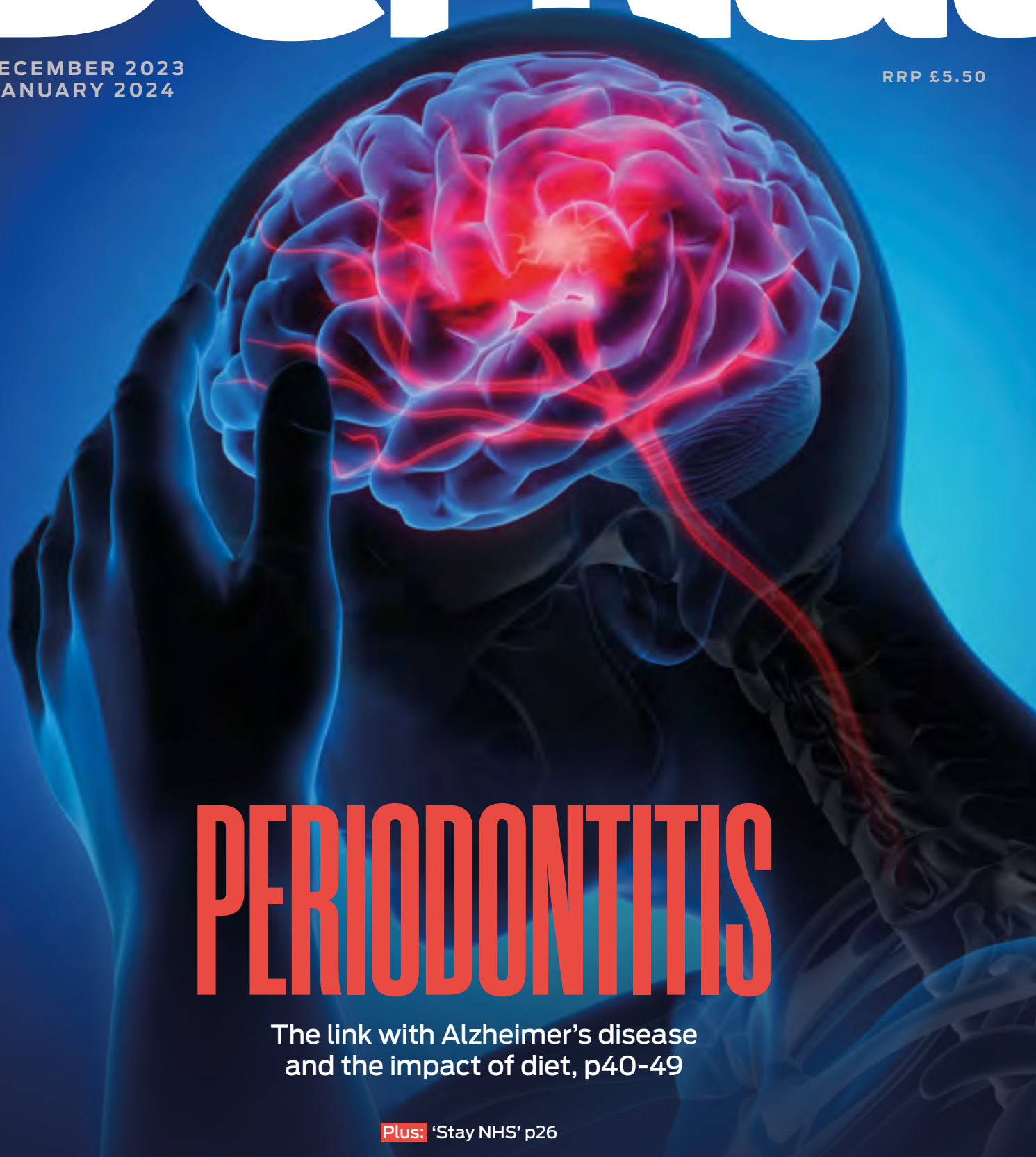


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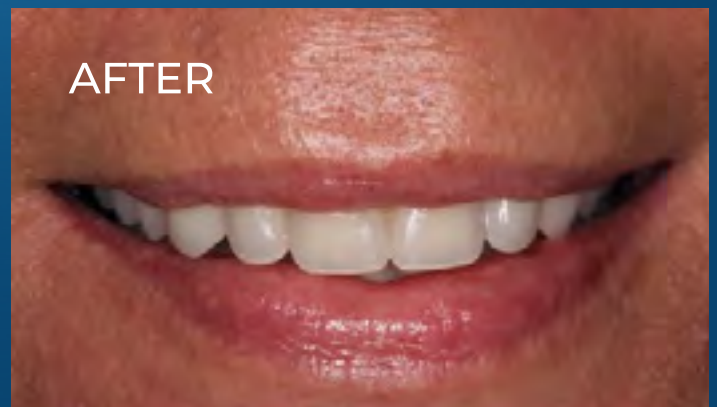
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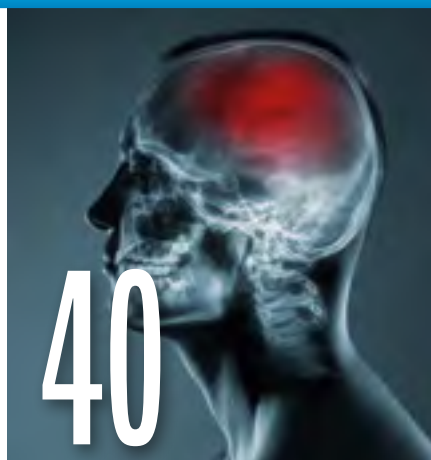
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A widget might be worth it

It's only right that payment reform has time to bed in – but urgent consideration should be given to a potentially lifesaving amendment

At the 2023 Scottish Dental Show a delegate asked Professor Jason Leitch, Scotland's National Clinical Director, a question about oral cancer. It came during a discussion around the development of a new model of care in Scotland. At that point in time, the Scottish Government was still working on its reform of the system of payment for NHS dentistry.

Asked about work on the new model, Professor Leitch said: "The trick is to find a formula, a funding mechanism, that will reward people doing it for a living and that doesn't result in either over-treatment or under-treatment. If you pay 'per widget', the danger is that you get too many widgets. If you pay for just caring, you don't get any widgets."

The question that subsequently came was about the possibility of a payment for oral cancer screening of NHS patients – who would not have to be registered with a practice to undergo the process – with the delegate adding: "I'm terrified of all the patients we have not seen, and I think payment for occasional oral cancer screening would make a world of difference."

