REGULATION, LITIGATION AND OVERWORK

Dr Tim Coates on the ‘toxic trinity’ damaging dentistry
see p40

Plus! Who’s Who’s 2023

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Insider
News: NHS payment reform; Move to annual check could boost revenue; Practice sales market in good health; FDS achieves milestone recognition; Dental enamel created from stem cells; The Magic Dentist visits Arran; Dates for your diary

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SDS 2024
Save the date! Scottish Dental Show: Friday 31 May-Saturday 1 June
www.sdshow.co.uk

MAKING THE LEAP
Too many obstacles preventing you leaving the NHS? Selina Alexander, Practice Plan Regional Support Manager, debunks some popularly held misconceptions.
www.sdmag.co.uk/practice-plan-great-barrier-relief

Available exclusively online

October November 2023
Sound principles

Some criticism of the New Determination 1 may be justified, but at long last the profession has a framework on which to build.

It would seem a tad optimistic to think that the new Determination 1, which comes into effect on 1 November, might allow a busy practice to increase its annual revenue by more than £200,000. That’s the projection offered by a firm of specialist accountants (see Page 9). The financial modelling it has undertaken is certainly a laudable endeavour. As they point out, the extension of the examination recall interval from six months to a year offers an opportunity — by using the free chair time that is created — for more value-added activities, such as restorative dentistry.

The firm modelled a three-surgery practice with 5,000 registered and active patients. It imagined a scenario whereby an additional 1,610 hours’ chair time is created that could be used for restorative dentistry at a rate of £180 per hour; creating a net increase in annual revenue of £226,000. “Clearly there are a number of sweeping assumptions used in the example,” it noted, “and it will be unlikely that every chair hour could be used to this good advantage. However, it demonstrates that there is a clear opportunity available.”

Certainly, any strategy that meets patients’ needs at the same time as strengthening a practice’s finances should be explored.

In fact, the time is probably ripe for taking a step back and a long look at how else a practice might adapt to this new era in dentistry. The Scottish Government describes their reformed system as a “high-trust, low bureaucracy model” which will “empower dentists to use their clinical discretion and knowledge of best practice in delivering care. The revised suite of items should be seen, therefore, as broad outcomes of care as opposed to more granular treatment items as under the previous SDR.”

It says the new Statement of Dental Remuneration (SDR) “reflects the start of a journey where, in each step, we empower dentists to provide NHS dental care to patients. Payment reform is also the first step towards a truly modern NHS dental service which appropriately assesses, responds to and supports the oral health needs of every patient in Scotland. Through the fee structure there will be increased incentives to ensure dentists focus on prevention as well as disease, reflecting modern dentistry.”

So, it is not just the notion that practitioners will be seeing their patients less often for routine check-ups. It is an entire change in philosophy. This will take some time for the dental team to become familiar with and practised in and, just as importantly, to be able to communicate this to their patients. Technologically, there will also be a need to adapt and the Practitioner Services Division is currently working with practice managements systems suppliers to update software in advance Determination 1 being implemented.

But it is the change in philosophy that will require real time, effort — and support — to fully achieve. Regarding the latter — support — the Government has developed a set of online resources, hosted by NES Turas, which should be viewed in conjunction with the new Determination and an accompanying FAQ. The resources include a series of short videos setting out key details of each section of the Determination. Two webinars, featuring Q&As with Scottish Government Deputy CDOs and representatives from Practitioner Services Division, will run on 12 and 25 October. Further details will be available via NES.

Similarly, the British Dental Association will be launching a dedicated webpage to give members one-stop shop access to information and to sign post where members can seek further support (members can also contact the team for one-to-one advice by calling 020 7935 0875 or by emailing advice.enquiries@bda.org).

The profession was feeling the strain even before COVID, then the pandemic wrought havoc — as it did with society generally — and any sense of recovery since the restart has been elusive (not least because of the treatment backlog). There will be criticism of the new Determination, and no doubt some of it will be justified, but at long last the profession has a framework on which to (re)build; a framework which has been developed in consultation, in the open, and which is based on sound principles.

1 www.scottishdental.org/pcad20235-amendment-no-161-to-the-sdr-payment-reform
2 www.scottishdental.org/faq-on-payment-reform
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But there is still a possibility for blended care to provide good options for patients

We sit in our little boxes – day in, day out. We are the masters of our little universes. We have to be sure. Our confidence gives patients and staff confidence we know what we’re doing. Confidence is borne of years of training, CPD and practice, assessing outcomes, honing our abilities and processes to meet our patients’ expectations, perform safely and stay away from the GDC. Arguably, that is why we’re paid the medium-sized bucks.

In the same way, most dentists have very firm ideas about how dentistry should work. How and what we should be paid and how patients should be serviced. Not all agree on this, and that’s only to be expected. The adage of “put 10 dentists in a room with a patient and you’ll get 10 different treatment plans” applies. Nothing in dentistry is black and white. Yet, those 10 plans will have similarities and should have sound reasoning to back things up: educated, evidenced and experience driven. Not to mention, tailored to the individual in the chair, their desires and capabilities as far as treatments they expect, tolerate and will pay for.

I feel Scottish dentistry is at a tipping point. There is a drive towards, and expectation that, practices are more and more likely to be private. I feel a weight pressing down on me. The weight of a profession and a populace in limbo. I’m not going to argue about NHS vs private. I think I’ve written enough about that, and I’d like to give some credit to my colleagues at all levels that they will carefully consider their options, with their families, staff and patients in mind and create practices and systems that allow for patients to be cared for at all levels of the social and economic scale (that’s a very grand wish but I believe we all want the best we can achieve for patients).

What I wish to discuss is what I fundamentally believe is the problem. Uncertainty. The consultation for the Oral Health Improvement Plan (OHIP) was closed at the end of 2016 and a plan was published in 2018. At the time, there was a small toot from a cracker-based trumpet and a party popper. Not much more than that and although many action points were identified, five were tackled (the lowest of low-hanging fruit) and promises made to move to the rest. The SNP pulled another cracker when they sneaked free dental care for all into their last election manifesto. But there never seemed to be a plan, certainly from the grass roots professionals’ point of view. We were not privy to the machinations of high-level governmental planning. Nor the inner workings of the British Dental Association’s great thinkers. All this said with a real belt of irony; nonetheless, we had no clue what was coming.

COVID. It really did shake dentistry to the core and trust and certainty if those steps are delivered, and NHS care services is very real and still felt to this day.

Determination changes have come and are almost upon us. The constricted timeline has been created by funding support restrictions that the Scottish Government won’t change to allow for a more ‘considered’ process. It feels like the “stop, stop, hold, hold, GO! Run as fast as you can, hurry up,” is the way it has worked. Running downhill faster than our legs can carry us and we may fall into a cramped heap at the bottom. This, apparently, ill-considered, slowed-down, speeded-up method of control feels out of control. How can we plan, how can we business plan, how can we tell our patients what’s happening when we don’t know? What is the governmental motivation here? Are they trying to pull a fast one, willing to sacrifice dentistry to privatisation or simply doing the best with the resources they have? Surely, we can see everyone is strapped for cash – people and governments alike. The English system appears to be in even greater meltdown than ours.

I believe this uncertainty – borne of poor, if not non-existent communication and communication of ‘the plan’ – is what is driving the profession another way. That other way is privatisation. People have been stressed and ruined by uncertainty. They need to feel safe and secure. Have a plan that will allow for ‘a plan’, a future. Their only option is to be private. Remove themselves from the uncertainty of governmental and political whim.

In the olden days – when life was dull and palatable – mixed practice with safe, solid and reliable government-funded dentistry and a healthy sprinkling of shiny and well-paid private care was the ideal. Those days seem an age ago. It’s almost like they never existed. I understand the need for certainty. For something to believe in, or at least rely upon. That’s what our patients do; they rely on us to be constant, caring and consistent. I wish our paymasters and controllers of policy were. These have been tough times, I accept that. They got some things right, some things wrong but, I believe, however naively, that they have tried their best. There is still an opportunity to produce a system which can work. There is still a possibility for blended care to provide good options for patients. I truly believe that we need some certainty.

Some stability. Good communication of the next steps for NHS dentistry, its systems, funding and (for god’s sake) some realistic workforce planning. You don’t have to tell us the plan, just some idea there will be one, that there’s a reasonable path to get there and when we’ll get there. We might have some trust and certainty if those steps are delivered, and NHS care may have the chance to survive as a patient option.
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**NHS payment reformed**

**Items of service reduced from 500+ to 45, check-up interval extended from six months to a year – and pay increased by six per cent**

**A MAJOR** reform of the system of payment for NHS dentistry comes into effect on 1 November. Among the changes are a significant reduction in the number of ‘items of service’ – treatments, procedures and undertakings – from more than 500 to 45.

The Scottish Government described the new system as a “high-trust, low bureaucracy model” which will “empower dentists to use their clinical discretion and knowledge of best practice in delivering care. The revised suite of items should be seen, therefore, as broad outcomes of care as opposed to more granular treatment items as under the previous SDR.”

In an accompanying memo it states: “It reflects the start of a journey where, in each step, we empower dentists in how they provide NHS dental care to patients. Payment reform is also the first step towards a truly modern NHS dental service which appropriately assesses, responds to and supports the oral health needs of every patient in Scotland. Through the fee structure there will be increased incentives to ensure dentists focus on prevention as well as disease, reflecting modern dentistry. “Patients will benefit from treatment items being brought in line with current best practice guidance, particularly around periodontal treatment, helping maintain and improve oral health. The reform also provides greater visibility of NHS care to patients through the reduced range of treatment items, meaning the new system will be much easier for patients to understand.”

Another major change has been made – in the regularity that NHS patients receive routine check-ups. For patients in good oral health, with low oral health risk factors, a recall of 12 months is “sufficient to determine any changes in lifestyle, risk factors and/or development of new dental disease. For patients assessed as having higher risk, shorter intervals may be determined as appropriate and may therefore continue to be consistent with the intervals as previously prescribed.”

At the same time the Scottish Government announced a six per cent increase in the fees paid for items of service, including orthodontic items, and capitation payments. The pay award has also been applied to the vocational trainee salary, backdated to 1 April.

**Move to annual check ‘could boost revenue by £200k’**

**A BUSY** practice could increase its annual revenue by £200,000 under the new Statement of Dental Remuneration (SDR), according to one specialist accountancy firm.

Dental Accountants Scotland said that in addition to the six per cent increase in fees, the “big winners” to emerge from the new SDR are “in the areas of extraction, perio, endo and dentures which have been problematic for many practices due to the extremely thin, or non-existent, margins under the previous payment levels”.

But it said that the most fundamental change to a practice – other than increased revenue and margins – is the new approach for examinations. “The long established historic six-monthly recall approach will no longer be the norm and as such the revenue created from two exams per annum will drop as a result.

“Potentially, on first read, that might be seen as a negative, however you would be overlooking the opportunity that may be created for the practice of freeing up significant chair time to use for more value-added commercial activities, such as restorative dentistry.

“You also would have the scope to acquire additional patients – (NHS or private) and manage with a reduced headcount during these difficult recruitment periods. There have also been some initial discussions about whether a practice may wish to offer a private examination/hygiene visit for any patient who would desire a more extensive/frequent input than annually.”

The firm said it could take a year to achieve a transition, but that if a practice was to use this newly created chair time wisely and efficiently “revenue could increase significantly through a different use of the time”.

It modelled a three-surgery practice with 5,000 registered active patients to create a scenario whereby an additional 1,610 hours’ chair time were created that could be used for restorative dentistry at a rate of £180 per hour, creating a net increase in annual revenue of £226,000.

“Clearly there are a number of sweeping assumptions used in the example,” it noted, “and it will be unlikely that every chair hour could be used to this good advantage. However, it demonstrates that there is a clear opportunity available.”

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**NEWS**

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**October November 2023 | 9**
SEPTMBER saw the release of the latest statistics from NASDAL (National Association of Specialist Dental Accountants and Lawyers) and its quarterly Goodwill Survey. This survey covers the quarter ending 30 April 2023 and includes data on valuations as well as deals completed (i.e., practices bought or sold by NASDAL members’ clients in the period).

NASDAL said the quarter saw a market that is continuing to do well. Goodwill values stayed steady at 151 per cent as a percentage of gross fees – very similar to the 156 per cent of the previous quarter.

However, NHS practice values did appear to fall back sharply with values of 133 per cent as a percentage of gross fees – down from 163 per cent in the quarter ending 31 January 2023. We will watch to see if this becomes a trend with interest.

Indeed, values for private and mixed practices in this quarter were almost identical to the last – 145 per cent and 160 per cent respectively versus 143 per cent and 162 per cent in the last quarter.

There was a big rise in valuations – 175 per cent as a percentage of gross fees compared to 116 per cent previously. Valuations are not done deals though so it will be some months before we see whether this has translated into real returns.

Johnny Minford, Principal of Minford Chartered Accountants and NASDAL Media Officer, said: “The practice sales market is still in good health. Profitable practices are selling and we have seen what I might consider to be more sensible pricing in recent months.

“The number of interest rate rises has possibly brought values down a touch but the longer-term effect of this in bank lending is yet to be fully seen so we will see if this means higher values in the months to come. “One phenomenon of note is that of the ‘Associate-led practice’. I have seen a number of practices marketed in this fashion as if the new buyer and Principal will have nothing to do? All good practices need motivated team members and Associates but also need considerable time and thought from the owner too.”

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 30 April 2022. NASDAL cautions that as with any averages, these statistics should be treated as a guideline only.

### GDC launches fitness to practise pilot

**THE GENERAL DENTAL COUNCIL (GDC)** has launched a pilot that will test a change to the initial stages of its fitness to practise processes “to improve proportionality and timeliness”.

The GDC said changes were being made to the way investigations are carried out in certain cases, to help it resolve issues faster “while continuing to effectively maintain public safety and confidence in the dental profession”.

“We want to ensure matters that do not pose a risk to public safety or confidence are concluded as quickly as possible,” it said in a statement. “The change in process being piloted will help ensure we are fully informed of all relevant facts as early as possible, ensuring that only issues amounting to a fitness to practise concern are fully investigated.”

The current legislative framework effectively requires all matters relating to the clinical practice of a dental professional to be referred from the initial assessment stage to assessment for an investigation. The GDC said “considerable effort and resources” are then allocated to gathering information, whether or not it is required, to reach a decision.

“The new pilot reflects our desire to make improvements to the fitness to practise process where we can, ahead of any potential regulatory reform,” it said. “It is also hoped that improved timeliness and proportionality will reduce the impact of fitness to practise investigations on the health and wellbeing of participants.”

**WE WANT TO ENSURE MATTERS THAT DO NOT POSE A RISK TO PUBLIC SAFETY OR CONFIDENCE ARE CONCLUDED AS QUICKLY AS POSSIBLE**

### Align showcases new treatments and workflows

**ALIGN TECHNOLOGY** has shared highlights from the 2023 Invisalign GP Summit, the company’s premier clinical education and networking event designed to help dentists transform and grow their practice with Invisalign clear aligners, iTero scanners, and the Align Digital Platform.

Over the course of three days, more than 1,000 dentists and practice team members from across North America came together, alongside Align and peer-to-peer speakers to share treatment and workflow best practices, hands-on experiences to sharpen clinical skills, and practice growth and marketing strategies.

Innovations that featured prominently in presentations included ClinCheck Live Update for 3D controls, Invisalign Practice App, Invisalign Personalised Plan (IPP), and Invisalign Smile Architect, iTero-exocad Connector, Invisalign Outcome Simulator Pro, and Invisalign Virtual Care AI software.

Others included the Invisalign Palatal Expander System, Plan Editor, SmartForce attachment-free aligner activation feature and software innovations that will harness the power of data driven insights from more than 15.7 million Invisalign treated patients.
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  - Mr. Sachin Jauhar I Specialist in Restorative Dentistry, Periodontics, Prosthodontics & Endodontics

- Orthodontics:
  - Dr. Fadi Al-Siwadi I Specialist Orthodontics

- Periodontics:
  - Dr. Muataz Osman I Special interest in Periodontics

- Oral & maxillofacial surgery:
  - Mr. Andrew Carton I Consultant Oral & Maxillofacial/Head & Neck Surgeon

- Hypnotherapy & mindfulness:
  - Dr. Mary Downie I Hypnotherapy

- Radiology:
  - Dr. Clare Fenlon I Consultant Radiologist

- Facial aesthetics:
  - Dr. Jenni Cherrington I Special interest in Facial Aesthetics & Skin Rejuvenation

- Sedation:
  - Mr. Naveed Karim I Consultant Anaesthetist
  - Mr. Yathis Rangappa I Consultant Anaesthetist

- Oral & maxillofacial surgery:
  - Dr. Scot Muir I Special interest in Restorative Dentistry & Implantology
  - Dr. Abid Faqr I Special interest in Restorative Dentistry & Implantology
  - Dr. Colin Burns I Special interest in Restorative & Implant Dentistry

- Endodontics:
  - Mr. William Keys I Specialist in Endodontics
  - Dr. Shakil Umerji I Specialist in Endodontics

- Aesthetic & restorative dentistry:
  - Dr. Kevin O’Farrell I Special interest in Restorative Dentistry & Implantology

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

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

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

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

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

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New award offers aesthetic dentistry training

THE College of General Dentistry (CGDent) and GC, in association with The Tom Bereznicki Charitable Educational Foundation, have launched a new competition for Foundation Dentists and Vocational Trainees throughout the UK.

The inaugural CGDent-GC Award for Foundation Dentists, which promotes dentistry skills, is open to all those enrolled on a Foundation or Vocational Training Programme in 2023-24.

All eligible competition entrants will receive a free GC G-aenial A-CHORD Composite kit, worth in the region of £250, to use in their case treatment (while stocks last), and up to 14 winners will receive a fully funded place on a composite layering course taking place over two days at the GC Europe Campus in Leuven, Belgium. The prize includes hotel accommodation, international travel expenses, meals and subsistence.

Entrants must submit an aesthetic case that they have treated during their Foundation/Vocational Training. The case must involve more than one tooth, including at least one anterior tooth, as well as the use of composite to restore teeth.

The closing date for entry is Friday 23 February 2024, and final cases must be submitted by Friday 5 April. The winners will be announced in early June, and their course will take place on Thursday 11 and Friday 12 July.

1 www.cgdent.uk/cgdent-gc-award

Registered DCPs increase

THE number of dental care professionals (DCPs) on the UK Register has risen when compared with the trajectory of previous years. After removals, there were 71,769 DCPs on the register, an increase of 2,093 on the equivalent figure for 2022.

This year, 3,541 DCPs did not renew their registration, which is 4.9 per cent of those who had renewed their registration by 31 July. This compares to an average of 6.4 per cent over the previous four years.

The number of DCPs removed was lower than last year for all titles with the exception of orthodontic therapists where there was a slight increase. The number of dental nurses removed from the Register fell by 752 compared to last year, with the total number on the register standing at 59,238 at the time of compilation.

While workforce planning does not lie within the GDC’s statutory remit, it has stated its intention to gather, with the support of stakeholders, some simple workforce data as part of the annual renewal of dentists’ registration, providing that it does not disrupt the renewal process, to inform the discussion on this important issue.

Vaping threatens oral health ‘as much as smoking’ – EFP

Practitioners urged not to recommend as an aid to tobacco cessation

ELECTRONIC cigarettes can be as harmful to gum and oral health as smoking traditional tobacco, the European Federation of Periodontology (EFP) said in a statement.

It is well established that smoking can seriously damage oral health, noted the EFP, with smokers experiencing more gum disease and tooth loss, and increased incidence of oral cancer. Gum disease itself affects systemic health, being implicated in diabetes, cardiovascular disease, chronic respiratory disease, inflammatory bowel disease and others.

