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MANAGING EDITOR
David Cameron
david@connectmedia.cc

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

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

DESIGN
Ruth Turnbull

SUBSCRIPTIONS
Claire Nichol
Tel: 0141 560 3026
claire@connectcommunications.co.uk

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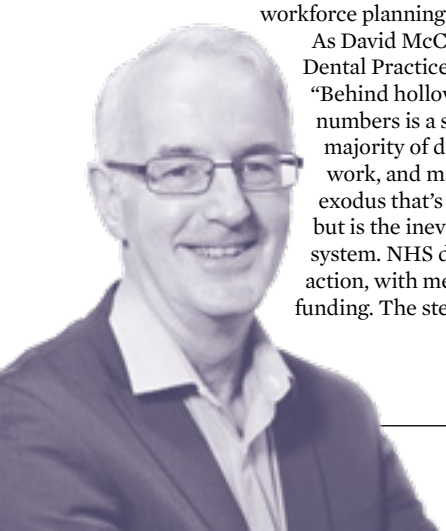
The more voices the better

A new group representing practice owners is voicing its view – the Government needs not just to listen, but to act

The statistics keep on coming – as predicted here with no sense of satisfaction in the last issue – and they remain grim.

A survey of dentists across Scotland by the British Dental Association has revealed: 59 per cent have reduced the amount of NHS work they undertake since lockdown, by an average of over a fifth; more than four in five (83 per cent) now say they will reduce – or further reduce – their NHS commitment in the year ahead; more than a third (34 per cent) say they will change career or seek early retirement; just one in five (21 per cent) say their practices have returned to pre-COVID capacity; 61 per cent cite recruitment problems and more than two thirds (67 per cent) cite treating patients with higher needs requiring more clinical time; and 90 per cent cite financial uncertainty as having a high impact on their morale.

Data collected by NHS Education for Scotland indicates an eight per cent drop in high-street NHS dentists delivering care since lockdown; a fall from 3,038 in March 2020 to 2,791 in September 2022. Considering the BDA's survey, this fall clearly understates the full scale of losses. The Scottish Government has not attempted to make a 'Whole Time Equivalent' estimate of the NHS dental workforce. As the BDA points out, most dentists combine NHS and private work and that, with this movement to the private sector going undetected, workforce planning is "effectively impossible".



As David McColl, Chair of the BDA's Scottish Dental Practice Committee, says in this edition: "Behind hollow boasts on record workforce numbers is a service that is hollowing out. The majority of dentists have pared down their NHS work, and many more are set to follow. It's an exodus that's going untracked by government but is the inevitable result of working to a broken system. NHS dentistry's survival requires rapid action, with meaningful reform and sustainable funding. The steps taken in the next First Minister's first 100 days will determine whether this service will have a future."

Will an addition to the voice of the profession's trade union make any difference? The Association of Dental Groups (ADG) hosted the first meeting of its new Scotland branch recently. Attendees included representatives from ADG members Clyde Munro, BUPA Dentalcare, {my}dentist and Portman Dental Care – together with prospective new members.

The meeting discussed, and agreed, the ADG's 'Six to Fix' policy proposals designed to narrow oral health inequalities in Scotland and create a more sustainable workforce in NHS dentistry. The proposals call for an increase in the number of training places, recognition of EU trained dentists, recognition of overseas qualifications, the need for flexibility to work across multiple practices, the promotion of prevention and reform of the NHS dental contract.

Neil Carmichael, Chair of the ADG, says: "All four nations, England, Scotland, Wales and Northern Ireland have embarked on processes of reform of NHS dentistry services. We welcome the continuing 'bridging payments' being made by the Scottish Government until October this year, and the ambition for a reformed funding arrangement for NHS dentists so that they are supported for the future. We wish to see a more administratively simpler and clinically focused system – but it must also include and embed dental workforce planning."

The more voices the better. It is to be hoped that the Scottish Government, when it has its new First Minister and Cabinet, will not only listen to them but also act.

> "MOVEMENT TO THE PRIVATE SECTOR IS GOING UNDETECTED AND WORKFORCE PLANNING IS EFFECTIVELY IMPOSSIBLE"

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Dr Carol Tait

BDS Hons (Dund 1987) MSc, MFDS RCS (Ed), MRD RCS (Eng), FDS RCPS, Glas Specialist in Endodontics, GDC No. 62862

Dr. Carol Tait graduated with honours from Dundee University in 1987 and completed her specialist training at University of Dundee in 2004. Carol has been a council member of the British Endodontic Society and is an Opinion Leader for Dentsply UK.
She has published in peer reviewed journals and written several book chapters. Carol provides specialist endodontic services at EDS.

Dr Marialena Cresta

BDS (Dund), MFDS (GLAS), AFHEA (EDI), MMedSci by Research (University of Edin.), MEndo RCSEd, GDC No. 244346

Dr Marialena qualified from University of Dundee in 2013. After completing a three-year speciality training programme in Endodontology based in Edinburgh Dental Institute, she successfully completed the Membership Examination in Endodontics.
Marialena's practice involves root canal treatment, management of complications, apical surgery and vital pulp therapies. She also teaches Endodontics to postgraduate students at the University of Edinburgh.

Dr Thibault Colloc

DDS (Clermont-Ferrand, France) 2018, MFDS (RCPSG) 2021, PGCert Med Ed (ARU) 2022, GDC No. 280018

Dr Thibault Colloc is a dentist with a special interest in Endodontics. Whilst providing a referral service at EDS, he is appointed as a Clinical Lecturer in Endodontics at the University of Dundee where he is also completing his specialty training in Endodontics along with his PhD.
He is a member of the Royal College of Physician and Surgeons of Glasgow and is involved in undergraduate and postgraduate teaching as well as international research projects.

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

Troubled waters ahead

The First Minister's resignation could signal the real death knell for NHS dentistry in Scotland

The surprise resignation of Nicola Sturgeon has set in motion a series of events which makes for very interesting viewing in the Scottish Parliament and with regard to the Scottish National Party. The question is, what has it done to dentistry? I wonder if the political turmoil will have wider implications for us in a professional sense.

Dentistry has rarely been high on the political agenda. There are currently inevitable comparisons with the situation of the late nineties and early 2000s with pressure on access and moves to privatise. The Cabinet Secretary for Health, Humza Yousaf, has slowly, through the COVID-19 process, become more involved in the workings of dentistry. Letters have stopped being signed by the CDO and are now issued under his direction. So, with his challenge for leadership, are we losing a healthcare leader, an ally?

I am not a huge fan of the current administration's actions on dentistry. However, it does appear that they are doing something, and it appears to be somewhat of a priority. They recognised the need to support the profession through the pandemic, have continued to give annual increases, paid for and extended PPE support, produced the 'multiplier' – and continued this to October – and have sought to change the SDR. I might ask: who do you think is pushing this agenda? Do we think it is our CDO, the Cabinet Secretary, the Civil Servants in the background? I think it's difficult to tell. I think it could be a combination of nudges from differing directions. Or do we think that dentistry is currently high on the list of priorities?

I suspect time will tell. However, I do think that, in the wake of access issues throughout the pandemic, and the current focus in the media on dental access across the UK, it has become politically expedient, once again, to spend time and energy on dentistry. In particular, in supporting NHS care. This feels like politics to me. It feels like the Cabinet Secretary has a fair bit to do with this. Let us, just for a moment, suppose I'm correct in my assumption. And let us, just for a moment, imagine what may have happened before Ms Sturgeon's final political act.

The Determination 1 changes are in the process of fee negotiation. The wider SDR would have, inevitably, come into focus and the allowances must surely have been next on the agenda. SDR changes could be good or bad. I have a feeling the political will is there to spend more money in dentistry. I think the 0.1 multiplier is up for negotiation in the next phase of Det 1, at least as part of the fee structure. This, to me, shows a desire to spend their way out of NHS troubles. As I said before, this seems to be political; not the work of the CDO. Whilst he may be involved and may even be leading the process, his limited contact and letters being signed off by Mr Yousaf leads me to believe there was a concerted political strategy to keep NHS dentistry and political capital inherent in its survival. After all, politicians want votes; they are very afraid of losing them and the end of NHS dentistry would not be a vote winner.

To dig our profession out of its current underfunded and understaffed hole, we need to spend money. Not to mention considerable time and effort on repairing the holes created by the pandemic and successive years of under-training and poor, or non-existent, workforce planning. The administration isn't daft. This will be on their agenda; however, they will want to deal with Det 1 first. Any changes to workforce planning, or increased funding for dental students, nurses and technicians will be in the future, as part of a longer-term process.

Herein lies our potential problem. Mr Yousaf, regardless of the election outcome, is gone. If he wins, he will have much bigger fish to fry than dentistry. The political turmoil has exposed the factions within the SNP, and this is likely to reflect, in some way, in the next election. I struggle to see these factions coming back together easily under one of the three candidates. If he doesn't win, with the acrimony on show in the debates, I doubt he'll be Cabinet Secretary for Health again.

Perhaps, a win for Mr Yousaf might help dentistry. There may be some element of wanting to finish what he has started. Either way, I feel it's extremely likely some, or even all, of what has been planned for us behind the scenes will be shelved. I doubt it will affect Det 1. I think that will continue, but be delayed, possibly quite significantly until the new Cabinet Secretary, whoever that may be, gets up to speed and decides on their own priorities in health. Furthermore, I think it's very likely our CDO will be leaving soon too. If this is the case, our fate may be to become the Marie Celeste of healthcare reform.

At the very least, I forecast significant delays and troubled waters ahead. Changed priorities may exist. Dentistry may still be politically important, but politicians love to stamp their authority on their new post and things will be delayed and change. My biggest fear is the process may simply stop when Det 1 changes are delivered. To me, the next 10-year plan, especially the workforce planning and training, must be the priority. Nicola Sturgeon's resignation could signal the real death knell for NHS dentistry in Scotland; a death by inaction, amplified by political uncertainty and dithering in the halls of power.

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Next First Minister 'must halt exodus from NHS dentistry'

With payment reform paused, steps taken in FMs 'first 100 days' will determine whether the service has a future

THE British Dental Association has warned that the future of NHS dentistry in Scotland is in doubt and that, for the next First Minister, "action here must be high on the agenda".

Its call came as a survey of dentists across Scotland revealed:

- 59 per cent have reduced the amount of NHS work they undertake since lockdown, by an average of over a fifth.
- More than four in five (83 per cent) now say they will reduce - or further reduce - their NHS commitment in the year ahead.
- More than a third (34 per cent) say they will change career or seek early retirement.
- Just one in five (21 per cent) say their practices have returned to pre-COVID capacity; 61 per cent cite recruitment problems and more than two thirds (67 per cent) cite treating patients with higher needs requiring more clinical time.
- 90 per cent cite financial uncertainty as having a high impact on their morale.

Humza Yousaf, the Health Secretary, has said that NHS staffing is at a "historically high level", with "record" numbers of dental staff in hospitals alongside medics and allied health professionals. However, said the BDA, data collected by NHS Education for Scotland indicated an eight per cent drop in high street NHS dentists delivering care since lockdown; a fall from 3,038 in March 2020 to 2,791 in September 2022.

The BDA said that, in light of the survey, this fall understates the full scale of losses. It said that the Scottish Government has not attempted to make a 'Whole Time Equivalent' estimate of the NHS dental workforce. Most dentists combine NHS and private work, and the BDA warned that without these estimates movement to the private sector is going undetected and workforce planning is "effectively impossible".

BDA Scotland has long warned that any return to the service's 'business as usual' model – of low margin and high volume – will likely lead to closures or movement to the private sector. The SNP leadership election has seen key deadlines to reform the system move. The profession had anticipated that changes to the payment model, to be rolled out from October, would be revealed on 1 April. But on 20 March, Maree Todd, the Minister for Public Health, said that a 'reform showcase' had been put on pause[1].

The BDA has stressed that a sustainable model must be in place by then, when the current bridging payments that uplifted NHS fees finally lapse. David McColl, Chair of the British Dental Association's Scottish Dental Practice Committee, said: "Behind hollow boasts on record workforce numbers is a service that is hollowing out. The majority of dentists have pared down their NHS work, and many more are set to follow. It's an exodus that's going untracked by government but is the inevitable result of working to a broken system. NHS dentistry's survival requires rapid action, with meaningful reform and sustainable funding. The steps taken in the next First Minister's first 100 days will determine whether this service will have a future."

[1]*https://tinyurl.com/yejv862x*

ADG launches Scotland branch

THE Association of Dental Groups (ADG)[1] has hosted the first meeting of its new Scotland branch.

Attendees included representatives from ADG members Clyde Munro, BUPA Dentalcare, {my}dentist and Portman Dental Care – together with prospective new members.

The meeting discussed, and agreed, the ADG's 'Six to Fix' policy proposals designed to narrow oral health inequalities in Scotland and create a more sustainable workforce in NHS dentistry.

Neil Carmichael, Chair of the ADG said: "All four nations, England, Scotland, Wales and Northern Ireland have embarked on processes of reform of NHS dentistry services.

"In recognition of this we are establishing new branches in Scotland and Wales to engage in the process of reform with policymakers in the months ahead."

"We welcome the continuing 'bridging payments' being made by the Scottish Government until October this year, and the ambition for a reformed funding arrangement for NHS dentists so that they are supported for the future.

"We wish to see a more administratively simpler and clinically focused system – but it must also include and embed dental workforce planning."

'Six to fix', see page 27

[1]*www.theadg.co.uk/*

Neil Carmichael with ADG members in Edinburgh at the first meeting of its Scottish branch

Scotland's Childsmile initiative measured

Supervised toothbrushing in nursery 'strongly associated' with reduced incidence of caries, study finds

FOUR oral health interventions carried out in Scotland – supervised toothbrushing and fluoride varnish application in the nursery/kindergarten setting, dental practice visits and dental health support worker visits – have been linked by researchers to dental inspection data, to form a longitudinal cohort of more than 50,000 five-year-old children.

It forms part of a study[1] of Childsmile, the pioneering national programme launched 15 years ago to improve the oral health of children and reduce inequalities in dental health and access to dental services.

The work, carried out by researchers at Glasgow University, NHS Lanarkshire and University College London, allowed for assessment of the independent impact of each intervention on caries experience – adjusting for age, sex and deprivation.

Results showed that the universal interventions in terms of participating in supervised toothbrushing in the nursery/kindergarten setting (participating for >3 years, adjusted OR [aOR] = 0.60; 95% CI 0.55–0.66) and regular dental practice visits (≥6 visits, aOR = 0.55; 95% CI 0.50–0.61) were independently and most strongly associated with reduced caries experience, with the impact of supervised toothbrushing being greatest in areas of high socioeconomic deprivation.

The findings were less clear for dental health support worker contacts, although these were found to support dental practice attendance. Targeted fluoride varnish application in the nursery/kindergarten was not independently associated with caries experience. Further work is under way based on refreshing this linkage, using data up to 2016/17 on dental extraction under general anaesthetic as an additional outcome measure.

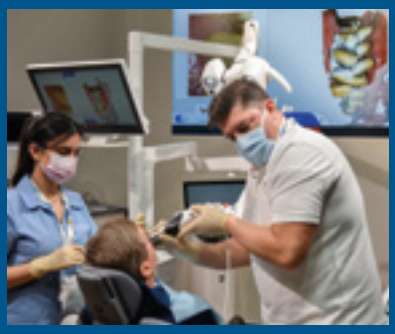
"This evidence allows for appraisal of the relative strengths of component interventions as part of national policy," said the researchers.

"We are also able to study the reach and impact of Childsmile interventions on the oral health of vulnerable groups, such as care experienced children, and we are examining the intersectional roles of ethnicity and additional educational support needs – alongside socioeconomic factors in relation to dental health and the relationship between childhood obesity and dental caries underpinned by the common risk factor of sugar consumption."

They added that a new study utilising data from the 'Growing up in Scotland' cohort, a large-scale nationally representative prospective longitudinal cohort study of children born in 2002, 2004 and 2010 (collected longitudinally from birth to 5 years; ~11 000 children), will explore – via data linkage – early-life child, family and community-level influences on caries experience and the impact of exposure to Childsmile interventions on behaviour change, improving oral health and reducing inequalities.

[1] *onlinelibrary.wiley.com/doi/10.1111/cdoe.12790*

Innovations feature at IDS



Intraoral scanners can support dentists during the initial examination

THE 40th International Dental Show (IDS) last month was characterised by an array of innovations, said the organisers.

A new syringe that eliminates bubbles in flowable composite was demonstrated. The role of probiotic toothpaste and mouthwash in supporting toothbrushing, increasingly used by the public because of heightened awareness during the COVID-19 pandemic, was explored.

For teeth with an afflicted root, there is a trend towards minimally invasive, endodontic methods and towards regenerative measures. Endodontic files are becoming more flexible and more resistant to breakage.

"The tooth structure can be spared more and more frequently," said one practitioner. "The art lies in achieving the right balance – less is taken away in the coronal area and yet sufficient space is created in the apical region to allow effective rinsing."

Increasingly, intraoral scanners could additionally support the dentist during the initial examination. For example, a working group at Copenhagen University suggests a technique for the automated detection of occlusal caries using a fluorescence-detecting intraoral scanner.

Many tasks in the prosthetic workflow are becoming faster and more accurate. New wax blanks enable aesthetic try-ins and can be waxed-up in the patient's mouth. As such, the coordination between the dentist and the laboratory functions more smoothly. New milling machines are bringing a higher level of milling speed and precision for dental laboratories and dental 3D printing is becoming faster and more efficient.

"It was a pleasure to experience the breeze of innovations blowing at IDS," said Mark Stephen Pace, Chairman of the Association of the German Dental Industry.

