD (www.ddgroup.com), Eschmann (www.eschmann.co.uk) and Performance Finance (www.performancefinance.co.uk).

"After starting up two squat practices in the past, I always said I'd never do it again as it really is a hard shift getting the financials to stack up from an income versus expenditure perspective. It honestly can take up to 5-10 years to be financially secure with a stand-alone squat practice,



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The relaxing theme is continued into the surgeries, which are also filled with state-of-the-art equipment



however, what's in our favour now is we have the brand established in Perthshire, and with the other practices performing well, this allows any shortfall in the many months ahead in the new premises, to be swallowed up and keeps cashflow positive overall," said Chris.

"What's fantastic about the business is the team behind it. The management team I have behind me plays a pivotal role in the business and growth of the businesses. I couldn't have achieved what I have without them.

"It's really all about the team you have and by creating an organisation structure who know their roles, it's allowed the growth to happen, and by putting the same replicated systems and processes that have worked endless times in the past into a new venture or acquisition, it becomes a predictable recipe for success. Without this structure and support, it wouldn't be possible to achieve what we have.

"I've been contacted by other practice owners who have had enough with the day-to-day running of their business or have been demotivated with years of stress and strain to see if I have an interest in purchasing their practice or integrating what we've achieved in Infinityblu into their practices.

"I'm confident that we can acquire or establish a practice and integrate all the processes and protocols that we have created and implemented and create the Infinityblu growth, ethos and environment predictably in any practice."

Infinityblu is now taking on external referrals and self-referrals for Dental Implants, Private & NHS Orthodontics and Oral Surgery services. Please use the links below for any referrals:



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Orthodontic Referral Form:
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Oral Surgery/Medicine Referral Form:
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The real value of something can be judged only from practical experience or results, not from appearance or theory

“ I have known Patricia and Gillian for 10 years and the service they provide is incomparable. They are simply exceptional in the quality of support when purchasing/selling a practice. I have no hesitation in recommending them to anyone thinking of approaching practice acquisitions.”

Bilal Aslam-Pervez MSc (Implantology)
BDS MBChB MRCS MFDS MJDF



“ When I decided to sell my practice, I knew that choosing the right agents would be crucial to success. But I knew, instinctively, from the moment I met Trisha and Gillian that they would look after me and guide me through the process. They have unrivalled experience in the marketplace and their approach to valuing, marketing and ultimately selling my business was excellent. Trisha and Gillian have an intimate knowledge and understanding of the dental practice acquisition and disposal process. Their professionalism and enthusiasm to get the 'deal done' is second to none.”

Kenny Barr, TK Barr, Stranraer



“ I recently completed a complex practice acquisition with Trisha and Gillian. To say that they were incredible is an understatement. I have known Trisha and Gillian for many years and both have unrivalled knowledge when it comes to buying your first or tenth dental clinic. The Strictly Confidential team have a vast knowledge in practice valuation, business growth, clinical dentistry, employment matters as well as having a huge network of knowledgeable professionals making them the go to people for buying or selling a clinic. Both have integrity and conduct themselves in a highly professional manner. Even after the sale had been completed both provided me with invaluable advice and support. If you are thinking of buying or selling a clinic speak to the Strictly Confidential team first. You won't regret it.”

Usman Ullah, City Health Clinic, Edinburgh

“ After working many years in general practice as an Associate, the time came when I considered the daunting prospect of purchasing my own practice. I was fortunate at the time to be working at a practice using the services of Strictly Confidential and had the pleasure of working alongside Gillian. I knew without a doubt that if there was anyone who could help me navigate this stressful period it would be Strictly Confidential. Trisha and Gillian's knowledge and experience have been invaluable, but above all else it is their no-nonsense approach, honesty, integrity and discretion.”

Donna Ferrie, Condorrat Dental Practice, Cumbernauld



“ Working with Trisha and Gillian made our buying experience totally straightforward. From our first meeting, they explained everything clearly. They were available at all hours for a phone call or text and communicated with us throughout the whole process. When issues came up, they were at hand with a solution, reducing our stress incredibly! As this was our first practice purchase experience, looking back, we wouldn't have done it any other way.”

Sam Poole and Chris Byrne, Strathbungo Dental, Glasgow



“ After hearing good things about Strictly Confidential, we approached Trisha and Gillian last year when we decided we wanted to venture into practice ownership. They are approachable, proactive and wonderfully positive! They have a go-getter mindset and went over and above to try and make our wishes a reality. Trisha was always only a phone call away and alleviated so many worries we had throughout the buying process. It was much less stressful than anticipated, thanks to her and Gillian's expertise and wide range of contacts. We couldn't recommend them highly enough!”