But, it said, warnings about vaping tend only to highlight its damage to the heart and lungs, and not to oral health. “Evidence does show a clear link between e-cigarettes and poor gum and oral health,” it said. “Unlike tobacco smokers, who are more aware of smoking as a risk factor for general health problems and for gum diseases, vaping users are often misled into thinking of e-cigarettes as somehow less harmful or even safe.”

One of the factors behind vaping’s impact is nicotine, whether smoked or vaped, which restricts blood flow to the gums. Other chemicals contained in the e-cigarette vapour – including formaldehyde, propylene glycol and benzene – may increase the damage caused to the mouth, starting with a progressive destruction of the periodontium.

“Damage to the gums and the tissues supporting the teeth, often to an irreversible state, is a likely adverse effect of vaping,” said Andreas Stavropoulos, chair of the EFP’s scientific affairs committee.

“This damage includes permanent resorption of the gums and the bone that keep the teeth in function and in the mouth.

“We urge oral healthcare professionals to not suggest vaping as a transition strategy of tobacco cessation, but rather to prioritise smoking cessation advice for both cigarettes and e-cigarettes alike, and to provide patients with information about the likely detrimental impact of vaping on gum and oral health.”
**DDU introduces peer support**

**DENTAL** professionals involved in stressful General Dental Council (GDC) investigations are being offered a new peer support service from the Dental Defence Union (DDU). Launched in 2020 to help medical professionals undergoing GMC investigations, the service has now been expanded to include DDU members. The peer support programme connects members with a reassuring colleague who has been through a similar experience.

“The programme connects members who are struggling with a GDC investigation with a colleague who has been through a similar process. These colleagues offer personal support, guidance and reassurance.”

Members have told us time and again that dealing with incidents can impact both their professional and personal lives. Having a conversation with a colleague who has been through something similar and come out of the other side, can be a huge comfort.”

**THE Royal College of Surgeons of Edinburgh’s Faculty of Dental Surgery** has been given official confirmation that it has met all the GDC’s Standards for Examination Providers, as laid out in the Standards for Speciality Education.

The faculty received the glowing report following a lengthy process that has taken a number of years to achieve.

Professor Phil Taylor, immediate past-president, said: “The path to this accomplishment has been a long and rigorous one, showing consistent excellence across all spheres of the education and assessment sustained over many years involving dedicated efforts from the entire RCSEd team.

“In particular I’d like to highlight the significant contribution of Professor Liz Davenport, who collaborated closely with myself and the RCSEd Examinations Team, ensuring excellence throughout the entire journey. We are immensely proud of this recognition from the General Dental Council, which validates our tireless efforts in maintaining quality and integrity in dental education.”

RCSEd now examines around 1,800 candidates each year, and runs more than 45 examination diets, so the number of Dental Fellows, Members and Associates continues to grow. The College is continuing to develop the Quality Assurance processes used, particularly the examiner training packages, results management software and feedback processes, making processes better for both candidates and examiners.

Grant McIntyre elected FDS RCSEd Dean, see Page 30

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*Entry is open to any dental practice in the UK or ROI who has a working VistaScan (however old it may be). The winner will be independently selected by FMC on 31 October 2023. To enter, simply scan the QR code to register your practice details and existing VistaScan model.

For more information visit www.duerrdental.com/en/products/imaging/
 motors @durr_dental_uk Duerr Dental UK
New Edinburgh clinic

THE ROW DENTAL, a state-of-the-art dental clinic offering personalised treatments for cosmetic dentistry, has opened in Edinburgh. Founder Dr Slaine Ker has more than 10 years’ experience as a trusted and accomplished cosmetic dentist on London’s Harley Street, with clients including Made in Chelsea stars Louise and Sam Thompson, Ollie Locke, Binky Felstead and Sophie Hermann.

Graduating from the Dublin Dental School at Trinity College, Dr Ker spent two years in the Oral and Maxillofacial Unit at Galway University Hospital treating patients who had suffered from facial trauma and cancer before moving to London. “The move to Edinburgh is for both personal and professional reasons,” said Dr Ker. “My husband is from Glasgow, so it allowed us to be closer to his family. We have two girls, so we did it partly for their quality of life.

“Once moving to Edinburgh was on the cards, we started looking into opening a practice here and soon realised we could take some of the aspects of London dentistry back to Edinburgh and create something very special and unique.”

Practice Profile, see Page 70.

Dentsply updates digital

DENTSPLY SIRONA has announced the addition of several products and solutions to its integrated product portfolio, including a new tool for SureSmile® users as well as updates to its cloud-based platform, DS Core.

“Imagine showing your patients their new smiles before they start treatment,” said the company in a statement. “With the new SureSmile Simulator, clinicians will be able to do just that, allowing the patient’s possible future smile to speak for itself.”

Prior to treatment planning, the SureSmile Simulator assists dental professionals in evaluating each case. By measuring initial models and generating estimated treatment duration and complexity from the post-simulation results, clinicians can enter the planning phase with greater insight.

The company also highlighted several updates to DS Core, Communication Canvas, Unified Ordering and Viewer Updates.

Digital dentistry study day

Please join us at the Raddison Red in Glasgow on the 3 November 2023 between 1pm-7pm.

Clive Schmulian will be presenting the benefits of digital dentistry between 2pm-5pm, followed by nibbles and networking in the Sky Bar between 5pm-7pm.

Spaces are limited. If you would like to reserve a space, please email reception.clifton@portmandental.co.uk

For more information, please go to clifondentalclinic.co.uk/events/
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Apply today and become part of the group clydemunrodental.com/careers
Dental enamel created from stem-cells

Advance seen as step towards repair and regeneration of teeth

ORGANOIDS have been created from stem cells to secrete the proteins that form dental enamel. Organoids are simple tissue-engineered cell-based in vitro models that recapitulate many aspects of the complex structure and function of the corresponding in vivo tissue.

“This is a critical first step in our long-term goal to develop stem cell-based treatments to repair damaged teeth and regenerate those that are lost,” said Hai Zhang, professor of restorative dentistry at the Washington University School of Dentistry and one of the co-authors of the paper describing the research. The findings were published in the journal Developmental Cell.

During tooth formation, enamel is made by specialised cells called ameloblasts and when formation is complete these cells die off; consequently, the body has no way to repair or regenerate damaged enamel.

To create ameloblasts in the laboratory, the researchers first had to understand the genetic programme that drives fetal stem cells to develop into these enamel-producing cells. They used a technique called single-cell combinatorial indexing RNA sequencing (sci-RNA-seq), which reveals which genes are active at different stages of a cell’s development.

By performing sci-RNA-seq on cells at different stages of human tooth development, the researchers were able to obtain a series of snapshots of gene activation at each stage. They then used a computer programme to construct the likely trajectory of gene activities that occur as undifferentiated stem cells develop into fully differentiated ameloblasts.

“The computer programme predicts how you get from here to there, the roadmap needed to build ameloblasts,” said Hannele Ruohola-Baker, Professor of Biochemistry, who headed the project. With this trajectory mapped out, the researchers were able to coax undifferentiated human stem cells into becoming ameloblasts. This was done by exposing the stem cells to chemical signals that were known to activate different genes in a sequence that mimicked the path revealed by the sci-RNA-seq data.

While conducting this project, the scientists also identified for the first time another cell type, called a subodontoblast, which they believe is a progenitor of odontoblasts, a cell type crucial for tooth formation. The researchers found that together these cell types could be induced to form small, three-dimensional, multicellular mini-organs called organoids.

These organised themselves into structures similar to those seen in developing human teeth and secreted three essential enamel proteins: ameloblastin, amelogenin and enamelin. The proteins would then form a matrix and a mineralisation process that is essential for forming enamel, with the requisite hardness, would follow.

One possibility is to create enamel in the laboratory that could then be used to fill cavities and other defects. Ruohola-Baker said another approach would be to create “living fillings” that could grow into and repair cavities and other defects. Ultimately, the goal would be to create stem cell-derived teeth that could replace lost teeth entirely.

“Many of the organs we would like to be able to replace, like human pancreas, kidney and the brain, are large and complex,” said Ruohola-Baker. “Regenerating them safely from stem cells will take time.

“Teeth on the other hand are much smaller and less complex. They’re perhaps the low-hanging fruit. It may take a while before we can regenerate them, but we can now see the steps we need to get there. This may finally be the ‘Century of Living Fillings’ and human regenerative dentistry in general.”

www.cell.com/developmental-cell/fulltext/S1534-9807(23)00360-X

Dentistry named as top non-tech degree

MEDICINE and dentistry have secured their place as the non-technology degrees most valued by employers.

As technology-related degrees maintain their prominence, the acknowledgement of the critical contributions made by medical professionals has propelled medicine and dentistry to a joint fifth place among the most valued degrees, according to a survey by Forbes Advisor.

The experts at the price comparison and guidance platform engaged with 500 businesses to reveal the degrees deemed of highest value in 2023.

While Artificial Intelligence (AI) remains at the forefront as the most valued degree, with one quarter (25 per cent) of surveyed businesses recognising its importance, there is a clear recognition of the importance of medical and dental degrees in addressing societal health needs.

While medicine and dentistry share the fifth position with cyber security (16 per cent), this recognition is a significant testament to the importance of these life-saving disciplines. Moreover, traditional degrees like law and economics also maintain their foothold among the top 10 degrees valued by businesses.
AN established dental clinic in Inverclyde has become the latest acquisition by a leading Scottish dentistry group. Port Glasgow’s Belhaven Dental Surgery is the latest to join Scottish Dental Care (SDC), a move that will see the practice grow as well as support its near 10,000 NHS patients.

Owner and dentist Catherine Jones established the clinic in 2005 and, following a move and refurbishment in 2015, it has grown to include five surgeries with 20 staff. Having run the clinic with her husband and practice manager Colin, the couple sought a group that would ensure the team would continue to thrive and allow Catherine to focus on continuing to provide high quality dental care.

“We’re extremely excited to be part of Scottish Dental Care, as it will see the practice grow, improve facilities, and provide great opportunities for the team,” said Catherine. Another key aspect of the acquisition will be Colin transitioning into a wider role that will support Scottish Dental Care across a number of projects.

Lynn Hood, Chief Executive of Scottish Dental Care, said: “This is a prime example of an incredibly well-run community practice. We were thrilled to have been approached based on the strength of our culture – it reaffirms that what we are doing is working and word is spreading.”

Meanwhile, SDC has invested around £400,000 into the refurbishment of Cardonald Dental Clinic, which includes three new surgeries and an expanded footprint. The practice, which became part of SDC in 2017, is also bringing onboard two new dentists, increasing the total staff to 10 and allowing the clinic to welcome up to 2,000 NHS patients – adding to its active register of 5,500.
Improving restorative results

Technology can reveal previously undetectable pressures in mouth and jaw

HAVING stepped back from day-to-day practice to perform a consultancy role, leading Scottish dentist Dr Rami Sarraf recently took a select team of senior staff to Poland to attend a conference on digital condylography.

The conference was hosted by Dr Pawel Paszkiewicz, an authority on new digital dentistry tool Modjaw. Developed in France, Modjaw uses pioneering JAW Morphodynamics™ data to capture jaw motion and dynamic occlusion.

Dr Sarraf, Principal Dentist at First Alba Healthcare, said the conference visit opened the door to future international cooperation between all parties. “Our plan is to keep cooperating, upgrading the workflow and exchanging ideas.

“We are happy to advise other Scottish dental practices on how to successfully upgrade their offering, particularly regarding training staff to a new level of excellence.”

Dr Sarraf added that First Alba would continue to invest in new equipment. “Patients will benefit across the board in new, modern dentistry techniques that offer long term solutions for their teeth and gums,” he said.

“Modjaw is, for example, key to finding out why implants and other appliances may fail. Accurate to a few micrometres, it can reveal previously undetectable pressure factors in the mouth and jaw, leading to greater success in restorative techniques.”

1 www.modjaw.com/en
2 www.firstalba.co.uk

Ortho ‘in demand’ survey reveals

STATISTICS from The British Orthodontic Society (BOS) show online working has triggered a rise in adults seeking tooth straightening treatment.

More than three-quarters (76 per cent) of orthodontists surveyed reported an increase and said that online working and socialising was a major factor. But they added there were concerns patients were increasingly seeking ‘DIY’ treatments and that healthcare was being “commoditised”.

Anjli Patel, Director of External Relations, commented: “It is great to see the number of adults interested in orthodontics remains high and we want to ensure patients are given the very best advice about orthodontic treatment.

“Our members, specialists and dentists with a special interest, offer a range of options for adults, enabling them to provide a solution to any kind of orthodontic problem.”

The BOS points patients to The Safe Smile Campaign – “a trusted space where patients can get advice about the safest and most effective way to have orthodontic treatment.”

1 www.dentalhealth.org/safe-smiles-seeing-a-dental-professional

Just like magic

ARRAN DENTAL CARE, run by Emma Kendall and her dentist husband Kenneth, held an oral health event on the island over the summer in partnership with Nicki Rowland, author of The Magic Dentist.

With the support of The Magic Circle, Nicki is touring the UK with her daughter Isabella, who illustrated the book which is designed to educate children in oral health and reduce their fear of dentists.

“It was a great success,” said Emma. “There was healthy food and drink supplied by local businesses, including Arran Diaries and the Arran Cheese Shop. The children received a free copy of the book along with a goodie bag that included toothpaste and a toothbrush, all sponsored by Arran Accountants. And, of course, there was a magician!”

Emma added: “People on the island have struggled because of COVID and its aftermath, unable to be seen or treated. Since we moved her in 2021, we have been working to get people engaged again with their oral health.”

1 www.linkedin.com/company/the-magic-dentist
Centre for Implant Dentistry

Ultimate Implant Restorative Course

17TH JANUARY - 19TH JUNE 2024

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UP-SKILL & EARN £1000 TO £2500 PER RESTORATION  •  UNITS RUN 10AM - 4PM (Delicious Lunch Provided)

Course runs from 17th January 2024 until 19th June 2024 at Double Tree Hilton Cambridge Street, Glasgow

UNIT 1  WED 17TH JAN 2024

Implants - Background and Principles
  • Referral Process
  • Diagnostic procedure and treatment planning
  • Restorative Fees

LOCATION  HILTON DOUBLE TREE HOTEL

UNIT 2  WED 21ST FEB 2024

Restorative treatment planning
  • Case discussion
  • Implant restorative components & tools
  • Impression techniques and shade taking

LOCATION  HILTON DOUBLE TREE HOTEL

UNIT 3  WED 20TH MARCH 2024

Live cases in surgery
Exposure to Implant placement surgery on patients

LOCATION  CID PRACTICE

UNIT 4  WED 24TH APRIL 2024

Fitting implant restorations
  • Type of Implant restorations
  • Screw retained and cement restorations
  • Implant Crown Materials

LOCATION  HILTON DOUBLE TREE HOTEL

UNIT 5  WED 22ND MAY 2024

Knowledge of:
  • Periodontal implications
  • Maintenance
  • Marketing and Sales
  • Dental Indemnity

LOCATION  HILTON DOUBLE TREE HOTEL

UNIT 6  WED 19TH JUNE 2024

Full Arch Restorations
  • Implant retained over dentures
  • Practical - Overdenture
  • Complications and troubleshooting
  • Certificate presentation

LOCATION  HILTON DOUBLE TREE HOTEL

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NEWS

D A T E S  F O R  Y O U R  D I A R Y

2023

09-11 NOVEMBER
BACD 19th Annual Conference
IET Savoy Place, London
www.bacd.com/annual-conference/bacd-19th-annual-conference-2023-new-horizons

10 NOVEMBER
TC White Conference – Problem Solving Leadership
Royal College of Physicians and Surgeons of Glasgow and Online
https://community.rcpg.ac.uk/event/view/tc-white-conference-10-nov-23

24-25 NOVEMBER
European Association for Sports Dentistry Symposium
Murrayfield Stadium, Edinburgh
www.ea4sd.com

2024

26 JANUARY
Scottish Orthodontic Conference
Royal College of Physicians and Surgeons of Glasgow and Online
https://community.rcpg.ac.uk/event/view/scottish-orthodontic-conference-26-jan-24

19 APRIL
Glasgow Oral Surgery Symposium
Royal College of Physicians and Surgeons of Glasgow and Online
https://community.rcpg.ac.uk/event/list

31 MAY-1 JUNE
Scottish Dental Show
Braehead Arena, Glasgow
www.sdshow.co.uk

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

Foundation dentists’ competition

DENTAL PROTECTION, in partnership with The MPS Foundation, has launched an annual research competition for foundation dentists in the UK – to recognise, celebrate and reward excellence demonstrated in patient safety and risk reduction.

The competition aims to raise the profile of research among foundation dentists to generate interest and build research capability and capacity for the future in the dental sector.

This year, the competition will focus on periodontal care, and foundation dentists can submit their competition entries under one of three categories. More than £8,000-worth of prizes could be won.

Professor Callum Youngson, Chair of the Dental Protection Board, said: “We recognise that foundation dentists are the future of the profession, and we want to support them. We believe that research and continuous improvement are essential to a dentist’s career, and we’re promoting and celebrating this fact among foundation dentists.”

1 www.sdmag.co.uk/dental-protection-foundation-dentists-competition

NEWS

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From the moment we started designing the Nova handpiece, we had one ambition – not to compromise... thanks to the small head, the slim handle, its lightness, its low noise level and its extreme durability, it is quite simply the most advanced handpiece on the market.
The only Level 7 Postgraduate Dental Implant Diploma to be offered in Scotland was launched last month and will welcome its first students in February next year. The course offers several advantages over others in the UK, not least elimination of the cost and inconvenience of having to travel south of the border to gain the qualification.

It has been developed by Dr Tariq Ali and his team at the Centre for Implant Dentistry in Glasgow, which already offers a highly regarded course on the restorative aspects of implant dentistry which has trained hundreds of dentists.

Dr Ali is a recognised leader in his field, providing cutting edge solutions for patients faced with edentulism, from single implants to complex full-arch treatments, as well as being a teacher and mentor to dentists across the country.

“The course will provide the discipline and expertise required to build the procedural skills, competence and ethical practices needed to perform in the region of 50 implants per year and we are committed to ensuring delegates who take our diploma achieve this goal,” said Dr Ali.

He added: “Our implant diploma has been designed entirely with this in mind, with a pedigree of exceptional quality together with hands-on, practical and surgery on patients that delegates have selected and planned themselves.

“Following on from this, delegates will be able to advance their development in implant dentistry. Our aim is to create and nurture a body of dental professionals instilled with a core ethic that puts their patients’ best interests as paramount at all times.”

The course comprises five dedicated units, including CBCT Levels One and Two, with training undertaken within the clinical suites of The Royal College of Physicians and Surgeons Glasgow (meals over the 12 days of the five units at the College are included). In addition to the tuition which takes place within the College, one week of mentoring during unit three will be conducted in practice with Dr Ali.

A comprehensive reading list and a list of prescribed texts to be purchased will be provided for each unit once you have registered for the diploma. To meet the diploma’s standards of competence, candidates will be assessed on an ongoing basis. The main component of this will be a case presentation involving all aspects of implant care for the candidate’s patient. Candidates will be assessed on this case at the end of the course.

The Centre for Implant Dentistry is EduQual approved and the diploma is SCQF (Scottish Credit and Qualifications Framework) credit rated by the Scottish Qualifications Authority (SQA).
Level 7 Postgraduate Dental Implant Diploma Units

**UNIT ONE: PRINCIPLES OF IMPLANT DENTISTRY AND TREATMENT PLANNING**
- Develop an understanding of the origins and current principles of implant dentistry and how it relates to clinical practice today.

**CBCT MASTERCLASS LEVELS 1 AND 2**
- This addresses the theoretical elements of CBCT and includes an extensive hands-on reporting aspect.

**UNIT TWO: SURGICAL PRINCIPLES AND CLINICAL DAY**
- For learners to acquire and demonstrate a comprehensive understanding of the fundamental principles of implant surgery and its application in the clinical setting.