"The Flying Start Programme is a testament to our commitment to investing in our associates' success, and I'm proud to be a part of it. We believe in not only providing practical skills, but also fostering a supportive and collaborative environment that encourages growth and development."
Nicola Logan, Head of HR

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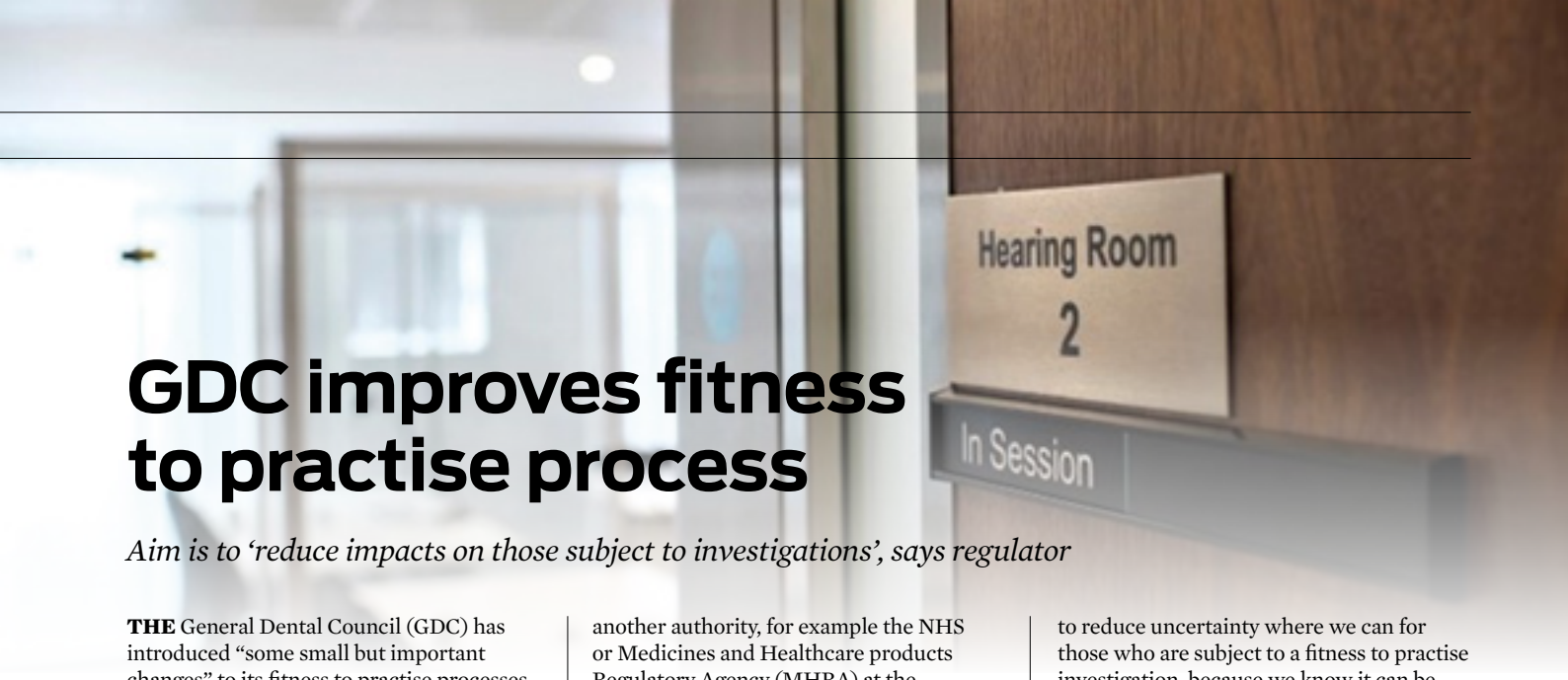

GDC improves fitness to practise process

Aim is to 'reduce impacts on those subject to investigations', says regulator

THE General Dental Council (GDC) has introduced "some small but important changes" to its fitness to practise processes. The regulator said the changes aim to "reduce the impacts on those subject to investigations, improve case progression, and make best use of limited resources in the absence of regulatory reform."

In a statement, the GDC said: "It is now clear that full regulatory reform for the GDC is several years away following [the] announcement by the Department of Health and Social Care (DHSC)[1].

"Fitness to practise can be a long and stressful experience for those involved. The latest improvements the GDC is making will reduce the impacts that long-standing or multiple investigations can have on those who are the subject to an investigation, and lead to improved performance," said the GDC in a statement.

The following changes have been made:

- The GDC will close cases that mirror an investigation being carried out by another authority, for example the NHS or Medicines and Healthcare products Regulatory Agency (MHRA) at the Registrar's direction. Cases involving an ongoing police inquiry, interim order, or where there are other open fitness to practise investigations will not be closed.
- It will not automatically open cases for matters referred from the NHS where the NHS is either investigating or managing the issues locally. Where there is a serious and immediate risk to public safety or confidence, the GDC will open an investigation (if, for example, the dental professional also practises privately) and, if appropriate, refer the matter to the Interim Orders Committee.
- It is reviewing and closing some older cases, those where there is no realistic prospect of establishing that a dental professional's fitness to practise is impaired, following review and approval of the Registrar.

John Cullinane, Executive Director, Fitness to Practise, said: "We are looking to reduce uncertainty where we can for those who are subject to a fitness to practise investigation, because we know it can be a long and stressful position to be in. We are constrained by our legislation, but there are small changes we can make that together with other changes we've made will progress improvements in our performance and reduce the impact on those involved."

The GDC said that it will be tracking the impact of these changes, and other improvements it has been making, through an updated set of key performance indicators and timeliness measures that provide a more detailed picture of case progression at each stage of the fitness to practise process.

John Cullinane will be presenting a workshop on fitness to practise at the Scottish Dental Show on 19 May. More information here: ***sdshow.co.uk/education***

[1] *www.sdmag.co.uk/2023/02/17/regulation-reform-pace-disappointing/*

Scope of Practice consultation launched

THE General Dental Council (GDC) has launched a consultation on Scope of Practice guidance which it describes as "important for dental professionals, workplaces and education providers".

In a statement, the GDC said the proposed changes aimed to "better support dental professionals to use their professional judgement to make decisions in the interest of their patients". They are also intended to help professionals understand the boundaries of other roles within the dental team and to promote team-working that delivers best patient care.

The proposals will not change the scope of practice of any of the dental professions. However, they will provide individual dental professionals with clear boundaries around their role while also enabling those who are trained, competent and indemnified to expand their personal scope of practice within those boundaries, safely and effectively.

The GDC said it continues to take steps to maintain and improve patient safety by moving dental regulation towards preventing harm rather than responding to the consequences of it. A key part of this move is to foster a system that supports and encourages professionalism and decision-making that is centred on the best interests of patients.

Its review of the current guidance showed that it is no longer being used as originally intended and that it is being widely interpreted by the dental professions as a comprehensive, rather than indicative, list of tasks, said the regulator.

"This interpretation can limit and restrict a professional's practice and can impact patient care," it said. "What became apparent during extensive stakeholder engagement was broad support for the guidance to be updated to make it less prescriptive and more adaptable. We encourage all interested and affected parties to share their feedback by 11 May when the consultation closes."

Stefan Czerniawski, the GDC's Executive Director, Strategy, said: "We have developed the updated Scope of Practice guidance after wide-ranging engagement with stakeholders and patients. We will continue this engagement during the consultation period, and we want to hear different views on the proposals. We think this is the right way forward and welcome suggestions for further improvement."

The consultation can be found here: tinyurl.com/rk7r7bv6.

GDC publishes updated specialist list curricula

They are now more relevant to trainees and will enable training programmes to better support them, says regulator

THE General Dental Council (GDC) has published updated specialty curricula1.

They comprise the specialist knowledge, skills and capabilities that trainees need to attain the award of the Certificate of Completion of Specialty Training, be admitted onto the GDC Specialist Lists and be eligible to use the title 'Specialist'.

This, said the GDC, means that patients can have continued confidence that the specialists who treat them are qualified, trained and competent.

The updated curricula are more relevant to trainees and will enable training programmes to better support them to succeed and achieve the highest standards. They also provide guidance to trainees to help them demonstrate appropriate personal and professional values and behaviours.

Each of the curricula provides an outline of the scope, delivery and assessment of the training required to enable a dentist to be recognised by the GDC as a Specialist in one of the 13 curricula in the UK. They have been developed using a new template which remains consistent and compatible with the GDC's existing standards.

The new curriculum will be in use by all new specialty trainees between September 2023 and September 2024, depending on the curricula implementation date.

This updated guidance is intended to be used by Royal Colleges, Postgraduate Deaneries and education providers as a guide for assessing individual applications for entry onto the GDC's Specialist Lists.

The current curricula were last reviewed more than ten years ago and no longer reflect clinical developments in each of the specialties. The reviewed curricula also reflect the GDC's own revised Standards for Specialty Education, which was published in 2019.

Amy Mullins-Downes, Quality Assurance Manager, said: "After exceptional effort, commitment and partnership working, we are now in a position to publish 12 of the 13 curricula for training in specialist dentistry.

"The improvements made will ensure that the curricula remains achievable, effective, up-to-date and enable a level of consistency in quality, despite the differing facilities and programme structures across the four nations.

"The GDC would like to thank all stakeholders involved, including the Specialty Advisory Committees (SACs), the four UK statutory Education Bodies and the associated Royal Colleges and Universities."

[1]www.gdc-uk.org/education-cpd/quality-assurance/specialty-curricula

Dental group appoints first chief executive

Lyn Hood to drive implementation of next phase of growth strategy

SCOTTISH Dental Care has announced the appointment of Lynn Hood as its first chief executive to help drive the implementation of its growth strategy.

Following a multi-million pound minority investment from BGF in February last year, the family owned Scottish firm further increased its market share – acquiring five clinics, taking its total to 17 across Scotland.

Ms Hood was previously chief executive of Focus Hotels Management. Philip Friel, Director of Dentistry at Scottish Dental Care, said: "Lynn is a fantastic leader, and her appointment is designed to drive growth and overall performance at Scottish Dental Care into 2023 and beyond."

Christopher Friel, Lynn Hood and Philip Friel

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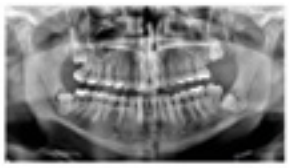

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Soaring debt 'risks next generation of dentists'

Final year students and recent graduates are in the red by more than £52,000

DEBT among dental students has more than doubled from 2013 to 2022, according to a new study. The British Dental Association (BDA) said that the issue risks "escalating severe workforce problems, while shutting off access to the profession to those from more modest backgrounds."

The debt of final year dental students and recent dental graduates surveyed has risen from £24,734 in 2013 to £52,922.12 in 2022. Increased student fees in 2010 and then again in 2016, as well as the removal of student grants in 2016, have played a large part in the increase, said the BDA.

Commercial borrowing, and from family and friends, almost doubled during the same period, with the average commercial debt in 2022 sitting at £2,268 and the average for informal debt at £2,976.

The report noted that students studying at a Scottish university who live in Scotland, do not have to pay university fees, and that these are paid for by the Students Awards Agency Scotland. Dental students in Scotland are also eligible to apply for a Dental Student Support Grant to help with study costs.

The proportion of respondents experiencing financial difficulties, across university regions, sat at 50 per cent in Scotland compared with 62.1 per cent in England and 71.4 per cent in Northern Ireland.

Three in five (60.2 per cent) respondents experienced financial difficulties during their studies and more than a quarter (28.2 per cent) "nearly did not come to university" because they were concerned about the debts they would accumulate – roughly a 10 per cent increase in both proportions compared with 2013.

More than a third (37.9 per cent) had thought about dropping out of university, with significant differences found between different socioeconomic groups (students whose parents attended university or college of higher education versus those who did not).

With NHS dentistry currently experiencing unprecedented workforce problems and an access crisis, the BDA said sufficient support must be available to meet the needs of current and future dental students "as part of any fully funded, long term workforce plan."

It said that all dental students should be entitled to an NHS bursary and that all UK governments "must jointly produce information resources which allow prospective students to easily find out what support is available to them."

Paul Blaylock, Chair of the BDA's Student Committee, said: "As millions of patients struggle to access care, debt is leaving many students thinking twice about their future in the dental profession.

"Successive governments have tightened the screws. Ministers cannot rely on the 'Bank of Mum and Dad' to ensure this country has the health professionals it needs.

"We need the brightest and the best on the frontline, and eye-watering levels of debt should not be a barrier. The next generation of dentists and patients deserves better."

Sufficient support must be available to meet the needs of current and future dental students, says the BDA

Dental group partners with charity to help homeless

Frances McKinlay, Chief Officer at Marie Trust, Amy Reilly, Head of ESG at Clyde Munro and Clyde Munro staff

ONE of Scotland's largest dental groups, Clyde Munro, has partnered with Glasgow-based homeless charity, The Marie Trust, to tackle poor oral health often experienced by the homeless community.

The two organisations will bring their expertise together to provide industry-leading support and care to the homeless population of Glasgow. The partnership aims to launch its service this summer and will see Clyde Munro provide dental support and oral health advice to clinic users.

The health and wellbeing room is part of The Marie Trust's specially designed premises located on Albion Street in Glasgow's Merchant City, where the charity additionally provides counselling, crisis intervention, volunteering, and education services.

Fiona Wood, Chief Operating Officer at Clyde Munro said: "Dental care, like all forms of healthcare, is a basic right and imperative to living a healthy and happy life." Frances McKinlay, Chief Officer at Marie Trust added: "This is a significant partnership in providing access to oral care for people who are homeless."

> "DENTAL CARE IS A BASIC RIGHT AND IMPERATIVE TO LIVING A HEALTHY AND HAPPY LIFE"

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

ADRIAN PACE-BALZAN
Specilaist Endodontist
BChD MFDS RCPS (Glasg)
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RCS (Glasg)
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A market 'returning to normality'

NASDAL's goodwill survey reveals increase in deals

FEBRUARY saw the release of the latest statistics from the NASDAL (National Association of Specialist Dental Accountants and Lawyers) Goodwill Survey.

The survey covered the quarter ending 31 October 2022 and included data on valuations as well as deals completed (i.e., practices bought or sold by NASDAL members' clients in the period).

This quarter saw a market that continued to thrive, albeit with a big difference in valuations and at what prices practice sales were completing. Overall, goodwill values were at 141 per cent as a percentage of gross fees – up from 135 per cent.

NHS practices saw a bounce with goodwill as a percentage of fee income up 20 per cent to 152 per cent from the previous quarter. Mixed practices were also on the up with goodwill as a percentage of income up to 143 per cent from 126 per cent in the quarter ending 31st July 2022. Private practices values were on the slide, though, with goodwill as a percentage of income at 135 per cent of gross fees - down from 147 per cent in the last quarter.

Mike Blenkharn, Head of Dental at UNW LLP, which compiles the survey, said: "We have definitely seen more deals happening in this quarter than the previous three or four. I see this trend continuing and is a sign of a market returning to more normal times. Although there was an NHS bounce, the number of sales was low compared to private and mixed practices. I would want to see further data before I came to any firm conclusions."

Johnny Minford, Principal of Minford Chartered Accountants and NASDAL Media Officer, added: "The practice sales market is still healthy, but in my experience I am now seeing a number of practices 'sticking' on the market for longer than one might expect. They are perfectly healthy from a financial perspective but perhaps the appetite of buyers, geography or other factors are at play here."

The goodwill figures are collated from accountant and lawyer members of NASDAL in order to give a useful guide to the practice sales market. These figures relate to the quarter ending 31st October 2022. NASDAL cautions that, as with any averages, these statistics should be treated as a guideline only.

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[1]*sdirestoratives.co.uk/luna-2*

DATES FOR YOUR DIARY

2023

21 APRIL
Behavioural sciences contribution to dentistry (online)
bsodr.org.uk/bascd-bsodr-webinar

21 APRIL
Glasgow Oral Surgery Symposium
RCPSG, Glasgow and online
tinyurl.com/2tk7je6h

27-29 APRIL
International Osteology Symposium
Barcelona
www.osteology-barcelona.org

4 MAY
Simplifying Endodontics for the General Dental Practitioner
Marriott Hotel, Glasgow
tinyurl.com/2kdkpd3f

4-6 MAY
ADI Team Congress 2023
Birmingham
https://tinyurl.com/hewj2ewy

5-6 MAY
International Perio Master Clinic
Leon, Mexico
https://tinyurl.com/2p9bazy8

11-13 MAY
European Aligner Society 4th Congress
Turin
www.eas-aligners.com/4th-eas-congress

12-13 MAY
British Dental Conference & Dentistry Show
Birmingham
birmingham.dentistryshow.co.uk

18-20 MAY
Oral Reconstruction Global Symposium
Rome
https://symposium2023.orfoundation.org/

19-20 MAY
Scottish Dental Show
Glasgow
www.sdshow.co.uk

3 JUNE
BSDHT: Refresh and Refine
EICC, Edinburgh
tinyurl.com/yxtcays6

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

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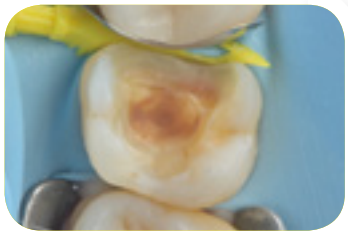

1

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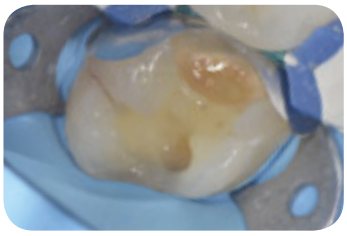

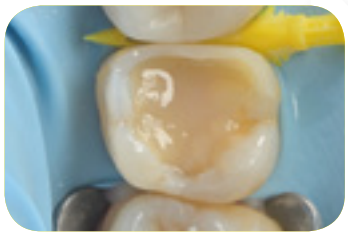

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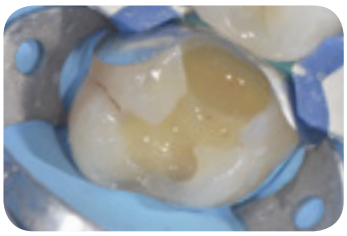

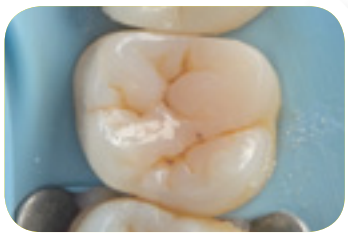

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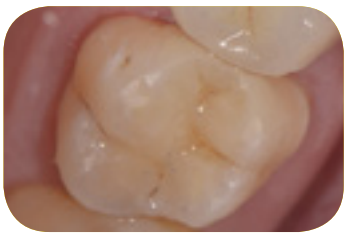

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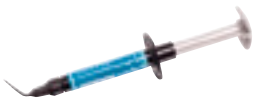

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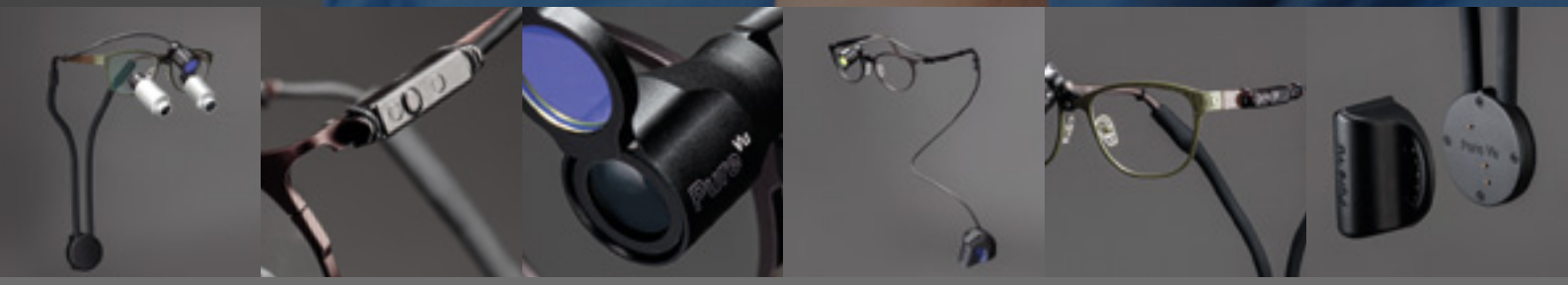

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Next generation Care

WORDS
WILL PEAKIN

Four billion plastic toothbrushes end up in landfill annually – a start-up aims to combat the wasteful impact of oral care

"When it comes to toothbrushes, electric toothbrush heads, floss containers and those interdental brushes dentists love, there isn't much good news currently," wrote Emma Beddington in *The Guardian* earlier this year[1]. "TerraCycle will accept them if you can find a drop-off point, with ... reservations ...". Those are, she explained, that: "It's fair to say the recycling world is agnostic at best when it comes to TerraCycle; BBC *Panorama* has reported on issues with the company's supposed UK recycling ending up in Bulgaria or left to pile up with subcontractors, or possibly ending up in landfill in the US."