Eilidh and Alyssa Watson, Scone Dental Practice, Perthshire

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A LOOK AHEAD AT THE DENTAL MARKET IN 2023

With a plethora of transactional activity, 2022 has been incredibly buoyant, once again proving the robustness of the Scottish dental market, writes Joel Mannix

Throughout the year, we've seen a huge demand from independent buyers for a mix of practices; from the smaller single surgery sites, right up to multi-practice operations.

Mixed income practices are proving the most popular, which is likely due to the security blanket that the NHS offers, combined with the potential revenue avenues that come with providing private care.

We've sold practices across the length and breadth of Scotland, with most transactions occurring across the central belt, though this is certainly not a limiting factor as buyers are more willing than ever to travel for the ideal acquisition.

THE SCOTTISH MARKET IN 2023

Given the needs-driven nature of the sector and the rise in patient demand, we're sure to



Joel Mannix
Associate Director
Dental, Christie & Co
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see transactional numbers continue to increase in 2023. We also predict:

- Institutional investors will continue to deploy capital in healthcare and needs-based sectors
- Corporate consolidation will not mean practices are in less demand or result in lower multiples of EBITDA being paid, as new and more aggressive buyers enter the market
- First-time buyers may be more price sensitive due to rising interest rates
- Economic factors and the rising cost of living will impact what consumers are willing to pay for costly private dental treatments
- Larger portfolios and dental groups will enter a sales process in 2023

More than ever, buyers are being rigorous with their due diligence, so it's very important to use an agent that understands the nuances of the Scottish dental market. Christie & Co is

the only RICS-regulated agent in the UK and will help guide you through a smooth sales process. For a confidential chat about your business options, contact Joel Mannix.



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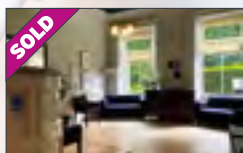
So far this year, on average the offers we have received and accepted have been **14% ahead of asking price** for Scottish dental practices.

This highlights the value in **not selling directly**. Engage with a specialist dental agent who understands the market, to obtain the best price and terms for you and your business.

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E: joel.mannix@christie.com

Paul Graham
Head of Dental
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*" 'Exit Strategy' is a term that I came across frequently reading various dental magazines. I learnt that **a planned exit is better** than one in distress, with this knowledge I decided to put my **practice up for sale**. Dental Elite is the only agent that was able to reflect the true worth of my work. More importantly, **they managed to match a buyer** who shares my vision for the future of the practice. **The process was straight forward** and Ted Johnston from Dental Elite was confident from day one of marketing and he was not wrong! Thanks, Ted. "*



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However, with every challenge comes opportunity.

We highly recommend you take the chance to review your team's skill mix and ensure everyone in the team is given the opportunity



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

to use their level of qualification and experience to full advantage. By fully harnessing the potential of your nursing, therapy and dental practitioners you will find the team inspired and motivated to develop themselves and the practice. As a consequence, you have a happy, skilled team delivering high quality dental treatment and experiences leading to enhanced commercial, happy patients and a practice that can reward the full team fairly. It is no coincidence that the practices that work in this manner have very little recruitment and retention problems.

Gone are the days, thankfully, when a nurse

was just required to meet, greet and smile and equally a therapist can be utilised for much more than hygiene treatment only. We recommend you cross match your team responsibilities to the GDC Scope of Practice to assess any additional tasks you could involve your team with.

When was the last time you checked how much more your team could be doing? The best teams create the best practices!