**UNIT THREE: A WEEK OF MENTORING AT THE CENTRE FOR IMPLANT DENTISTRY**
- Acquire and demonstrate an understanding of the implant treatment stages.

**UNIT FOUR: RESTORATIVE ASPECTS OF IMPLANT DENTISTRY**
- Demonstrate an understanding of the restorative aspects of implant dentistry and to transfer the acquired skills to patient management.

**UNIT FIVE: IMPLANT MAINTENANCE AND MANAGEMENT OF PROBLEMS**
- Be able to develop maintenance protocols for individual patients needs.

For full details of aims and objectives for each unit, contact the Centre for Implant Dentistry.

Meet the clinicians who will teach and mentor you

**DR TARIQ ALL, FOUNDER AND CLINICAL LEAD FOR THE CENTRE FOR IMPLANT DENTISTRY**
Dr Tariq Ali has been involved in implant dentistry for nearly 20 years and has great experience in the field. Tariq’s implant training was undertaken at the Royal College of Surgeons in London. He has a particular interest in immediate implants and especially in full arch cases. Tariq is passionate about implant education and founded the Ultimate Implant Restorative course which has trained hundreds of dentists in the restorative aspects of implant dentistry. He is involved in mentoring implant dentists and has now established the diploma course in Implant Dentistry to allow dentists to treat their patients with this valuable treatment.

**DR JIMMY MAKDISSI, CONSULTANT DENTAL AND MAXILLOFACIAL RADIOLOGIST**
Dr Jimmy Makdissi joined the Institute of Dentistry, Barts and The London School of Medicine and Dentistry, in 2004 as a Clinical Senior Lecturer and Honorary Consultant in Dental and Maxillofacial Radiology. He directs the Dental and Maxillofacial Radiology programme of the undergraduate BDS curriculum. He completed his specialist training at Guy’s Hospital and obtained the Diploma of Dental Radiology from the Royal College of Radiologists. He has served on the Education Committee of the International Association of Oral and Maxillofacial Radiology. He has also served as the Dental Tutor for the London Deanery at Barts Health, the Faculty Tutor at the Royal College of Surgeons and as the President of the Metropolitan Branch of the British Dental Association.

**DR MARK NELSON**
Dr Mark Nelson is a general dental practitioner who has a particular interest in restorative dentistry. In 2018, Mark achieved a masters in restorative dentistry and since then has worked in fully private practice. He is passionate about continuing education and has undertaken courses all over the world in order to further his skillset and knowledge. He has a particular interest in the treatment of tooth wear and enjoys planning and undertaking rehabilitations of compromised dentitions. Mark’s main aim is to ensure that his patients receive the perfect combination of aesthetics, health and function. Over the past three years working at the Centre for Implant Dentistry, Mark has enjoyed being involved in multi-disciplinary cases involving dental implants and natural teeth. Throughout this time, he has also taught on the Ultimate Implant Restorative course and enjoys mentoring fellow dentists to restore dental implants.

**DR DARINA MCCARTAN**
Dr Darina McCartan is a general dental practitioner with a keen interest in Conscious Sedation and Periodontology, especially periodontal surgery in relation to implants. Darina holds a Certificate in Conscious Sedation and Pain Management from Eastman Dental Institute, UCL. She works within the field of implant dentistry and deals with the soft-tissue aspects around implants. In clinical practice, Darina accepts referrals for periodontal surgical cases and is particularly interested in soft tissue grafting.

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**2024 TIMETABLE**

**UNIT ONE: PRINCIPLES OF IMPLANT DENTISTRY AND TREATMENT PLANNING**
- Mon 5 February
- Mon 19 February
- Mon 26 February
- 10am-5pm (one-hour lunch)

**CBCT Masterclass Level 1 & 2**
- Mon 4 March
- 10am-5pm (one-hour lunch)

**UNIT TWO: SURGICAL PRINCIPLES**
- Mon 15 April
- 10am-5pm (one-hour lunch)

**Clinical Day**
- Fri 26 April
- 10am-5pm (one-hour lunch)

**UNIT THREE: WEEK OF MENTORING**
- Between 29 April-7 June
- 10am-5pm (one-hour lunch)
- One week of mentoring in the Centre for Implant Dentistry; week assigned after signing-up for Diploma.

**One day at Royal College**
- Mon 10 June
- 10am-5pm (one-hour lunch)

**UNIT FOUR: RESTORATIVE ASPECTS OF IMPLANT DENTISTRY**
- Mon 19 August
- Mon 2 September
- Mon 16 September
- 10am-5pm (one-hour lunch)

**UNIT FIVE: IMPLANT MAINTENANCE & PROBLEM MANAGEMENT**
- Mon 4 November
- Mon 18 November
- 10am-5pm (one-hour lunch)
Early education is the key to fostering women’s dentistry careers

I recently had the joy of speaking at Clyde Munro’s first-ever Women in Dentistry event. As one of Scotland’s largest dental groups, their commitment to fostering inclusivity and empowering women within the dental field closely aligns with my own determination to inspire and encourage women throughout their dental careers.

The dental industry has seen a positive shift towards gender equality in recent years. A recent report by NHS Scotland revealed that in the academic year of 2019-20, 65 per cent of those commencing undergraduate degrees were females. Additionally, female dentists now make up 54.6 per cent of all dentists in Scotland, a significant increase from 33.5 per cent in 1995.

Dentistry in 2023 is a vibrant and increasingly diverse profession – but true equality is still far off. Inequity persists, from gender inequality and bias to stereotypes and discrimination, and the gender pay gap remains a very real issue. As a sector, we need to be more proactive in helping young female dentists navigate their early career paths and increase representation in leadership, academic and specialist roles.

How can we do this? I believe the answer lies in early education and preventative action; much like what we teach our patients.

As dentists, we stress the importance of early action to preserve oral health and prevent more severe dental issues from arising. We urge parents to instil good habits in their children from the time that first tooth comes through, in order to teach children how to care for their teeth and gums for a lifetime.

Applying those same principles to support women into leadership roles could be the first step to creating a more equitable, diverse and inclusive profession.

Great dentistry demands constant training, to refresh your existing knowledge and successfully expand your skills in different specialisms. For women, often these conversations around progression take place far later in their career, at which time, many are unable to take the time needed to further their development due to family commitments.

We need to encourage student dentists to think about their career pathways at a much earlier age, and it is the responsibility of academics and those in senior leadership positions to clearly define the different routes to success.

Mentors are vital in this situation, to offer budding young dentists the opportunity to observe and learn from those that came before them, who have a family lifestyle while acting in leadership positions and pursuing their chosen specialities. We have the opportunity that wasn’t afforded to us, to pave the way and be role models that aspiring dentists can look up to.

That is why occasions such as Clyde Munro’s Women in Dentistry events are so important to create a culture of support and recognition for female dentists, where they feel inspired to prioritise their professional development.

I hope to see more dentists across Scotland and the UK take action to support gender equality in dentistry, to ensure women are at the forefront of world-class training, newfound specialisms and the latest dental technologies.

As dentists, we stress the importance of early action.

Dr Eimear O’Connell is the Principal Dentist at Bite Dentistry in Edinburgh. After setting up her own practice when she was just 27 years old, Eimear has continued to lead the way for women in dentistry. She is the first woman to ever be President of the Association of Dental Implantology and the first female dentist in the UK to gain her Implant Diploma from The Royal College of Surgeons of Edinburgh.

Clyde Munro is one of Scotland’s largest dental groups, operating 80 dental practices across the country. It provides services for over 600,000 people, appointing over 250 clinicians and 600 support staff. To find out more about the group, please visit clydemunroodontal.com

REFERENCE

1 Data provided by NHS Scotland: www.tinyurl.com/mr338p45
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A smile ahead together
The Faculty of Dental Surgery RCSEd is introducing a suite of open access Dental Diploma examination qualifications

The Royal College of Surgeons of Edinburgh, one of the oldest surgical corporations in the world, was founded in 1505, surgeons and barbers being formally incorporated as a Craft of the Burgh, with a Seal of Cause granted by King James IV of Scotland. King James, the first patron of the College, practised dentistry on his subjects, inviting them to have their teeth extracted by him. Unusually, he paid them for the privilege of doing so. Our present monarch, King Charles III, became the RCSEd’s patron last year.

In 2022, the RCSEd celebrated the 40th Anniversary of the founding of the Faculty of Dental Surgery (FDS). The Faculty exists to promote excellence in patient care by providing quality-assured assessments and facilitating high standards of education for members of the dental profession at all stages of their career. It serves the needs of dental surgeons, the wider dental team and dental students across the world. It is the largest of the RCSEd’s faculties with more than 8,000 Affiliates, Associates, Members and Fellows worldwide. It has its own governance structure and Council, led by the Dean of the Dental Faculty.

The Faculty’s strategic objectives are to:

- Grow our family of dental surgeons throughout the world by supporting them with quality-assured assessments, high standards of education, and resources and benefits to support their career.
- Uphold the highest of standards of patient safety and care through high quality assessment and education and to ensure that these are recognised and respected throughout the world.
- Assess and acknowledge the appropriate standard of other education providers through our accreditation process.
- Connect with key stakeholders and partners across the world to support our Affiliates, Associates, Members and Fellows in their professional career.
- Advocate on behalf of the dental team, ensuring that oral health is recognised as a key component of total body health and well-being and to lobby for developments that will further support standards and quality of practice in the UK and throughout the world.

RCSEd exams
The Faculty provides a wide range of dental examinations to support career development for dentists and DCPs. In the early years post-graduation, The Membership of the Faculty of Dental Surgery (MFDS) examination is an internationally recognised dental qualification which demonstrates completion of foundation/basic postgraduate dental training. Examination diets are available in various UK and international locations.

The Faculty is about to introduce a new suite of open access Dental Diploma examination qualifications², set at level two of the speciality guidelines (which translates to Tier 2 in England and Wales). The Diplomas will be accessible to all registered dentists, with no restrictive eligibility requirements – the expectation being that prospective candidates ensure that they have a satisfactory knowledge base aligned to the examination syllabus for which they wish to enter. The following sub-specialist Diplomas will be introduced:

- Prosthodontics
- Periodontology
- Endodontics
- Paediatric Dentistry
- Oral Medicine
- Oral Surgery
- Dental Sedation

These exams are intended for general practitioners at subspecialty level to demonstrate a high standard of patient care in practice. The qualification will show practitioners’ patients that they are skilled in a specific specialty, with the option to study more than one subject at a time.

Other dental exams
The RCSEd offers a further range of examinations in all the clinical dental specialties. In the UK, these are permissive examinations for those who have undertaken and completed appropriate specialist training. In combination with success in the relevant examination, a certificate of completion of specialist training by their training institution or Deanery allows them to be entered on to the GDC specialist list. The examinations are also relevant to international colleagues who have undertaken an accredited course of training which can provide confirmation of this being at an appropriate specialty level and colleagues can then confirm their knowledge by sitting and being successful in these examinations. Achieving success in our examinations is a sign of your competence at that level the world over. After graduation, the RCSEd seeks to support you at every step of your career, whether as a dental care professional, a General Dental Practitioner, a salaried service practitioner, a specialist or a consultant in the NHS or university, with resources for training, continuing professional development, membership or fellowship examinations and development opportunities.

Lochana Nanayakkara is a Consultant in Restorative Dentistry and Director of Dental Education, Barts Health NHS Trust, and Dental Education Convenor, FDS RCSEd.

www.rcsed.ac.uk/faculties/faculty-of-dental-surgery For full text of article visit: www.sdmag.co.uk/future-dental-education

REFERENCES
RCSEd.ac.uk/NewDentalDiplomas
INTERVIEW

E DUCATION, EXAMINATION
A ND ENGAGEMENT

The new Dean of the Faculty of Dental Surgery RCSEd sets out his aims while in office

For Professor Grant McIntyre, education runs in the family. His mother was a primary school teacher and his father a college lecturer in mechanical engineering. But they were not that keen on him following in their footsteps: “It is funny that my parents both said to me: ‘The only career you shouldn’t contemplate is education,’ and here I am with it occupying quite a bit of my role these days.” Those words were spoken a little over 10 years ago, in an interview with Scottish Dental magazine. He had just been honoured by the Royal College of Surgeons of Edinburgh with a Fellowship Without Examination. It was in recognition of the contribution he had made to the Faculty of Dentistry’s MFDS and MOrth exams.

Grant's clinical work involves the orthodontic management of facial deformity, TMJ-orthognathic cases and cleft lip and palate along with being an Educational Supervisor and Clinical Supervisor for a number of Core and Specialty Trainees. Grant’s research work relates to evidence-based clinical care, cleft lip and palate, and imaging, with his research interests involving supervision of Masters and PhD students with more than 110 publications to date.

He took up the Deanship at the Dental AGM in September when Professor Phil Taylor demitted office. He said his year as Vice Dean had given him the opportunity to “work out in my own mind if [being Dean] was something I could do – or whether I should run for the hills!” It was an opportunity for conversations with the college’s office bearers and now Grant is undertaking one-on-ones with the Dental Council. He is also looking forward to the roll-out next year of a new suite of open access Dental Diploma examination qualifications, designed for Tier 2 General Dental Practitioners in England and Wales and designed to recognise the achievements of GDPs in Scotland and elsewhere in the world.

The new Diplomas – available exclusively online – will be accessible to all registered dentists, with no restrictive eligibility requirements. The following sub-specialist Diplomas will be introduced: Prosthodontics, Periodontology, Endodontics, Paediatric Dentistry, Oral Medicine, Oral Surgery and Dental Sedation.

“We want to provide the opportunity to credentialise knowledge, skills and clinical performance in those areas,” said Grant, “which in turn also provides reassurance for patients.”

“The Dean is in office for three years and the diplomas will occupy a good amount of Grant’s first year. But also, during this period and over the remainder of his time in office, he intends to develop two other streams of work; a review of the 24 exams that the faculty offers practitioners in the UK and around the world and increased engagement with fellows in the UK and internationally.

“The college is active in 100 countries now and this year we’ll examine more than 2,000 candidates in 20 different exam centres. So, it’s no small undertaking. And in terms of engagement, clearly COVID made this very difficult. But in the last six months we’ve been in Egypt, Dubai, Bahrain, Sri Lanka, India and Malaysia.

“Now we will be focusing on the UK and Ireland as well, with a roadshow that will go around all the key locations. Globally, we have almost 8,000 dental members. I’m not going to be able to meet all in the space of three years! But I’d like to be as close to meeting as many as I possibly can.”

Year three for Grant is likely to be predicated by the implementation of the exams linked to the revised specialty curricula which, by then, will have been rolled out by the General Dental Council – with the first trainees sitting the revised exams in 2026. “It’s going to be a busy three years, but rewarding I’m sure,” he said.
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Orthodontics and periodontics are intricately linked since adult orthodontics often implicate the periodontium. Periodontal intervention is needed throughout all phases of orthodontic treatment, from orthodontic diagnosis to mid-treatment periodontal assessment and postoperative evaluation.

Invariably, periodontal health affects orthodontic success. Conversely, orthodontic tooth movements may serve as adjunctive therapy in patients with periodontal disease. A review aimed to provide a comprehensive understanding of the orthodontic-periodontic relationship for optimising therapeutic strategies and achieving the best treatment outcomes in patients.

In contemporary dental practices, the increased emphasis on dentofacial aesthetics is largely considered the norm, and orthodontic treatment for children and adults is more in demand than ever before. Advances in dental materials and orthodontic techniques, along with more aesthetically pleasing fixed appliance choices, such as ceramic brackets and lingual appliances, have further encouraged adult patients to seek orthodontic treatment.

For these patients, the patient’s orthodontic needs and their periodontal conditions are often intertwined, thus, necessitating a multi-disciplinary management approach. When treating these patients, in-depth knowledge of orthodontics and periodontics is imperative.

The interplay between orthodontics and periodontics is mutually advantageous. Tooth movement during orthodontic therapy is accomplished through bone remodelling of the alveolus. Since the periodontal ligament facilitates the bone remodelling response, tooth movement depends on the periodontal ligament, which in turn, relies on a healthy periodontium.

Consequently, periodontal treatment is essential throughout most phases of orthodontic therapy, beginning with the orthodontic diagnosis and continuing through to mid-treatment periodontal assessment and post-treatment evaluation.

Common orthodontic issues typically seen in patients with compromised periodontal health include maxillary anterior teeth proclination, absence or loss of interdental spacing, rotated teeth, super-eruption, pathologic tooth migration, tooth loss, as well as traumatic occlusion.

In contrast, orthodontic treatment may be warranted during periodontal treatment. For example, teeth may be orthodontically moved to facilitate oral hygiene and reduce bacterial loading and biofilm formation, correcting abnormal gingival and bone patterns, improving appearance, and aiding prosthetic replacement.

To enhance the overall treatment outcome, the periodontist and the orthodontist must collaboratively evaluate all periodontal situations and select the most appropriate orthodontic interventions. The review aimed to present a comprehensive understanding of the orthodontic-periodontic relationship and discuss how the two disciplines can work together to improve patient care. It considered orthodontic treatment effects on the periodontal parameters, including:

- Oral hygiene maintenance
- Bracket positions and molar band placements
- Orthodontic forces and periodontal health
- Orthodontic treatment in supplement to periodontal therapy
- Tooth movement association with infra-bony defects
- Orthodontic extrusion and intrusion
- Uprighting permanent molars
- Periodontal therapy as a supplement to orthodontic therapy
- Proclination or labial tooth movements
- Unequal gingival margins
- Missing interdental papilla
- Excessive gingival display
- Orthodontics with corticotomy
- Periodontally accelerated osteogenic orthodontics
- Modern surgical methods
- Piezocision-facilitated orthodontics.

Conclusion
Orthodontics and periodontal health are intimately associated. On the one hand, orthodontics may eliminate areas that retain plaque. On the other hand, a dynamic periodontium is essential in facilitating orthodontic tooth movements.

An increasing number of adults are considering orthodontic treatment because of changing lifestyles and aspirations. In these circumstances, an integrated orthodontics-periodontics approach is helpful and can contribute to ideal qualitative, functional, as well as aesthetic planning, leading to optimised treatment plans, especially in complex clinical cases.

Furthermore, new periodontal surgical techniques, such as PAOO and piezocision, may enhance orthodontic tooth movements, leading to decreased treatment timeframes, while simultaneously boosting treatment effectiveness.
Inside the bitter battle between an industry incumbent and a controversial challenger

WORDS WILL PEAK IN

On a warm day in July 2016 in the heart of Silicon Valley, where Align Technology has its US west coast headquarters, the self-proclaimed “leader in modern clear aligner orthodontics” made an announcement which caused eyebrows to be raised.

Align said it had entered into an agreement with SmileDirectClub (SDC) to manufacture ‘non-Invisalign’ clear aligners for SDC’s “[dentist]-directed, at-home programme for affordable, cosmetic teeth straightening” and had agreed to be its exclusive third-party provider of transparent retainers. In addition, over the next year Align would invest $59.5 million in SDC – taking a 19 per cent stake in the industry challenger.

All this from a company which only the previous autumn had filed a lawsuit against SDC for “patent infringement, false advertising, and unfair competition”. It had also criticised the Nashville-based start-up’s ‘do-it-yourself orthodontics’ model.

 “[Dentists] play a necessary and integral role in any orthodontic treatment process, starting with a diagnosis and treatment prescription based on an in-person examination of the patient,” said Roger E. George, Align’s Vice-President. “This critical role continues with in-person consultations throughout treatment as the [dentist] monitors the patient’s dental health and treatment progress.”

He added: “The SmileCareClub [as SDC was known at the time] do-it-at-home system lacks this critical oversight and eliminates the [dentist’s] role in treatment. It instead replaces the [dentist] with an unknown email address and no actual patient contact, thus impairing the ability to accurately diagnose and care for the patient during treatment.”