The National Clinical Director responded: "Your fundamental point is correct; that in the present climate we can't do all the treatments that a cohort requires so we should prioritise what is required – and that might be cancer screening. I'm just not sure your route to it is entirely correct; a system of payment could be open to abuse." Later in the discussion another delegate, a former dental nurse now working in palliative care, said that in the previous year she had not experienced anyone with oral cancer but "now, it's only May and I'm on my ninth patient."

Scroll forward six months and we have a report from the Oral Health Foundation (OHF) stating that oral cancer claimed the lives of more than 3,000 people in 2021 – a 46 per cent rise from the 2,075 recorded a decade previously. The OHF had used a Freedom of Information request to elicit data from, among others, the Office for National Statistics, Public Health Scotland, Public Health Wales and the Northern Ireland Cancer Registry.

In 2020-21, 9,860 people were diagnosed with the disease – a rise of 12 per cent over the



LACK OF ACCESS TO ROUTINE DENTAL CHECK-UPS IS A SIGNIFICANT BARRIER TO IDENTIFYING A RANGE OF DISEASES

previous year, according to the OHF. Early detection enjoys a 90 per cent survival rate but this drops to 50 per cent when diagnosis is made as the disease has advanced.

Professor Grant McIntyre, Dean of the Faculty of Dental Surgery at the Royal College of Surgeons of Edinburgh, says in this edition of *Scottish Dental*: "This is very worrying news. It highlights the profound impact when people struggle to access periodic NHS dental check-ups, potentially leading to delayed diagnoses of head and neck cancer. Lack of access to routine dental check-ups is a significant barrier to identifying a range of diseases and we would therefore call on government to urgently ensure funding is in place to make NHS dentistry accessible to all."