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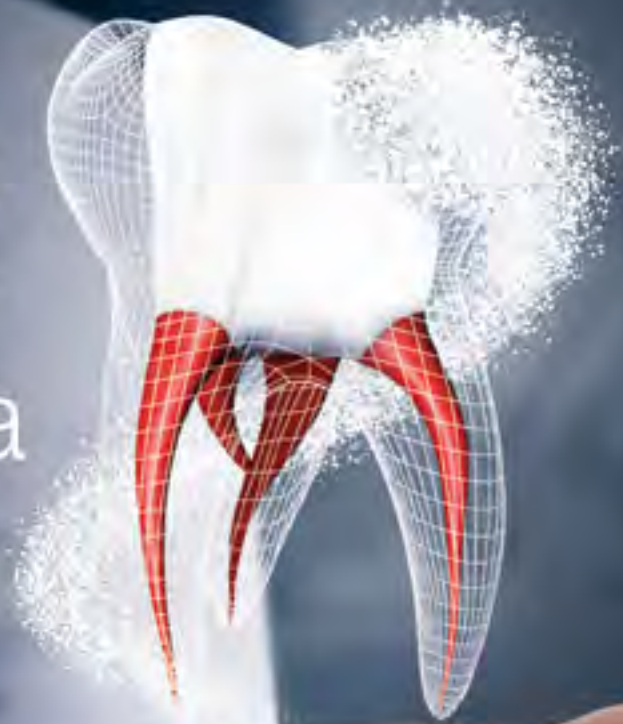
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HOW A MEMBERSHIP PLAN CAN BE MORE THAN JUST MONEY IN THE BANK

Whether you're a mixed practice or fully private, Practice Plan Regional Support Manager Cheryl Reynolds explains how having a membership plan can pay dividends

As I write, we're teetering on the edge of a recession. Indeed, by the time you read this we may already have plunged into the abyss. So, at times like these businesses need all the help they can get to weather the financial storm.

Here are some of the reasons why a membership plan could help your business.

REGULAR INCOME

A possible source of shelter from the stormy economic climate could be in the form of a dental membership plan. Plans provide practices with a regular and predictable monthly income in times of uncertainty allowing you to continue to plan. During the COVID lockdowns, a number of practices found the money coming in monthly from the plan was a lifeline. When they were unable to see patients face-to-face there was still money coming into the practice to tide them over.

BUILDS PATIENT LOYALTY

Patients who sign up for a membership plan will usually only do so because they like and trust their dentist. If they are contributing to a plan, they are unlikely to start shopping around for another dentist or treatment. By offering a plan you're committing to ensuring your patients are given the opportunity to maintain their oral health with you and it allows you to build a lasting relationship with them. Also, if your plan is branded to your practice, it gives it a more personal feel and helps bond the patient to you and your practice rather than to a third party.

HELPS IMPROVE PATIENTS' ORAL HEALTH

Plans are a big help to patients too. For their monthly fee, depending on how the practice has chosen to structure their plan, patients are usually entitled to check-ups and hygiene appointments. By signing up for

a plan they are investing in their own oral health and by choosing to pay monthly, they're spreading the cost of this investment. Statistically, patients on plans are more likely to attend their regular appointments as, in effect, they have already paid for them and probably want to make sure they get their money's worth.

However, pay-as-you-go patients may not feel the same obligation to come to the practice for their oral health appointments and, as the rising cost-of-living squeezes family budgets, practices tell me they are noticing more cancellations from pay-as-you-go patients. If money is tight, it can be very tempting to forego a dental check-up as a way of saving money. However, our experience during the financial crisis of 2007/8 was that very few patients suspended or cancelled their plans and so practices continued to benefit from the income.

IMPROVED JOB SATISFACTION

As I have already mentioned, plan patients are more likely to attend their appointments regularly. This allows better relationships to be developed with them and provides more opportunities to educate them about maintaining their oral health.

Better educated and engaged patients are more likely to listen to and act on any oral health advice given by their dentist too. Also, by seeing your patients regularly it gives a greater likelihood of being able to carry out

preventative dentistry rather than restorative, which is always preferable.

CAN HELP YOU RUN YOUR BUSINESS

Some plan providers such as Practice Plan offer services over and above just administering your plan. Through them you can gain access to support with the running of a business including advice on topics such as recruitment, HR, finances and marketing. They also offer exclusive events for plan members on subjects that are important to practices and their teams, delivered by leading figures in the dental industry. Some of them even attract CPD credits.

Some plan providers also have field-based teams who build close relationships with their practices and become almost like extra members of the team. Practice Plan has around 25 experienced field-based employees who, as well as helping with ensuring the plan is working for you, can lend a sympathetic ear or a helping hand, either in person or over the phone, as well as providing training and support.

Yes, a plan is a regular source of income, but as you can see, if you choose the right plan and the right provider, it can be so much more than that.

If you are interested in finding out more about Practice Plan and how we help practices to become more profitable call 01691 684165 or visit www.practiceplan.co.uk



Cheryl Reynolds

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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STATE OF THE NATION 2022/23

Considerable corporate activity, principals looking to sell and associates looking to buy their first practice



At the start of this year, many felt that we were all heading towards a period of more normality, in particular with the concerns around the pandemic having lessened, and with the economy hopefully opening up again more fully. Looking back now, little did we know that political and economic events were on their way to create major disruption and uncertainty on a number of levels, and it appears that the situation will sadly continue for some time to come.