But there is some good news; SURI, the recently launched sustainable wellness brand, has created an innovative, eco-friendly electric toothbrush in a bid to "offer the world's most sustainable smile and help combat the wasteful impact of oral care". While sales of bamboo manual toothbrushes continue to grow as consumers make changes to live more sustainably, there has not been an eco-alternative for the thousands of electric toothbrush users to date. The SURI Sustainable Sonic Toothbrush is a new, design-led device made primarily from plant-based and recyclable materials, offering a superior clean with minimal impact on the environment.

It is estimated that global disposal rates of toothbrushes amount to four billion and almost all models are not recyclable in urban recycling streams. While electric models are proven to help consumers achieve a better clean, reducing plaque by 21 per cent and gingivitis by 11 per cent[2], unfortunately they have the worst carbon footprint compared with other toothbrushes. The team at SURI is on a mission to tackle these issues, bringing a new option to the market that helps advance the industry's sustainable credentials.

Built with a 'right-to-repair' in mind, their toothbrush features an aluminium handle and plant-based heads. Unlike other electric models, the body can be easily dismantled by SURI for recycling or repair when sent back. A lifetime guarantee under a subscription plan also covers the replacement of brush heads every one to three months and free maintenance. SURI provides hassle-free mail-back recycling for all its products to ensure that no brushes end up in landfills or oceans. A long-lasting rechargeable battery powers the toothbrush for 30-plus days between charges, and sonic technology delivers 33,000 brush movements per minute, providing an eco-friendly approach to healthier teeth, a brighter smile, and – the SURI team says – "a clean conscience".

Short for 'Sustainable Rituals', SURI is a sustainable wellness start-up co-founded by Mark Rushmore and Gyve Safavi. The duo spent years working for the multinational personal care and hygiene conglomerate P&G (Procter & Gamble). Harnessing their experience, Rushmore and Safavi decided it was time to help tackle the industry's environmental impact through sustainable innovation. They are committed to using as many recyclable and biodegradable materials as possible in all of their products while running the business with a net positive environmental impact.

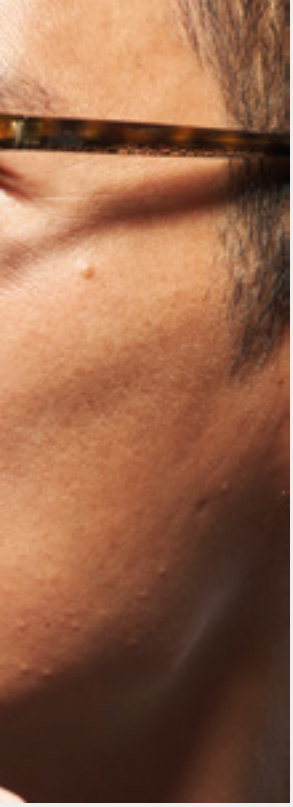
"Mark and I want to create a company that delivers the next generation of personal care," said Gyve, "one that champions products that make you feel great, look good in your bathroom and have minimal impact on the earth, with no compromise on dental health and hygiene. The days of choosing between keeping the planet or your teeth clean are over."

Mark added: "When developing the toothbrush, we were appalled to learn about the poor sustainability standards in the dental industry and how many toothbrushes find their way to landfill each year – it's a staggering design problem. SURI is determined to keep pushing the benchmark higher for quality, design and environmental impact. We hope our design marks a significant step-change in what consumers should expect from brands."

SURI's innovative approach extends to the accompanying accessories, including a UV-C LED light clean and charge travel case and a magnetic wall-mountable toothbrush stand. The case can be charged via USB, keeping the brush ready to use while killing up to 99 per cent of bacteria that builds up in the toothbrush head with built-in UV-C LED cleaning lights.

REFERENCES

[1]tinyurl.com/yfyb4e9n
[2]tinyurl.com/24dwtb7p



About SURI

SURI, short for 'Sustainable Rituals', is on a mission to create oral and personal care products that help people live more sustainably; without compromising on quality, performance or design.

Its Sustainable Sonic Toothbrush launched in 2022 and has since won several consumer and industry accolades; being voted as *The Independent's* BestBuy toothbrush, winning the *Marie Claire* Sustainability Awards as the Best Sustainable Oral-Care Brand, being heralded and featured in publications such as *Dazed*, *Metro*, *Stuff*, *T3* and *Wallpaper*, among others. The successful launch resulted in SURI's first product batch selling out within two weeks of going live.

SURI has recently won the highly coveted Product Design Award 2022 by Dezeen in a public vote and was categorised as a world-changing idea by Fast Company. SURI is stocked at Selfridges as well as online e-stores Amazon, Buy Me Once and Woo.

Analysing reports from the British Dental Association, National Geographic, and A Greener Future, SURI estimates that four billion plastic toothbrushes end up in landfill annually. The Sustainable Sonic Toothbrush aims to address this issue through its repairable, recyclable design.

SURI's co-founders Mark Rushmore and Gyve Safavi bring more than ten years of shared experience from multinational personal care and hygiene conglomerate P&G and were recently named as one of five winners of *The Times* Earth Advertising Fund; a £1 million fund for sustainability SMEs and charities that would help *Times* readers lead more sustainable lives.

SURI is also one of 12 brands to be accepted onto Amazon's Launchpad Sustainability Accelerator, which helps start-ups scale their businesses, and has secured £2 million in funding from investment firm Hambro Perks, backers of Moneybox, Oxbury and Tide, and JamJar Investments, backers of Deliveroo, Oatly and what3words.

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"WHEN DEVELOPING THE TOOTHBRUSH, WE WERE APPALLED TO LEARN ABOUT THE POOR SUSTAINABILITY STANDARDS IN THE DENTAL INDUSTRY"

– MARK RUSHMORE

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NVDC ARCHITECTS

SIX TO FIX

What the Government needs to do to solve Scotland's oral health inequalities

WORDS
ASSOCIATION OF DENTAL GROUPS

The Association of Dental Groups welcomes the reform process announced by the Scottish Government in 2022, underlining its commitment to NHS dentistry. We commend the Government for providing additional funding of £150 million over the pandemic period and most recently additional bridging payments until October 2023[1] to help with increased costs for business. However, if ministers truly want to fully recover the backlog of care and sustain NHS dentistry in the years ahead, we believe reform must include and embed dental workforce planning. This article outlines what needs to be done.

The problem

Put simply, too many people cannot access a dentist. Some areas in Scotland, particularly poorer and more remote locations, have extremely low access rates because practices cannot fill staff vacancies.

The latest Public Health Scotland dental statistics report[2] published in January 2023 is a stark warning of the growing oral health inequalities in Scotland. Barely half of all "registered" patients have seen an NHS dentist in the two years to September 2022. Of even more concern, children and adults from the most deprived areas were much less likely to have seen a dentist in the past two years – by a margin for children of 55.9 per cent compared with 75.8 per cent – the highest reported difference.

We welcome the Scottish Government's continued initiatives (Scottish Dental Access Initiative and the recruitment and retention allowances) to open or join a dental practice in remote and rural areas such as NHS Borders, Dumfries and Galloway, Grampian, Inverclyde and the Highlands and Islands where access is poor. However more needs to be done to improve access in these areas if we are to address the growing oral health inequalities in Scotland.

Access cannot improve without building the workforce – since 2019 the number of dentists providing NHS care in Scotland has fallen 10 per cent[3]. Our own members have found that recruitment difficulties mean parts of Scotland are becoming 'dental deserts', with more deprived or rural areas having fewer NHS dentists than those in more affluent areas. In more rural and remote parts of Scotland, some advertised vacancies for an NHS dentist have remained unfilled for nearly a year. We urgently need more training places, dental contract reform and better use of the current workforce, plus easier routes into UK dentistry for highly trained overseas professionals, through these six steps:

1. INCREASE THE NUMBER OF TRAINING PLACES

We need government to create a new dentist recruitment campaign backed by a target to increase the number of training places within Scotland and the UK to train more graduates where they are most needed. Postgraduate training places need to be better aligned with areas with the highest oral health inequalities. This will start to help improve the medium to long-term picture.

2. RECOGNITION OF EU-TRAINED DENTISTS

We need continued access to UK dentistry for EU-trained professionals, who made up 29.5 per cent of new GDC registrants in 2021[4]. Nuffield Trust research[5] has found a sharp drop since the EU referendum which has "never recovered". Recognition of future EEA applicants' professional qualifications under 'interim arrangements' continued until the beginning of 2023[6] , when a review began. While we train our own dentists (each takes five years), this recognition for future EEA applicants to the GDC register should continue.

3. RECOGNITION OF OVERSEAS QUALIFICATIONS

The Overseas Registration Examination (ORE) is taken by dentists from outside the EEA coming to work in the UK, ensuring they meet clinical standards required. It was suspended during the pandemic and has a backlog of 2,000 applicants, many already in the UK. Legislation[7] is in place to reform the ORE but the GDC should be given support to clear the backlog. Allowing Part 1 of the ORE to be taken in the candidate's home country would also be beneficial. Before 2001, the UK had bilateral agreements with Commonwealth dental schools whose qualifications met UK standards[8] and those should be explored again.

In summary

Our recommendations are practical and can be delivered if there is the political will to do so. We believe that tackling workforce shortages is a real opportunity for Scottish politicians to demonstrate that NHS dentistry is accessible for all when they need it. We hope this briefing is helpful for you in debates and questions to Ministers. If you would like further information on any of the issues in our briefing, please contact Lewis Robinson, Head of Policy and Public Affairs at lewis.robinson@theadg.co.uk

The Association of Dental Groups (ADG) is the trade association for large dental providers in the UK. ADG members represent groups delivering NHS and private dentistry, with more than 100 practices across Scotland. All members commit to its Quality Kitemark of 'People, Patients and Processes'. Further information can be found at www.theadg.co.uk

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4 .MORE FLEXIBILITY FOR DENTISTS TO WORK ACROSS MULTIPLE PRACTICES

In Scotland, to see NHS patients a dentist needs to hold a list number at a particular practice. To see NHS patients at another practice another list number is needed. The listing process can take up to three months and needs to be reformed. Allowing dentists the flexibility to provide NHS care at neighbouring practices would make better use of the workforce and help improve access to NHS care particularly in the more remote and rural 'dental deserts'.

5. PROMOTE PREVENTION

Scotland has much to be proud of in relation to oral health improvement measures, in particular the ChildSmile programme, however they were badly hit by the pandemic period. A continued commitment to funding these programmes by all political parties in Scotland is a crucial part of fighting oral health inequalities.

6. REFORM THE NHS DENTAL CONTRACT

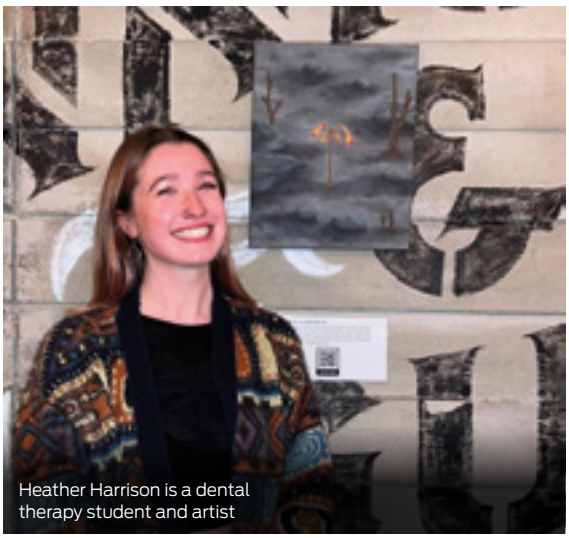
The Scottish National Party has promised to abolish all NHS dental patient charges over the lifetime of the current Parliament and "shape a reformed funding arrangement for NHS dentists, so that they are supported for the future." We welcome the ambition for a more administratively simpler and more clinically focused system which needs to come out of the current reform process to ensure a sustainable future for NHS dentistry which attracts and retains NHS dentists in Scotland.

Brewing up a creative storm

Art in Clinical Training (A.C.T) is a group formed of Dundee Dental Hospital students across all years and all courses

WORDS
HEATHER HARRISON

For three years running, our community of students has been hosting art events showcasing our creative pursuits and providing a platform for our artwork. A.C.T helps the Dundee students put time aside to be creative and explore all our talents – not just our academic ones!



Heather Harrison is a dental therapy student and artist

Our most recent event, hosted at the Innis & Gunn Brewery Taproom in Dundee, saw an exhibition that included seven unique pieces based on a unified theme of 'restoration', with members being free to interpret this theme however they wished. This, as in previous years, proved to be a wonderful outlet for all the students involved, allowing each artist to express themselves and to allow their personality and individuality to shine through.

The result was an amazing variety of pieces, ranging from thought-provoking explorations of nature to more literal but equally fantastic interpretations involving restorative dentistry procedures. Everyone involved managed to showcase their talents amazingly with pieces in a multitude of mediums including pencil, watercolour and even paper quilling! Showing different forms of restoration, the artists' work spoke to important topics, such as the threat of bee extinction, or touching on dental restoration through illustrations of dentures and tooth restorations.

The night proved to be a resounding success, bringing together staff and students of Dundee Dental Hospital & School alongside family, friends, and passers-by and inspiring many conversations on the topics illustrated whilst spurring creativity in many others who attended the event.

This year the event was organised collectively by members of A.C.T, including myself. Also, I produced a piece of my own for the event, illustrating a fire lily blooming, after 15 years of dormancy, from the ashes of a fire in South Africa's Fynbos region. The piece was inspired by David Attenborough's nature documentary series *The Green Planet*.[1] The fire lily is a perfect example of restoration and followed on from my previous installation from A.C.T's last event 'technology' in which I addressed social media and global warming, by illustrating a wildfire.

All the pieces have been posted for viewing on the group's Instagram page @a.c.t.dundee for people to appreciate and see the work if they were unable to attend the event. The page also includes work from A.C.T's previous exhibitions of 'decay' and 'technology'.

These pieces will also be on display once again at future events, showcasing the wonderful artists and students at the dental school and will also be welcomed additions to the student areas within the dental hospital. With plans for A.C.T to go on to host many more shows in the future, our community of creatives is hopeful to bring together not just dental therapy and dental students but to create a wider platform that encourages students in other clinical degrees to get involved too!

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[1]www.bbc.co.uk/programmes/p0bh28d5

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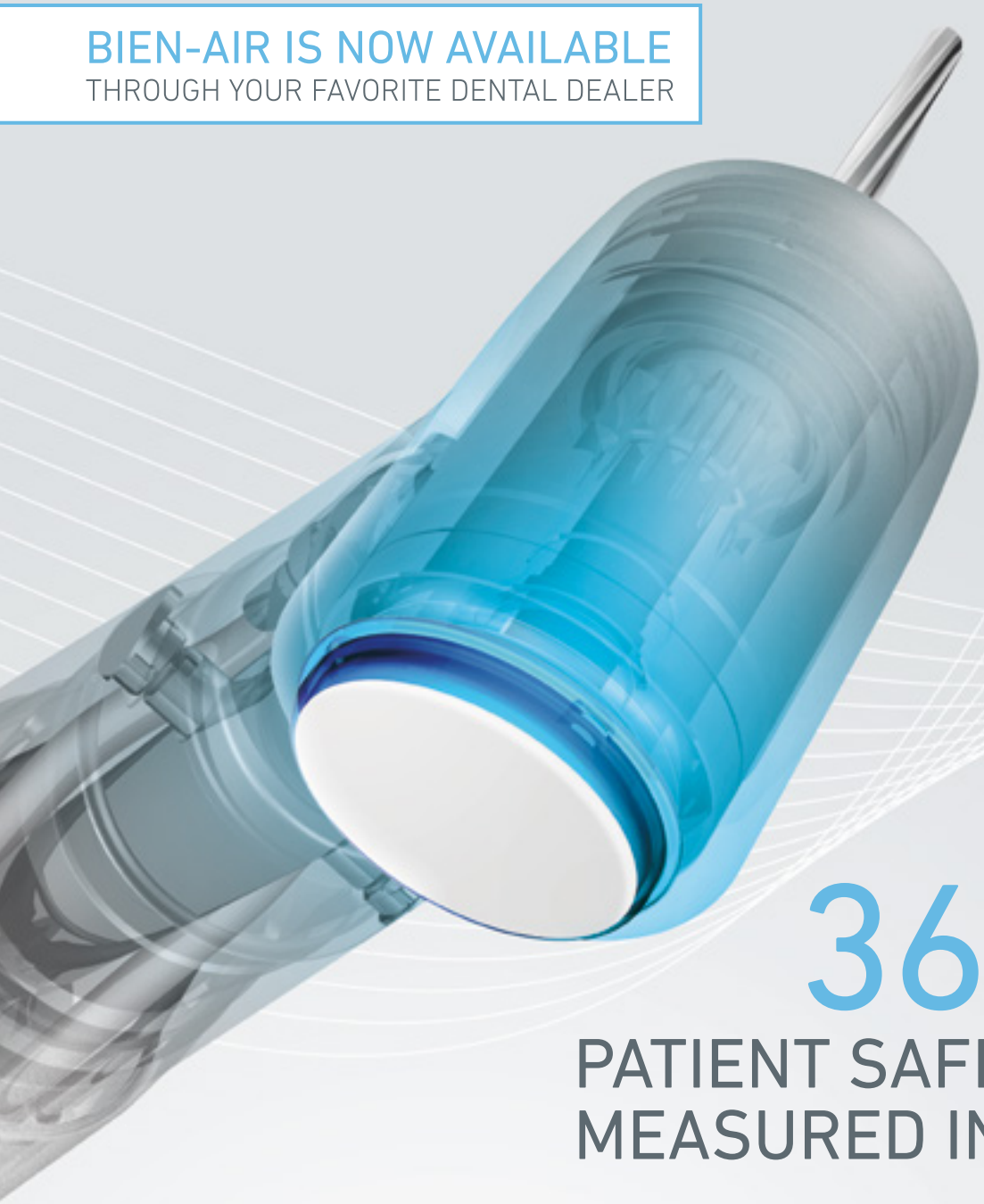

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SHOWCASING THE LATEST IN tooth replacement

A spring conference will review the ethics and risk factors in the care of edentulous patients

WORDS
WILL PEAKIN

Some dental patients are unsuitable for conventional implant treatment in the edentulous maxilla because they have insufficient bone to provide a sound anchor. This can be the result of advanced bone resorption, atrophy of the alveolar ridge, or extensive maxillary sinuses.

Many dental professionals perceive autogenous bone grafts as the gold standard, although they are not without drawbacks – which can include donor-site morbidity, unpredictable resorption and the potential lack of available volume.

Meanwhile, extraorally sourced bone grafts have been associated with increased risks of morbidity and complications.

For many bone grafts provide the necessary foundation for placing implants, but they do not work for everyone. An alternative does exist for patients who are contraindicated for, or wish to avoid, bone grafts, zygomatic implants. This type of implant bypasses the requirement to rebuild the necessary bone structure and has established a positive track record, with an implant survival rate of 98 per cent after three years.

Rather than using the comparatively delicate tissue found in the roof of the mouth, zygomatic implants utilise longer screws to access the zygoma, providing a firm foundation. Since the procedure does not require a graft, only a single surgical procedure under local anaesthetic is required, which may be desirable for certain patients.