But that was then. Perhaps what had transpired in the months following the lawsuit was that a decision was taken by senior management at Align to: “Keep your friends close; keep your enemies closer.”

SmileDirectClub was founded in 2014 by childhood friends, Alex Fenkell and Jordan Katzman. The pair had dabbled in various online ventures before coming up with the idea of a new approach to aligners, prompted by their shared experience of wearing braces as teenagers. They took their lead from Crest Whitestrips which, in 1997, kickstarted the at-home teeth whitening industry.

Whitestrips began life as a strip of translucent food wrap coated in a peroxide whitening solution. It was the brainchild of an engineer at Proctor & Gamble who had thought there must be a better way of achieving a bright smile than the method current at the time; a lengthy and expensive procedure.
including Glasgow and Edinburgh. It said it had invested $380 million in its UK operations and planned to employ more than 300 people, including dentists, orthodontists and dental nurses. According to a press release companying the launch, the company had “pioneered a unique teledentistry platform to connect customers with an affiliated network of UK-based registered dentists or orthodontists who direct all aspects of clinical care using SmileDirectClub’s platform”.

In September of 2019, the company was floated on the Nasdaq stock exchange at a value of $6.4bn, making its founders – and Katzman’s father David, who is SDC’s Chief Executive – billionaires on paper. In a move to realise some of that paper wealth, the founders then liquidated shares to a combined value of nearly $500 million. But in the wake of the UK launch, the British Orthodontic Society (BOS) warned that dental professionals could be referred to their governing bodies if they undertook work for direct-to-consumer orthodontic companies. The BOS said it would be informing the General Dental Council, the Care Quality Commission, which is responsible for inspecting dental practices in England, and the Advertising Standards Authority of its concerns.

Meanwhile, in the US, the American Association of Orthodontists lodged complaints about SmileDirectClub with dental boards and regulatory authorities in 36 US states. The American Dental Association also filed complaints with the Federal Trade Commission and Food and Drug Administration. By then the relationship between Align and SDC had begun to sour.

In 2017, Align had opened a series of Invisalign stores as part of a pilot programme, in effect competing with SDC. In 2018, SDC alleged that Align had breached a non-compete clause in their original agreement. The two companies sought legal arbitration and, in a ruling the following year, Align was compelled to close its stores and sell its interest in SDC. But then in 2020, Align filed an arbitration demand against SDC, alleging that the company had breached a supply agreement. SDC filed counterclaims.

In a lawsuit filed by Align at the Northern District Court of California, the company said that SDC was “a company built on a lie. From day one, SDC advertised its aligners and ‘services’ with false and fraudulent claims, telling consumers that involving steeping your teeth nightly in carbamide peroxide contained in a custom-fitted tray.

SDC outlined its treatment model in a filing to the US Securities and Exchange Commission prior to going public in 2019: “Our member journey starts with two convenient options: a member books an appointment to take a free, in-person 3D oral image at any of our over 300 SmileShops across the US, Puerto Rico, Canada, Australia, and the UK, or orders an easy-to-use [dentist] prescribed impression kit online, which we mail directly to their door.

“Using the image or impression, we create a draft custom treatment plan that demonstrates how the member’s teeth will move during treatment. Next, via SmileCheck, a state licensed [dentist] within our network reviews and approves the member’s clinical information and treatment plan.

“If the member is a good candidate for clear aligners, the treating [dentist] then prescribes custom-made clear aligners, the member has the opportunity to review a 3D rendering of how their teeth will move over time and, if the member decides to purchase, we then manufacture and ship the aligners directly to the member.

“SmileCheck is also used by the treating [dentist] to monitor the member’s progress and enables seamless communication with the member over the course of treatment. Upon completion of treatment, a majority of our members purchase retainers every six months to prevent their teeth from relapsing to their original position. We also offer a growing suite of ancillary oral care products, such as whitening kits, to maintain a perfect smile.”

Over the next few years, SDC grew to be one of the largest of the new direct-to-consumer online health companies. Fuelled by $440 million in funding from venture capital and private equity investors, the company spent heavily on television and social media ads, promising to give people “a smile they love”.

It launched in the UK in 2016 at 16 locations, including Sydney, Melbourne, and Perth. In 2017, SDC announced that they had also opened SmileShops in London, Edinburgh, and Glasgow. In 2018, SDC announced that they had opened 30 SmileShops in Germany.

SDC patients get real medical care from SDC-affiliated dentists and orthodontists. The other defendants – investors and principals of SDC – have engaged in a scheme to perpetuate these false advertisements (which amount to a pattern and practice of wire fraud and mail fraud).”

The lawsuit alleged that: “Many SDC patients have attempted to talk to their so-called treating [dentists] (to no avail), and some have tried to visit their assigned [dentist] only for that [dentist] to deny[1] the [person] ever existed as a patient. SDC patients have had to consult real [dentists] to fix the damage SDC aligners have caused. Many of these consulted [dentists] have been appalled at SDC’s (lack of) care, commenting that certain patients would not have been approved for SDC treatment if a doctor actually examined the teeth.

“SDC’s fraudulent advertising related to [dentist]-managed care causes real harm to real people. Unaware of the false and misleading nature of SDC’s claims, consumers are unwittingly tricked into purchasing SDC’s aligners on the (erroneous) premise that they will receive true [dentist]-supervised care (as they would get with Align’s Invisalign system). This deception has devastated some consumers, who have suffered permanent bone loss, broken and lost teeth, and misaligned bites that have required expensive and painful treatment to fix, if they can be fixed at all.”

In May this year, an arbitrator awarded Align $63 million in damages – a ruling which was later confirmed by a California trial court. SDC appealed and is awaiting a decision. In June, The New York Times reported that SDC had agreed to release 17,000 customers, who had asked for refunds, from nondisclosure agreements that had prohibited them from speaking about their experiences and had forced them to delete comments they had made on social media. At the end of August, it was revealed by company analysts Reorg.com that SDC was considering bankruptcy. Who’s smiling now?
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Understanding EDS can make a difference to patients’ lives – and that of the dental team

Dr Audrey Kershaw is an Oral Surgeon who qualified in 1987. She worked as an Associate Specialist in Dundee Dental Hospital and School between 1998 and 2017, where she lectured on medicine and surgery in dentistry, and trained more than 1,000 dentists.

A transition to private practice in recent years led to the foundation of Oral Surgery Scotland (www.oralsurgery.scot), Dr Kershaw’s own peripatetic service. Through this, she takes her own brand of thorough and efficient patient care to practices.

The zebra is the symbol of the EDS Society because, it says, those with EDS are the unexpected and, as the saying goes: “Sometimes when you hear hoofbeats, it really is a zebra.”
across the length and breadth of Scotland. Alongside this, she has been working with the Ehlers-Danlos Society and the Scottish Government Focus Group for Rare Diseases, lecturing several times a year. Her recent work with Ehlers-Danlos Syndrome (EDS) patients has enabled her to highlight the relevance of connective tissue issues to her dental colleagues.

“If you can’t connect the issues, think connective tissues,” is a common phrase amongst those in the EDS community. Since 2017, Dr Kershaw has taken an interest in connective tissue disorders and feels this is an area where we can make a real difference to patients’ lives. She also stresses that understanding EDS can make the dental team’s job much easier too.

**Why did you get involved with EDS patients?**

Five years ago, I started seeing a pattern emerge with some of my oral surgery patients. I would often be asked to help with patients reporting a history of local anaesthesia issues, complex multisystem medical issues, or being of a certain anxious character type: all features that I would eventually discover can point towards connective tissue disorders. I read widely into these areas and went on to complete the 10-week ECHO course with the Ehlers-Danlos Society. This has allowed me to identify these patients and understand their issues, so I can better help them through their treatment. I pick up at least a handful of these cases organically each month and am often referred several more where these issues are suspected or diagnosed. As dentists we are in a perfect environment to identify these patients and my hope is to share my knowledge with colleagues so we can better help as many of them as possible.

**What is EDS?**

EDS is a collective name for 14 different collagen defects of genetic origin, which affect various connective tissues in the body such as skin, joints and internal organs. The most common type is hypermobile Ehlers-Danlos Syndrome (hEDS), with a growing body of evidence suggesting a much higher prevalence than previously thought. Owing to its multisystem nature, there are close links between EDS and:

- Mast Cell Activation Syndrome (MCAS)
- Irritable bowel syndrome (IBS)
- Chronic fatigue syndrome/Myalgic encephalomyelitis (CFS/ME)
- Gastro-oesophageal reflux disease (GORD)
- Mood disorders such as anxiety and depression

This interrelation between several concurrent issues is what gives rise to the phrase ‘if you can’t connect the issues, think connective tissues’, and can lead to many patients experiencing a frustrating journey through medical specialties without a single cause ever being identified: it takes the average EDS patient 10 years to obtain a diagnosis.

Connective tissue disorders are a complex topic to navigate and there is significant overlap between EDS and the nearly 200 or so other collagen disorders. What I stress both to patients and colleagues, is that it often matters less what the exact diagnosis is – this can be left to medical professionals and genetic testing where it is available – and more that, through a general understanding of common features, we can offer an improved dental experience and signpost towards lifestyle and medical interventions that improve quality of life. Over the past few years, I have been delivering CPD sessions to dentists and other healthcare professionals with the aim of helping them better understand connective tissue disorders and how they have a huge role to play in identifying possible cases.

**What should dentists be looking out for?**

If there were one thing that I would ask the dental team to keep in mind in flagging EDS, it would be persistent failure of local anaesthesia (LA); a widely-reported phenomenon in EDS. This is what I see most often, and sadly all too many patients report hearing the words “you must be numb” before tolerating a procedure in unnecessary pain. To this effect, a simple enquiry about LA history should take its place as a routine part of a new patient examination.

Others may present with TMJ issues (particularly myofascial pain, headaches and subluxation), or erosive wear as a result of gastro-oesophageal reflux disease (GORD). There are also emerging links to enamel hypoplasia, aggressive periodontal disease and unusually fast and painful orthodontic treatment. Any one of these, in the context of a medical history which alludes to some of the conditions listed previously, could be suggestive of an overarching connective tissue issue.

Interestingly, there is also a possible link between EDS and congenitally missing lingual and labial frenula, and I find noting this incidentally in an intra-oral exam can be a useful early indicator to screen more closely for the dental issues listed above.

**Why is detection important?**

We must stress that, as dental professionals, we are unable to diagnose connective tissue disorders. However, to a receptive patient a suggestion of the link between their dental issues and general health issues under the umbrella of a connective tissue disorder can give useful encouragement to explore the topic further and seek advice from their GP. I have been fortunate to be able to help many patients tie together lifelong debilitating symptoms and find support to make sustained improvements to their quality of life. The Royal College of GPs has an EDS Toolkit which may be useful:

[www.gptoolkit.ehlers-danlos.org](http://www.gptoolkit.ehlers-danlos.org)

The Ehlers-Danlos Society is also available for patient support. Similarly, patients with undiagnosed connective tissue disorders can present unexpected management issues, especially in primary care. Awareness gives us better scope to offer care that meets these patient’s needs. Moreover, with the ability to suggest that features of a patient’s presentation fit with a possible connective tissue issue, we give ourselves greater confidence to make higher quality referrals to secondary care where necessary.

**Get in touch**

“My hope is to raise more awareness amongst my dental colleagues,” said Dr Kershaw. “Dental professionals have a great role to play in identifying some of the signs and symptoms relating to patients who live with connective tissue disorders. If you would like to learn more, I run free CPD talks for dentists and dental professionals. To enquire about the next available talk or invite me to offer a free CPD talk at your practice, please contact hello@oralsurgery.scot.”

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[Dr Audrey Kershaw]
REGULATION, LITIGATION AND NHS DENTISTRY

Apparently, dentists should “exercise their clinical judgement ... and not feel constrained by the threat of sanctions from regulatory bodies” – if only life was that simple!

In 1956, the General Dental Council (GDC) was introduced as the regulator of dentistry. The GDC comprised a body of dentists voted in by their peers, responsible for overseeing the training of dental students at dental schools and for regulating the profession. In order to practise, dentists had to pay the GDC an annual registration fee.

The GDC had the authority to suspend or erase dentists from the register – for example, for inadequate standards of work or dishonesty. Dentists were judged by the standards practised by their peers. However, if a treatment had failed in spite of the dentist's best efforts with current techniques and materials, the dentist would be deemed not at fault. Significantly, dentists brought before the GDC had their cases examined by a panel of dentists who, being experienced members of the profession, readily understood the issues and were able to make informed judgements.

In 2009, under Gordon Brown’s Labour government, the dentist-led GDC was dissolved. It was replaced by a new GDC headed by a council of 12 lay and 12 dentist members, which was reduced to six lay and six professional in 2013. The last dentally qualified and elected Chair of the GDC, Kevin O’Brien, was replaced by an appointed lay Chair, Bill Moyes, in 2013. Thus, the new GDC was born.

Mr Moyes is a professional bureaucrat who, interestingly, was Executive Chairman of Monitor, the regulator of NHS Foundation Trusts at the time of the Mid Staffordshire Foundation Trust scandal where, at Stafford Hospital, an estimated 400 to 1,200 patients died of poor care between 2005 and 2009. Coincidently, Cynthia Bower was the chief executive for NHS West Midlands strategic health authority at this time. It was Ms Bower who failed to act in response to the alarmingly high death rates. In spite of this disastrous failure, Ms Bower was subsequently appointed Chief Executive of the Care Quality Commission (CQC) in 2009. Along with the GDC, the CQC was also given the remit to regulate dental practices.

Why two separate regulatory bodies?
A cynic might reply: “Jobs for the boys”, but the official stance was that the GDC would regulate the dental team and the CQC would regulate the dental practices. Each dental practice now had to pay an annual CQC registration fee. CQC inspectors, all lay people with no dental or medical qualifications, were dispatched to carry out routine dental practice inspections. They checked numerous items on tick box sheets, which practices were obliged to complete following internal tests and monitoring – for example, autoclave performance records, surgery benchtop residual protein tests, data protection and vulnerable patient protection protocols. This meant a considerable increase in administration and cost for dental practices. It particularly affected NHS practices as their fixed income from the UDA system made it impossible to pass costs on.
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The new GDC introduced compulsory registration for nurses, hygienists, therapists and laboratory technicians. This resulted in a substantial addition to the GDC’s income from annual registration fees. It also brought these professionals under the regulatory jurisdiction of the GDC. Like dentists, they now had to complete a minimum quantity of continuing professional development (CPD), which consisted of attending courses or the study of topics relevant to dentistry. The cost of annual registration fees rose sharply – in 2021, this was £680 p.a. for dentists and £114 p.a. for nurses, hygienists, therapists and technicians. In comparison, doctors paid £408 p.a. for their full registration fee. At least the dentist’s fee had been reduced from the £890 p.a. payable between 2015 and 2019. The GDC is funded only by its registrants. The registrants have no vote or power over the GDC and the GDC appears answerable to no one, although it has received criticism from the Professional Standards Authority (PSA). The PSA is accountable to the UK Parliament. All members of the dental team (except receptionists) must pay their registration in order to work legally. Whatever happened to no taxation without representation?

Before the introduction of the new GDC in 2006, the burden of bureaucracy for dentists was relatively light and, aside from their professional duties, was similar to most other self-employed people. The new GDC requirements, with additional regulation from the CQC, vastly expanded the administration dental practices were mandated to undertake. Many practices appointed practice managers to cope with the torrent of paperwork. Dentally qualified consultants well versed in the requirements of the new system were called upon to help practices comply with the numerous new regulations. Much of this work boiled down to recording daily activities, such as autoclave cycles and surgery clean-down procedures. Where professionalism and responsibility were sufficient previously, the new regulatory order demanded that only an extravaganza of box-ticking was sufficient to ensure patient safety.

Why all this extra bureaucracy?

It’s my opinion that the GDC had little dental experience and expertise and the CQC had none at all, which led to a situation where the regulators felt they could only fulfil their roles by ensuring there was a rule for every situation. They themselves did not possess the knowledge to decide if a dentist or other member of the dental team was acting reasonably and professionally, and so were obliged to fall back on micromanagement of the minutiae. Naturally, this comes at a cost. The extra cost of registration fees and implementing compliance and administration has to be met. Private practices, like all other businesses, pass these costs on to the patients. The NHS contract does not allow for this. Yet another reason why so many dentists are leaving the NHS. The new GDC soon made a name for itself for its dysfunctional style of regulation. Its ‘Fitness to Practise’ procedure, where dentists or other members of the team who were alleged to have transgressed were summoned to the GDC in London, became feared for its gruelling and unnecessarily protracted nature. A dentist could be suspended from practice pending a decision, resulting from a process of ‘investigation’ that could drag on for months or even years. When investigating a registrant, the GDC would look not only into the matter at hand but trawl the patient notes for any other infractions it could find, turning a single-issue issue into a witch hunt. The 2019/2020 PSA review of GDC performance continued to have concerns regarding the time taken to conclude the its fitness to practise procedures.

Anonymous whistleblowing

The GDC encouraged anonymous whistleblowing (reporting colleagues for breaches of professional conduct or regulations). This is good in theory but led to a rise in vexatious complaints (groundless accusations maliciously intended to cause trouble). The PSA was critical of the GDC’s handling of a whistle-blower report from within the GDC itself. Ironically, the GDC whistleblower reported concerns relating to the GDC’s Investigating Committee and the GDC’s whistleblowing policy. The PSA expressed serious concerns with the operation of the Investigating Committee and said of whistleblowing “that often the GDC’s response was muddled and ill thought through”.

In 2014, the GDC placed full-page advertisements in Saga Magazine, The Guardian’s ‘Health Matters’ supplement and The Telegraph Magazine, which stated: “Not completely happy with your private dental care? Don’t keep quiet about it.” These advertisements encouraged patients to complain directly to the GDC. The dental profession found this confrontational and provocative, not least because the GDC were encouraging patients to bypass a practice’s own complaints handling procedure mandated by the GDC itself. Also, the wording “Not completely happy” encouraged spurious complaints (e.g. “I was kept waiting at reception,” or “My dentist was running late”). In an online forum for dentists (GDP UK) where this was discussed, many participants wondered if this was an attempt by the GDC to generate more complaints in order to justify their having just raised the registration fee from £576 to £890 p.a. A freedom of information request to the GDC made by dentist Alastair MacDonald revealed that the GDC had spent £2715 of registrants’ money on the three advertisements.

‘Stasi tactics’

In 2016, the GDC was suspicious that a dental technician was working outside his scope of practice and hired two private investigators to pose as relatives of ‘Evelyn’, a fictitious housebound elderly lady. The investigators set up a trap for the technician, asking him to visit Evelyn to make her a new set of dentures, overlooking the requirement for the dentures to be prescribed by a dentist. The technician doing this would be acting outside his scope of practice, which would be punishable by the GDC. The investigators claimed that the technician had agreed to make dentures for Evelyn. The GDC sought an order of suspension on the basis of his alleged misleading and dishonest conduct. In short order, the technician was exonerated and awarded undisclosed damages against the GDC. It subsequently admitted it had acted unlawfully by using entrapment. As Mick Armstrong, Chair of the British Dental Association (BDA), said: “These
sorts of Stasi tactics are not a good look for a professional regulator that lists its values as fairness, transparency, responsiveness and respect.” The BDA reported that the GDC had spent £59,258.85 on investigators between 2013 and 2019, expressing disbelief that registrants’ fees had been used not only to fund the entrapment but to cover the resulting legal costs as well.

No win, no fee
Another challenge to the practise of dentistry was introduced when Tony Blair’s Labour government passed the Access to Justice Act, which came into force in 2000, laying the foundations for litigation on a no win, no fee basis. This led to a dramatic increase in litigation. Before no win, no fee, the client would be responsible for the lawyer’s fee, whether or not the case was successful. Now, a lawyer could accept a case they thought was winnable and take a share of what the court awarded as payment.