In that context, Scottish dentists have been impacted in a number of ways, with the continuing impact of Brexit, changes in NHS payment structures, and the concerns around whether the economy will result in less spend on private dentistry. It is therefore unsurprising that the market for Scottish dental practices has been very busy, with many principals keen to realise the value which they have built up in their practice.

The dental team at Thorntons had another very hectic year, acting for new and existing clients in buying and selling practices, whilst also providing more general advice to our dental clients, such as advice on associate agreements, employment contracts, and a range of other areas. To the end of October, we have acted for 40-50 dental clients in practice sales and acquisitions, with the cumulative value of practices bought and sold being tens of millions of pounds. Yet another increase on previous years! So where is all that activity coming from?

Firstly, we have seen a lot of corporate activity, with the corporates increasing their acquisition plans in a number of cases. That



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led to a significant degree of competition for practices, which further boosted sale prices in many cases. There may be some signs of corporate appetite adjusting to a more uncertain time in economic terms, but the corporates are still keen to acquire the right practice.

We of course all received the news in August of the proposed merger between Portman & Dentex, and it will be interesting to see the impact of that given that both groups have been active in expanding their practices in Scotland.

Alongside that, we have seen a lot of associates buying their first practice, in some cases buying the practice that they work in which can make for a great fit, while in others the associate branches out and looks for a fresh start with a different practice.

In these cases, banks are still showing themselves as very keen to lend for practice acquisitions, although there has been a hike in borrowing costs in recent months which will need to be taken into account by potential purchasers.

Another area where we have seen more activity this year is an unfortunate one, and that has been an increase in financial disagreements between principals and current and former associates. These have taken a number of forms, such as seeking to change terms, make a retention when an associate leaves a practice, etc. Such actions are fine when they are in line with the associate agreement which is in place, but where that isn't the case, it can easily lead to dispute. As always, having a well written associate agreement in place, and adhering to its terms,



THE MARKET HAS BEEN VERY BUSY, WITH PRINCIPALS KEEN TO REALISE THE VALUE THEY HAVE BUILT UP IN THEIR PRACTICE"

should avoid disagreement and lawyers becoming involved.

At Thorntons, our work with the profession in Scotland is very important to us, and we very much value the client and other connections which we have within dentistry. We were delighted to once again have the team, and individual lawyers within it, recognised as healthcare specialists by the Legal 500 and Chambers & Partners publications for the coming year.

So that's 2022, what about the year to come. What can we expect in 2023? Whenever we review a year, we tend to think that the next one can't be as busy, and that we are bound to have a calmer period ahead. However, that generally tends to be an inaccurate forecast, and we see no particular reason why 2023 should be significantly different. We are likely to have continued uncertainty on a number of fronts, but at the same time we don't believe that will have an impact, other than perhaps to lead some principals to look to sell, which itself will fuel the market. Watch this space...

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Course delivery - This course is made up of virtual classrooms, live webinars and contact days that take place mostly on Saturdays in Glasgow. Clinical supervision days take place at our Regional Training Centres throughout Scotland and Northern Ireland.

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Module DX4016 Clinical Implantology Year 1.

MSc course introduction followed by 13 days of lectures and hands-on tutorials:

7th & 8th Sep 2023:	MSc Course Induction. Preston Campus or remote (TBC).
7th Oct 2023:	Treatment planning and case selection. Face to face contact day with hands-on workshops. Glasgow.
28th Oct 2023:	Basic sciences for Implant dentistry. End of Module Assessment. Pre-recorded lectures; live webinar discussions.
11th Nov 2023:	Implant Design. Pre-recorded lectures; live webinar discussions. End of Module Assessment.
2nd Dec 2023:	Surgical skills for Implant dentistry. Face to face contact day with hands-on workshops. Glasgow.
13th Jan 2024:	Occlusion. Pre-recorded lectures; live webinar discussions. End of Module Assessment.
3rd Feb 2024:	Restoring Implants. Pre-recorded lectures; face to face contact day with hands-on workshops. Glasgow.
24th March 2024:	Digital Workflow in Implant Dentistry. Pre-recorded lectures; face to face contact day with hands-on workshops.
16th March 2024:	Bone Defects. Pre-recorded lectures; live webinar discussions; end of module assessment.
20th April 2024:	Complications and their management & revision. Pre-recorded lectures; live webinar discussions. End of Module Assessment.
TBC April 2024	Formative Written Exam. On-Line using Maxinity.
May 2024:	Case reports. Case Report Presentations covering Case selection & treatment planning – each delegate to present one case.
11th May 2024:	Cadaver course. Face to face contact day with hands-on surgical skills workshops. West Midlands Surgical Training Centre Coventry.