This spring (4-6 May), a conference – Edentulism 2023 – will bring together leading experts in tooth replacement to discuss the latest developments and innovations in this rapidly evolving field. Edentulism, or the complete loss of natural teeth, is a growing problem worldwide. The World Health Organization estimates that approximately 35 per cent of adults aged 65 and over are edentulous, and this number is expected to rise as our population ages.

The conference, taking place in the Canary Islands, will showcase the latest research and technology in the field of tooth replacement, including implant-supported prostheses, dental bridges, complete dentures and all types of dental implants. Additionally, the conference will feature keynote speakers and panel discussions based on scientific data. As well as zygomatic implants , it will also look at overdentures, dental implants, short implants, nasal implants, all-on-x, pterygoid implants, prostheses, bone grafting and subperiosteal implants.

It will review the ethics, risk factors, aftercare and other issues in the care of edentulous patients.

"We are focused on providing great scientific information on procedures by sharing our knowledge with the dental professionals, to find the best path to help the patient," said Dr Carlos Aparicio, the creator of the ZAGA method; a systemic approach to the treatment of patients who lack the maxillary bone necessary for an implant.

Dr Fadi Yassmin, who is based in Sydney, Australia, and is another speaker at the conference emphasised the use of digital workflows. By refining a digital approach, he reassures his patients that he can treat them as "blank canvases",

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> **WITH THESE CASES, BECAUSE WE DESIGN IT FROM START TO FINISH AND THERE IS NO COMPROMISE, WE JUST HAVE SO MANY VARIABLES THAT WE CAN CONTROL"** – DR FADI YASSMIN

he said. By imagining what their smile would look like if they had not succumbed to an edentulous situation, he is then able to provide "ideal aesthetic results".

He added: "That's what I love with these cases because we design it from start to finish, and there is no compromise, to within the millimetre, where you want to reach your pink and white aesthetics, the shape, the vertical dimension, the AP distribution, lip support – we just have so many variables that we can control."

The main beneficiaries of zygomatic implants are patients with severe resorption of the maxilla, total edentulism (especially if coupled with reduced bone height) or pneumatisation of the maxillary sinus. For edentate patients with extremely severe resorption of the anterior maxilla, this technique can be combined with a bone graft.

The dimensions of the graft in this case can be smaller than would be required with the more common approach. Due to the reduced treatment time and preoperative risk of zygomatic implant placement compared with traditional bone-grafting methods, it may be an option for older patients and those with significant general health problems. (Sharma and Rahul, 2013).

David Pastorino, a materials science engineer and director of the ZAGA Centres network, said it had taken some time to develop the right techniques and materials for zygomatic implants. "Traditionally such cases had been treated with major block bone grafting, a complex procedure which sometimes involved a second surgery and was only successful in 80 per cent of cases. Patients were also left a long time without dentures, which had a significant social impact.

"Zygomatic implants address and help eliminate these issues. Immediate loading means no time without teeth and patients can usually eat and speak normally within a few short months. The cost is equivalent to conventional treatments; quality of life is substantially improved, and success rates are higher, which makes zygomatic procedures a very attractive investment for patients," said Pastorino.

"The field has undergone slow but significant change over the past 25 years. When they were first introduced, zygomatic implants were considered a treatment breakthrough, but there were complications, particularly rhinosinusitis and extensive soft tissue recession. Even when the surgical technique was adapted and an extra maxillary approach possible, this often solved the sinusitis problem only to worsen the soft tissue recession."

Mr Pastorino added: "Today, the zygomatic option has been refined, both in terms of surgical technique and implant design. For example, the ZAGA concept, an evidence-based protocol developed by Carlos Aparicio in Spain, helps clinicians select the most appropriate surgical approach according to the patient's anatomy, significantly reducing the risk of complications. The design of zygomatic implants has also been

Dr Carlos Aparicio, founder of an international network of professionals experienced in zygomatic implants, coaching a delegate at a recent conference

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A delegate to a recent zygomatic implant conference practises on a model jaw

developed. Once just longer versions of normal implants, they are now designed for the specific forces they must withstand, and the recent advent of purely titanium implants has meant zygomatic solutions could be made narrower without compromising stability or safety."

New, adapted designs have been developed to meet clinical requirements, such as the Straumann ZAGA Flat and ZAGA Round zygomatic implants. Now, ongoing research suggests that sinusitis rarely occurs, compared with 75 per cent of cases in the past.

"We accept that there is always room for improvement, but zygomatic implant techniques have reached a level of maturity that makes treatment safe when used correctly," said Mr Pastorino. "Zygomatic implants no longer need to result in chronic complications and you don't have to have 'golden hands' to place them. Clinicians do need experience and specific training but they do not need to be Picasso. With the right education, support, protocols and tools, zygomatic implants can be successfully and predictably placed."

edentulism2023.com

The zygomatic implant: a 20-year systematic review

Dental implants are commonly used in dental practices to restore aesthetic and oral functions. Reports revealed a high success rate of conventional dental implants. Similarly, pterygoid implants have demonstrated a high success profile in patients with the atrophic posterior maxilla.

However, conventional and pterygoid dental implants have limitations in treating patients presenting with tumour resection and trauma-induced severe maxillary bone deficits. In this case, zygomatic implants are reportedly a viable option.

Zygomatic implants are anchored to the cheekbone. Different surgical techniques have evolved since the introduction of the zygomatic implant by Swedish scientist Per-Ingvar Brånemark in the 1990s. Still, treating significant maxillary atrophy with a zygomatic implant is challenging. The procedure may demand bone grafting and raising micro-vascularised flaps, which require a lengthy healing time that can increase patients' morbidity due to pain. The anatomical complexity of the region is the other challenge of installing zygomatic implants. Insufficient maxillary ridge volume/severe maxillary ridge atrophy is the other major challenge in reconstructing the orofacial apparatus. Moreover, the surgical placement of a zygomatic implant to reconstruct an orofacial defect is associated with varying degrees of biological and prosthetic complications, including sinusitis, Schneiderian membrane penetration, and implant fracture.

Nevertheless, various surgical approaches have evolved to treat these and other challenging conditions. Placing angled implants in the para-sinus region, elevating the maxillary sinus floor with a bone substitute or graft, grafting iliac bone to increase bone volume, and installing implants in pterygoid apophysis are some of these approaches.

Zygomatic implant placement does not require adjunctive procedures such as intra or extra-oral bone harvesting. Using a zygomatic implant reduces treatment costs, patient morbidity, the risk of developing surgical complications and the likelihood of prolonged hospitalisation. Therefore, zygomatic implants are reported to be an acceptable modality to treat patients with severe maxillary deficits.

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Zygomatic implants can be placed unilaterally or bilaterally, depending on the clinical indication. Accordingly, one or two zygomatic implants can be installed on each side of the zygomatic buttresses. General anaesthesia or intravenous sedation may need to be administered to surgically attach zygomatic implants to zygomatic bone.

Various studies reported predictable long-term clinical outcomes of conventional implants in restoring aesthetic and oral functions. But conventional implants have limitations regarding treating patients with inadequate maxillary bone quantity. The introduction of zygomatic implants has reportedly filled this gap.

Yet reports on the success rate of zygomatic implants remained scarce. In this regard, a systematic review aimed at assessing the success rate of zygomatic implants in orofacial reconstructive surgery was conducted in November 2019. The study reported a 97.6 per cent success rate of zygomatic implants. Yet, the success rate may not remain the same over time. Therefore, the latest study aimed to update the success rate of the zygomatic implant by including the latest publications.

The systematic review included 81 articles for data analysis. A total of 6628 zygomatic implants were placed to restore orofacial configuration in 2,913 patients, meaning that a mean of 2.3 implants were placed in a single patient. Accordingly, the cumulative success rate of zygomatic implants was calculated to be 94.9 per cent after an average follow-up period of 3.1 years.

Similarly, other research works revealed a zygomatic implant success rate that ranges from 82 per cent to 100 per cent.

For instance, Parel et al. reported a 100 per cent success rate for zygomatic implants after a six-year follow-up. Bedrossian et al., revealed a 100 per cent success rate after 34 months of follow-up.

Becktor et al. studied 16 patients who received 31 zygomatic implants over an average period of 46.4 months. This research team reported a zygomatic implant survival rate of 90.3 per cent. After a year of follow-up, a 97.9 per cent success rate was reported by Hirsch et al.

In the same way, Al-Nawas et al. and Chrcanovic et al. calculated 97 per cent and 96.7 per cent zygomatic implant success rates, respectively. In other words, a considerable number of the literature disclosed the effectiveness and predictability of zygomatic implants in restoring orofacial defects.

However, the surgical placement of zygomatic implants is not free from complications. Accordingly, several studies reported varying degrees of complications, such as sinusitis, oroantral opening, rhinosinusitis, soft-tissue dehiscence, zygomatic bone fracture and intracranial penetration.

According to scholars, the anatomic complexity of the orofacial region remained a major challenge for clinicians with limited experience in placing zygomatic implants. As such, scientists underscore that the importance of a thorough understanding of the anatomy of the zygoma, the biological fixture of the maxilla and maxillary sinus, and the biomechanical characteristics of the zygoma are crucial to ensuring excellent clinical outcomes.

However, despite the anatomic complexity and the reported biological constraints and complications, clinicians and researchers praised the procedure for its high success rate. The finding of this updated review and many other reports supports the above argument. For instance, an overview of systematic reviews that aimed to assess their quality regarding the effectiveness of zygomatic implants reported a 96.7 per cent success rate, which is more or less similar to the finding of this study. Goiato et al. and Aparicio et al. also reported similar commutative success rates, which are comparable findings to this updated review.

In general, the results of this review and other studies suggest that the surgical placement of zygomatic implants is safe and reliable. The procedure is less invasive and more predictable than other bone grafting procedures, including sinus elevation. Moreover, the procedure is applicable in cases where autogenous bone cannot be harvested, and allograft may not be advisable for several reasons. However, it is worth enough to remind that the procedure is associated with severe complications, which, although rare, may jeopardise the outcomes of the treatment.

Maxillary prosthesis supported by zygomatic implants

Conclusion

According to various reports, the success rates of zygomatic implants vary between 82 per cent and 100 per cent. Therefore, this updated systematic review's findings also suit this category well. Thus, these findings support the argument that the placement of zygomatic implants to reconstruct orofacial defects is a predictable approach. In other words, the surgical placement of zygomatic implants is a superior approach to treating severe orofacial defects. However, the procedure is associated with considerable biological complications.

Furthermore, factors such as limited intraoperative visibility, the complexity of the anatomical structures, the anatomic proximity of delicate organs and the intricacies of the zygomatic curve made the procedure a surgical skill demanding clinical practice. Therefore, the procedure should be carried out by highly skilled surgeons. Moreover, conducting clinical trials with longer follow-ups and larger study participants is essential to ascertain the long-term success rate of the procedure in reconstructing orofacial deformities.

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19 and 20 May

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- Medical Emergencies
- Disinfection and Decontamination
- Radiography and Radiation Protection
- Legal and Ethical Issues
- Complaints Handling
- Oral Cancer: Early Detection
- Safeguarding Children and Young People
- Safeguarding Vulnerable Adults.

There are also clinical expertise lectures, workshops and hands-on sessions by leading practitioners including:

- Paul Tipton
- Tariq Ali
- Lisa Currie
- Arshad Ali
- Siobhan Hewson
- Tariq Bashir
- Elaine Halley
- Rob Endicott
- Arvind Sharma
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- Treatment options for the wear case
- Everything the general dentist should know about implants
- Interceptive orthodontics: when and what to refer?
- Effective treatment planning
- Endodontic advances: assessment, diagnosis and preparation
- Anterior composites: tips and tricks for predictable results
- Smile design with Invisalign Smile Architect
- Reaching out to people: using sedation to improve your practice
- When to consider making an endodontic referral
- Contemporary bridge design
- Caring for patients with bleeding disorders
- Custom-made medical device regulations
- Using digital workflows to deliver real-life patient care
- Endodontic advances: obturation, vital pulp therapy, revascularisation and resorption.

There are lectures and workshops specifically designed for dental nurses and therapists, including:

- From Dental Nurse to Practice Manager: an introduction to practice management
- Oral Cancer: the role of the dental nurse
- How to become a mobile hygienist
- An introduction to becoming a treatment co-ordinator.

The Education Programme also includes sessions on practice business and personal finance; from buying or selling a practice to recruiting and retaining staff and planning for your financial future.

Last, but not least, it includes sessions on wellbeing, such as The Science of Positive Health and Happiness At Work: what are the keys to success?

An outline of the programme appears on the following pages. For full details of lecture/workshop content (Aims, Objectives, Learning Outcomes and GDC Development Outcomes) as well as timings and any changes or additions, please visit **sdshow.co.uk**

Education Programme

FRIDAY 19 MAY

CLINICAL EXPERTISE

Treatment Options for the Wear Case

Professor Paul Tipton, Clinical Lead, Tipton Training

Aims: This session will discuss the aetiologies of tooth wear, including stress and bruxism, and the influence that occlusion has on bruxism and wear.

Development Outcomes: C, D

Implants 101: Everything the general dentist should know about implants

Dr Tariq Ali, Principal Dentist, Centre for Implant Dentistry

Aims: The aim of this session is to provide a base of knowledge about implant dentistry that can be applied to daily general practice. This session is designed for general dentists, nurses and team members.

Development Outcomes: A, C, D

Interceptive Orthodontics: When and what to refer?

Dr Lisa Currie, Clinical Director, The Orthodontic Clinic

Aims: GDPs are the gatekeepers for assessing the developing dentition and have a responsibility for making appropriate orthodontic referrals. Specific occlusal problems can greatly benefit from early orthodontic intervention. This presentation will help guide the GDP to identify those cases that should be referred for early intervention and what particular malocclusions to look out for.

Development Outcomes: C

Getting Started in Aesthetic Medicine: A demonstration of botulinum toxin and dermal fillers

Dr Paula Mann and Dr Caroline Henderson, Aesthetic Training Academy

Aims: The aim of this session is to introduce participants to the exciting field of non-surgical facial treatments.

Development Outcomes: C, D

Dental Therapy: Unleashing the hidden potential in practice

Lauren Long, Dental Therapist

Aims: With the ever-increasing demand for dental treatment, there has never been a better time to utilise the skills of the entire dental team to provide the best care for patients. This session will outline how to introduce effective protocols; allowing the dental therapist to utilise their entire skill set to the benefit of patients, the practice and the whole team.

Development Outcomes: A, B

Effective Treatment Planning

Dr Arshad Ali, Specialist in Restorative Dentistry, Scottish Centre of Excellence for Dentistry

Aims: The aim of this session is to introduce participants to an approach to effective treatment planning.

Development Outcomes: C, D

Endodontic Advances Part One: Assessment, diagnosis and preparation

Dr Siobhan Hewson, Associate Dentist, The Dental Practice

Aims: The aim of this session is to update general practitioners on advances and trends in endodontics; to understand how they may introduce these concepts into their daily practices, making treatment more straightforward and giving them the best chance of success.

Development Outcomes: C

Space Closure with Composite: Tips and tricks for predictable results

Dr Tariq Bashir, Excellence in Dentistry

Aims: The aim of this session is to cover tips and tricks in the creation of beautiful natural anterior restorations.

Development Outcomes: C

Smile Design with Invisalign Smile Architect

Dr Elaine Halley, Director, Cherrybank Dental Spa

Aims: In this session, Dr Halley will share experience of smile design using a comprehensive and systematic approach to ensure function and form can be optimised in synchrony. Using Invisalign Smile Architect™ planning software, it will demonstrate integrating aesthetic restorative work into orthodontic treatment using Invisalign Clear Aligners.

Development Outcomes: C

Piezoelectric Advanced Instrumentation and Air-powder Polishing Systems

Siobhan Kelleher and Lauren Long

Aims: The aim of this session is to

broaden the dental health professionals' understanding of the scientific evidence and the practical use of debridement tools.
Development Outcomes: C

GDC 'RECOMMENDED' AND 'HIGHLY RECOMMENDED'

Radiographic Image Quality, Optimisation and Radiation Protection

Mark Worrall, University of Dundee
Aims: This session considers radiographic image quality and looks at methods of improving it, including adjustment of exposure factors, careful positioning and detector options. Optimisation – achieving an image capable of meeting the diagnostic aims for a radiation dose as low as reasonably practicable – is discussed, with references to national Diagnostic Reference Levels for dental X-ray examinations. The session will end with a refresher on radiation protection.
Development Outcomes: C

Successful complaint management

Aubrey Craig, Head of Dental Division, MDDUS
Aims: The aim of this session is to provide an understanding of the principles of complaint management. This session is applicable to all members of the dental team.
Development Outcomes: A, B, D

Safeguarding Children and Young People

Dr Christine Park, Honorary Consultant in Paediatric Dentistry, University of Glasgow
Aims: The aim of this session is to introduce participants to child safeguarding in dentistry so they are aware of their roles and responsibilities and know what to do should they have concerns about the welfare of children. The session is designed for all members of the dental team whether working in NHS or private practice.
Development Outcomes: A, D

Ethical Decision Making for Dental Care Professionals

Jane Holt, Senior Teaching Fellow, and Suzanne Riordan, Teaching Fellow, University of Leeds
Aims: The aim of this session is to introduce participants to the key ethical principles for patient care – consent, confidentiality and record keeping – and provide a structure to their ethical decision making, so that they will be able to apply these effectively within the general practice setting.
Development Outcomes: A, C, D

Sepsis - what you need to know

Professor Mark Greenwood, Consultant Oral and Maxillofacial Surgeon, Royal Victoria Infirmary, Newcastle
Aims: The aim of this session is to provide an overview of the identification, referral routes and initial management of patients with sepsis to guide future patient management.
Development Outcomes: A, B, C

Infection Control and Decontamination Update

Stacey O'Donoghue, Dental Tutor, QIiPT, NES.
Aims: The aim of this session is to direct participants towards the latest guidance on infection control and decontamination, to enable them to apply current guidance in the practice setting.
Development Outcomes: C, D

An ethical decision-making tool to discuss the ethical dilemmas in dental practice

Jane Holt and Suzanne Riordan, Teaching Fellows, University of Leeds
Aims: The aim of this session is to recap the key ethical principles for patient care, as outlined in the previous lecture, and provide a structure to their ethical decision making, so that they will be able to apply these effectively within the general practice setting.
Development Outcomes: A, C, D

Oral Cancer: Top tips for primary dental care

Mike Lewis, Professor of Oral Surgery, Cardiff University
Aims: This interactive lecture, suitable for all members of the dental team, aims to provide participants with a contemporary understanding of the various aspects of mouth cancer.
Development Outcomes: C, D

Safeguarding Vulnerable Adults: A role beyond four walls, 32 teeth, a periodontium and oral mucosa

Nick Beacher, Clinical Senior Lecturer/ Honorary Consultant in Special Care Dentistry, University of Glasgow
Aims: This session will update participants' knowledge on working with vulnerable adults and adults who lack the capacity to consent in relation to health, social and personal care needs.
Development Outcomes: A, C, D

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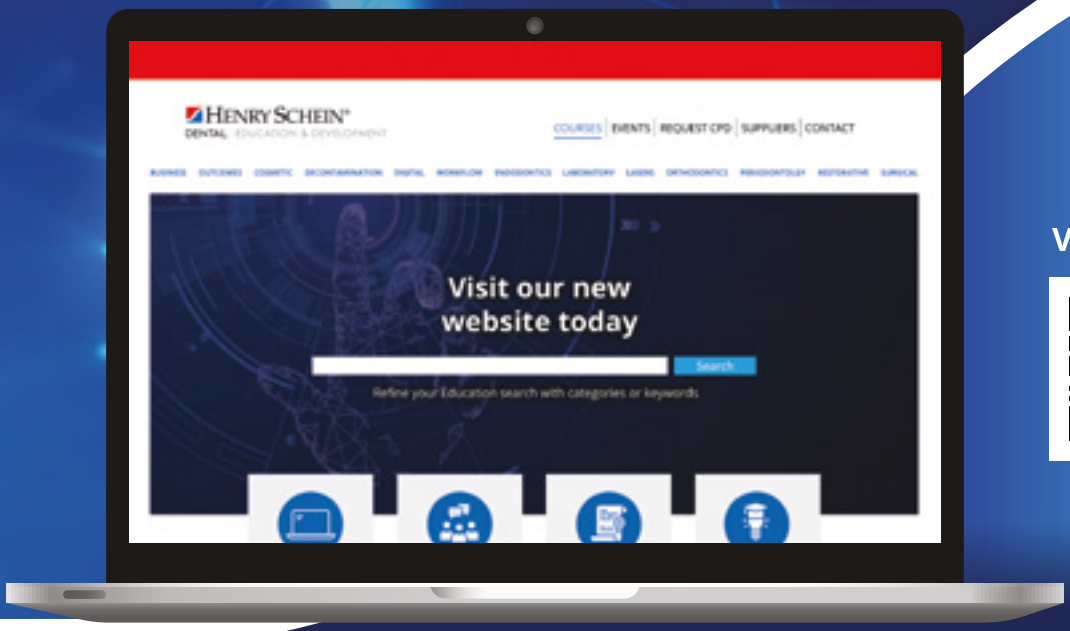

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DENTAL NURSING & THERAPY

From Dental Nurse to Practice Manager: An introduction to practice management

Illona McLay, Dental Business Coach

Aims: The aim of this session is to introduce participants to becoming a Practice Manager. It is also designed for anyone contemplating a move into people management or seeking to develop their role.