The OHF's report noted that around 88 per cent of UK adults were aware of mouth cancer as a condition but that awareness of the signs, symptoms and risk factors was as low as 17 per cent. "Improving access to NHS dentistry, tackling late diagnosis, and protecting public health policies are some of the key challenges in confronting mouth cancer," said the report's authors.

With the interval period for a routine dental check being extended from six months to a year – on the now widely accepted grounds that it is not necessary for most, healthy, people and that flexibility can be adopted for those considered more at risk – an unintentional hazard has been created; that of reducing the opportunity for the early detection of oral cancer. Again, it could be argued that the more-at-risk (of dental decay and oral cancer) patients may still be seen six-monthly. But there's no guarantee.

Given the devastating toll wrought by oral cancer – and the increase revealed by the OHF – the question of a specific payment for oral cancer screening of NHS patients should be revisited, urgently.





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Time will tell...

if a drive to fund treatment in poorer areas can address inequalities in dental health

With a month gone in the new world of Scottish NHS dentistry, how's it going for you? As expected, there have been some teething problems (sorry, couldn't resist a dental pun). I think our staff and dentists were generally a bit concerned about the whole thing. I've been fairly relaxed with the changes. Everything, except for the Perio codes, seemed straight forward to me. Our staff seem to be getting to grips with things quickly and we've been chatting through scenarios to help one another. In practice, and with the new SDCEP guidance on Perio, I hope that it will work much better than the old SDR Perio codes. Those were not flexible enough and could not reflect the reality of modern guidance and treatment.

We're with Carestream on R4 and we've identified more than a dozen software issues; I suspect it's the same for all the providers. They were unable to test anything in advance as it's a new system running concurrently with the old. However, most of the errors or lack of functionality seem to come from them adapting the old system but not updating rules related to previous codes. I think they need to chat to some regular dentists to get their take on the codes and see how the programming rules or algorithms can be changed to take advantage of the simplification. The way the codes fit treatments works pretty well and with some adaptation to incorporate the composite supplements automatically, the software should work very well.

My prediction? With a bit of time, the software, practical codes and provisos will be tweaked to improve things and create a well-functioning process. The powers that be are listening at the moment and if we're reasonable and collaborative we can make it better: it's not far off.

For the patients, other than increased costs, I don't think simplification really makes a difference. I never explained the codes to people when talking about treatments. I rarely make much reference to surfaces on teeth unless I'm explaining difficulty in accessing caries or when there's an aesthetic consideration because of where a filling will show. In my opinion (you'd really need to ask my patients) my explanation keeps options and costs simple and codes don't come into it, old or new.

With respect to costs, I think it's all pretty realistic. Composites are much more difficult and time consuming to place than amalgam or GIC. Labwork is very expensive these days and the alterations reflect that. Endo is difficult and the higher fees should buy a bit more time to allow the process to be better disinfected and canals prepped more. The question is, will this be reflected in people's earning or the time they take over treatments? Traditionally, if you look at the taxation levels of NHS and private dentists, there is little difference. This has always suggested that

dentists spend time according to fees rather than the other way around. If that is the case then, over time, you will probably see the NHS budget be about the same but the number of treatments drop slightly. The argument is more time means more quality.

So, is there actually a real benefit? Well, I think there is. There has always been a tension between NHS and private care and the blend thereof. Ultimately, the Scottish Government has a job to make the NHS option possible. The reality is that poorer areas rarely have a choice. Well off areas probably interact 'lightly' with NHS care. Practices in poor areas will benefit directly from the 10 per cent SIMD 1* 'bump'. This is bare-faced funding for those in very poor socio-economic areas that we all know have higher disease rates, require more resource, time, miss more appointments and generally make the life of healthcare workers more difficult. It is good politically and practically and helps to bridge the gap (sorry, again) in funding.

What is perhaps less obvious is the likelihood that practices in much better-off areas with NHS patients will often do little NHS work, care other than exams. Fillings, crowns, bridges will all be done privately. Other than Continuing Care payments, NHS exams make up the majority of their NHS fees. These practices will probably be worse off (in NHS terms) as the exam fees are actually going to be down if they continue six-monthly reviews or just once a year. I'm sure they will survive with the private treatment fees they charge.