TBC June 2024: End of Year Exam. Written Exam and Unseen Case Oral Exam.

TBC July 2024: Written Exam and Unseen Case Oral Exam - Resits.

To be completed before 28th Feb 2024: CBCT Masterclass. 2 days, consecutive. Day One: On-line Module; Day two: Contact day. Choose from a selection of dates.

Module DX4017 Utilising the evidence base – completed online

Module DX4016 End of year Assessment

Date TBC.

Complete 5 Clinical days - supervised clinical practice.

You will assess and plan appropriate treatment for patients. Includes: case assessment and treatment planning, including use of radiographic stents and CBCT.

Module DX4026 Clinical Implantology Year 2.

Complete 10 Clinical days – supervised clinical practice. Includes: case consultation, implant placement, GBR procedures, restoration, follow up.

Module DX4027 Research Strategy. Prepare and submit a 8,000-word clinically orientated research project, which may take the form of a mini systematic review.

Final examinations.

PLEASE NOTE that all webinars are preceded by recorded lectures and long questions for discussion.

TAX CONSIDERATIONS...

...for the festive period

With the Christmas period fast approaching, you should consider the tax implications before organising your Christmas party or buying your employees gifts. Here are the rules for 2022/23 tax year.

CHRISTMAS PARTIES

A work Christmas party is an opportunity to relax and celebrate the end of another year at your practice. Provided the party is open to all members of staff and the cost of all aspects of the party (food, drink, transport and accommodation) is under £150 per head, it is tax deductible.

If you have already had a staff party earlier in the year, the combined cost must be no more than £150 otherwise the full cost of the Christmas party will be taxable.



Samantha Turkington
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T: 01307 474274

STAFF GIFTS

There are a variety of ways in which you can provide gifts to your staff at Christmas time:

- Cash bonuses and vouchers exchangeable for cash are deemed as an extension of their salary and the employee will be charged NIC and PAYE on the amounts.

- Gifts such as food, wine, and vouchers exchangeable for goods or services are tax deductible if their value is considered trivial (under £50 per employee). If the gift is above the set limit, it is considered a Benefit in Kind (BIK) for the employee and P11D is required.

- Non-tangible gifts, such as an extra day's holiday to watch

school plays, team building days or charitable donations in lieu of gifts are considered tax deductible.

Please note that these rules are only applicable to practice principals with

employees. Any gifts made to colleagues, for example gifts from an associate to a nurse or admin staff, are not tax deductible.

Employees may also receive gifts from patients and suppliers but if its value exceeds £250, they will need to be declared on a P11D.

For more advice on allowable business deductions, please get in touch with Samantha.



Your Practice. Energised.

At EQ Healthcare, our dedicated team of specialists act for numerous healthcare practices of all shapes and sizes. We can offer assistance with the following:

- Buying or selling your practice
- Ensuring you have a tax efficient structure
- Managing your day-to-day financial controls
- Providing advisory support and practical solutions to your healthcare business challenges

For further information please contact:

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



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Looking for an imaging system that offers unparalleled performance?

The CS 9600 CBCT system is the option for you.

Not only does this incredibly smart system boast 5-in-1 imaging, but it is also designed to grow with your practice, meeting all of your current and future needs with ease.

Plus, a wide range of fields of view (14), opportunity-creating software and innovative features such as AI-powered patient positioning ensure that the CS 9600 gives professionals the power to provide truly exceptional care.

To find out more, please contact the team at Carestream Dental.

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

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> COLTENE

LOW PROTEIN, POWDER-FREE DENTAL DAMS, NEW FROM HYSOLATE AND COLTENE

Endo dentists will love HySolate Latex Dams, recently launched by COLTENE.

Choose HySolate Latex Dams for dental dams that are low protein and powder-free, reducing the risk of latex hypersensitivity. These products also offer strong retraction and reliable moisture control.

For the ultimate clear contrast, HySolate Black Edition is perfect. Pre-printed, you don't need to mark it before punching – fewer working steps means more efficient and cost-effective treatments.