Development Outcomes: C

Oral Cancer: The role of the dental nurse

Emma Riley

Aims: The aims of this session are to raise awareness of oral cancer, through providing a greater understanding of the causative and contributory factors, and to explore the long-term effects of the disease and the impact that it can have.

Development Outcomes: A, B, D (in part)

Looking After Our Communities: How to become a mobile hygienist

Fiona Perry, Dental Hygienist

Aims: The aim of this session is to introduce participants to the possibilities of becoming a mobile hygienist.

Development Outcomes: B, C, D

For Dental Nurses: An introduction to becoming a Treatment Co-ordinator

Kayleigh Robinson

Aims: The aim of this session is to introduce participants to the role of Treatment Co-ordinator and give an understanding of the patient journey, consultation and personality profiling.

Development Outcomes: A, C, D

BUSINESS & FINANCE

The Benefits of a Holistic Approach to Financial Planning

Frank Parsons, IFA Development Manager, Lloyd & Wright

Aims: The aim of the session is to provide an overview of the benefits of professional financial planning, by understanding how looking at all aspects of your work and personal life can help you achieve the life you want.

Development Outcomes: B

Employment Status Update and Imminent Changes to Basis Period for Tax

Anna Coff, Manager, and Samantha Turkington, Senior Chartered Accountant, EQ Accountants

Aims: The aims of this session are to cover the topics of self-employed status of associate dentists, now HMRC has removed the automatic concession, and how the basis period reform will impact unincorporated dental practices and associates.

Development Outcomes: B

Recruitment and Retention

Noele McClelland, Partner and Head of Employment Team, Thorntons

Aims: The aim of this session is to give attendees an understanding of the main employment issues to be aware of when recruiting new employees and tools for retaining staff. This session will be useful for people managers and those with responsibility for hiring new staff.

Development Outcomes: B

WELLBEING

Live Your Best Life: The science of positive health

Siobhan Kelleher

Aims: The aim of this session is to introduce important new approaches to understanding and dealing with lifestyle-related diseases, with a particular emphasis on the emerging role of psychological factors in preventing and minimising disease and in maximising health and wellbeing. Siobhan will also talk about PERMA, Ikigai, the Pillars of Resilience, and how to recognise the cascade of stress.

Development Outcomes: A, B, D

SATURDAY, 20 MAY

CLINICAL EXPERTISE

Reaching Out To People: Using sedation to improve your practice
Dr Rob Endicott
Aims: To educate the dental team about the need sedation and to show how, by offering this, the practice can increase their word of mouth referrals and grow their practices
Development Outcomes: C

When to consider making an Endodontic Referral
Arvind Sharmer
Aims: The aim of this session is to discuss the glide path and introduce a single file system to allow a simpler treatment protocol for general practice.
Development Outcomes: C

Piezoelectric Advanced Instrumentation and Air-powder Polishing Systems
Siobhan Kelleher and Lauren Long
Aims: The aim of this session is to broaden the dental health professionals' understanding of the scientific evidence and the practical use of debridement tools.
Development Outcomes: C

Custom-made Medical Device Regulations: Where are we following Brexit and COVID-19?
James Green, Maxillofacial and Dental Laboratory Manager, GOSH
Aims: The aim of this session is to provide an overview of the medical device regulations that are relevant to dental professionals who have roles in providing custom-made medical devices (such as crowns, dentures and orthodontic appliances).
Development Outcomes: C, D

Contemporary Bridge Design
Professor Paul Tipton, Clinical Lead, Tipton Training
Aims: This session will cover different bridge design types, such as fixed, adhesive, cantilever coping bridges and Lindhe/Nyman, as well as planning a bridge and tooth preparation.
Development Outcomes: C, D

Bleeding Hearts: How can we make a positive impact?
Lochana Nanayakkara, Consultant in Restorative Dentistry, Barts Health NHS Trust
Aims: The aim of this session is to focus on two areas that dentists may encounter; patients with bleeding disorders and patients considered at risk of bacterial endocarditis.
Development Outcomes: A, C

Implants 101: Everything the general dentist should know about implants
Dr Tariq Ali, Principal Dentist, Centre for Implant Dentistry
Aims: The aim of this session is to provide a base of knowledge about implant dentistry that can be applied to daily general practice. This session is designed for general dentists, nurses and team members.
Development Outcomes: A, C, D

Dentistry Redesigned: Using digital workflows to deliver real-life patient care
Dr Martina Hodgson, Principal Dentist, The Dental Studio
Aims: The aim of this lecture is to introduce concepts of a digital workflow focused on the patient experience and enable delegates to apply digital tools in their own clinical setting, in consent, communication, diagnosis and treatment planning.
Development Outcomes: A, C

Endodontic Advances Part Two: Obturation, vital pulp therapy, revascularisation and resorption
Dr Siobhan Hewson, Associate Dentist, The Dental Practice
Aims: The aim of this session is to update general practitioners on advances and trends in endodontics; to understand how they may introduce these concepts into their daily practices, making treatment more straightforward and giving them the best chance of success.
Development Outcomes: C

Getting Started in Aesthetic Medicine: A demonstration of botulinum toxin and dermal fillers
Dr Paula Mann and Dr Caroline Henderson, Aesthetic Training Academy
Aims: The aim of this session is to introduce participants to the exciting field of non-surgical facial treatments.
Development Outcomes: C, D

GDC 'RECOMMENDED' AND 'HIGHLY RECOMMENDED'

Radiographic image quality, Optimisation and Radiation Protection
Mark Worrall, Head of Medical Physics, University of Dundee
Aims: This session considers radiographic image quality and looks at methods of improving it, including adjustment of exposure factors, careful positioning and detector options. Optimisation – achieving an image capable of meeting the diagnostic aims for a radiation dose as low as reasonably practicable – is discussed, with references to national Diagnostic Reference Levels for dental X-ray examinations. The session will end with a refresher on practical radiation protection.
Development Outcomes: C

Dental Care Professionals: An ethical decision-making tool to discuss the ethical dilemmas in dental practice
Jane Holt, Senior Teaching Fellow, and Suzanne Riordan, Teaching Fellow, University of Leeds
Aims: The aim of this session is to recap the key ethical principles for patient care, as outlined in the previous lecture, and provide a structure to their ethical decision making, so that they will be able to apply these effectively within the general practice setting.
Development Outcomes: A, C, D

Infection Control and Decontamination Update
Stacey O'Donoghue, Dental Tutor, QIiPT, NES.
Aims: The aim of this session is to direct participants towards the latest guidance on infection control and decontamination, to enable them to apply current guidance in the practice setting.
Development Outcomes: C, D

Medical Emergencies: Current guidelines, professional responsibilities, frequency and management
Stuart Clark, Consultant Oral and Maxillofacial Surgeon
Aims: The aim of this session is to highlight current guidelines and professional responsibilities of clinicians in a dental practice and to outline the frequency of medical emergencies and the management of them. This session is suitable for the whole dental team.
Development Outcomes: B, C, D

Safeguarding Vulnerable Adults: A role beyond four walls, 32 teeth, a periodontium and oral mucosa
Nick Beacher, Clinical Senior Lecturer/ Honorary Consultant in Special Care Dentistry, University of Glasgow
Aims: This session will update participants' knowledge on working with vulnerable adults and adults who lack the capacity to consent in relation to health, social and personal care needs.
Development Outcomes: A, C, D

Effective Management of Dental Complaints
Dr India Beason, Dento Legal Advisor, Densura
Aims: This presentation will consider why complaints occur and how they can be prevented, identify the areas of risk in practice that can lead to complaints,

consider what simple steps can be taken to minimise or eliminate the risk and consider what steps can be taken to close them as quickly as possible to minimise escalation to the NHS, the GDC or the Ombudsman.
Development Outcomes: A, B, D

DENTAL NURSING & THERAPY

Dental Therapy: Unleashing the hidden potential in practice

Lauren Long, Dental Therapist
Aims: With the ever-increasing demand for dental treatment, there has never been a better time to utilise the skills of the entire dental team to provide the best care for patients. This session will outline how to introduce effective protocols, allowing the dental therapist to utilise their entire skill set to the benefit of patients, the practice and the whole team.
Development Outcomes: A, B

Oral Cancer: The role of the dental nurse

Emma Riley
Aims: The aims of this session are to raise awareness of oral cancer, through providing a greater understanding of the causative and contributory factors, and to explore the long-term effects of the disease and the impact that it can have.
Development Outcomes: A, B, D (in part)

BUSINESS & FINANCE

Buying and Selling: The key considerations to allow for a seamless approach

Anne Smith, Partner, and Vanessa Pople, Partner, Azets
Aims: Tbc
Development Outcomes: Tbc

UK Immigration Law: Recruitment of overseas dentists and other dental professionals

Gurjit Pall, Legal Director, Thorntons LLP
Aims: The aim of this session is to provide an overview of the UK immigration law requirements you need to meet to be able to recruit and hire overseas dentists and other dental professionals.
Development Outcomes: B, C

WELLBEING

Happiness at Work: What are the keys to success?

Dr Jeremy Cooper
Aims: The aim of this session is to show participants how to manage their work lives and enjoy their career as a dentist.
Development Outcomes: A, B, D

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"The highlight remains the classroom singing 'thank you' at the top of their voices," says Anita

Giving back

A Scotland-based dentist, with the support of her practice, is bringing a smile to the faces of children in Kenya

WORDS
WILL PEAKIN

Anita Jutley "fell into" dentistry. Born in South East London in the seventies, she recalls that times were tough.

"My parents, who had emigrated from Kenya, wanted their children to settle into 'stable careers' with long-term prospects," she said. "After all, that's why they moved in the first place."

Anita qualified from The Royal London in 1996 and completed her vocational training at a practice in Catford. Shortly after graduating she had met her future husband, a cardiothoracic surgeon. They decided that his career path would take precedence, which meant posts in Aberdeen, Inverness, Glasgow and, latterly, Nottingham. "The decision worked well," said Anita, "because it allowed me to be the homemaker and mother – something I didn't expect to take to and enjoy as much as I did!"

But their links with Kenya, where her husband was born and Anita still has family, remained strong. Between their time in Nottingham and their return to Scotland, they lived there for 10 years.

Anita's husband had previously established a charity that performed open heart surgery using the 'Robin Hood method'; operating on financially able people and using the profits to do the same for the poor. He commercialised the idea and raised funding from investors, including the World Bank, to build a hospital in Kenya. But the backers wanted him there, to lead the project.

"Initially, I didn't welcome the news," said Anita. "We were settled with our children in Nottingham, in a dream house. But, within six months of being in Kenya I was 100 per cent sold. To the point where coming back to Scotland, after 10 years, was difficult."

The move saw Anita take up a post as a dentist at Infinityblu in Callander and set up home with their four children – "and a needy Labrador" – in Kilmahog, part of the Loch Lomond and The Trossachs National Park. But she "needed to still have links with Kenya, that allowed me to contribute something to society," she said.

"We also have a home in the bush, overlooking the park in Maasai country. Having seen what my husband was doing, it occurred to me that I could also do something similar related to dentistry – and here we are."

The "here" is an oral health initiative aimed at children: "The idea is still growing and adjusting to local needs. I am working alongside the local Chief, Nellie. Together,

> **"THE KIDS ARE SO ENTHUSIASTIC THAT IT MOVES YOU TO TEARS WHEN THEY SING AFTERWARDS, THANKING YOU"**

we decided to start the process from the ground up and do teaching sessions at the local school and orphanage on simple things such as teeth brushing and dental hygiene.

"The kids are so enthusiastic that it moves you to tears when they sing a local song afterwards, thanking you for showing them just how to use a toothbrush. Infinityblu has been extremely generous in supporting this initiative by providing the models, consumables and disposables.

"On my first visit, I managed to see 100-plus children in two days in the primary school and orphanage. It was so well-received that I asked my colleagues to join me for the next visit. A few months later, I went with Shelley, my nurse, and her partner Gavin. More schools are keen we visit them, and it looks this might be a regular thing. We are learning all the time. For example, I have noticed a higher prevalence of fluorosis in the area which makes me think about doing a deeper dive into the borehole water content.

"This has been, and continues to be, life-changing for me. Dentistry in the UK is seeing challenges and, along with most other folks, I was despondent with what I was seeing. Doing something as simple as showing how to brush their teeth to such happy people was heart-warming. The highlight remains the classroom singing 'thank you', at the top of their voices – it would make even the coldest of hearts melt."

Anita and nurse Shelley with school teacher Nellie outside the primary school

What are your plans now?

"Ah, ok – you'll find this interesting," said Anita, smiling. "Some might even roll their eyes as it might seem to conflict with what I am doing –but hear me out. My passion is baking, and my husband's passion is cooking, especially regional Asian curries. We have a plan to open a not-for-profit baking and cooking school for single mothers who have been neglected by society and often end up on the streets. If we can train them to make simple dishes, then they will be in employment in the city as cooks.

"I will be working on a one-spoon-one bowl technique and my husband is looking into solar ovens so the whole enterprise will be environmentally friendly. So, I am appealing to all the practices, dentists, nurses and anyone keen out there; come and join me for some sunshine, fun and 'doing good' in Kenya. Those who bake are particularly welcome. We will have fun driving in the bush in a 35-yr old Landover, looking out for giraffes, zebras and gazelles, while we go to local schools putting smiles on their and our faces."

> "WE WILL HAVE FUN DRIVING, LOOKING OUT FOR GIRAFFES, TO LOCAL SCHOOLS PUTTING SMILES ON THEIR AND OUR FACES"

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The Centre for Implant Dentistry is located at 100 Berkeley Street in Glasgow City Centre. It's a fresh, characteristic clinic offering a bespoke dental implant service with a passion for being one of Scotland's highly recommended referral practices.

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GDC 74600

Dr Amir Sharif
BDS(Glas) MSc Implantology (Manch) MFDS RCPSG (Glas)
GDC 25148

Dr Mark Nelson
BDS MSc (Rest Dent) MFDS RCPS (Glasgow)
GDC 209158

Dr Darina McCartan
BDS(Glas)
GDC 74501

Jennifer White
DipDH RCSED
GDC 5982

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IMPOSTER SYNDROME

... and what to do about it

WORDS
ALUN K REES

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

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IN THE course of preparing this article, I have researched the term 'Imposter Syndrome' and concluded that there is no such thing. But that is not the end of it. Too many people experience something that they can clearly describe so I shall call it 'The Imposter Phenomenon' which is how the authors of the original work referred to it. Their paper was published in 1978 – about the time I was aware of something, but believed it was only me who experienced it.

The phenomenon is mostly reported by women, but I know that there are plenty of men who will admit to living with it.

Three critical attributes of the phenomenon are:

1. Thinking that people have an exaggerated view of your abilities.
2. The fear of being exposed as a fraud.
3. The continuous tendency to downplay your achievements.

Sound familiar?

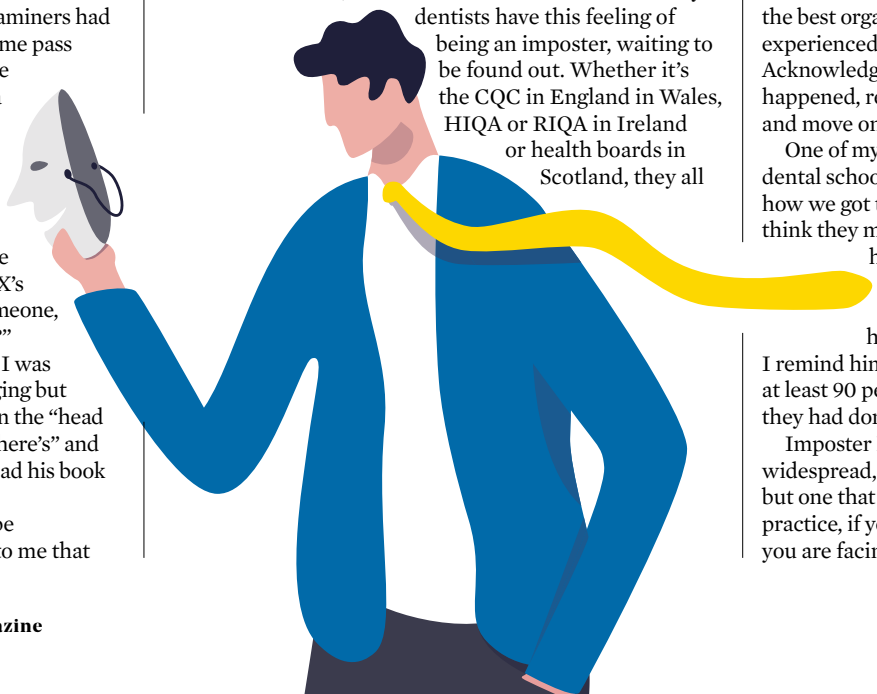
Let me share some of the times it has affected me. After graduation (when I knew that the examiners had made a mistake in letting me pass my finals), I left Newcastle and was interviewed for a resident oral surgery post at The (Royal) London Hospital. The waiting room was packed with candidates who (all) seemed keen to psyche me out. "I turned down Prof X's post for this one," said someone, "Oh" I replied, "who's he?" My ignorance meant that I was hardly worth acknowledging but she assured me that he ran the "head and neck unit at St Elsewhere's" and that surely, I must have read his book on surgery.