There is an argument that there is a redistributive element here, by reducing the fees for exams and redirecting it towards treatment; thereby addressing some of the health inequalities which exist. That's maybe a bit grand, but certainly, I think the practices in areas with more need, and therefore more treatment, will be better funded. Does it really address the health inequality? Well, if you can earn better, you can remunerate dentists and staff better which creates a happier and more motivated environment. You can improve the dental materials and equipment you use which allows better quality care and job satisfaction. Practices can afford to improve their decor and outlook, which tends to create happier patients who value their practices more.

This upwards funding cycle relies on a number of things. It relies on consistency of funding. We can't tinker with the fees. This allows comfort in business owners and dentists themselves. We need to hear about things working well and where they are not; the Scottish Government need to be looking to improve. It needs to be seen in the profession, to inspire dentists to work in areas with that better funding and owners to invest. I think that the new Det 1 has the possibility to do that for dentists. I'm not sure we're there yet for the owners and investors. Time will tell...

*Scottish Index of Multiple Deprivation, '1' being the most deprived.



SCOTTISH CENTRE FOR EXCELLENCE IN DENTISTRY: MEET FADI

Dr Fadi Al-Silwadi, GDC No. 252526, BCom, DDS, MClinDent, MFDS M.Orth (RCS Edin), DipMJDF M.Orth (RCS Engl): Specialist in Orthodontics

I got into dentistry after completing a degree in international management because I wanted to be in a position to make a direct positive difference in people's lives. I studied dentistry in the UAE and practiced for two years after qualifying before moving to the UK in 2011.

Since moving to the UK, I specialised in Orthodontics at the University College London, completed many robust examinations and assessments to enable me to register with the General Dental Council as a general dentist and specialist. This helped me gain membership in General Dentistry and Orthodontics at both the Royal College of Surgeons in England and Edinburgh.

In 2015, I moved to Scotland and have since had the opportunity to treat a vast number of adults and children with varying complexity. My reputation in Orthodontics has been built over time,

as I consider treatment a partnership between myself and the patient.

I joined the Scottish Centre for Excellence in Dentistry (SCED) as I believe the benefits to the patient care in a multidisciplinary dental environment are immeasurable. The wealth of clinical experience in all aspects of dentistry, coupled with the outstanding support, made joining SCED a very easy decision.

I take a patient-centred approach to planning and providing orthodontic treatment, ensuring the patients' needs are met at all stages. Every decision I make uses my knowledge and experience, and I treat each patient as though their teeth were my own. My goal is to ensure that every patient is happy with their result while prioritising their oral health.

Patient care is at the heart of everything I do, and

I will ensure that every patient knows that I genuinely care for their wellbeing above all else. Although dentistry is a practical profession, it requires



THE WEALTH OF CLINICAL EXPERIENCE MADE JOINING SCED A VERY EASY DECISION"

listening to and empathising with patients while providing the most suitable treatment options. This is necessary to maximise positive patient-perceived treatment outcomes.

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Government challenged over costs

THE Scottish Government has been challenged over the increases in charges for NHS dentistry.

An adult patient receiving a single surface filling will now pay £12.72, instead of the current £8.80. The cost to the patient of a single tooth extraction appointment will also increase from £14.76 to £28.84. The cost of a basic acrylic denture will increase from £70 to £117.

Scottish Liberal Democrat leader Alex Cole-Hamilton also revealed that more than 136,000 calls have been made to emergency dental care lines by those unable to register with an NHS dentist.

Speaking during First Minister's Questions, Mr Cole-Hamilton said: "Vast numbers of people are being forced to call emergency dental helplines because they can't find an NHS dentist. Across Scotland, people are desperate, some even resorting to DIY dentistry. The First Minister's Recovery Plan promised to abolish NHS dentistry charges altogether.

"They're not going away, next week they're going up. Some will double. And what the Government didn't tell you is that there are new charges for those emergency appointments and things like denture repairs. So, can I ask the First Minister, why are people paying more for less under the SNP?"

In response, First Minister Humza Yousaf said the pandemic had caused a "significant impact" on dentistry in Scotland. The First Minister said the Government had removed dental charges for those aged under 26.