The Dental Law Partnership
In 2000, a group of dentists took fast-track law degrees and formed The Dental Law Partnership. This new law firm specialised in taking on cases of alleged dental negligence. They have been so successful that many dentists consider them to be the main contributor to the meteoric rise in the cost of professional indemnity, which all dentists, nurses, hygienists, therapists and technicians are obliged to hold. But isn’t it simply that more dodgy dentists are getting caught? While there are certainly patients who deserve reparation for poor or inappropriate dental treatment, the introduction of no win, no fee litigation has meant that dentists have become easy prey to vexatious and unjust claims.

Complaints and claims
Once a claim is made, it is usually down to the dentist’s patient records whether or not the claim can be defended successfully. The pressure to keep detailed patient records is enormous and can occupy a disproportionate amount of time. This is one example of the rise of ‘defensive dentistry’, which has had the effect of shifting the focus from doing the best for the patient to making copious notes and providing treatment that is least likely to result in a patient complaint. It often means a dumbing down of the dental treatment provided. For example, instead of pushing the limits of the dentist’s skills and materials to restore a broken-down tooth, the dentist may declare the tooth unrestorable and only offer an extraction. Attempting a difficult restoration opens the potential for generating a patient complaint. This encourages practitioners to choose the treatment that is less complex, therefore less likely to lead to complaints. ‘Defensive dentistry’ has led to an emphasis on detailed patient notes as a defence against possible litigation. It has also encouraged dentists to refer cases of any complexity to NHS dental hospitals or private specialists where there is a risk of problems that could lead to litigation or being reported to the GDC. A dentist friend pointed out that it is not just a toxic trinity; it is a toxic quartet that includes the escalating costs of running a dental practice since Brexit and COVID 19. These have been brought about by a reduction in the workforce and increases in the costs of staff, materials and energy. NHS practices are poorly equipped to adapt to rapidly rising costs as their income is essentially fixed. Robert Caplin argues that the nature of dentistry is such that the rigid guidelines, authoritative guidance and expert opinion as handed down by the regulatory bodies is of questionable value and should not be regarded by dental practitioners as the ‘rule’. Instead, Caplin recommends that dentists should “exercise their clinical judgement, putting the interests of patients first and not feel constrained by the threat of sanctions from the GDC or other regulatory bodies.” If only life was that simple!

The toxic trinity
The combination of dysfunctional regulation, a meteoric rise in litigation and conditions in NHS dentistry have formed the ‘toxic trinity’ with widespread and negative impact on the dental profession. In order to understand why NHS dentistry is performing so badly both for patients and for dentists, it is helpful to understand how these three factors contribute.

The GDC is generally feared, mistrusted and regarded as hostile by the profession. A dentist will go out of their way to avoid getting hauled up before a Fitness to Practise committee as this is costly, highly stressful and may result in removal from the Dental Register and subsequent loss of their livelihood. No win, no fee law firms are a constant threat in civil litigation on the basis that they can win, never mind if the dentist is blameless. The NHS UDA system exposes dentists to providing unlimited treatment for a small, fixed fee and the perverse incentives of both overtreatment and supervised neglect. Its treatment bands group together alternative treatments of vastly different complexity and potential for generating a patient complaint. This encourages practitioners to choose the treatment that is less complex, therefore less likely to lead to complaints. ‘Defensive dentistry’ has led to an emphasis on detailed patient notes as a defence against possible litigation. It has also encouraged dentists to refer cases of any complexity to NHS dental hospitals or private specialists where there is a risk of problems that could lead to litigation or being reported to the GDC.

THE COMBINATION OF DYSFUNCTIONAL REGULATION, A METEORIC RISE IN LITIGATION AND CONDITIONS IN NHS DENTISTRY HAVE FORMED A TOXIC TRINITY’’
In the realm of modern dentistry, collaboration and synergy between specialised expertise and general practitioners play a pivotal role in delivering comprehensive patient care. The landscape of dentistry is evolving at a remarkable pace, driven by the pursuit of excellence and the desire to provide comprehensive care under one roof. Historically, certain dental procedures were seen as the exclusive domain of specialists due to their intricate nature and demanding skillsets. However, we find ourselves in a transformative era where the boundaries between specialties are blurring, and increasingly dentists who would once have considered themselves general practitioners are acquiring and honing skills that were historically deemed to be exclusively specialist-level.

Despite this, the spirit of collaboration and the symbiotic relationship between general practitioners and specialists remains as vibrant as ever and enriches the dental ecosystem, ensuring that patients benefit from a wide spectrum of expertise and experience. The complex landscape of advanced oral surgery is one however that often demands a specialised touch. The route to this level of care for patients has traditionally been through referral to consultant-led secondary care centres, but here at Edinburgh Dental Specialists (EDS) we are tackling intricate surgical cases with our specialist skillset in primary care, providing patients with an alternative and often more timely option.

**Wisdom teeth**
Wisdom teeth come in all shapes and sizes, and there are certainly some wisdom teeth which are more than ably taken out by general practitioner colleagues on a daily basis, according to their personal skillset, comfort and experience. If not already aware, there are some excellent Faculty of Dental Surgery guidelines published in 2020 which provide general practitioners and specialists alike with sensible advice regarding when to remove wisdom teeth and when to monitor them.1

Wisdom teeth that are probably best tackled by a specialist include those that sit close to the inferior dental alveolar nerve. There are seven or eight signs to look for on plain film radiographs that suggest the nerve may be in contact with the tooth root.2,3

**Cysts**
Sometimes high-risk wisdom teeth are associated with pathological lesions such as cysts. In this case a 46-year-old female was referred with a swelling arising from around her unerupted lower right wisdom tooth. She remembered that she had previously had a CBCT in 2007 and recalled being told that the tooth was a “nightmare” case for the nerve.

Clinical examination revealed a fluctuant swelling distal to the second molar, and a new CBCT confirmed a complex and high-risk relationship of the tooth and nerve, with the nerve running directly between three curved roots, along with a large radiolucency arising from the CEJ of the tooth.

Figure 1: 3D reconstruction of CBCT showing the nerve running through the LR8 roots.
The lower right wisdom tooth was surgically divided under 5.0x magnification, and all three roots successfully removed. The nerve was visible in the socket running in between the mesiobuccal and lingual root sockets; exposed but intact. All surgical patients at EDS are contacted by telephone the day after surgery, and this established that she had no lingering altered sensation to her lower lip or chin. The histopathological diagnosis was confirmed as a dentigerous cyst. The patient was reviewed six months later to ensure there was evidence of bony healing.

Sedation

Often more complex oral surgery patients require an extra level of anxiety management in the form of intravenous sedation with midazolam. Our well-established protocol allows us to comfortably undertake procedures such as removal of all four wisdom teeth, or complex surgery such as that already described, on those patients who require this extra level of care.

Of course, any anxious patient no matter how straightforward the extraction or procedure is offered intravenous sedation as an option for their treatment. Our sedation-trained oral surgeons also regularly work as a team with their other surgical colleagues to provide longer sedations for more complex work such as full arch implant cases.

Multi-disciplinary team

At EDS, our strength is in our team of specialists and the collaboration and collective wisdom that our team brings to your patients. They are of course supported by our wonderful patient care co-ordinators, dental nurses, LDU practitioners, typists, practice management team and highly experienced and skilled onsite dental laboratory.

Working together and with the wider team, our specialists navigate complex and challenging cases, striving to find comprehensive treatment strategies that are as predictable, long lasting and cost effective as possible. In this environment, the boundaries of innovation are pushed, and patients emerge as the ultimate beneficiaries.

We endeavour to extend this multi-disciplinary team to our dental colleagues in general practice through our tele-dentist service and our regular study evenings. If you have a patient and you are not sure how best to manage them, then please send your questions or queries in to us via tele-dentist@edinburghdentist.com and it will be forwarded to the most appropriate specialist for their opinion. Our regular study evenings also offer you high quality CPD, and a chance to pick the brains of our specialists in person. Both our tele-dentist service and our study evenings are free of charge.

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Upcoming development opportunity

Should you wish to learn more about how to successfully manage the basics of oral surgery in primary care, then our next Oral Surgery for the GDP course is running and available to book for the 1 and 2 December 2023. This is a small course with limited spaces, providing hands-on practice on models and pigs’ heads alongside comprehensive theory on common oral surgery presentations and complications you might see in general practice. Please contact gemmagrant@edinburghdentist.com for more information. Oral surgery mentoring in your own practice can also be arranged.

REFERENCES


When, at school, John Haughey was contemplating which career to pursue, he thought about becoming a doctor. He had the grades. But John was also a keen athlete and the hours demanded in qualifying and working shifts in general practice would have left little time for sport. Keen to still work in healthcare, his PE teacher suggested dentistry; while also demanding, he could work at and enjoy both.

After graduating from Queen’s University Belfast, John did his vocational training in Carlisle and worked in the northeast of England before he and some friends decided that some time in the sunnier climes of Australia appealed.

While a keen Gaelic footballer, John was also interested in its American counterpart and a big story at the time was the use by 2010 Super Bowl winners, the New Orleans Saints, of the Pure Power Mouthguard. It is a product which was said to not only protect players’ teeth but also, through its design and effect on the body’s behaviour, enhance their performance.

The mouthguard has its basis in the science of neuromuscular dentistry, which focuses on the relationship between the jaw muscles, nerves and occlusion of the teeth. The dentist John was working for in Australia had an interest in the field. “It was the combination of the publicity around the mouthguard and exposure to neuromuscular dentistry that sparked my interest in sports dentistry,” he said.

On returning to practise in Ireland, John undertook a course in sports dentistry at the UCL Eastman Dental Clinic run by Peter Fine, who has since developed it into an MSc (of which John is now a Clinical Teaching Fellow). This was in the run-up to the 2012 London Olympics and it led to John being recruited as an emergency field of play dentist at test events and during the Games.

Two years later, he was in Glasgow for the Commonwealth Games where he was a member of the athlete medical team, responsible for the oral health of athletes competing.
in boxing, judo, wrestling, powerlifting, netball and gymnastics. Since then, he has worked at the 2015 European Games in Baku, the 2016 Summer Olympics in Rio, the 2017 Islamic Solidarity Games in Baku and the 2018 Commonwealth Games in Birmingham.

As well as his work with major sporting competitions, John has also researched the effect of the lower jaw position on athletic performance, while completing his MSc in neuromuscular therapy, and contributed a chapter, Delivering Dental Facilities at Sporting Events, to the sports dentistry book Sports Dentistry: Principles and Practice.

“I’ve been very fortunate in having the experience of working in major competitions as a field of play dentist,” said John, “but also in watching sports dentistry grow as a field, particularly because of the knowledge gained from UCL.”

The part that oral health plays in sporting performance has been highlighted by the work of Dr Ian Needleman and Dr Julie Gallagher, of the UCL’s Centre for Oral Health and Performance.

It includes one of the largest evaluations of oral health at a multi-sport competition and the first state of the science summary of what was known about oral health in elite and professional sport. Also, the most comprehensive study of oral health in professional football, the largest epidemiological study of the oral health of elite athletes undertaken, an investigation into athlete-reported oral health behaviours, risks to oral health and potential for behaviour change and a feasibility study of implementing behavioural change to enhance oral health behaviours in elite athletes.

Many high-profile sports people have been adversely affected by poor oral health, ignoring dental conditions which have subsequently caused them to miss training or withdraw from competition. Increasingly, there is also an understanding of the effect that poor oral health can have on sports people’s systemic health. In addition, from the work of Sophie Cantamessa with France’s national football team, there is evidence that poor oral health slows players’ recovery from injuries sustained on the field.

John is chairing the third International Symposium of the European Association of Sports Dentistry (EA4SD) which is being held in Edinburgh on 24-25 November. It will bring together sports dentistry and medicine - and analyse how they work together for athletes’ health. Sports dentists and physicians will highlight the important elements in preventing injuries and monitoring health.

The EA4SD was founded in Paris in 2016. The following year, the EA4SD became an official partner of the European College of Sports and Exercise Physicians (ECOSEP), the first international sports physicians’ association to create a sports dentistry committee. In 2018, the World Dental Federation (FDI) created the first official guidelines and toolkit for sports dentistry, available to more than one million dentists and 200 national dental associations in more than 130 countries.

In 2019, the EA4SD became an official partner of the Academy for Sports Dentistry in America, thus creating a global network of sports dentistry and starting strategic cooperation in terms of development and the network. In 2020, the first Consensus Statement on sports dentistry integration in sports medicine was published in the Journal of Dental Traumatology, by the EA4SD, ECOSEP and ASD.

Thanas Stamos, co-founder of the EA4SD, said: “When I started to treat professional football players and other athletes in my dental clinic, I soon realised that the existing examination and treatment protocols were not enough to provide the best possible dental care to athletes who were traveling at least twice a month, exercising hard every day, and competing at their maximum twice a week.

“The athlete had no time, or the motivation, for dental treatments. The coach wanted the athlete available for training. The team physician wanted the minimum ‘turn-to-play’ time (the decision-making process for returning an athlete to practice or competition). Overall, there was a complete lack of awareness in sports about the importance of oral health in the overall health and physical activity.

“It was a challenging time to be a dentist treating sports people. What would a football player in possession of the ball do while being challenged by an opponent? He would look for teammates. Luckily, there were a lot of dentists in a similar situation, so there were ‘teammates’ on the field.

“It did not take long to agree with colleagues from different countries about the EA4SD, based in Paris. We were motivated by our common vision to adapt our science to athletes’ needs, conduct research, create a network, and present scientific evidence on how the oral health has an impact on sports.

“Sports dentistry and dental treatments have an immediate and visible impact on the body, including the cardiovascular, respiratory, and musculoskeletal system, planter arch, muscle strength, posture and gait. Caries and periodontal disease are found in highly elevated incidence in athletes.

“Today, thousands of dentists in Europe and around the world are interested in and benefit from this new field in dentistry. The research and scientific evidence about oral health in sports is increasing rapidly, sports dentistry has become continuing education, specialisation, a post-graduate diploma in dental faculties and present in major international sports medicine and dentistry conferences.

“Sports dentistry began as an innovation, continued as a sustainable integration in sports medicine and now it is an emerging global trend in the dental and medical field.”

www.ea4sd.com

REFERENCES

1 www.onlinelibrary.wiley.com/doi/10.1002/9781119332619.ch11
2 www.wrl.ucl.ac.uk/iris/publication/906565/2
3 www.bjsm.bmj.com/content/49/1/4
5 www.nature.com/articles/s41415-019-0017-8
6 www.bmj.com/content/353/bmj.3292
7 www.journalofdentalltraumatology.com/content/6/2/103
8 www.fdiworlddental.org/sports-dentistry-0

John at the 2022 Commonwealth Games in Birmingham
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Welcome to the 2023-2024 Who's Who compiled by Scottish dental magazine.

The list in this edition is representative, rather than comprehensive, so please refer to www.sdmag.co.uk/scottish-dental-whos-who for the full and regularly updated list.

Susie Anderson-Sharkey
Susie has worked in the dental industry for more than 30 years, mainly in the many and varied aspects of business but also worked clinically when necessary. More recently she has had a career change and is now the Administrator for The Canmore Trust. Set up by Drs John and Isobel Gibson following the tragic suicide of their son Cameron, the Trust works tirelessly in suicide postvention and prevention, which includes creating safe spaces for those impacted by suicide. Suicide in the dental profession is four times higher than in others and Susie is passionate about bringing help and awareness to as wide an audience as possible through her work with the Trust. Susie said: “Visit our website www.thecanmoretrust.co.uk and don’t hesitate to contact us if you are concerned for your own wellbeing or that of a colleague or friend”.

Dr M Tariq Bashir
Tariq Bashir graduated from Glasgow University Dental School in 2005 and held various SHO positions in hospitals throughout Scotland before settling at the Visage Cosmetic Dental Clinic in Glasgow. He has been practising there since 2008 and his main interests lie in minimally invasive and biomimetic dentistry, toothwear and endodontics. He has travelled extensively and learnt from renowned clinicians including Newton Fahl, Pascal Magne, Didier Dietzchi and John Kois. In 2018, he became the first graduate from Scotland at the prestigious Kois Center in Seattle. He completed the intensive nine step treatment planning, occlusion and restorative focused Kois curriculum. He has also been awarded an MSc in Endodontology from Chester University. He has held a visiting GDP role in the Restorative Dentistry Department of Glasgow Dental School and was on the Education Committee for the BACD. In 2018, he co-founded the popular Scottish Dental Study Club with his wife Dr Saimah Ahmed. The aim of the club has been to promote clinical excellence for all clinicians and help deliver the highest standards of care for their patients. The club has brought top names in dentistry from around the world and continues to do so with some renowned clinicians lined up for 2024. Tariq is also involved in postgraduate teaching and mentoring through his own focused Kois curriculum. He has also been invited by BBC Radio Scotland to host the first Ask the Dentist programme and has since featured regularly. www.tariqbashirdentistry.co.uk www.scottishdentalstudyclub.co.uk

Fadi Al-Silwadi
After qualifying in dentistry, Fadi specialised in Orthodontics at the Eastman Dental Institute. He was awarded a Masters in Clinical Dentistry with Merit by the University College London in 2014. Fadi maintains memberships in General Dentistry and Orthodontics at the Royal College of Surgeons in Edinburgh and England. With more than 10 years of orthodontic experience working with a very large number of patients, Fadi is highly skilled at treating adults and children with varying needs. As a member of the International Team of Implantologists (TTI), he has been trained in Dental Implantology and its application in Orthodontics. When asked why he specialised in Orthodontics, Fadi said: “Being entrusted to transform a smile is a privilege. It’s truly rewarding to see my patients happy during treatment and with the final result. I enjoy working with people and I treat every patient as I would my own family.”

Professor Aileen Bell
Aileen Bell is head of Glasgow Dental School. She graduated from the Stirling University with a BSc with Honours First Class in Biology in 1990. Professor Bell worked at the Hannah Research Institute in Ayrshire as a Research Assistant on a Mammalian Biochemistry project before taking up a PhD position at Glasgow University in 1990. She developed an interest in clinical research and patient contact and began studying dentistry as a second first degree in October 1993. She graduated from Glasgow University as the Most Distinguished Graduate for 1998 with a BDS with Honours and was awarded the Dean Webster Prize and the Lord Provost’s Prize for the most marks obtained in Dental School examinations. In 1998, she embarked on a two-year General Professional Training Programme, with one year in General Dental Practice as a Vocational Dental Practitioner and one year as a GPT House Officer in Glasgow Dental Hospital and School. She obtained an MFDS from The Royal College of Physicians and Surgeons of Glasgow and was awarded the T.C. White Medal for outstanding performance in part C of the exam. From 2000-2002, she worked as a Senior House Officer in Glasgow Dental Hospital and School after which she took up the post of Specialist Registrar in Surgical Dentistry in Glasgow (2002-2004). In 2004, she was appointed as a Clinical Lecturer in Oral Surgery/Honorary Specialist Registrar in Academic Oral and Maxillofacial Surgery at Glasgow.

Gerard Boyle
Gerard Boyle was appointed by NHS National Services Scotland (NSS) as the Senior Dental Adviser in May 2022, as the clinical lead for the Dental Adviser team at Practitioner Services and the Dental Reference Officer team within the Scottish Dental Reference Service. He qualified from Glasgow Dental School in 1989 and has spent 30 years in general dental practice, including 20 years as a partner in a largely NHS practice in Glasgow. Gerard has 15 years’ experience as a dental practice inspector with NHS Greater Glasgow and Clyde, NHS Education for Scotland and Healthcare Improvement Scotland; and was Dental Practice Adviser (DPA) for NHS Forth...
Valley before joining NSS. He spent more than 10 years with the Faculty of General Dental Practice Scotland as a board member and treasurer and represented the profession nationally; on the BDA Scottish Dental Practice Committee and on Greater Glasgow and Clyde LDC, as Chair and Secretary between 2004 and 2019. He was awarded a Fellowship by the Faculty of General Dental Practice in 2020 for his contribution to the faculty and the wider dental community.