By the time I came to be interviewed it was clear to me that I had no chance of getting the job. So, I told the truth about career plans (I had none beyond this six-month post) and my experience (very little). Surprisingly, I got the job. That of course meant that for the first month, on a daily basis, I waited to be found out, dismissed and replaced by Ms Smarty Pants. It didn't happen.

When I started as an associate in a 100 per cent NHS amalgam factory, no matter how much I grossed, one of the principals always took me to task that it wasn't enough. Their implication was that I worked too slowly, didn't sell enough, wasn't watching my hourly gross, and therefore wouldn't pay my way. And of course, would be a failure. After 18 months the practice administrator shared some of the grosses of previous associates and partners and I realised I was in the same ballpark.

It eventually dawned on me that the braggadocio of other delegates at meetings who claimed, for instance, to do "half a dozen full mouth rehabs a week" was pure swagger.

Over the past 18 years of consultancy, getting under the skin of dozens, or more, of practices I have come to realise that many dentists have this feeling of being an imposter, waiting to be found out. Whether it's the CQC in England in Wales, HIQA or RIQA in Ireland or health boards in Scotland, they all cast a long shadow and imply they carry a big stick.



The sight of a letter with the Dental Council franking is enough to increase blood pressure. A phone call from a patient "must be" a complaint. The booking of an emergency appointment for Mrs Jones/Murphy/McTavish makes you re-run every restoration you have provided and presume they have failed. Despite their popularity, profits and professionalism, many practice owners and associates are waiting for their bubble to burst.

Enough of descriptions; I think you get my drift. How to deal with it?

You are not on your own. Only the ignorant and the dangerous presume that they are always ready and right. The rest of us, the majority, have second thoughts, are right to be aware but should not be dominated by them.

Learn from every experience you face. One metaphor I use is to imagine you are walking a circular staircase on the inner wall of a tower. Every so often you can see out of the window and appreciate the height you have reached. Take time to measure, and enjoy, your progress.

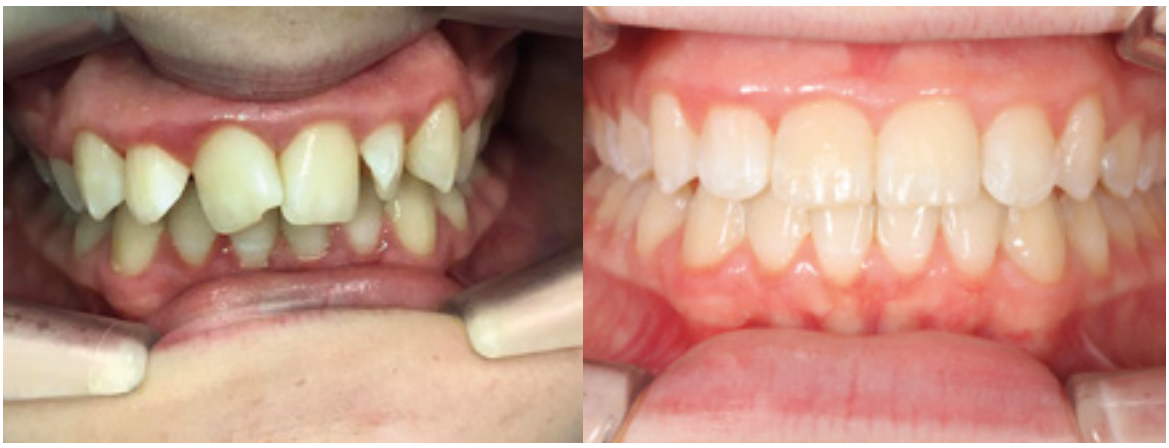
Mistakes will happen even to the best organised, most skilful and experienced clinician or business. Acknowledge that something has happened, rectify it, learn from it and move on.

One of my best friends from dental school still says: "I have no idea how we got through finals, mate. I still think they made a mistake." Even in his retirement, after caring for and benefitting thousands of patients, he waits to be found out! I remind him that of our cohort of 50, at least 90 per cent of them believed they had done worse than they did.

Imposter Phenomenon is widespread, brings a constant battle but one that you can win, with practice, if you are aware of what you are facing.

Class II Correction Using the Invisalign™ Clear Aligner Mandibular Advancement Feature

Dr Andrew McGregor, Specialist Orthodontist,
BDS (UK), MSc, BSc(Hons), MFDS RCS, MOrth RCS



Introduction

Clear aligner appliances have gained huge popularity over the last decade with many systems now available to the orthodontic practitioner. The pioneering brand and market leader is the Invisalign™ Clear Aligner system, introduced by Align Technology in 1999[1].

Decades of research and development have seen this appliance transform into a viable alternative to traditional fixed appliances in many clinical situations, offering added benefits to the patient such as comfort, discreetness, and ease of cleaning.

The original Invisalign™ clear aligners were designed for mild malocclusions, often being restricted to cosmetic improvement of anterior teeth[2]. The evolution of the appliance, now claiming to effectively tackle most complex orthodontic issues, has led to the introduction of the Mandibular Advancement (MA) feature in 20181. This treatment option is designed for Class II antero-posterior (A-P) correction in children and teens where traditionally a functional appliance would be prescribed.

The modified Clark's Twin Block Appliance (TBA) is currently the most popular functional appliance in the UK. Proved to be highly effective in favourable clinical conditions, the major obstacle to success remains poor patient compliance (10-49%) owing to its hard, bulky form which can be uncomfortable, negatively impact self-esteem and affect speech[3].

In addition, the TBA cannot accurately align individual teeth. In most cases therefore, following A-P correction, the clinician is committed to converting the patient to fixed orthodontic appliances to complete alignment. This can add another 12-18 months of treatment time, depending on case complexity.

Invisalign's MA feature is marketed as an appliance that "Simultaneously postures the jaw forward while aligning the patients' teeth"[1] the theory being we can avoid the traditional two-stage functional/fixed technique and reduce overall treatment time. Robust evidence is yet to confirm this hypothesis, but here I present a teenage case treated successfully with the Invisalign™ MA system.

> "DECADES OF RESEARCH AND DEVELOPMENT HAVE SEEN THIS APPLIANCE TRANSFORM INTO A VIABLE ALTERNATIVE TO TRADITIONAL FIXED APPLIANCES"

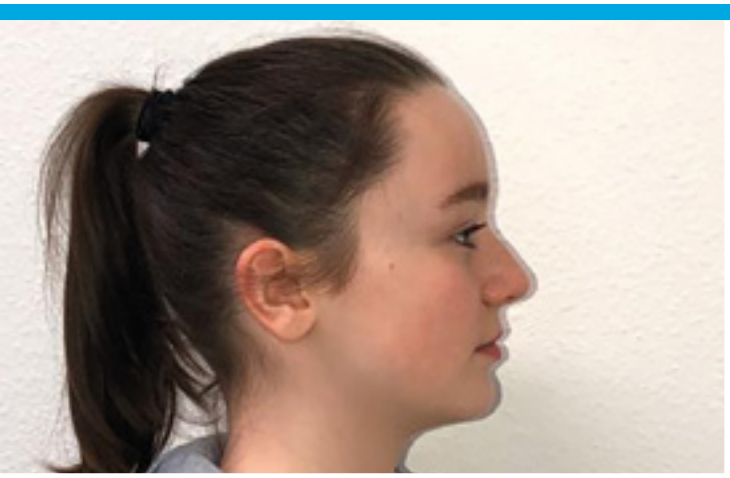
Diagnosis and treatment planning

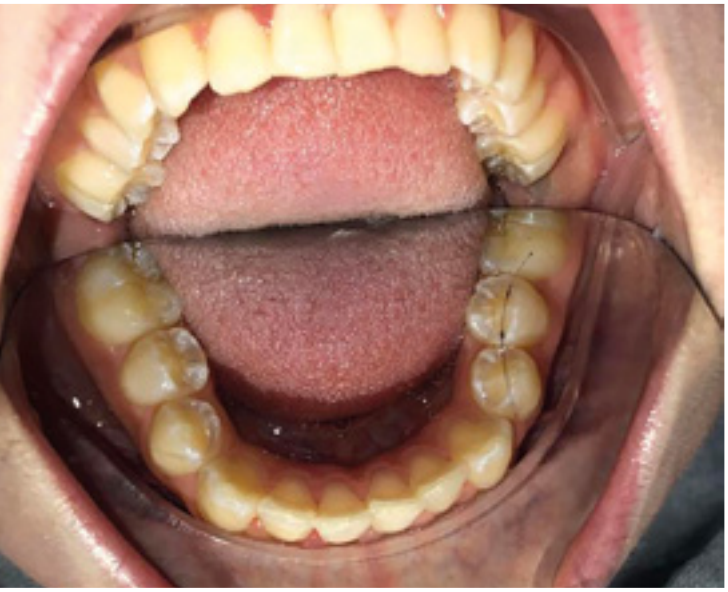
A 14-year-old female presented in the permanent dentition complaining of upper anterior crowding. She had a Class II division 1 malocclusion on a mild Class II skeletal base with full unit class II molar and canine relationships bilaterally. The upper arch was moderately crowded, lower arch mildly crowded and centrelines coincident to the facial midline. Radiographs revealed all permanent teeth to be present and free of pathology.

The option of treating with Invisalign™ was first raised by the patient as she was a highly proficient flautist (flute player), committed to hours of daily practise and several assessments every year. Her tutors had recommended against wearing fixed appliances if she wanted to progress with her musical development.

Space analysis decreed that extractions would be necessary to reduce the overjet unless a Class I malocclusion could be achieved by incorporating a functional appliance to anteriorly posture the mandible. The patient and parent therefore consented for use of Invisalign™ MA in the first instance.

Start images





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To have a confidential discussion about joining our team, please contact:

Philip Friel, Clinical Director
M: 07947 004 435 E: Philip@sdcgroup.co.uk

Original Clincheck

Intra-oral scans and photographs were sent to Align Technology Inc, CA, USA for design and manufacture of the clear aligners.

Special instruction to the technician included use of the MA feature for at least six months to advance the mandible to an edge-to-edge incisor position. As this advancement is happening in 2mm increments, misplaced teeth begin to straighten. The first approved clincheck generated 40 aligners.

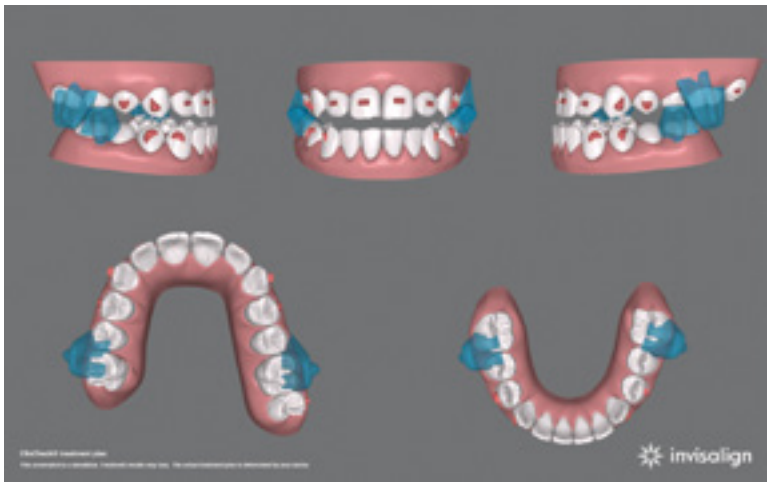
Treatment progress

Stage 1 (Start)

The patient was instructed to wear her appliances for at least 22 hours per day where possible and change aligners weekly. When practising the flute, it was agreed that the 22-hour target was unlikely to be met so we would add extra days wear to compensate. The Dental Monitoring™ app was used to track patient progress remotely to reduce the number of clinical appointments needed.

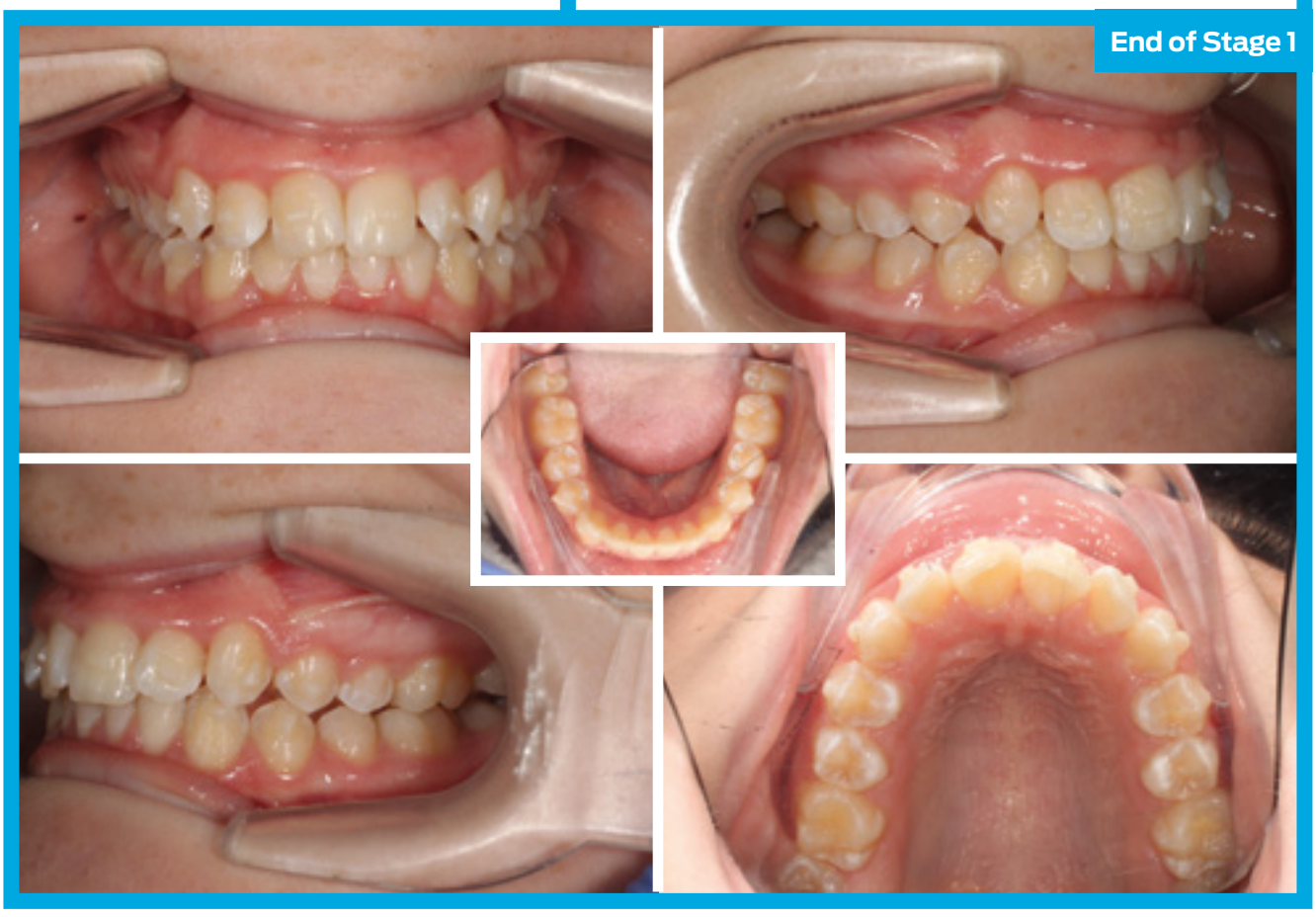
Stage 1 (End)

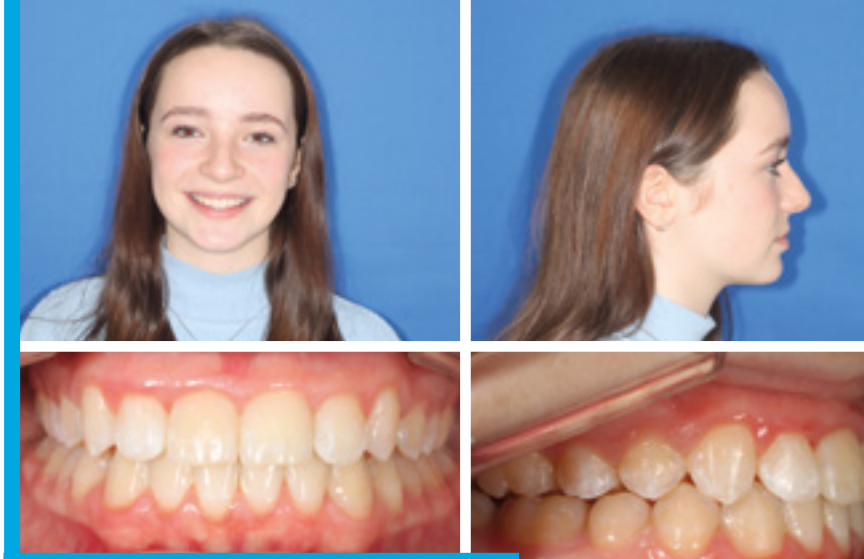
After six months, the patient had achieved a near Class I buccal segment relationship and much improved anterior alignment. As expected, there had been some loss of tracking (teeth not moving completely within the aligner and therefore not fully positioned), so a new intra-oral scan and photographs were sent to Align Technology to design additional aligners.



> “AFTER SIX MONTHS, THE PATIENT HAD ACHIEVED A NEAR CLASS I BUCCAL SEGMENT RELATIONSHIP AND MUCH IMPROVED ANTERIOR ALIGNMENT”

End of Stage 1





Stage 2 (Start)

Twenty additional aligners were required to continue anterior alignment and settle the posterior occlusion. As the antero-posterior correction was considered near-satisfactory, the decision was made to not include the MA feature on the additional aligners and use Class II elastics (3.5Oz, ¼") full time to help settle the occlusion. Wear was prescribed as before and Dental Monitoring™ restarted.

Stage 2 (End)

After a further 20 weeks, Class I alignment had been achieved to the satisfaction of the patient and parent. The patient consented to eight more additional aligners to settle the occlusion and complete any minor adjustments.

End of active treatment

After 12 months of treatment, all attachments were removed, and the patient fitted with upper and lower bonded retainers (Orthoflex, Reliance, USA) and Vacuum Formed Retainers (Leca Dental Lab, Glasgow) for evening and night wear.

> "AFTER 12 MONTHS OF TREATMENT, ALL ATTACHMENTS WERE REMOVED, AND THE PATIENT FITTED WITH UPPER AND LOWER BONDED RETAINERS"

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> THE CHOICE OF APPLIANCE ALLOWED THE PATIENT TO CONTINUE HER FLUTE STUDIES AND PRACTISE AS PLANNED"

Discussion

Overall, the experience was positive for patient and clinician alike.

The choice of appliance allowed the patient to continue her flute studies and practise as planned, reporting success in all assessments throughout the year. There was little discomfort or trouble with speech reported.

Clinically, the process was very straight-forward. This is largely attributable to excellent patient compliance and a good response to the mandibular movements planned.

Loss of tracking of rotated incisors is a frequent problem with Invisalign™ treatment in the author's experience, so additional aligners had been expected. The extra aligners also allowed for vertical settling of the buccal segments which is also frequently required following TBA therapy.

Finally, the overall treatment time was less than had been predicted from the outset (12 months versus 18-24 months).