He added: "In terms of growing the NHS dental workforce in Scotland, we have 55 dentists per 100,000 of the population. That's compared to 43 per 100,000 in England. So, we are investing in our NHS dental services."

'Stay in the NHS'

Scottish Government hopes new deal will 'incentivise' dentists not to leave

AS the new fee structure for NHS dentistry in Scotland, introduced on 1 November beds in, the Scottish Government is hoping it will stem any flow of dentists into private practice.

Writing in this edition of *Scottish Dental* (see page 26), Jenni Minto, the Minister for Public Health (pictured), says: "Our aim with this payment reform is to incentivise dentists to remain in the



NHS and provide longer term sustainability to the dental sector. This is vital to our work to improve access to NHS dental care that we know is particularly challenging in certain communities across the country.

"We understand that practices are finding it increasingly difficult to provide NHS care, given the unprecedented cost of living crisis, so we have replaced

the existing fees with a new improved set, priced at levels that we believe better reflect the real-life costs of delivering the full range of NHS care and treatment. Alongside the increased Scottish Government dental budget, these increased fees will help provide medium to longer term security and sustainability for practices that deliver comprehensive NHS dental care."

Health inequalities persist

Decades of progress on children's dental health risk going into reverse, according to the British Dental Association (BDA)

DECADES of progress on children's dental health risk going into reverse, according to the British Dental Association (BDA).

A report from the National Dental Inspection Programme shows that inequalities between Scotland's most deprived and most affluent communities are widening. Just 68.1 per cent of P7 children in the 10th most deprived areas were found to be decay free compared with 89.7 per cent in the 10th least

deprived – a gap of 21.6 per cent, up from 20.1 per cent in 2019.

However, four out of five Primary 7 children in 2023 had no obvious decay experience in their permanent teeth – up from half in 2005.

This improvement was highlighted by Jenni Minto, the Public Health Minister, who said: "[It] is hugely welcoming, especially given the disruption to dental care due to infection prevention and control

guidance that was needed to protect staff and patients at the height of the pandemic.

"While we recognise oral health inequalities in children continue to present a challenge, we have seen a narrowing in child oral health inequality, with the difference in the percentage of children with no obvious decay in the most and least deprived areas decreasing from 26.3 per cent in 2009 to 16.1 per cent in 2023."

Wellbeing 'worse than pandemic'

MORE than half of UK dental professionals (57 per cent) who took part in a survey say their mental health is worse now than it was during the COVID-19 pandemic.

In the Dental Protection survey, one in two (50 per cent) are also pessimistic about the future and more than half (56 per cent) are considering their future in the profession. "The pandemic created an exceptionally tough time for dentistry, and we know that many practices are still grappling with the aftermath," said Dr Yvonne Shaw, Deputy Dental Director at Dental Protection.

"It is hugely concerning that so many who endured the challenges of the pandemic feel that

their mental wellbeing is worse today. We all have a part to play in supporting the dental team. Many practices offered wellbeing support during the pandemic. Wherever possible, this should continue.

"I would also encourage members facing wellbeing concerns to make use of our 24/7 counselling service¹ and other wellbeing support² which is a benefit of membership. The service is provided through a third-party partner and is completely confidential."

¹ www.dentalprotection.org/uk/dentolegal-advice/counselling-service

² www.dentalprotection.org/uk/wellbeing

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Callum Graham, Larkhall Dental Institute

Callum graduated from Newcastle University in 1999, having changed careers from civil engineering. After completing his Vocational Training in Carlisle, he returned to Scotland where he worked as an associate before buying his own practices in Carluke, Glasgow and Larkhall. He sold his Larkhall practice to Clyde Munro to concentrate on dentistry and remains an associate there.



Callum has been planning, placing and restoring implants for almost 20 years, using a variety of implant systems and bone augmentation techniques. He was also one of the early adopters of Digital dentistry, ENDORET(PRGF) blood plasma treatments and laser dentistry.

Callum has completed 100+ hours of post-graduate training annually, acquiring his Diplomas at RCSEd in Implant Dentistry, Membership in Advanced General Dental Surgery, MFDS at RCPSCG.