Graham Chadwick
Graham Chadwick is Emeritus Professor of Operative Dentistry and Dental Materials Science at the University of Dundee. He was also Associate Dean for Professional Practice – Assessment Lead and an Honorary Consultant in Restorative Dentistry there. Nationally and internationally, he is the Chair of the British Standards Institution (BSI) committee CH/106 Dentistry (and subcommittee CH/106/2 Prosthodontics Materials) and represents the UK at both CEN (European Committee for Standardization) and ISO (International Organization for Standardization) helping to steer the review and shaping of dental standards across the dental industry. This work is important for both consumer protection and international trade. He graduated BDS in 1985 from the University of Newcastle upon Tyne and was the first recipient of their Tregarthen Research Studentship (1985-1988) culminating in the award of a PhD that examined the durability of dental restorative materials. An enduring, role useful, interest developed in the measurement of objects to determine wear. This has been recognised by a number of awards (BSRD Postgraduate Prize (1989), Institute of Australian Surveyors R D Steels Prize (1989) and T C White Prize Lecture RCPS, Glasgow (1998)) and finds utility in his current ISO CAD/CAM work. After junior hospital posts, and part time work in general dental practice, he was appointed to a clinical lectureship in Dundee and undertook higher clinical training in restorative dentistry. He gained his FDSRCS in 1994, FDS (Rest Dent) RCPs in 1999 and FHEA in 2001. In 1999 he was promoted to senior clinical lecturer and shortly after Honorary Consultant in Restorative Dentistry. His personal chair was awarded in 2012. His research focuses upon the prevention and rehabilitation of dental tooth wear. This is steered by his clinical experience and material science background. In 2022, Professor Chadwick was appointed chair of CH/106, the British Standards Institution (BSI) committee overseeing dental materials and equipment.

Professor Jan Clarkson
Jan Clarkson is a Director of the Scottish Dental Clinical Effectiveness Programme (SDCEP) and Professor of Clinical Effectiveness at the University of Dundee. Her remit is to conduct high-quality research and promote the implementation of evidence in dental primary care. Professor Clarkson has attracted more than £15m to lead UK-wide trials to evaluate aspects of routine dental care involving over 200 dental practices and 8,000 of their patients. She is a founding member of the Cochrane Oral Health Group and is Joint Co-ordinating Editor. Furthermore, she is Associate Dental Dean for Clinical Effectiveness in NES and Director of SDCEP. Jan is also a Fellow of the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons Edinburgh, Faculty of General Dental Practitioners. In 2020, she led reviews of International Dental Guidelines to inform SDCEP’s COVID response which resulted in the publication of a UK-wide reduction in fallow time. In 2021, she established the development of Dundee Dental Dental Hospital and Research School and in 2022 introduced sustainability into SDCEP guidance recommendations. In recognition of these achievements in 2023 she was elected a Fellow of both the Royal Society of Edinburgh and the Academy of Medical Sciences, the first dentist to have been awarded both.

Professor David Conway
David Conway graduated from Glasgow University BDS in 1996. Following brief periods in general dental practice, hospital dentistry in Bristol and Edinburgh, and SHO posts in oral and maxillofacial surgery at St John’s in Livingston, he attained FDS RCS (England) in 1999. He returned to Glasgow in 2000 for a clinical lecturership in dental public health combined with a specialist registrar training post based in NHS Lanarkshire and NHS Argyll & Clyde Health Boards. David completed the MPH at Glasgow in 2002 and specialist training in dental public health in 2005 (FDS DPH RCS, and FFPH). He was awarded a PhD in 2008 for research on the epidemiology of oral cancer from a socioeconomic perspective. Since 2005 he has held the position of Honorary Consultant in Dental Public, which has been with Public Health Scotland since its inception in April 2020 where he is currently the dental lead. David was appointed Professor of Dental Public Health in 2015 in the School of Medicine, Dentistry and Nursing, where he is the current Director of Dental Research, and he also Co-Leads the Oral & Dental Speciality Group in NHS Research Scotland. His research interests focus on health inequalities, head and neck cancer epidemiology, and child oral health including the ongoing evaluation of Childsmile – the national child oral health improvement programme for Scotland. (X Twitter): @davidconway

Paul Cushley
Paul Cushley is National Services Scotland’s (NSS) first Dental Director, appointed in 2015. This role was created within NSS to ensure that dentistry and oral health is considered and has a voice in the design, creation and delivery of health and social care services across the NHS in Scotland. Paul brings a large portfolio of experience in dentistry to his NSS role having had a long and varied employment and academic portfolio. He worked for two decades in a variety of custodial environments including HMP Barlinnie, Shotts, Greenock, Polmont, Glenochil and Cornton Vale, and in HMP Zeist in Holland during the Lockerbie trial. He also worked in the Hospital Service Public Dental Service and as an associate, partner and principal in the GDS. Apart from several dentistry qualifications Paul has Forensic Medicine, Medical Law, and Education postgraduate qualifications and worked as a Vocation Trainer then as a Vocational Training Advisor for 20 years with NES. Having also been an examiner of the DGDPS, MFGDP, and FFPGDP for the Royal College of Surgeons of England’s, Faculty of General Dental Practitioners for more than 17 years and examined in a variety of locations including Hong Kong and Cairo, Paul now is one of the College of Dentistry’s Fellows. In June 2023 he completed 40 years of NHS service.

Ulpee Darbar
Ulpee Darbar is a Consultant in Restorative Dentistry and Director of Dental Education for the Eastman Dental Hospital. She is a trainer of specialists, and those wishing to upskill, and a coach and mentor. Graduating from the University of Wales College of Medicine in 1986, after a brief period in general dental practice, she began her hospital career in 1987. Ulpee completed her training in Restorative Dentistry in 1996 and took up her consultant position in 1997. She has held several leadership positions at the Eastman and elsewhere, while maintaining a busy clinical practice. She lectures and teaches widely on soft tissue management,
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augmentation in implant dentistry and periodontology, management of failures and treatment planning and has written one of the few textbooks on implants for Dental Care Professionals. She also holds a number of positions for the Royal Colleges and Specialist Societies, was Chair of the Advisory Board in Implant Dentistry for the Royal College of Surgeons of Edinburgh, Deputy Chair for the National Advisory Board for Human Factors in Dentistry and executive clinical Board member for the National Examining Board for Dental Nurses.

Fiona Davidson
Graduating from the Royal London Hospital in 1986, Fiona spent two years working in oral and maxillofacial surgery at the Royal London, St Mary's and Eastman Hospitals in London before moving into general dental practice. Fiona is now the Practice Principle at SmilePlus Dental Care & Implant Centre and the official dentist of the Scottish Rugby Union, delivering general and emergency dental care to professional and academy players and providing custom-made mouthguards. Over the years, Fiona's love of sports dentistry has grown and, as well as the Scotland Rugby stars, she also looks after the dental health of international athletes, swimmers, hockey players and boxers. Alongside dentistry, she is an experienced provider of facial aesthetic treatments including anti-wrinkle and dermal filler treatments, and has trained in advanced techniques.

Robert Donald
Robert Donald is Chair of the British Dental Association Scottish Council. A GDP based in Nairn, he qualified from Edinburgh with honours in 1983, before spending 18 months in a training position at Edinburgh Dental Hospital. Robert entered general practice in 1985, gaining the diploma in general dental practice in 1992. He is a past chairman of Independent Care Plans UK and director of Highland Dental Plan. Robert was previously a chairman of the Scottish Dental Practice Committee, vice-chairman of the Scottish Dental Vocational Training Committee and vice-chairman of the Scottish Association of Local Dental Committees. He recently retired as a non-executive Director of MDDUS and in 2021, he chaired the UK Council of the BDA. Robert was presented with the British Dental Association Fellowship Medal in September 2022 to honour his distinguished service to the BDA and the dental profession. In July 2023, he was admitted as a Fellow of the College of General Dentistry.

Professor David H Felix
David Felix is the Postgraduate Dental Dean and Director of Dentistry for NHS Education for Scotland. He graduated in dentistry in 1978 from the University of Glasgow and after completing a number of training grade posts within the Hospital Dental Service returned to study medicine, graduating from the University of Edinburgh in 1988. Following completion of higher specialist training in Oral Medicine he was appointed to the post of Consultant and Honorary Senior Lecturer at Glasgow Dental Hospital and School in 1992. In 1995 he took on the role of Postgraduate Tutor for the West of Scotland. He was appointed to the post of Associate Dean for Postgraduate Dental Education NHS Education for Scotland in 2002 and subsequently Postgraduate Dental Dean in 2011. He has contributed to the peer reviewed literature in dentistry and education. He is a Fellow in Dental Surgery of the Royal College of Surgeons of England, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons of Edinburgh. He was awarded Fellowship of the Royal College of Physicians of Edinburgh (FRCP) in 2011 and was one of the first to be awarded Fellowship status in the Faculty of Dental Trainers of the Royal College of Surgeons of Edinburgh in 2017. Over the years he has gained extensive experience of the structure of postgraduate education within the UK and overseas and has held a number of key UK-wide roles – President, British Society for Oral Medicine (2003 – 2005), Chair of the Specialist Advisory Committee for the Additional Dental Specialties (2007 – 2010), Dean of the Faculty of Dental Surgery in The Royal College of Surgeons of Edinburgh (2008 – 2011), Chair of the Joint Committee for Postgraduate Training in Dentistry (2013 – 2017) and Chair of the Committee of Postgraduate Dental Deans (2019 – 2021). In 2022, the University of Glasgow awarded him the status of Honorary Professor in the School of Medicine, Dentistry and Nursing.

Callum Graham
Graduating from Newcastle Dental School in 1999, Callum bought his first practice in 2004 and an additional two over the following eight years. With a love for learning and education, he has kept at the forefront of dental innovation – particularly in relation to implant, laser and digital dentistry – helping new graduates and young dentists develop their skills and discover the joys of dentistry along the way. Callum has been providing advanced treatments to his patients for nearly 20 years. Now a key opinion leader in his field, he mentors in implantology, sedation techniques, smile design, cosmetic dentistry and the planning and delivery of digital treatments.

Recently appointed as Clyde Munro’s Head of Clinical and Digital Dentistry, Callum splits his time between clinical care and his duties within this role. He hopes that by bringing his enthusiasm for dentistry to the group he can help reach a greater proportion of the dental community; allowing greater access to care by the wider public while increasing the availability of modern dental techniques to all.

Elaine Halley
Dr Elaine Halley graduated from the University of Edinburgh in 1992. She opened her first practice in Perth, Cherrybank Dental Spa, in 1995 and works there as the Principal Dentist. Elaine opened a second practice in Edinburgh which is now part of the Pain Free Dental Group. She is the clinical director for this group and her work includes mentoring the associate dentists across the group. She is a founder member, past president and accredited member of the British Academy of Cosmetic Dentistry and a fellow of the International Dental Plan. Callum has been providing advanced treatments to his patients for nearly 20 years. Now a key opinion leader in his field, he mentors in implantology, sedation techniques, smile design, cosmetic dentistry and the planning and delivery of digital treatments.
MSc Clinical Implantology

2 years, part-time | Scotland and Northern Ireland | September 2024

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.

- **Day 1:** MSc Course Induction. Remote.
- **Day 2:** Treatment planning and case selection. Face to face contact day with hands-on workshops. Glasgow.
- **Day 3:** Basic sciences for Implant dentistry. End of Module Assessment. Pre-recorded lectures; live webinar discussions. End of Module Assessment.
- **Day 4:** Implant Design. Pre-recorded lectures; live webinar discussions. End of Module Assessment.
- **Day 5:** Surgical skills for Implant dentistry. Face to face contact day with hands-on workshops. Glasgow.
- **Day 6:** Occlusion. Pre-recorded lectures; live webinar discussions. End of Module Assessment.
- **Day 7:** Restoring Implants. Pre-recorded lectures; face to face contact day with hands-on workshops. Glasgow.
- **Day 8:** Digital Workflow in Implant Dentistry. Pre-recorded lectures; face to face contact day with hands-on workshops.
- **Day 9:** Bone Defects. Pre-recorded lectures; live webinar discussions. End of module assessment.
- **Day 10:** Complications and their management & revision. Pre-recorded lectures; live webinar discussions. End of Module Assessment.
- **Day 11:** Formative Written Exam. Online using Maxinity.
- **Day 12:** Case Report Presentations covering case selection & treatment planning – each delegate to present one case.

**Day 13:** Cadaver course. Face to face contact day with hands-on surgical skills workshops. West Midlands Surgical Training Centre Coventry.

**Day 14:** End of Year Exam. Written Exam and Unseen Case oral presentation.

**CBCT Masterclass:** 2 days, consecutive to be completed before Feb. 28th 2025. Choose from a selection of dates.

**Module DX4017 Utilising the evidence base – completed online**

**Module DX4016 End of year Assessment**

**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.
College of Dentists. In 2012, Elaine gained an MSc with distinction in Restorative and Aesthetic Dentistry from the University of Manchester. She is a Digital Smile Design Master and instructor and a clinical Key Opinion Leader for Optident, DMG, Ivoclar Vivadent and Align Technology. She teaches the Full Certification Invisalign course for Aligner Consulting and the Digital Smile Design module for Tipton Training. Elaine runs the Pathfinder Study Club in Central Scotland which is a part of the Seattle Study Club focusing on comprehensive treatment planning in dentistry. She has authored many articles and lectures on clinical dentistry, digital workflow, comprehensive treatment planning and inter-disciplinary planning of complex cases and is the author of Smile Analysis, a dental textbook describing her planning and inter-disciplinary planning digital workflow, comprehensive treatment articles and lectures on clinical dentistry, planning in dentistry. She has authored many books. She runs the Pathfinder Study Club in Central Scotland which is a part of the Seattle Study Club focusing on comprehensive treatment planning in dentistry. She has authored many articles and lectures on clinical dentistry, digital workflow, comprehensive treatment planning and inter-disciplinary planning of complex cases and is the author of Smile Analysis, a dental textbook describing her planning and inter-disciplinary planning digital workflow, comprehensive treatment articles and lectures on clinical dentistry, planning in dentistry. She has authored many books.

### Toby Gilgrass

**A Consultant and Honorary Senior Clinical Lecturer in Orthodontics at Glasgow Dental Hospital.**

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

### Dr Mike Gow

**Clinical Director of the Dental Anxiety Management at The Berkeley Clinic.**

Mike graduated from Glasgow University’s Dental School in 1999, he completed a Master’s degree in Hypnosis Applied to Dentistry from the University of London and later achieved a Postgraduate Certificate in the Management of Dental Anxiety from the University of Edinburgh. He has trained in this field to develop a wide range of techniques which he uses to treat the individual needs of his anxious patients. He is a certified Neuro Linguistic Programming Practitioner and has undertaken a module at KCL on Cognitive Behavioural Therapy. Mike is a past President and Fellow of The British Society of Medical and Dental Hypnosis (Scotland) and was a founding member of The International Society of Dental Anxiety Management. He regularly teaches on the topics of dental anxiety management and hypnosis and has written many papers, articles and book chapters on these topics. Mike also has a keen interest in sports dentistry. He is a Fellow of The College of General Dentistry. He is also a Fellow of dental materials company VOCO. He assisted in the development of DefactoDentists.com (a dental listing website) and YourDentistRecommends.com (a dental sundry virtual shop, which allows dentists/therapists/hygienists to recommend and sell products directly to patients, earning a small commission whilst avoiding the problems of holding stock.) He also created and runs InterdentalTV. Mike accepts referrals at The Berkeley Clinic in Glasgow (www.berkeleyclinic.com) for dental anxiety management, conscious sedation (inhalation or intravenous), dental hypnosis and sports dentistry.

### Professor Khaled Khalaf

Khaled Khalaf was appointed Director of the Institute of Dentistry, Aberdeen University, in 2022. Following the completion of a PhD in Orthodontics and Postgraduate/SpR Training Programme at the Department of Child Dental Health and Charles Clifford Dental Hospital in Sheffield, he was awarded a PhD in Orthodontics from the University of Sheffield and a Membership in Orthodontics of both the Royal Colleges of Surgeons of England and Edinburgh and a Fellowship in Dental Surgery (Orthodontics) of the Royal College of Surgeons in Ireland. After practice and hospital posts, he was appointed as a Clinical Lecturer/ Senior Registrar in Orthodontics at Newcastle University and Newcastle Dental Hospital and James Cook University Hospital, Middlesbrough. During this time, he gained a Fellowship of the Higher Education Academy and was awarded the Intercollegiate Speciality Fellowship in Orthodontics of the Royal Surgical Colleges and accreditation as Consultant Orthodontist in the UK. He was then appointed as an Associate Professor/ Consultant in Orthodontics at the Aberdeen University/NHS Grampian, prior to moving to the Gulf region where he worked for two years in King Faisal University, KSA and five years in University of Sharjah, UAE. He then moved back to Aberdeen University to the role of Director. He works to develop, drive forward and deliver an ambitious agenda to ensure the Institute further improves its strong reputation as a centre of excellence in the provision of dental education, research and clinical care. He also plays a key role as a senior manager in the School of Medicine, Medical Sciences and Nutrition, being a member of the School Executive Committee and contributing to the development and delivery of School strategy in the context of the wider institutional Aberdeen 2040 strategy.

### Priya Kalsi

As Head of Paediatric and Special Care Clinical Development at Clyde Munro, Priya Kalsi is passionate about treating children. She is committed to promoting a holistic, patient-centred model of care with an emphasis on the prevention of dental disease. In addition to completing her BDS, Priya has postgraduate diplomas in person-centred counselling and special care dentistry. Having worked closely with paediatric clinical psychologists, Priya understands the behavioural and management techniques that help children accept dental visits more readily turning them into a more positive experience. Currently based at City Dental by Clyde Munro in Glasgow, Priya is experienced in treating children struggling with dental anxiety and complex additional needs, accepting referrals for customised paediatric dental plans, caries management/prevention, inhalation sedation, extractions, restorative dentistry and more.

### William Keys

Will Keys was appointed as a Consultant and Specialist in Restorative Dentistry at the Scottish Centre for Excellence in Dentistry in 2017. Providing complex treatment across a wide range of areas including endodontics, periodontics implantology and prosthodontics. He graduated from Glasgow Dental School before completing a master’s and furthering his extensive post graduate training across the UK, Europe and North America to achieve the highest qualification in restorative dentistry. Actively committed to developing clinical practice and research and has published many research papers across a range of topics, with a particular focus on tooth wear, complex restorative treatments and the rehabilitation of head and neck cancer patients.

Will is dedicated to supporting the clinical development of post-graduate dentists. He has been an external examiner for Kings’ College London and is convenor for the Royal College of Physicians and Surgeons Glasgow post-graduate membership qualification and is involved in training the specialists of the future.

### Ian Macmillan

Ian Macmillan is owner of The Priory Dental in Balfour, Stirlingshire and a director of The Restorative Programme. Ian qualified in 1991 from the University of Glasgow, and after a stint in the
Department of Conservation in Dundee he entered general practice. In 2005 he combined working in practice with a return to university to study for an honours degree in History and graduated from Glasgow for a second time in 2009. In 2011, Ian recognised there was a lack of postgraduate education in Scotland and, with his partner, Jason Smithson, he rolled out a series of restorative based courses. To date, the live courses and online webinars have been attended by more than 5,000 delegates worldwide.