Conclusion

This case report presents an emerging treatment technique that appears to challenge the traditional functional/ fixed methodology. With appropriate case selection and excellent patient compliance, Invisalign™ MA may be a more comfortable, cosmetic, and faster option for our teenage Class II patients.

Conflict of interest and ethics

The author declares no conflict of interest in the production of this article. All opinions are his own and informed consent has been obtained from the patient. All images copyright Park Orthodontics Ltd.

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The world of dentistry continues to change. Patients have increasing expectations and there is more that Dentists can do to meet their wishes and needs. The future is bright for the dental practitioner with enhanced skills working either within the National Health Service or privately. Dentistry is moving towards the establishment of local clinical networks where the dentist possessing additional skills can look forward to a career with greater professional rewards. With the ever-increasing emphasis on the delivery of high quality in primary care, completing one of our postgraduate MSc degrees will allow you to play a strong role in provision of dental treatment in the future. UCLan's Dental Implantology programme provides the busy General Dental Practitioner with a part-time educational route to acquire the skills and knowledge required to undertake more complex and interesting cases in practice. This programme focuses on contemporary practice, evidence-based principles and systems to ensure an optimal outcome for both the patient and practitioner.

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

Course Overview

Module DX4016 Clinical Implantology Year 1.

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

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.

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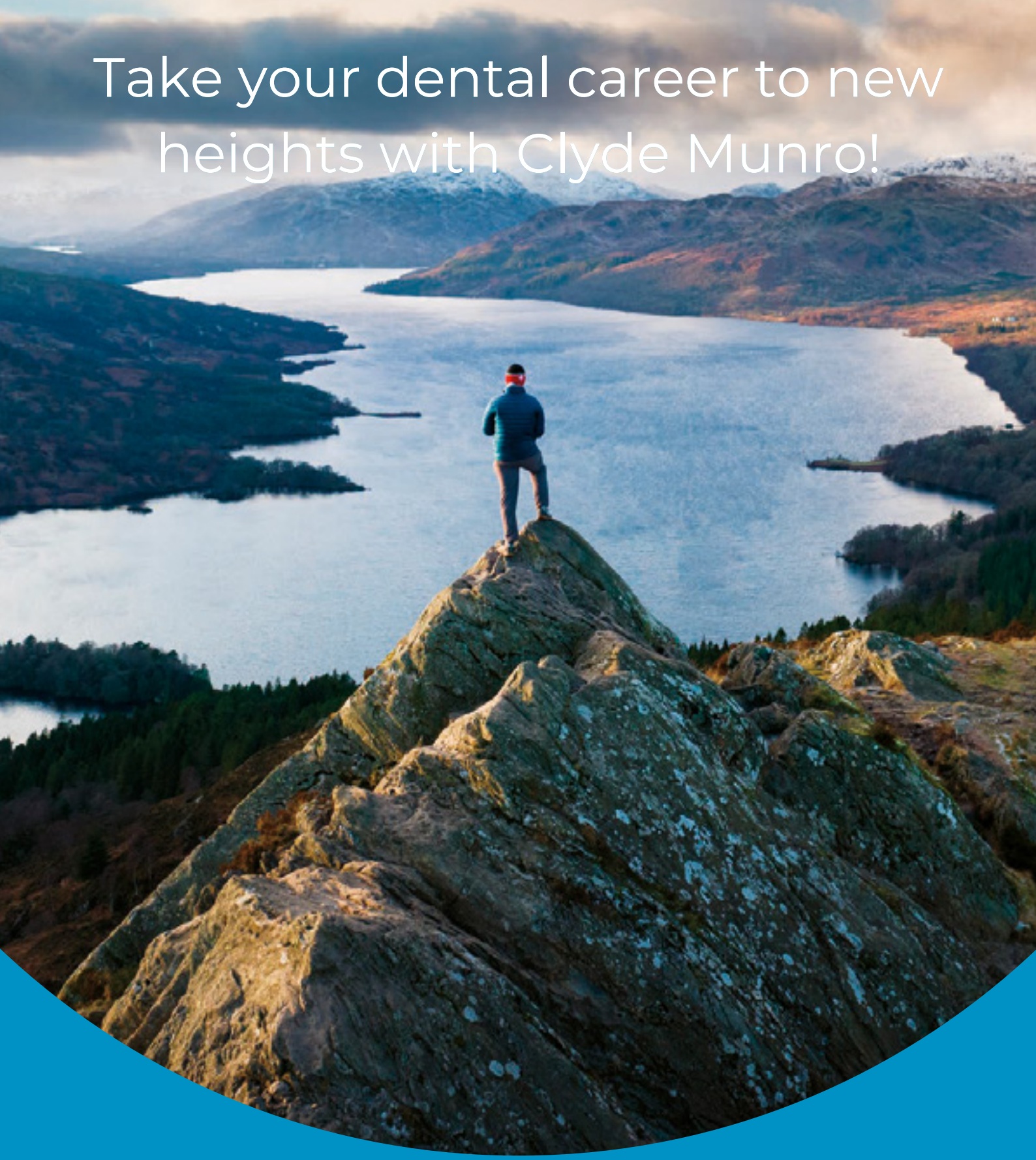

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Your reps across Scotland

Whether in-person or on a video call, there may be some familiar faces in the next few pages of our special feature on dental business representatives. Some may be new to you, but they all represent the best dental supply companies in the industry providing world-class products. They encompass the whole spectrum of dental equipment, dental materials and supplies, and dental plans, and come with years of experience in their respective fields.

This special feature aims to give you some insight into who you and your practice managers will be speaking to, their industry background and the services they provide, helping you to maintain leading standards of patient care. These dental representatives can be a tremendous resource to dentists and their teams, helping to explore the best options for choosing equipment, dental materials, consumables or services to improve the efficiency and cost-effectiveness of the dental practice.

It's difficult for dental practices to keep up with all the developments in the dental marketplace, particularly in the post-COVID era, so dental representatives can provide a valuable service to find out what is new in the industry, and to offer advice on what could help dental teams and their practices going forward.

Dental representatives are keen to develop strong relationships with individual dental practices, so the better they know each dental team the more they can tailor their advice and services to meet the aims of each practice.

They have wide experience in their respective fields and are ideally suited to provide valuable advice on solutions to dental practice issues, as well as training and after-sales support, where applicable, to make the most of dental practice investments. Read more about the leading business representatives and their excellent products and services on pages 63-64

JOANNE PHOENIX • PRACTICE PLAN

ALWAYS ON YOUR SIDE

JOINING the team taking care of our practices in Scotland is Joanne Phoenix. Joanne has more than 25 years' experience of the dental industry. As well as her 15 years working at Henry Shein helping dentists to maximise their business, she also has first-hand experience of running her own business. Joanne is able to support practices using the skills she has gained studying for her International Coaching Federation certified coaching diploma.

Practice Plan is the UK's leading provider of practice-branded patient membership plans. We are dedicated to building lasting partnerships with our members, supporting them to become more profitable and sustainable businesses. We partner with more than 1,800 dental practices across the UK and have expertly supported many of those to gain more independence from the NHS or change plan provider. We can ensure a seamless transition and a smooth implementation of your own practice-branded plan.

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Joanne Phoenix
Regional Support Manager
E: Joanne.phoenix@practiceplan.co.uk
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CARLY MILLAN • CHASE DE VERE

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Scan the QR code or email carly.millan@chasedevere.co.uk and fill in some simple details as well as the topic or topics you'd like Chase de Vere Dental Independent Financial Advisers to cover. This includes Pensions, Your NHS benefits, Mortgages, Insurance, Investments, Savings, Inheritance Tax and more.

We'll be in touch with you by phone or email to cement a date in the diary and to confirm the finer details. At your dental surgery or department, we'll deliver an insightful session for you and your colleagues plus you will have the opportunity to pose questions to an expert. We look forward to hearing from you.

Chase de Vere Dental

Carly Millan
Business Development Specialist
E: carly.millan@chasedevere.co.uk
M: 07545 300165
LinkedIn: linkedin.com/in/carlymillan

BRIAN RHONEY • ACTEON

EXTENSIVE KNOWLEDGE

BRIAN RHONEY has more than 22 years' dental sales experience, having started with the well-known dental laboratory supplier John Winter and Company back in 1999. Brian started as a technical sales representative and later progressed to Sales Manager before moving into dental surgery sales, having had spells with Dentsply Sirona and Straumann. He is probably best recognised for his time as Surgical Product Manager for Henry Schein, where he spent eight years covering Scotland, Northern Ireland and the North of England. Having sold general consumables and equipment for laboratories and practices, CAD/CAM systems, biomaterials and implants, Brian has an extensive knowledge base across dentistry, particularly in the surgical field. He is now delighted to be able to bring that knowledge to his new role as Northern & Scotland Territory Manager with Acteon UK Ltd. Brian says: "I am very excited to have been given the opportunity to join Acteon and really looking forward to being back out in the field meeting all our distributors and end users again and promoting such great products."

Brian Rhoney
Northern & Scotland Territory Manager
E: brian.rhoney@acteongroup.com
M: 07508 245111
W: www.acteongroup.com

GRACE KELLY • ORASCOPTIC

IRELAND'S ORASCOPTIC REPRESENTATIVE WANTS TO MEET YOU!

AS AN industry leader, Orascoptic is constantly pushing the limits to provide clinicians with the latest products that achieve superior visualisation through enhanced ergonomics, improved magnification, and illumination. Grace Kelly, our new Representative for Scotland & Ireland, is well aware of the challenges that the dental community faces in the pursuit of clinical excellence.

With more than 20 years of dental experience, Grace is no stranger to dentistry or the clinical setting. Grace is excited to provide our Irish dental community with visualisation technologies that improve clinical daily working experience. A custom-fitted set of loupes will not only improve the range and acuity of your visual field, but also allow you to work in a more ergonomically advantageous way.

Please contact Grace to discuss Orascoptic loupes or arrange a fitting appointment.

Grace Kelly – Scotland & Ireland Representative
M: +353 872 545 658
E: grace.kelly@envistaco.com
W: hs.orascoptic.com/dragonfly
L: www.linkedin.com/company/orascoptic/
T: @orascoptic
F: en-gb.facebook.com/orascoptic/
I: @orascoptic_uk

JOEL MANNIX • CHRISTIE AND CO

MEET JOEL FROM CHRISTIE & CO!

ORIGINALLY from rural South Australia, Joel Mannix relocated to Scotland in 2013, initially working within the residential market before pursuing a career at leading business property adviser, Christie & Co.

Joel is an Associate Director and sells practices for clients across the length and breadth of Scotland. He has been operating within the dental sector since 2018 and has expertise in a range of deals, from single asset sales to larger group transactions, helping clients achieve their business goals.

During his time with Christie & Co, Joel has had involvement with some of the landmark sales within the Scottish dental sector with many more in the pipeline and is recognised as one of the leading dental specialists in Scotland.

Joel Mannix, Associate Director
E: joel.mannix@christie.com
M: 07764 241 691
LinkedIn: linkedin.com/in/joel-mannix-34b36883
Twitter: twitter.com/ChristieCo
Facebook: facebook.com/christiecouk
Instagram: instagram.com/christieco

KIRSTY MCLAUGHLIN • COLTENE

MEET KIRSTY, YOUR COLTENE REP

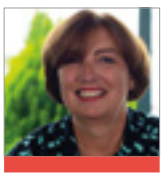
MEET your Territory Manager for Scotland, Kirsty McLaughlin. Kirsty is a well-known face within Scottish dentistry and her extensive experience means that she knows exactly what professionals and patients need. She had worked with several high-profile dental suppliers before joining COLTENE. Kirsty adds: "My time in practice means I understand the importance of exceptional customer service, as well as quality products. When it's the best in the business, you're remembered for the right reasons." Come and meet Kirsty on stand E02 at the Scottish Dental Show. Kirsty will be delighted to show you how COLTENE will help you upgrade your dentistry and make an even greater success of your business, including COLTENE's new HySolate dental dam range. And don't forget to ask for your COLTENE goody bag and free sample of OPTIM wipes.

Kirsty McLaughlin
E: Kirsty.Mclaughlin@coltene.com
M: 07788 146109 and on WhatsApp
W: www.coltene.com
LinkedIn: linkedin.com/in/kirsty-mclaughlin-5a406193
Facebook: facebook.com/kirsty.mclaughlin.9404
Instagram: instagram.com/kirsty_coltene

Selling the practice?

One of the key issues for practice owners planning to retire or sell a business, centres on how best they plan their tax liability, specifically Capital Gains Tax (CGT) and Inheritance Tax (IHT), writes Jayne Clifford

WORDS
JAYNE CLIFFORD



Jayne Clifford,
Martin Aitken
0141 272 0000
jfc@maco.co.uk
www.maco.co.uk

In our experience it is never too early to consider financial planning and whilst 'younger' principals may not place this at the top of the agenda right now, the reality is that planning at an early stage can be structured to help with current tax liabilities as well as those on retirement or sale.

Don't hand the tax man a blank cheque

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

CGT is payable when you sell an asset, for example, premises or a dental business, and there has been an increase in the value of the asset. Currently, CGT rates on most gains are 10 per cent for basic rate taxpayers and 20 per cent for higher rate taxpayers.

Furthermore, where you sell a business asset – such as a Dental Practice – Business Asset Disposal Relief can reduce the tax rate to 10 per cent on the total gain.

However, there are exceptions: for example, gains from the sale of a residential property that does not qualify for principal private residence relief continue to be taxed at 18 or 28 per cent.

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

You can also offset capital gains on successful investments with losses from investments that haven't worked out so well. Losses can also

be carried forward to offset gains in future tax years and equally important is the use of your Annual Exempt Amount (AEA). See our Tax Rate Card on maco.co.uk for the current rates and allowances.

A will is a very effective tax planning tool

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

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

Consider setting up a trust

If you don't want to give directly, you could consider a trust. With a little planning, you can transfer asset(s) into a trust with minimal CGT or IHT consequences and it can also reduce your taxable estate.

There are, however, some additional tax charges and costs related to trusts that may be applicable. If you are interested in setting up a trust, you should have a conversation with your accountant/ lawyer first to ensure that setting up a trust will meet your requirements.

Know your allowances and reliefs

Everyone has an inheritance tax (IHT) Nil Rate Band of £325,000 and this will remain frozen until 2028. In addition to the main nil-rate band, the Residence Nil Rate (RNRB) came into force in April 2017. The maximum RNRB allowance is £175,000, which effectively raises the IHT free allowance to £500,000 per person. Where married couples jointly own a family home and wish to leave this to their children, the total IHT exemption is now £1m.

Business Property Relief can, with careful planning, remove the full value of a dental business – sole trader, partnership, or shares in private company – from being subject to an IHT charge, either via lifetime gifts or on death.

You can also gift as many assets as you wish during your lifetime, in what is referred to as a 'potentially exempt transfer'. Should you survive for seven years from the gift, the assets will be completely outside your estate.

Acts of benevolence have a double impact

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

The word is always to seek professional advice.

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

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

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

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

IT AND NETWORKING

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

DENTAL CHAIR SUPPLY

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

Supporting our dental equipment supplies, we have a dedicated service team who deliver industry leading advice and support, ensuring we deal with your service requirements promptly and effectively. We offer comprehensive dental chair and IT support contracts, providing you peace of mind for your most valued practice equipment. Our range of dental cabinetry options offers you control over dimensions, colour, base configuration and cabinet finish, providing your surgery with contemporary and hard-wearing furniture you can rely on. No matter your specialisation or operating style, we can provide you with the perfect dental furniture for a fluid workflow. Our furniture service extends to transformation of your reception and waiting areas.

IMAGING SUPPLY

For the past 18 months, IWT have been delivering Planmeca's digital dentistry solutions, the perfect partnership to offer you all the planning, support and required training to support you every step of the way on your digital dentistry journey. The Planmeca range consists of a wide choice of world-class 3D CBCT X-ray machines which feature Planmeca's unique pioneering Ultra Low Dose protocol and the world's first Correction Algorithm for Latent Movement, Planmeca CALM™. Planmeca's digital portfolio also consists of a range of advanced intraoral X-rays and chairside digital impression solution PlanFIT, featuring the jewel of the crown, intra-oral scanner Planmeca Emerald. IWT have access to Planmeca's dental mobile showroom PlanDemo, where you can experience the complete digital workflow in the comfort of your practice surroundings. Available to book at a time that suits, it's the perfect tool to introduce you to the world of digital dentistry.

PROJECT MANAGEMENT

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

SCOTTISH DENTAL SHOW – BRAEHEAD HERE WE COME

We are really looking forward to meeting clients and contacts – so grab a coffee and come for a chat, writes Michael Royden

The Scottish Dental Show approacheth! From its inception at Hampden Park to the popular venue of Braehead Arena, the Thorntons Dental Team has been ever present as exhibitors and presenters, and this year's Show on 19 and 20 May is no different.

The reason that the Show is so successful is simple; it draws in a huge number of dentists and other dental team members, whether that is to speak to exhibitors, gain some valuable CPD or catch up with their colleagues from other practices. From our perspective, we value the chance to catch up with our own clients, and to more widely showcase the services which we provide to the profession.

Those of you who know us will be aware that a large part of the team's work relates to the sale and acquisition of dental practices. In addition, we provide a broad range of business advice to dentists, such as employment advice, buying/selling and leasing practice premises and advice on associate contracts (to give a few examples). We also advise on practice structure, including partnership and expense sharing agreements, and so on.

We act for dentists throughout Scotland. Geography is no boundary, as Thorntons has a number of offices stretching from Dundee and Angus on the East coast to Glasgow in the West. Look out for our expanding Glasgow team moving to shiny new office premises in George Square, Glasgow, in the next month or two!

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

However, beyond the core work carried out by the dental team, Thorntons is able to provide our dental clients with assistance with their own, personal legal needs. As a full service legal firm, Thorntons can help our clients move home, do wills or powers of attorney, raise or defend court proceedings, provide family law advice, alongside a whole range of other services.

CPD is a large part of the attraction of the Show, and the Thorntons Dental Team has presented at the Show on a range of topics over the years. This is an important part of the Show from our perspective, giving us the chance to share some valuable knowledge with the delegates, on subjects which are of real relevance to the profession.

This year we will be speaking on two topics, and we have chosen these because they are always of interest to our dental clients.

First of all, on the Friday, our Employment Law partner Noele McClelland will be presenting on the subject of recruitment and retention. We all know that the profession has increasing issues with finding and retaining associates, nurses and other team members. Noele will be looking at some key legal aspects of successful recruitment and sharing some tips for retaining staff.

Then, on the Saturday, our Legal Director Gurjit Pall will be speaking on sponsor licences and visa requirements for dentists. This is an increasingly important subject since Brexit, particularly given the recruitment situation within the profession at the moment. Gurjit will be happy to share some key points on recruiting dentists from overseas, and the immigration steps to follow to allow them to work in the UK.

Hopefully some of the delegates will be able to join Noele and Gurjit's talks and will find them of benefit.

We have always found the Scottish Dental Show to be a great event, and we are really looking forward to meeting all of our clients and contacts at the 2023 Show on 19 and 20 May. The Team will be at Stand F01, just across from the catering, so feel free to grab a coffee or tea and come to chat with the Team on either of the days!

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SELF-EMPLOYED OR EMPLOYED?