Contact: callum.graham@clydemunrodental.com

Duncan Black, Halo Dental Clinic - Glasgow

Duncan studied at the Royal College of Surgeons of England, gaining his MJDF and Diploma in Implant Dentistry. Duncan has provided Dental Implantology in general dental practice for 20 years. He has attended advanced courses in Germany, Italy and South Africa.



Duncan was the first dentist in the UK to use the 3 Shape Trios and 3M Lava LCOS intraoral scanners, for both implant restoration and restorative dentistry. He has an ongoing interest in digital integration in dental practice and digital planning in complex implant and restorative cases, providing 'Refer and Restore' evenings with the help of Dentsply Sirona implants several times a year to educate dentists in providing dental implant treatment for their patients in their own practices.

Contact: duncan.black@clydemunrodental.com

Sara Abbott, Paisley Orthodontic Practice

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



Keen to pursue specialist training in Orthodontics, Sara completed training at Glasgow Dental Hospital and School, graduating with MOrth and MSc in Orthodontics in 2005. Sara is currently one of five specialist orthodontists at the practice, offering a range of treatment options to NHS and private patients. This includes fixed appliances and invisalign aligners, dealing with all aspects of malocclusion from simple crowding to exposure and alignment of ectopic canines.

Contact: sara.abbott@clydemunrodental.com

Priya Kalsi, City Dental by Clyde Munro - Glasgow

As Head of Paediatric and Special Care Clinical Development, Priya is passionate about treating children and is committed to promoting a holistic, patient-centred model of care with an emphasis on the prevention of dental disease. In addition to completing her BDS, Priya also has post-graduate Diplomas in Person-Centred Counselling and Special Care Dentistry. Having worked closely with paediatric clinical psychologists, Priya understands the behavioural and management techniques that help children accept dental visits more readily turning them into a more positive experience. Priya is experienced in treating children struggling with dental anxiety and complex additional needs, making City Dental a place where children will want to come for their dental visits. Priya is able to accept referrals for customised paediatric dental plans, caries management/prevention, inhalation sedation, extractions, restorative dentistry and more.



Contact: priya.kalsi@clydemunrodental.com

Duncan Robertson, Fairmilehead Dental Practice & Implant Centre - Edinburgh

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

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

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



Contact: duncan.robertson@clydemunrodental.com

Will McLean, Dental Care Perth & Torwood Dental Practice

Will is Professor of Endodontology and Honorary Consultant in Endodontics at the University of Glasgow Dental School. He is the Lead for Undergraduate Endodontics and Programme Director for the MSc Endodontics. He also leads the Glasgow Endodontology Group with research interests in endodontic microbiology and stem cell biology.

Will provides Endodontic referral services in Inverness and Perth, offering all aspects of endodontic treatment from primary treatments to retreatments including management of cases with complex anatomy, sclerosis, open apices, perforation repair and removal of fractured posts and separated instruments. He has extensive experience in lecturing and running hands-on courses in the UK. He is currently President Elect of the British Endodontic Society, European Regent for The International Federation of Endodontic Associations and Chair for the World Endodontic Congress 2024.



Contact: william.mclean@clydemunrodental.com

Duncan Weir, Fairmilehead Dental Practice & Implant Centre - Edinburgh

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

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

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

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



Contact: duncan.weir@clydemunrodental.com

New Dental Dean takes office

PROFESSOR Grant McIntyre has taken office as the new Dean of the Faculty of Dental Surgery¹ at the Royal College of Surgeons of Edinburgh (RCSEd).

The role comes at an exciting time as the RCSEd's Faculty of Dental Surgery recently met all GDC Standards for Examination Providers, as laid out in the Standards for Specialty Education – a landmark seal of approval for the leading medical college.

The Dean is ultimately responsible for overseeing all 24 dental training programme assessments offered by the college, as well as ensuring it remains at the forefront of dental research and education and in the promotion of oral health and access to dental care across the globe.

Professor McIntyre brings a wealth of experience to this role. Graduating from the University of Glasgow with a degree in Dentistry in 1993, he went on to complete his PhD in Orthodontics at the University of Dundee in 2001.

He has been a prominent consultant in orthodontics for the past 20 years,

with a particular focus on cleft lip and palate care and orthodontic treatment linked to the surgical correction of facial deformity in that time.