For everyday and more complex cases, select a HySolate Latex Dam in the size and thickness you require. Different scents are available too, to suit you and your patient.

COLTENE is a world-leading manufacturer of tools and consumables for conservative, healthy, upgraded dentistry. From endodontics to all restorative applications and infection control, we have just what you need for better practise.

Browse our website, then get in touch, to find out how we can help you.



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

> DENTAL ELITE

ARE YOU THINKING OF SELLING YOUR DENTAL PRACTICE?



The team at Dental Elite have years' worth of experience in guiding sales and ensuring every aspect runs as smoothly as possible.

Dr Simon Chen, who recently used Dental Elite to sell his dental practice, comments: "Exit Strategy' is a term that I come across frequently reading various dental magazines. It is never easy to give up control of your life's work. However, a planned exit is better than one in distress.

"Naturally, I went to a few familiar agents for valuations once I decided to put my practice up for sale. Dental Elite was the only agent that was able to reflect the true worth of my work and understood my vision for the future of the practice. They matched a buyer who shares my vision.

"There are always compromises along the way – nevertheless, the process is straightforward once you have a seller willing to sell and buyer wanting to buy.

"Ted Johnston from Dental Elite was confident from day one of marketing! Thanks, Ted."

For more information, visit www.dentalelite.co.uk, email info@dentalelite.co.uk or call 01788 545 900

> ESCHMANN

PERFECT YOUR INFECTION CONTROL MEASURES

Save time while ensuring your instruments are expertly cleaned and disinfected using a washer disinfector, ready for sterilisation in an autoclave. The Miele PG8581 is a large capacity, free-standing system, with configurations specifically designed for dental practices. The dental cycle is fully validated and compliant to HTM01-05 and SDCEP guidelines, and the system can accommodate up to 360 instruments per cycle for ultimate convenience. In just under an hour,* outstanding cleaning, disinfection and drying can be achieved. The Miele PG8581 washer disinfector is also WRAS approved, and comes with a Little Sister autolog for real-time recording of all cycles.

Protect your investment and ensure your systems are fully compliant with Care & Cover. This includes unlimited breakdown cover (call-outs, parts and labour) and nationwide on-site support. Also, telephone support and Enhanced CPD User Training. To discover more, get in touch today. **All times depend on the size of the load.*



For more information on washer disinfectors from Eschmann, please visit www.eschmann.co.uk/dental-health-solutions/dental-washer-disinfectors/ or call 01903 875787

> WALTER STEIN
DENTAL
LABORATORY

SCANNING SPRAY A CLEAR SOLUTION FOR COATINGS



In digital dentistry, clear and shiny surfaces must be matted for scanning. Now a new scanning spray, SCANTIST 3D, gives surfaces a fine, homogeneous matt coating. No removal after scanning is needed as the spray fully evaporates and is free of pigments such as harmful titanium dioxide.

Hazardous substances in many conventional dental sprays
At Walter Stein Dental Laboratory (Germany), Walter Stein says: "Using scanning sprays always made us feel a bit uneasy in the past. But we didn't have a practical alternative until now." Many conventional sprays contain pigments and titanium dioxide, which are said to have carcinogenic effects. Staff may also be exposed to the spray mist.

Spray coating can stick stubbornly to surfaces
Conventional sprays stick to surfaces and are tricky to remove, which takes up time and is harmful to hygiene. The coating is largely indelible and a residue will always remain on the objects.

For full text, see www.sdmag.co.uk/2022/11/07/scantist3d-scanning-spray for full sequence and more on Scantist 3D (www.scantist3d.com) and the Walter Stein Dental Laboratory (www.stein-zahntechnik.de).

> SHOFU UK

BEAUTIFIL II LS: LOW SHRINKAGE, SHINY SHADES

Beautiful II LS (Low Shrinkage), the paste-like composite system based on the proven Beautiful II, ensures minimum shrinkage and maximum aesthetics for dentists.

The light-cured universal composite for anterior and posterior restorations offers unique shrinkage⁽¹⁾ < 1% by volume, and can match tooth shades with excellent polishability. The use of multifunctional glass fillers and prepolymerised composite fillers provides high abrasion resistance, surface hardness and optimal compressive strength. This also leads to natural light reflection, which eases tooth structure reproduction and creates a well-balanced chameleon effect in both dentine and enamel. Its filler structure means restorations can be well-polished.

The range consists of ten universal shades, two opaque dentine shades, one enamel shade and one bleach shade. Users can meet all aesthetic requirements on both multi-layer and single-layer techniques. High colour stability, and a stackable, non-sticky consistency can be applied, sculpted and adapted to the tooth structure.