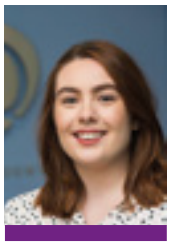
A look at the consequences of withdrawal of self-employment guidance for associates

The HMRC guidance which automatically treated associate dentists as self-employed has now been removed.

From 6 April 2023, all associate dentists will be assessed using the ordinary tests of employment to determine their employment status. If you are classed as an employee by HMRC, you and your employer will be required to pay PAYE and Class 1 National Insurance – which could be backdated six years.

WHY THE CHANGE IN GUIDANCE?

Associate dentists are those who work as a dentist – at a dental practice which is not owned by them. They pay a licence fee to a practice for use of the premises, equipment, materials and staff under an agreed contract with the practice.



Samantha Turkington
E: samantha.turkington@eqaccountants.co.uk
T: 01307 474274

In April 2018, HMRC reviewed the self-employed status of associate dentists and found that many were not working within the terms of their standard British Dental Association (BDA) contract with the Principal/Practice, instead using a bespoke contract or not having one in place.

WHAT DO I NEED TO DO?

To guarantee correct treatment, we would advise all associate dentists to use HMRC's Check Employment Status for Tax (CEST) toolkit to check their status and to ensure that they have a contract in place (ideally the BDA standard contract) which reflects the reality of their relationship together.

The tests for self-employment are lengthy, however the main areas for associate dentists to consider are:

- Do you have clinical freedom?
- Do you have control over your working hours?
- Are you able to appoint a locum if unable to perform your work yourself?

If you are unsure about any of the areas listed above and would like advice regarding your employment status, please get in touch with Samantha.

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Our aim is to report and reflect the issues affecting the whole dental profession.

So, let us know if you have an opinion on any of our news, features or clinical articles featured in the pages of the magazine or online at: **www.sdmag.co.uk**

EDITORIAL

If you have articles – news, features, opinion or clinical case studies – you would like to be considered for publication then please do get in touch.

Direct all editorial enquiries to Will Peakin, by email **will@sdmag.co.uk** or by phone 0141 560 3019.

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

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STATE OF THE MARKET

If considering a sale, plan your exit in a structured and controlled manner to maximise value, writes Victoria Forbes

Over the last three years we have continued to see steadily rising goodwill prices being achieved on practice sales. This, allied to the voracious appetite of the corporates for acquisitions, has motivated many to 'cash in their chips' and exit ownership. In some cases, earlier than planned.

The recent pause on acquisitions by Clyde Munro – Scotland's largest group – has caused a minor ripple in the marketplace and you could be forgiven for thinking this may adversely impact goodwill prices.

However, we are finding that demand remains very high for practices, by both corporate groups and independent buyers. As a result, at this stage, goodwill prices are holding firm – and it provides an opportunity for the independent buyers to compete on a strong footing after perhaps being somewhat 'out muscled' in the recent past.

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

What impact the rising inflation and interest rates will have on goodwill values remains to be seen, but those practices managing their prices and efficiency shall be well placed to maintain or grow their capital value. While the future can never be guaranteed there is unlikely to be any need for panicked or distressed sales at this time and it is advisable to plan your exit in a structured and controlled manner to maximise your exit value and reap the benefit of your efforts over the ownership period for your practice.

As the only Scottish firm specialising entirely on the Scottish dental sector we are well placed to help you maximise your exit value now or future planned. If you would like to discuss your options informally please do get in touch. We would love to make a difference together.

COULD A LACK OF TECHNICIANS THREATEN THE EXISTENCE OF NHS DENTISTRY?

Joanne Phoenix, Practice Plan's Regional Support Manager, caught up with Douglas Thain, Chair of the Scottish Dental Association, to find out how dentists and dentistry are faring

JP: We know, from previous conversations with you and media coverage, that dentistry in Scotland is under pressure. Patient access has been a significant problem since surgeries reopened after the first lockdown. How are things now?

DT: Access is still a really serious problem for most patients. It's diluted a bit because some people are on a practice's list but nothing really beyond that. Emergencies have been dealt with, although routine work is still piling up everywhere. And yet, there are some practices who are still taking on new patients even though they know they can't provide the treatment, just to get the continuing care in place. I think there are still nowhere near enough dentists to cover the demand for treatment. In conversations with people who own chains of practices, I've found there are some who are recruiting for vacancies in a dozen or so quite nice practices, with good private potential and good facilities. They're jobs that should be appealing and yet still, there's just no-one there to take them up.

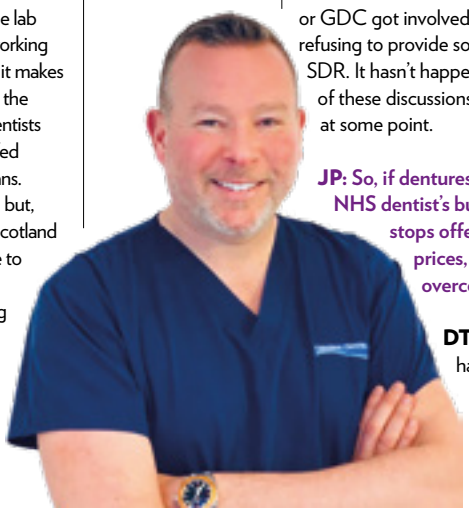
JP: Apart from not being able to recruit dentists, which is fundamental, what other concerns do Scottish dentists have? I have heard dentists are experiencing difficulties finding labs willing to take on NHS work.

DT: Yes, a number of people seem to be struggling to do NHS dental work. A friend of mine was let go by his lab recently and hasn't been able to find an alternative lab, which is really going to adversely affect him. The lab nearest to us said they've had to stop working with their more remote clients because it makes no sense for them to be driving all over the country when they can get a base of dentists near them. They're also very short staffed because there is a shortage of technicians. I was told there is a course in Aberdeen but, apart from that, the nearest course to Scotland for training dental technicians was close to York. I don't know a lot about the technician world but, seemingly, training technicians in Scotland is just not a big thing at the moment.

The core part of NHS dentistry, in a lot of ways, is basic acrylic dentures and partial dentures, and there's more need for that now than ever. Yet they're harder and harder to come by, and our denture bills now seem to be vast – and the labs probably still aren't making a big success of it simply because they cannot find the manpower. People are working until 10 o'clock at night and working weekends to try and cope with the workload they have.

In the past, we've always had three or four labs we could rely on to do NHS work. Most of them have put their prices up a bit and have also now extended the time between appointments from one to two weeks. I do wonder why labs don't simply delay NHS work further and prioritise private work. I'm sure that would be in their best interest. We can't really restrict patient access to dentures; we must provide them. But as the labs are not regulated, they can choose how often and when they do their NHS denture work which may restrict access for patients. I don't know where that leads to if a dentist cannot find a lab to do NHS standard work. They may be obliged to pay private level fees to the lab to get the dentures, because patients do need access to the lab work.

However, it's not accurate when people say their NHS lab is closing. There's no such thing as an 'NHS lab.' It's a privately run lab selling cheaper, good dentures depending on how much you pay them. So, I don't think the argument that the lab wouldn't take NHS work would hold water if the health board or GDC got involved in a complaint about refusing to provide something that's on the SDR. It hasn't happened yet, but it's one of these discussions that has to happen at some point.



JP: So, if dentures are a core part of an NHS dentist's business and their lab stops offering work at NHS prices, how will the dentist overcome that problem?

DT: They will probably have to start sending work abroad. I don't know how much of that's happening now, but I am aware of people sending work halfway around the world because of the quality of work. For partial dentures, digital scans could become an option and offshore construction might be what ends up happening. But again, no one's going to invest in that kind of money for NHS work. However, we had a patient recently who had two front teeth that broke off at the gum level and she was in tears and traumatised. I couldn't just tell her the next routine appointment for dentures is six months from now, and that's if we can find a lab. I had to squeeze her in, pay the lab bill and get the denture made. People just wouldn't understand if you didn't do that. And yet, for an increasing number of people now, that's just not an option. A lot of patients who are registered with practices will find, if they're not in pain, they're not being seen. Not having a partial denture – it's a social problem rather than a dental problem, so they may have to wait until the next routine treatment slot comes up. It's awful for them, but that's just how things are with dentistry in Scotland now.

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

For more information visit the Practice Plan website: ***www.practiceplan.co.uk/nhs***

Douglas Thain qualified as a dentist in 1999 and runs Central Dental Care in Cumbernauld with his wife Lorna. He is chair of the Scottish Dental Association. Joanne Phoenix has more than 25 years' experience of the dental industry, which includes 15 years working at Henry Shein helping dentists to maximise their business. She is also an International Coaching Federation certified coach.

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HYFLEX™ EDM ENDODONTIC FILES FROM COLTENE

The ideal solution for predictable and efficient root canal treatment, writes Mark Allen

HOW DO YOU KNOW WHEN TO CHANGE YOUR FILE?

When carrying out endodontic treatment, it is important that you are able to make accurate judgements about the materials and instruments you are using. Endodontic files, for example, carry a degree of risk, should they fracture during a procedure. Because of this, the clinician should feel confident, at all stages of the treatment, that the instruments they use are suitable for the task. This means ensuring that they are sterile, strong, and able to function properly. If a file has been used a number of times, it is important that the clinician checks for signs of wear, and makes a decision as to whether it is better to discard the instrument, or use it during the procedure. This is an important decision, and one which can impact the outcome.

REDUCING THE RISK TO YOUR PATIENTS

As with any dental procedure, endodontic treatment carries a number of risks. Should a file fracture during treatment, this could impact the result, as well as the patient's confidence in your abilities. It is important to inform the patient if this happens, and recommend a course of action, which may be to remove the file, or to leave it in place if it is safer to do so.[1] By thoroughly checking your endodontic files, prior to treatment, you maximise the chances of a successful outcome, and minimise the risk of fracture. However, signs of wear may not be immediately obvious, so it's important to understand how to properly check this, and what actions and signs may increase the risk of file separation.[2]

HOW TO JUDGE IF FILES SHOULD BE DISCARDED

Conventionally, NiTi endodontic files do not offer clear indications of wear, therefore it is hard for clinicians to predict their lifespan. This is evident when compared to files made of stainless steel which show a number of signs of increased risk of breakage, these may include unwinding flutes and shiny spots on the file. These both indicate that the file is a fracture risk, and that it should be discarded.[2] Generally speaking, instruments which have experienced cyclic fatigue should be used carefully, or discarded to reduce any risk to the patient. Additionally, clinicians should discard the file if it appears to be deformed, or if they feel at all unsure about its functional ability.[3]

Mark Allen is General Manager at COLTENE

AUTOCLAVING – DAMAGING OR STRENGTHENING?

For any reusable instruments, autoclaving is essential. It is vital to ensure equipment is completely sterile prior to use, to reduce the risk of infection and cross contamination. This being said, research suggests that autoclaving instruments may either cause deterioration, have no effect on their function, or may actually improve the mechanical properties of the instrument. Understanding the ways in which autoclaving may affect your files can help you to predict the lifespan of the instrument, allowing you to judge when is best to discard, and when to reuse.[4]

Research suggests that stainless steel instruments show no change to resistance to cyclic fatigue, whereas NiTi files made using electrical discharge machining (EDM) recover their original form after heat sterilisation, and actually display improved resistance to torsional fatigue. This improved efficiency is because EDM technology produces a harder surface than other file types, and other manufacturing processes, resulting in superior fracture resistance, and more efficient cutting.[4] It is important to consider the effects that torsional fatigue can have on your endodontic procedures, because this could be a key reason for file fracture during endodontic treatment. For clinicians who sterilise their instruments directly before use, is it useful to be aware of the way autoclaving can affect their endodontic files, particularly if it has the potential to strengthen them, or deteriorate them.[4]

HyFlex™ EDM endodontic files from COLTENE are the ideal solution for predictable and efficient root canal treatment. HyFlex™ EDM files offer clinicians a clear sign when they need to be discarded. Thanks to their controlled memory (CM) technology, when autoclaved, they rewind entirely, appearing good as new. If they do not rewind, they should be discarded. This regenerative capability is unique to the HyFlex™ range, and incredibly useful, as clinicians will know that the file is working properly, and should be used for treatment.[2] HyFlex™ EDM files are also extremely flexible, offering excellent results and unmatched fracture resistance, including in extremely curved canals.

Being able to provide patients with predictable endodontic treatment is essential, so using instruments which facilitate reliable treatment processes is crucial for producing excellent outcomes. Even though it can be challenging to assess the lifespan of your dental instruments, using quality equipment will be beneficial to you, enabling you to provide more predictable treatment. However, if you are at all unsure about the structural integrity of the instrument, it is generally more sensible to discard it than to risk file fracture during the procedure.

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

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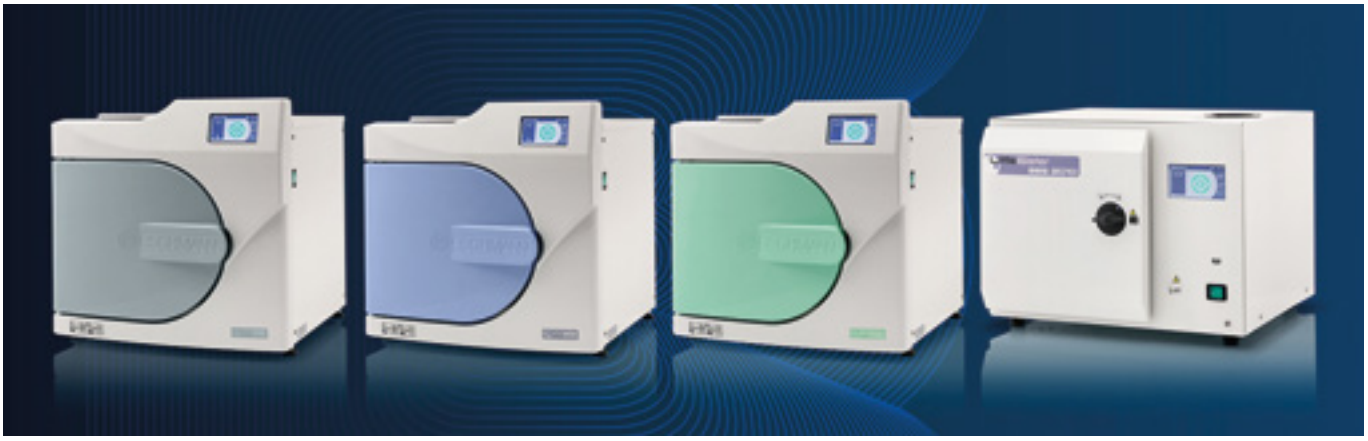
HOW WELL DO YOU KNOW YOUR AUTOCLAVE TYPES?

Cleaning, disinfection and sterilisation are vital to ensure your dental instruments are safe for use, writes Nicky Varney



Equipment such as autoclaves, which were first developed in 1879, are now available in a range of models, varying in size, performance and capabilities. According to HTM01-05, 'B' and 'N' type units are the most frequently used in dental practices, but they can still vary in quality and ability, so it is important to choose an appropriate autoclave for your needs.

'B' TYPE AUTOCLAVES

'B' type autoclaves are considered the ideal autoclave type for the sterilisation of wrapped or unwrapped instrument. With a type 'B' autoclave, you can sterilise solid, porous items and hollow instruments.

These systems operate a vacuum pump, completely removing air from their chamber to allow the steam to penetrate the load more successfully. 'B' type autoclaves initially remove almost all air from the chamber and load, then inject small bursts of steam until the pressure and temperature of the chamber reaches the sufficient conditions for the sterilisation process to begin, being held for the duration of the sterilisation time (holding time). After the sterilisation process completes, the exhaust valve will release the pressure and steam inside the chamber to an atmospheric pressure. Next, the drying phase commences, with the vacuum pump sucking out the moisture. The load is then ready to be removed and used immediately or placed into storage (pouched items can be stored for up to one year).

'N' TYPE AUTOCLAVES

Class 'N' autoclaves are non-vacuum units that work by utilising steam from a boiler or generator and creating a downward displacement, pushing air from the chamber. These autoclaves are able to sterilise solid, unwrapped instruments. When the load has finished, HTM01-05 guidelines state that the items should be aseptically wrapped. They can then be stored for up to one year. However, they can also be used straight away, stored unwrapped and dry in the clinical area for a maximum of one day, as long as they are dry and protected from contamination. Additionally, they can be stored, unwrapped and dry, for up to one week in a non-clinical area.

When the sterilisation process begins, steam pushes the air from the air jet, where the sterilisation temperature is then reached (or, 'holding time'). The pressure is removed back to an atmospheric pressure through the exhaust valve, in the same fashion as a 'B' type unit. Lastly, the drying stage is achieved either with an aeration pump or simply opening the autoclave door. While not able to sterilise quite as many different items as a 'B' type autoclave, 'N' type units are still able to sterilise unwrapped items.

WHAT SHOULD I CHOOSE?

If you are in a position where you require a new autoclave for your practice, you may be wondering which unit to choose. 'B' and 'N' type autoclaves can both benefit a dental practice, as they provide different benefits that depend on the size and workload of the business. When making a decision, it is worth considering the capacity and chamber size of the unit, and whether this can support your practice's daily work. If you require a smaller quantity of instruments to be sterilised, then a larger model may not be an efficient option. Likewise, if the unit is too small, then the dental team will have to reprocess instruments more often.

It is essential that the maintenance and repair services offered by the manufacturer are taken into account – this can add incredible value to your investment and you can gain the peace of mind that, if a breakdown were to occur, you are covered.

Nicky Varney is Marketing Manager for Eschmann.

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Dr Christoff Lotter (pictured) has been using Kiroku for the past three months.

Here he shares his experience of using it so far: "I think Kiroku is really good! It prompts me to write my notes properly and provides a framework which guides my note-taking. And, with Kiroku, I am able to add and make edits to my templates easily.

"The platform is very efficient and quick, and my team love it as well. They would previously assist me with note-taking anyway but, when using Kiroku, it is so much smoother and easier. I think the whole concept is brilliant and it works really well. I would recommend it highly."

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ORAL-B® ANNOUNCES LAUNCH OF 'THE BIG RETHINK'

Oral-B, a leading innovator in oral health, is on a mission to change this with the launch of 'The Big Rethink', its social ambition to ensure that everybody has an equitable oral care experience – whether that is at home or in the dentist's chair. The brand, which is at the beginning of this journey, recognises the need to continue learning from both dental professionals and consumers who frequently experience oral health struggles, to be able to make a real impact and offer an equitable oral care experience for everyone.

To launch The Big Rethink campaign, the brand is working together with the International Association for Disability and Oral Health (iADH) to help inform the approach. The first step of this partnership is the launch of the 'Positive Practices' programme, designed to train and educate dental practices on how to become more confident and inclusive when it comes to their patients.

The programme will not only enable Oral-B to become more educated on the physical and mental needs of those with different types of disabilities, but it will also help the company to learn how to adapt its product offering and improve the oral health outcomes of those with disabilities. The Big Rethink Content Hub will also offer relevant and helpful advice for people with disabilities, their caregivers and families, as well as the professional dental health community.

To celebrate the launch of The Big Rethink, a brand film was unveiled at a launch event in Frankfurt, Germany, attended by P&G's Chief Executive Officer for Healthcare, Jennifer Davis, iADH spokesperson, Johanna Norderyd, British broadcaster, Nikki Fox, British influencer James Hunt from Stories About Autism and popular German actor, Andre Dietz.

Visit www.oralb.co.uk/en-gb/big-rethink

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