Gordon Matheson
Gordon Matheson CBE has been Head of Scottish Affairs at the General Dental Council (GDC) since January 2020. In this role, he leads on stakeholder engagement in Scotland and ensures that GDC policy developments are fully informed by the distinct Scottish context. Previously, he was Leader of Glasgow City Council from 2010-15, during which time the city hosted the acclaimed 2014 Commonwealth Games. First elected to the Council in 1999, he also served as Bailie, Justice of the Peace, Executive Member for Education and City Treasurer. In 2016, he was appointed visiting professor at Strathclyde University’s Institute for Future Cities and honorary professor at Glasgow Caledonian University. He has also led the public affairs and policy functions in Scotland for two UK charities, RNIB and Cancer Research UK.

Dr Peter McCallum
Peter McCallum, a Clinical Speaker and member of the Orthodontic Advisory Board for Align Technology (Invisalign), has been a specialist practitioner in Stirling and Falkirk since 1989. He lectures on Invisalign Clear Alignment therapy at home and overseas. An Edinburgh graduate, he worked in various hospital units including Cambridge, Ayrshire and Glasgow before completing his orthodontic training at Glasgow Dental Hospital and School. He has a Fellowship and Orthodontic Diploma from the RCPS(Glasg). Peter has worked within the BOS for many years. In 1991 he founded the Scottish Orthodontic Specialists Group to provide a forum for the Scottish Orthodontists to discuss clinical and political issues. This group has grown in strength over the years and represents the interests of orthodontic practitioners since healthcare became a devolved power under the Scottish Executive in 1997. In 2015 he co-founded the Scottish Orthodontic Symposium which continues to meet on an annual basis. He is due to retire in 2023, but will continue with Align Technology and clinical speaking for the next few years.

David McColl
David McColl is Chair of the Scottish Dental Practice Committee and Vice Chair of the GP sub-committee of GGC Local Dental Committee, Vice Chair of the Area Dental Committee of Greater Glasgow and Clyde LDC. He is also the Scottish representative on the BDA Pensions Committee and is on the board of the Scottish Public Pensions Authority. David is committed to an adequately remunerated NHS dental service, which allows for skills mix within practice, structured to reduce oral health inequalities and makes NHS practice an attractive place to work. Outside dentistry, he enjoys cycling, swimming, playing tennis and ski mountaineering.

Professor Grant McIntyre
Grant McIntyre is an NHS Consultant and Honorary Professor in Orthodontics. He took over as Dean of the Faculty of Dentistry, The Royal College of Surgeons of Edinburgh (RCSEd), in September this year after stepping down as Joint Clinical Director at Dundee Dental Hospital & Research School. At the college, he will be responsible for overseeing the dental education, examination and internationalisation portfolios offered by RCSEd, as well as ensuring the college remains at the forefront of dentistry in the UK and globally. Within the college, he is an examiner for MFDS and MOrth and has been a Member of the Dental Council since 2014. His clinical work involves the orthodontic management of facial deformity, TMJ-orthognathic cases and cleft lip and palate along with being an educational supervisor and clinical supervisor for a number of core and specialty trainees. His research work relates to evidence-based clinical care, cleft lip and palate, and imaging, with his research interests involving supervision of master’s and PhD students with more than 110 publications to date.

Dr James Millar
Qualifying from Dundee University in 2009, James Millar has been committed to providing high quality dentistry for many years. Interested in dental implants since 2013, James has completed his Diploma in Implant Dentistry from the prestigious Royal College of Surgeons England in 2018. He has also achieved membership of the Faculty of Dental Surgery, The Royal College of Surgeons in Edinburgh and Glasgow and of the College of General Dentistry. Since taking over Dental Fx earlier this year James has continued in the footsteps of the previous owner Stephen Jacobs and welcomes private referrals for all aspects of implant dentistry and bone augmentation.

Gordon Morson
Gordon Morson has worked in general practice since qualifying from the University of Glasgow in 1998. He works in Alloa and has been a partner in a large, mainly NHS, practice there since 2004. He is currently Chair of Forth Valley Local Dental Committee and a member of the Area Dental Committee and Performance Review Group. He has been involved in dental politics for more than 20 years. Gordon also has a significant interest in dental education, having organised Forth Valley’s educational programme for dentists and DCPs for more than 15 years. He is a VT trainer and regularly contributes to the training programme, speaking about communication and dental politics. In May 2020, he was a speaker in the Oral Health, Urgencies and Emergencies in COVID-19 webinar hosted by The Royal College of Surgeons Edinburgh. In 2022/23, he was a member of the Advisory Group on the changes to Determination One of the SDR. He continues to be actively involved in local negotiation, national lobbying and presenting and organising education events.

Professor Philip Preshaw
Philip Preshaw was appointed as the Dean of the School of Dentistry at the Dundee University in 2021. Professor Preshaw was previously Professor and Chair of Periodontology in the Faculty of Dentistry, National University of Singapore. He received his dental degree from Newcastle University in 1991 and his PhD in 1997. He is a registered specialist in Periodontics and is a Fellow of the Royal College of Surgeons of Edinburgh. His main research interests are investigations of the pathogenesis of periodontal disease, and links between diabetes and periodontitis. He was previously Assistant Professor in Periodontology at the Ohio State University, USA. Professor Preshaw lectures frequently, has co-authored two clinical textbooks in periodontology, and has numerous publications in peer-reviewed scientific journals. Professor Preshaw has been awarded a UK National Institute of Health Research (NIHR) National Clinician Scientist Fellowship, a Distinguished Scientist Award.
from the International Association for Dental Research, and a King James IV Professorship from the Royal College of Surgeons of Edinburgh for his contributions to dental research.
ANDREW MCGREGOR • PARK ORTHODONTICS

SHARING EXPERIENCE AND KNOWLEDGE

ANDREW is a Specialist Orthodontist and owner of the newly expanded Park Orthodontics in Glasgow. Having practised orthodontics since 2007, he has a real passion for the specialty which has led him to embrace new technologies and share his experiences and knowledge.

Andrew is one of the top specialist Invisalign providers in Scotland and one of the few UK Invisalign practitioners treating children and teens with the first and teen products.

Away from his clinic, Andrew is one of the principal lecturers for the Post Graduate Diploma course run by Identiti Training. Apart from being a lot of fun, years of teaching and mentoring enthusiastic dentists has developed his skills and understanding of ortho-restorative cases in particular. His treatment philosophy has shifted from ‘treating the teeth’ to ‘treating the face’ over the years.

If that wasn’t enough, Andrew co-organises the annual Scottish Orthodontic Conference which is held the last Friday in January. This day-long event is held at the Royal College of Surgeons and Physicians in Glasgow and attracts orthodontists, dentists and their teams from all over the country (weather permitting!).

Still motivated to keep learning, Andrew really enjoys working with referring colleagues, either collaborating or simply offering treatment planning and general advice when needed with their own orthodontic patients.

Feel free to get in touch with him directly if you’d like to discuss any of his projects listed above: andrew@parkorthodontics.co.uk

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T: 0141 332 5107 E: manager@parkorthodontics.co.uk W: www.parkorthodontics.co.uk

ROB LEGGETT • SCOTTISH DENTURE CLINIC – SDC LAB

DIRECTOR, SCOTTISH DENTURE CLINIC AND SDC LAB, AND CLINICAL DENTAL TECHNICIAN

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

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

Rob is an elected council member of the Dental Technologists Association. He has a special interest in digital dentistry and is proud to be an early implementer of a full digital workflow for dentures and All-on-X.

SDC Lab is one of the most technically sophisticated labs in Scotland, utilising implant planning from 3shape, design software from Zirkonzahn, 3shape and Formlabs as well as milling machines from Zirkonzahn and Ivoclar. Rob has now been practicing as a clinical dental technician for more than 10 years and within that time has earned a reputation for excellence from his growing list of referring dentists and patients. Rob accepts referrals for all removable dentures with a focus on complex and implant retained overdentures.

T: 0131 228 6650 E: info@sdclab.co.uk
W: www.sdclab.co.uk / www.scottishdentureclinic.co.uk
DR TARIQ ALI qualified from Glasgow University in 1998. He developed a special interest in dental implantology, gaining over 18 years experience, and eventually established the Centre for Implant Dentistry, a dedicated implant referral service in Charing Cross, Glasgow.

He works solely in implant dentistry and is a recognised leader in his field, providing cutting-edge solutions for patients faced with edentulism – from single implants to complex full-arch cases – as well as being a teacher and mentor to dentists across the country, in both implant restorations and now in implant placements.

The Centre for Implant Dentistry has been accredited as an All-On-4 Centre of Excellence, achieving the gold standard in dental implants for its patients. The centre accepts referrals from single unit cases to complex full arch treatment. Referring dentists can also refer for bone/soft tissue grafting/sinus lifts/ sedation/ CBCT scans.

Referring dentists may also choose to restore the implants for their own patients, earning in the region of £1,000 per crown, since Tariq runs a Refer and Restore Course regularly. Dentists also gain 36 hours of verified CPD if they attend this course (email info@centreforimplantdentistry.com for more information).

Dr Tariq Ali and his team are also proud to host their Level 7 Postgraduate Dental Implant Diploma, the first of its kind in Scotland.

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Tariq Ali BDS(Glas)M.J.D.F RCPS (Eng) M.F.D.S RCPS(Glas) DipImpl Dent RCS(Eng)
Principal, Centre for Implant Dentistry
RICHARD O’BRIEN, Regional Product Specialist for Septodont, has many years of experience within the dental industry and is well known in Scottish dental circles. Outside of work Richard can be found on the golf course, coaching rugby and having fun with his wife and young family.

As you would expect from world leaders in dental pharmaceuticals, Richard stands behind our range of local anaesthetics, while also focusing on our unique tricalcium silicate-based products, including the new system – Biodentine™ XP, which has all the amazing properties of Biodentine™ in an easy-to-use system – and BioRoot™ root canal treatment, as well as the Ultra Safety Plus Twist® needle safety device.

Richard’s knowledge of the Septodont product range enables him to advise you on the ways that Septodont can help both you and your patients. For support from Septodont in Scotland and the Northeast of England, Richard is available online, by phone or face-to-face in your practice.

T: 01622 695520 M: 07534 188 447 E: robrien@septodont.com W: www.septodont.co.uk

Colin Hart, Regional Manager for Scotland
M: 07771 435110 E: colin.hart@southernimplants.co.uk W: www.southernimplants.co.uk

Colin Hogg, Product and Clinical Support Specialist
M: 07586 317506 E: colin.hogg@southernimplants.co.uk
I AM the new Head of Dental at Johnston Carmichael and bring more than 30 years of experience working closely with clients in the dental sector. The pre-existing Johnston Carmichael Dental team has been in place for many years, with Roddy Anderson and Sam Nicholson continuing to make Johnston Carmichael the go-to firm for individuals at all stages of their dental career. We also now benefit from a strengthened leadership team which also includes Lee Hughes, a further recent arrival and someone who also brings much valued experience in the sector.

We offer a tailored range of support services to our dental clients including, but not limited to:

- Annual accounts and tax compliance
- Tax planning to mitigate your exposure to future tax liabilities
- Full support on your digital journey
- Payroll processing services
- Transaction support relating to acquisition or disposal of a practice
- Partnership entry and exit
- Incorporation of your dental practice
- Assistance with HMRC enquiries
- Dispute resolution amongst business Partners or Shareholders
- Financial health check through Johnston Carmichael Wealth
- Company secretarial services

I also act as Scottish Chairman of NASDAL (National Association of Specialist Dental Accountants & Lawyers). Through membership of this organisation, we are able to provide our dental clients with benchmark trading information to better gauge the performance of their business.

If you would like to hear further about our dental sector offering, please contact either myself or your existing Johnston Carmichael contact.

ORIGINALLY from rural South Australia, Joel Mannix relocated to the Scotland in 2013, initially working within the residential market before joining leading business property adviser, Christie & Co, in September 2018.

He progressed to the role of Senior Business Agent in July 2021, before being made Associate Director in July 2022.

Joel sells practices for clients across the length and breadth of Scotland, helping clients to achieve their business goals and guiding them through the sales process. Over the last five years, Joel has gained significant expertise in a range of deals, from single asset sales to larger group transactions.

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.

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

- Your Smile – Everything SDI does is for the ultimate goal of the dentist: To create the perfect smile for their patients. Perfection means excellence. Beautifully natural, long-lasting materials that are simple for dentists to use.
- Our Vision – SDI continually innovates to provide dental materials that assist dentists and their team to create the perfect smile. Research and development is paramount. SDI lead the market and foresee the needs of dentists through our own research and product innovation.

Lesley McKenzie, Scotland & Ireland sales manager, started with SDI in September 2000.
Strictly Confidential Ltd are delighted to announce that Ian Simms will be joining us as Director of Sales and Acquisitions with immediate effect. Ian has over 12 years’ experience in valuing dental practices. He joined Henry Schein MediEstates in 2011 and has valued well over 1,500 practices all over the UK and Ireland, not to mention the Channel Islands, Gibraltar and Spain. He was part of his former employers Business Valuation Panel and was involved in valuing some of the UK’s largest and prestigious businesses. Ian will bring a wealth of knowledge and contacts to the company. He will concentrate on liaising with dental business owners looking for an exit strategy and buyers looking for acquisitions, both in the UK and Ireland.

Strictly Confidential has been operating for over 20 years within the Dental profession in Scotland. We can source and supply all relevant information regarding sales, valuation and acquisitions of Dental Practices and we can also assist with recruitment.

Tel Trisha Munro on 07906 135 033
email - patricia@strictlyconfidential.co.uk

Tel Gillian Wylie on 07914 688 322
email - gillian@strictlyconfidential.co.uk

Tel Ian Simms on 07884 588 655
email - ian@strictlyconfidential.co.uk

Sales Valuations Purchase Recruitment

www.strictlyconfidential.co.uk
MAKING up half of 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 Schein helping dentists to maximise their business, she also has first-hand experience of running her own business. Joanne is also able to support practices using the skills she has gained studying for her International Coaching Federation certified coaching diploma.

Adding her experience to Scotland’s Practice Plan team is Selina Alexander. After starting her first job as a Trainee Dental Nurse aged 16, Selina gained experience in many different roles in practice over the next 25 years before taking on responsibility for a group of 10 practices as Regional Manager. She also spent two years working in Mergers and Acquisitions for Scotland at Portland Dental Care before joining Practice Plan. Away from work, as well as being a regular at her local gym, Selina is a keen supporter of the Scotland rugby union team and attends as many matches at Murrayfield as she is able.

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.

Joanne Phoenix
Regional Support Manager

Selina Alexander
Regional Support Manager

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E: joanne.phoenix@practiceplan.co.uk & selina.alexander@practiceplan.co.uk
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T: twitter.com/PracticePlan  F: facebook.com/practiceplanuk
OUR EQ Healthcare team offers specific accountancy, taxation and business advisory services to each of the healthcare professions, particularly within the fast-paced dental sector. We remain up to date with the ever-changing environment of the dental sector and provide timely advice on how this affects our clients.

Along with our dedicated EQ Dental team, our specialist EQ Taxation and Amber Accounting departments can give you further support, providing relevant, up to date and practical advice to you and your business. We are accredited with cloud providers and keep on top of all the new technology advances, allowing us to give you the best advice on which systems to use and how to use them to their full potential – as well as the systems you do not need to waste your money on. Our Amber Accounting department provide a payroll bureau service – a burden many of our clients are happy to hand over. No one wants to get the wages of their staff wrong.

Louise Grant, Partner in our Dundee office and head of EQ Healthcare, enjoys being seen as part of her client’s team, helping them to grow, develop and realise their personal ambitions. Louise acts for numerous dental practices all across Scotland, as well as individual associates who require annual tax returns. As a specialist in corporate finance, Louise has assisted many dental professionals to fulfil their dream of owning their own practice, either on their own or with other practice owners. Louise has a strong network of dental specialist professionals, such as solicitors, financial advisors and bankers, which results in the seamless and efficient purchase or sale of her clients’ practices.

Anna Coff, a Manager in our Forfar office and member of EQ Healthcare, supports Louise in looking after their clients, ensuring that their annual compliance work is undertaken in a timely and efficient manner. Anna supports her clients with an array of accounting and taxation issues, making sure she pro-actively communicates with practice owners, allowing them to focus on running a successful practice, knowing their tax and accounting needs are in hand and nothing is being overlooked.

Samantha Turkington, a Supervisor in our Forfar office and member of EQ Healthcare, supports both Louise and Anna with their portfolio of dental clients, providing them with accounting, tax and compliance support. Samantha manages the monthly bookkeeping for a number of her clients which has the benefit of allowing them to have up to date management information at their fingertips. This frees up the time of our clients’ practice managers or indeed the practice owners themselves, who can then focus on more of the dental specific work required of them. Samantha also keeps up to date with topical issues affecting her clients, writing various articles for the Scottish Dental magazine.

The three-tier system operated by EQ Accountants of Partner – Manager – Controller ensures that our clients always have a consistent team, who know their business and their history. We are not departmentalised and pride ourselves on being rounded accountants who can deal with any request from our clients, without passing them between departments. This allows us as the accountant to know the full picture of our clients’ finances and we strive to provide consistency, familiarity, and confidence in the work we provide.

Louise, Anna and Samantha attend and deliver talks at various dental events, including the Scottish Dental Show. If you would like more information on the services and support that we can offer you and your dental practice, or to arrange a no obligation meeting to discuss your requirements, contact our EQ Healthcare team.
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Michael qualified in 2002 and has over 18 years of dental implant surgery experience. He is a clinical teacher for University of Central Lancashire’s and VSS Academy’s Masters of Implantology (MSc) Course, and he also mentors a number of implant dentists. Michael is a co-founder of the Scottish Dental Academy which involves running courses from The Implant Year Course to Guided Implant Surgery Courses. He is key opinion leader for Southern Implants SIREAL and SILOADED guided surgery system and for EthOss Synthetic Bone Graft material.

200 Bath Street, Glasgow, G2 4HG
For referrals: www.dentalpractice.com/referrals | 0141 331 0722
Or to discuss any aspects of implant training / mentoring: admin@dentalpractice.com
Buying their own dental practice is the ultimate career goal for many dental professionals, with some aspiring to run multiple practices. Whether it’s setting up squat practices, buying into an existing practice or acquiring practices outright, it’s important to have an accountant who can help to navigate the complexities and ensure you are making the right decision.

That was the case for our client, Dr Eilidh Morgan, who has worked with Louise Grant, Partner and Head of EQ Healthcare, since 2017. EQ provides annual compliance services, including year end accounts and personal tax returns as well as business support when needed.

As a part owner of a practice in Kingussie, Eilidh was supported by Louise and the EQ Dental team, Anna Coff and Samantha Turkington, and provided with options on a business restructure to allow for expansion and growth.

In early 2021, the team carried out the financial due diligence, including a business valuation, assessing the viability of the new structure and team, while dealing with property implications. Any accounting and tax issues were explained, together with the operational issues with such a transaction, and the deal was successfully concluded in September 2021.

By June 2022, a new business partner was introduced to the business - Dr Jane Patterson, who won Scottish Dental Awards Young Dentist of the Year in 2019. Not long after this, Eilidh and Jane had an exciting opportunity to purchase an independent practice in Alness. Both have a strong history within the Inverness area having worked in practice together during their earlier careers, and Eilidh has been on the board of directors of Highland Dental Plan since 2014.

The EQ Dental team were on hand to provide support on the entire business acquisition, including the accounting, tax and operational issues. Post completion issues were also considered, particularly practical issues, such as the fee earning arrangements between the practices and associate contracts. Working closely with the other dental advisors allowed our team to ensure the deal was concluded seamlessly, and we continue to provide ongoing support to both businesses and their wider teams.

Our Amber Accounting team also takes care of their monthly payroll, bookkeeping, and control account reconciliations. This allows Eilidh and Jane to have up to date financial information, review their trading results, and make informed decisions for their businesses. Louise said: “It is so important to constantly consider these plans as they can change over time. And with the ever-changing tax system … and NHS pay structure we need to understand the implications these changes can have on these plans, and act accordingly.