Beautiful II LS comes in syringes with "one-touch caps" or packs of 20 tips.

⁽¹⁾ Polymerisation shrinkage tested to ISO 17304:2013 (E)



SHOFU UK
sales@shofu.co.uk
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> LISTERINE

MOUTHWASH MAKERS MEET FOR SUMMIT BRIEFING



The future of mouthwash use was the focus of an event organised by Listerine® makers Johnson & Johnson at Ogilvy & Mather Sea Containers in London last month. Chairing, Professor Iain Chapple, who heads Periodontology and is Consultant in Restorative Dentistry, in Birmingham, said it was time to tackle gingivitis, and focused on periodontal disease.

Professor Elena Figuero, Full-Professor in Periodontology at the University Complutense of Madrid, Spain, discussed adjunctive therapies in reducing plaque while Benjamin Tighe, a dental therapist and a Tutor Dental Therapist at The Eastman Dental Hospital, cited his use of mouthwash for plaque management. Soha Dattani, a periodontist and Head of Professional at Johnson & Johnson, shared fresh trial data.



For the full text of this update update go to: www.sdmag.co.uk/listerine-briefing-mouthwash-efficacy +
Frequently asked questions, see: www.sdmag.co.uk/mouthwash-research-questions

> LISTERINE

REQUENTLY ASKED QUESTIONS ADDRESSED BY FRESH RESEARCH

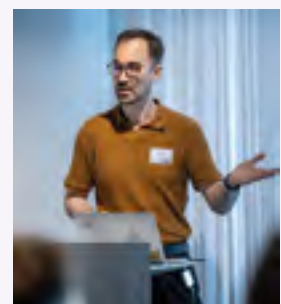
1. What are the main conclusions from LISTERINE®'s new research?

The clinical studies in the American 'Journal of Dental Hygiene' (2022), showed that LISTERINE®, when added to brushing and flossing, cuts interproximal plaque by 28.4% when compared to brushing and flossing alone.* Listerine® also showed a 4.6x greater interproximal plaque reduction above the gumline versus flossing by a hygienist.**2

2. What was the methodology of the new research?

Johnson & Johnson Consumer Health conducted two studies with more than 350 subjects. These were randomised, controlled, examiner-blind, parallel group clinical studies. Millemann and colleagues assessed oral hygiene regimens to cut plaque above the gumline. Subjects were examined for oral soft tissue tolerance and Modified Turesky Plaque Index (TPI) at baseline. After a dental prophylaxis, they were randomly assigned to a treatment regimen.

1. Brush only (control),
2. Brush + rinse,
3. Brush + floss, or
4. Brush + floss + rinse



For full text and references, see: www.sdmag.co.uk/mouthwash-research-questions

**96% patient satisfaction
with BOCOUTURE®, you
can be confident of
results that your patients
come back for.¹**

FEEL GOOD

LOOK GOOD



BOCOUTURE® (Botulinum toxin type A (150 kD), free from complexing proteins) 50/100 unit vials. Prescribing information: M-BOC-UK-0432. Please refer to the Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** 50/100 units of Clostridium Botulinum Neurotoxin type A, free from complexing proteins as a powder for solution for injection. **Indications:** Temporary improvement in the appearance of moderate to severe upper facial lines (glabellar frown lines, crow's feet lines, horizontal forehead lines) in adults, 18 and 46 years when the severity of these lines has an important psychological impact for the patient. **Dosage and administration:** For intramuscular use only. Unit doses recommended for BOCOUTURE are not interchangeable with those for other preparations of botulinum toxin. BOCOUTURE should only be administered by an appropriately qualified healthcare practitioner with expertise in the treatment of the relevant indication and the use of the required equipment, in accordance with national guidelines. The intervals between treatments should not be shorter than 3 months. Reconstitute with 0.9% sodium chloride. **Glabellar Frown Lines:** Total recommended standard dose is 20 units, 4 units into 5 injection sites (2 injections in each corrugator muscle and 1 injection in the procerus muscle). May be increased to up to 30 units. Injections near the levator palpebrae superioris and into the cranial portion of the orbicularis oculi should be avoided. **Crow's Feet lines:** Total recommended standard dosing is 12 units per side (overall total dose: 24 units); 4 units injected bilaterally into each of the 3 injection sites. Injections too close to the Zygomaticus major muscle should be avoided to prevent lip ptosis. **Horizontal Forehead Lines:** The recommended total dose range is 10 to 20 units; a total injection volume of 10 units to 20 units is injected into the frontalis muscle in five horizontally aligned injection sites at least 2 cm above the orbital rim. An injection volume of 2 units, 3 units or 4 units is applied per injection point, respectively. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. Generalised disorders of muscle activity (e.g. myasthenia gravis, Lambert-Eaton syndrome), infection or inflammation at the proposed injection site. **Special warnings and precautions:** It should be taken into consideration that horizontal forehead lines may not only be dynamic, but may also result from the loss of dermal elasticity (e.g. associated with ageing or photo damage). In this case, patients may not respond to botulinum toxin products. Should not be injected into a blood vessel. Not recommended for patients with a history of dysphagia and aspiration. Caution in patients with botulinum toxin hypersensitivity, amyotrophic lateral sclerosis, peripheral neuromuscular dysfunction, or in targeted muscles displaying pronounced weakness or atrophy. BOCOUTURE should be used with caution in patients receiving therapy that could have an anticoagulant effect, or if bleeding disorders of any type occur. Too frequent or too high dosing of botulinum toxin type A may increase the risk of antibodies forming. Should not be used during pregnancy unless clearly necessary. Should not be used during breastfeeding. **Interactions:** Concomitant use with aminoglycosides or spectinomycin requires special care. Peripheral muscle relaxants should be used with caution. 4-aminocyclitolins may reduce the effect. **Undesirable effects:** Usually, undesirable effects are observed within the first week after treatment and are temporary in nature. Undesirable effects independent of indication include: application related undesirable effects (localised pain, inflammation, swelling), class related undesirable effects (localised muscle weakness, blepharoptosis), and toxin spread (very rare - exaggerated muscle weakness, dysphagia, aspiration pneumonia). Hypersensitivity reactions have been reported with botulinum toxin products. **Glabellar Frown Lines:** Common: headache, muscle disorders (elevation of eyebrow). **Crow's Feet Lines:** Common: eyelid oedema, dry eye, injection site haematoma. **Upper Facial Lines:** Very common: headache. Common: hypoaesthesia, injection site haematoma, application site pain, application site erythema, discomfort (heavy feeling of frontal area), eyelid ptosis, dry eye, facial asymmetry, nausea. For a full list of adverse reactions, please consult the SmPC. **Overdose:** May result in pronounced neuromuscular paralysis distant from the injection site. Symptoms are not immediately apparent post-injection. **Legal Category:** POM. **List Price:** 50 U/vial £72.00, 50 U twin pack £144.00, 100 U/vial £229.00, 100 U twin pack £459.00. **Product Licence Number:** PL 29978/0002, PL 29978/0005. **Marketing Authorisation Holder:** Merz Pharmaceuticals GmbH, Eckenheimer Landstraße 100, 60318 Frankfurt/Main, Germany. **Date of Preparation:** August 2021. **Further information available from:** Ground Floor, Suite 6, Breakpear Park, Breakpear Way, Hemel Hempstead, Hertfordshire, HP2 4TZ. Tel: +44 (0) 333 200 4143.

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

¹Botulinum toxin type A, purified from cultures of Clostridium Botulinum (1491 strain).
Reference: 1. Syagor W, et al. Clin Cosmet Invest Dermatol. 2012;5:53-58.
2. BOCOUTURE® (onabotulinumtoxinA) Summary of Product Characteristics. Merz Pharmaceuticals GmbH.

M-BOC-UK-0432 Date of Preparation: March 2022

MERZ AESTHETICS®

**FEEL
GOOD
LOOK
GOOD**



**Continue advancing
your knowledge on
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to access tailored
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learn from industry-
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MERZ AESTHETICS®
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BOCOUTURE®
(Botulinum toxin type A)

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complexing proteins

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- Chair and dental cabinetry installation
- Flooring and final decoration

* **Low cost finance packages available to include six month low payment start options.** *Subject to Status, T&C's apply.



IT Support

- Supply & install of IT Hardware
- Server based networks
- Phone & Audio Visual



Stern Weber Dental Chair Package to Include

- Turbine with Fibre Optic
 - Scaler
- Electric Micro Motor
 - LED OP Light
- LCD Touch chair control panel
- Built in Suction Tube Cleaning System
- Built in Instrument Tube Cleaning System
- Includes required Durr wet line valves



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

Alastair Fraser, Principal Dentist, Greygables Dental



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