“When Eilidh first mentioned her ambition to expand and grow her business, I was there to help her on the journey. It is incredible to think back to 2017 when the business employed four members of staff to now where the combined businesses boast a team of more than 25! Well done Team Morgan Patterson!”

Dr Morgan commented: “Louise, Anna and Samantha have been a constant source of support to Jane and I, allowing us to fulfill our dream of owning practices in the Inverness area. Having the right type of support with our finances means we can focus on our patients and provide the best service to the area. The team at EQ have been invaluable, we consider them a part of our team and appreciate all their support and guidance.”

For high quality professional care in a modern friendly practice, call Fyrish Dental (01549 882915) or Kingussie Dental (01540 661280) to arrange an appointment.

For more information on how we are supporting our clients, or how we can help you or your clients, please get in touch with your usual EQ contact or call one of our offices (Dundee – 01382 512100; Forfar – 01507 474274; Glenrothes – 01592 630055).

www.eqaccountants.co.uk
Thinking of selling your practice?

We’re a specialist dental practice sales agency, so whether you are looking to sell your dental practice on the open market, selling to your associate or intrigued with Corporate interest, we’ve helped thousands of dentists like you.

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Fee Free Sale
95% of our NHS practices sell to priority buyers meaning the purchaser covers the agency fee.
For the 13 years prior to March 2022, the Bank of England base rate had been no higher than 0.75 per cent. Since March 2022 we have seen significant rises with a current rate of 5.25 per cent (as of September 2023). However, when talking about the Bank of England base rate it is important to note that, pre the banking crisis of 2008, the base rate was also round 5 per cent and the previous 40-year average was 7.2 per cent. As such the current rate is probably trending back to ‘normal’, more than being high.

Around 2006, the way in which practices were valued changed from using a percentage of turnover to a multiple of EBITDA (earnings before interest, tax, depreciation and amortisation). As such a multiple of an adjusted profit figure is used. For the purposes of the EBITDA calculation ‘interest’, i.e., bank borrowing is ignored. As such, historically low borrowing rates over the last 15 years has in reality driven demand and values higher without affecting the buyer’s affordability (take home profit after tax and finance). As such the EBITDA multiple used had crept up from a circa 5x multiple to 7.5x multiple under an ‘associate led’ model.

Examining the affordability of practices (profit less tax, less loan interest) there is no doubt that the previous multiples cannot unfortunately be sustained, based on the increased cost of borrowing. This is the same for Corporates and individuals. However, it is important to also confirm that we have only seen a softening of the multiples with a reduction in the region of 0.5-1 times and there is still strong demand for practices.

As the financial viability of practices tightens, it is important that vendors show their practice in the best light, whilst ensuring that the buyer is confident with the figures presented. As a professional agency we will demonstrate the current income and costs while removing personal costs. This is vital to ensuring the highest valuation. Such costs may include indemnity insurance, personal GDC registrations and other personal items. We are highly competent in reviewing the EBITDA of the practice and calculating this under an ‘associate led’ and ‘principal led’ model. The calculation of the actual EBITDA of the practice is likely to have the biggest impact on any valuation.

Especially in today’s market, buyers and their professional advisers need to be confident with the figures that have been put to them, something that an experienced and trusted sales agency can do with ease with a comprehensive brochure of the practice for sale. This ensures that buyers can put in their best offers, knowing that they are able to proceed with confidence.

In summary there is no doubt that the increase in borrowing has impacted the values of practices, due to the calculation of affordability. However, this is only a small reduction in the multiple being used, and not any significant drop. The calculation of the EBITDA is as important as the multiple being used to ensure that the value of the practice is maximised. Demand for dental practices remains at a good level, and those looking to sell their dental practice should not worry.

Martyn Bradshaw, of leading sales agency PFM Dental, discusses how the increased borrowing costs have impacted on dental practice values

DEMAND REMAINS GOOD

Martyn Bradshaw is a Director of the PFM Dental group and heads up the dental practice sales agency. PFM Dental are leading professional advisers to dentists for: sales and valuations of dental practices, financial advice and accountancy services.

“DEMAND FOR DENTAL PRACTICES REMAINS AT A GOOD LEVEL, AND THOSE LOOKING TO SELL THEIR DENTAL PRACTICE SHOULD NOT WORRY”
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Dentistry is a complicated and dynamic sector, sometimes making it hard to enter, so if you’re going to make it work then you’ll need expert advice. Why should you buy a dental practice through Christie & Co?

• We don’t charge any buyer fees. You can register on our website and download opportunities for free, with no strings attached.
• We can help you with funding. Our in-house finance team, Christie Finance, knows how to source funding for dental practice purchases.
• We fully inspect every dental practice we list. Furthermore, the agent managing the sale is the expert who vetted it, ensuring that you’ll have access to comprehensive insight.
• We provide comprehensive resources. Every listed dental practice has an extensive information memorandum listing all supporting financial details, making it easier for you to gauge the quality of the opportunity.
• Recommendations. Our professional network of Scottish intermediaries stretches across fields including accounting and legal services, meaning that we can personally introduce you to specialists.

If you’re considering buying a dental business in Scotland and would like to discuss your options, get in touch.

Joel Mannix
Associate Director
– Dental, Christie & Co
E: joel.mannix@christie.com
M: 07764 241 691

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Slaine Ker’s interest in dentistry began at just nine years-old, with an unfortunate poolside injury; climbing out, she slipped and smashed her two front teeth – resulting in multiple visits to the dentist.

Graduating from the Dublin Dental School at Trinity College, she spent two years in the Oral and Maxillofacial Unit at Galway University Hospital treating patients who had suffered from facial trauma and cancer. Her career then took her to London where she secured an associate position in one of London’s Prestigious Harley Street practices.

This was her introduction to cosmetic dentistry, and she spent the next 10 years in the capital, developing her skills before moving to Edinburgh last year.

“It was for both personal and professional reasons,” said Dr Ker. “My husband is from Glasgow, so it allowed us to be closer to his family. We have two girls (two and three years-old) so we did it partly for their quality of life. “Once moving to Edinburgh was on the cards, we started looking into opening a practice here and soon realised we could take some of the aspects of London dentistry back to Edinburgh and create something very special and unique.”

The Row Dental, at 31 Albany Street in Edinburgh’s New Town, is a state-of-the-art dental clinic where Dr Slaine offers personalised private treatments for cosmetic dentistry. The Row is also expanding its referral practice including Orthodontics, Endodontics, and Dental Implants.

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“Our contractors and project managers did an excellent job,” said Dr Ker.

They included architect Christine Leeman (www.christineleemanarchitect.co.uk), BH Projects Group (www.bhprojectsgroup.co.uk) who managed the build, and equipment suppliers Kavo (www.kavo.com/en) and Durr Dental (www.duerrdental.com).

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We are delighted to have project managed The Row from initial design through to delivery in collaboration with RPA Dental and wish The Row’s team every success in the future.

“Our ethos is to work in close collaboration with our clients to build a trusting and enduring relationship”.

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The recent enhancements to Determination I of the Statement of Dental Remuneration (SDR) have been welcomed by some among the sector. With a six per cent inflationary rise, allied with a number of significant increases to treatment fees, we fully anticipate that the NHS or mixed practice revenues should increase from 1 November onwards. Whether the increased fees will be sufficient to stem the flow of practitioners leaving the NHS behind remains to be seen.

One of the most impactful changes within the new SDR is the suggestion that annual exams should be the assumed entry point for patient care rather than bi-annual. In some cases, it is suggested that 18 or 24 monthly would be acceptable, and the onus is on the practitioner to assess clinical need.

We have undertaken extensive modelling on this change and found that the average three-chair practice, based on an assumed mixed frequency of recall, would potentially lose circa £65,000 per annum in examination fees under these measures.

However, that is only a small part of the jigsaw and as a result of less chair time being required for examination the practice would be in a strong position to fill those released hours with new patients or additional restorative services.

With a strategically planned approach, we estimate that the reduced exam fees would be more than compensated by a potential of circa £290,000 of additional fee revenue on restorative services. The net impact of this being an enhanced revenue generated of £227,000 net. This is in addition to the enhanced revenue created from other NHS services.

While this potential enhancement is available to target, some careful planning is required and it will not be automatic. We would love to brainstorm how your practice harnesses this opportunity for growth. Please do get in touch if we can help.

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

For more information or a free practice financial health check please contact us on info@dentalaccountantsscotland.co.uk

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T: 01750 700 468 W: www.dentalaccountantsscotland.co.uk
In this world nothing can be said to be certain, except death and taxes”. Benjamin Franklin’s quote will be known to most of you, and unfortunately it is true that each is inevitable.

When we advise our dental clients on the structure of their practices, we always recommend putting in place appropriate documentation to address the relationships between the principals, which would be a Partnership Agreement where the practice is owned by a partnership, and a Shareholders Agreement where it is owned by a limited company. The two types of document address similar issues, although the exact terminology will vary from one to the other.

One aspect which we always recommend covering is the question of what happens if one of the principals were to die. Aspects to consider include:

- Would the other principal buy the interest of the deceased principal from their estate, and/or bring a new principal in to acquire that interest?
- If so, how will that interest be valued?
- Can the estate of the deceased principal sell to a third party, and if so does the continuing principal have any say in who that is?

These may seem very difficult questions to answer at the outset of a new practice, particularly where the principals are relatively young. Sadly, life (and death) is not predictable, and giving everyone concerned some certainty from an early stage of the practice will hopefully bring some comfort that their business and personal interests are safeguarded for themselves and their families.

The next key question which arises is where the money will come from to buy out the estate of a deceased principal. The continuing principal may not have the necessary funds to pay the estate, and that would be a problem for everyone. They may be able to borrow some or all the money, but that wouldn’t be known until the time comes, introducing another uncertain factor.

Some clients will address this concern by taking out life policies which are then placed in trust for the other principal. For example, in a partnership with Partners A and B, Partner A will insure their own life and place the policy in trust for Partner B, and vice versa. They then put in place a document known as a cross option agreement. In simple terms, this cross-option agreement ensures that either the continuing partner, or the estate of the deceased principal, can require a transfer of the interest held by the estate, in exchange for the funds paid out by the relevant life policy.

This may sound fairly involved but, in reality, these arrangements can be put in place relatively easily. While the policy premium is a cost to the principals, like any insurance it is likely to be money well spent should one of the principals die, giving some certainty and peace of mind to the principals and their families.

It is important that any documentation around the death of a principal, and the policy/cross option arrangements, are properly drafted, as unfortunately there are a number of inheritance tax and other pitfalls should they not be put in place correctly.

Taking appropriate financial and tax advice, along with instructing lawyers who are familiar with such arrangements, is really important.

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

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Thorntons is a trading name of Thorntons Law LLP
The quality of both the products and services you purchase will have a significant impact on the functionality of your equipment, the potential disruption caused to patient care and the costs you incur over time.

That’s why Eschmann provides Care & Cover – a comprehensive service offering that delivers unlimited breakdown cover. Annual Validation and Pressure Vessel Certification, unlimited Eschmann parts and labour, as well as Enhanced CPD user training – all with no hidden fees.

WHY IS MAINTENANCE AND BREAKDOWN COVER SO IMPORTANT?

An equipment breakdown is more than just frustrating for the professional team who have to deal with the situation. If there are no sterile instruments available, this will cause substantial disruption to patient care and may require individuals to postpone their treatment. This has serious implications for the quality of care they receive and, in turn, could negatively impact the practice’s reputation. Further still, the professional workflow will be disrupted by the additional task of needing to get equipment repaired or replaced. Equipment maintenance can prevent malfunctions and complete breakdowns from happening in the first place. Even more than this, ongoing servicing and maintenance will prolong the life of your products, protecting your investment over time.

HOW DOES THE RIGHT EQUIPMENT AND SERVICING SUPPORT COMPLIANCE?

Aside from the positive implications for patient care, professional workflows and business finances, effective equipment maintenance and servicing are essential for compliance with HTM 01-05. This document outlines various areas that should be considered when purchasing new decontamination equipment and maintaining its maintenance. For example, it states that “robust contractual arrangements” must be in place to provide breakdown cover, long-term maintenance and validation of the equipment. This further highlights the importance of having a reliable plan in place, like Care & Cover from Eschmann.

WHAT MAKES A GOOD SUPPORT TEAM?

In the event of an equipment malfunction, you need to know that the technical support team you contact can provide reliable support to get you back up and running. Eschmann is proud to offer a dedicated, in-house team of factory-trained engineers. They have extensive experience with the equipment and are trained specifically on Eschmann technologies to ensure that they know the solutions inside out. This means, whatever the question or concern, they have likely seen it before and will be able to provide a satisfactory resolution for complete peace of mind.

HOW FAST IS HELP AVAILABLE?

Wherever possible, our team will access your equipment remotely to troubleshoot issues and provide support instantly. Where a resolution is not possible, Eschmann engineers are located across the UK and can often be on site within hours. Their technical know-how and experience mean they usually provide a fix on the same day. They also have fast access to original manufacturer’s parts, ensuring a high-quality repair service you can trust. Where such a quick resolution isn’t possible, they will provide temporary equipment to keep your practice running smoothly while they take your machine away to be fixed.

IS ANNUAL SERVICING ENOUGH?

The short answer is no. To keep your decontamination equipment in top condition, running smoothly and with a long shelf life, it is essential that the practice staff perform regular testing as well. Your Eschmann engineer will show you how to do this effectively during the installation of your new technology, providing Enhanced CPD training for the practice team members present.

In addition, Eschmann engineers will provide Annual Validation and Pressure Vessel Certification of relevant units to further ensure they run efficiently and your practice remains compliant with all regulations.

Don’t just take our word for it – long-term customer Tracey Cage, Practice Manager at Kelvin House Dental Practice, said: “Both the products and the Care & Cover service offering from Eschmann have worked perfectly for us. The latter ensured that the equipment was kept in top condition and functioning optimally for as long as possible.

“If anything ever went wrong, someone was out quickly to fix the issue. We also saw the same engineer for many years, which helped with continuity of service. Of course, our team played their part in looking after the equipment properly with distilled water and daily/weekly testing for the old machine to ensure it continued to run effectively.

“We would absolutely recommend Eschmann equipment and the Care & Cover maintenance programme. The entire team have done a fantastic job and we have no complaints at all. The fact that one model lasted 16 years and we have another that is already 12 years old speaks volumes for the quality of the product and service.”

A SERVICE YOU CAN TRUST

For a comprehensive service offering that delivers unlimited breakdown cover, Annual Validation and Pressure Vessel Certification, unlimited Eschmann parts and labour, as well as validated CPD user training, utilise the Care & Cover service offering.

For more information on the highly effective and affordable range of infection control products from Eschmann, please visit www.eschmann.co.uk or call 01903 875787.
Over 60 years experience designing and manufacturing autoclaves in the UK.

Eschmann Little Sister Autoclaves. Reliability, service & support you can trust.

With no hidden charges, Eschmann Care & Cover service offering includes:

- Annual validation & pressure vessel certification
- Annual service & free software upgrades
- Unlimited breakdown cover
- Unlimited Eschmann parts and labour
- Nationwide on-site support
- Enhanced CPD User Training
- Technical Telephone Support

Experience Eschmann excellence at www.eschmann.co.uk or call 01903 875787.
Following in the footsteps of the hugely respected Dr Stephen Jacobs, Dental FX continues to offer high quality dental care, and work closely with referring dentists from all over Scotland. The team at Dental FX is now led by Dr James Millar, who has a passion for all aspects of dentistry, and a special interest in dental implants. Every member of the team shares James’ passion and commitment for providing the highest standards of dental care to patients. Many of our treatments are available with sedation for anxious patients.

We welcome private referrals for Dental Implants, Oral Surgery, Perio and Denture Services.

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James Millar
Principal Dentist
BDS, MFDS RCPSG, DipImpDent RCS Eng  GDC No 176308
Since taking over Dental Fx earlier this year James has continued in the footsteps of the previous owner Stephen Jacobs and welcomes private referrals for all aspects of implant dentistry and bone augmentation.

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Gareth Calvert
Consultant in Restorative Dentistry and Honorary Clinical Senior Lecturer at Glasgow Dental Hospital and School.
BDS MFDS FDS (Res.Dent.) RCPS (Glas) GDC 152051
Gareth’s clinical practice here at Dental FX is devoted to the management of periodontitis (gum disease) around teeth and dental implants and cosmetic gum surgery including gum grafting and crown lengthening.

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Catriona Easton
Catriona joins the team at Dental Fx, providing a private oral surgery referral service.
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“I WOULD RATE ESCHMANN 10 OUT OF 10!”

Eschmann strives to deliver exceptional products and customer service every single day. But don’t just take our word for it. Here’s what an Eschmann customer – Rhiannon Cullinan, Decontamination Lead at Circus Dental in Bath – had to say: “We have two Eschmann autoclaves in the practice – one we have had for around 11 years thanks to on-going maintenance, servicing and validation by the experts through the Care & Cover programme from Eschmann.

“We also just purchased a Miele under bench washer disinfector from Eschmann, as we were refurbishing our decontamination room and wanted to move towards best practice. The equipment itself is easy to use and the team have had no problems integrating it onto the decontamination workflow. Our Eschmann engineer, Shane, is fantastic – he would bend over backwards to make sure we’re ok and the technology is running as it should be.

“I rate Eschmann products 10 out of 10!”

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

PRECISION FOR THE ENTIRE PRACTICE

Diagnose with confidence with the CS 7200 Neo Edition from Carestream Dental, the imaging system that prioritises efficiency with remarkable clarity.

A compact system boasts quick scanning in as little as eight seconds with the ever-brilliant Smart Plates. Maneuver them as easily as film, expose, then scan to analyse, and clear them to reuse again, and again, and again. The plates are specially crafted to ensure your risk of over- or under-exposure is reduced, so you can create quality images consistently.

Versatile installation makes the CS 7200 Neo Edition either the perfect chairside companion, or the hub for an entire practice’s imaging system. Ethernet connections are all that is required to share a network; there isn’t even the need for a dedicated PC alongside it.

Your patients will love reduced waiting times and easy to understand images, as well as a process optimised for safety, exposing them to a reduced radiation dose as compared to film.

To find out more about the CS 7200 Neo Edition and how it can transform your practice, contact the Carestream Dental team.

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

NEOSS GROUP LAUNCHES NEW MULTI-UNIT ABUTMENT

Neoss Group, a leading innovator in dental implant solutions, is proud to announce the launch of a new Multi-Unit Abutment for its Neoss+ Treatment Solution, a cutting-edge system designed to transform the way dental professionals’ approach full arch restorations.

“With the introduction of the Neoss+ and its innovative Multi-Unit Abutment, Neoss is once again demonstrating its commitment to advancing patient care and dental implant technology.

“We are happy to introduce our new Multi-Unit Abutment with the Neoss+ Treatment Solution to the dental community,” said Dr. Robert Gottlander, President and CEO of the Neoss Group.

“Our commitment to innovation has led us to create a solution that will empower dental clinicians to provide great care to their patients. We believe that the Neoss+ Treatment Solution will give more options for the full arch dental implantology and improve the lives of those seeking to restore their smiles.”

With a focus on predictability, efficiency, esthetics, and affordability, Neoss+ Treatment Solution empowers the clinician to provide their patients with three treatment options depending on the clinical situation and their preference, Multi-Unit, NeoBase (Neoss version of TiBase) and Access Abutments. The new Multi-Unit Abutment comes with exclusive features thanks to key Neoss patents, which makes it possible for a 10° option with lower vertical height and with the clinical screw fixed within the abutment preventing losing it during placement.

To learn more about the Neoss+ Treatment Solution and its applications in full arch dental implant procedures for you and your patients, please visit www.neoss.com/neoss4
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- Includes required Durr wet line valves

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

Alastair Fraser, Principal Dentist, Greygables Dental

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