Professor McIntyre will concentrate on three pillars of education, examination and engagement during his Deanship. This will include reimagining and widening access to the College's specialty examinations to fit with the new dental specialty curricula, which go live in 2024, and engaging with both College Members and Fellows and the wider dental community to improve oral health and access to dental care globally.

Professor McIntyre said: "It is a real honour to take on this historic role and working with a truly wonderful team across our college is a privilege. There is a lot of work to be done to meet the needs of dental professionals and the public while recognising diversity across communities. I'm determined to continue RCSEd's



innovative ways of communicating with our various audiences to engage with as many people and different communities as possible."

¹www.rcsed.ac.uk/faculties/faculty-of-dental-surgery

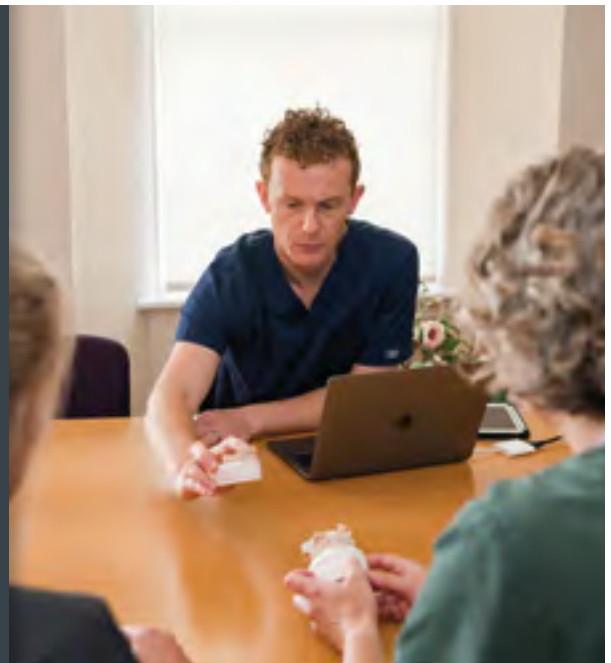
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Safeguarding Act delayed

Disclosure (Scotland) Act implementation predicted to slip to April 2025

THE Disclosure (Scotland) Act¹ is now predicted to be fully implemented by 1 April 2025, rather than in 2024 as previously envisaged. The new law aims to make the disclosure process in Scotland simpler and easier to understand, as well as keeping vulnerable groups safer.

Focused on safeguarding children and vulnerable adults, the Act will reduce the number of disclosure levels. This is in addition to giving Disclosure Scotland new powers to impose conditions on individuals while they are being considered for listing.

Applicants will be able to request a review of certain disclosure content from an independent reviewer.

The impact for dental practices at this stage “looks to be minimal”, according to the British Dental Association (BDA). But it said that one significant change will be the replacement of lifetime Protecting Vulnerable Groups (PVG) scheme membership with a five-year membership period. This means that practice owners will need to check the PVG membership status of staff every five years.

BDA members can find further information at <https://bda.org/advice/Pages/a-z.aspx> or by contacting its practice support team on 020 7935 0875. One-to-one advice is also available to Extra and Expert members.

Safeguarding is one of the key topics included within the Education Programme at the Scottish Dental Show 2024² (Friday 31 May – Saturday 1 June, Braehead Arena, Glasgow).

¹www.mygov.scot/the-disclosure-scotland-act

²www.sdsow.co.uk

NES announces digital partnership

A STRATEGIC partnership between NHS Education for Scotland (NES) and the Digital Health & Care Innovation Centre (DHCI) has been announced.

It will, according to a statement, “bring new opportunities to collaborate, maximise the strengths and expertise of each organisation and help achieve NES’s vision of supporting better rights-based quality care and outcomes for every person in Scotland through a skilled, capable and resilient health and social care workforce.”

NES provides education, training, workforce development, data and technology for health and social care in Scotland. Its goal is to create a workforce that meets people’s needs, as well as the needs of staff, carers, and the people of Scotland by working in partnership with its staff, learners and stakeholders.

The agreement will enable the development of the health and social care workforce and future design and delivery of health and social care services through innovation and the use of digital technologies.

A collaborative work programme, which will be delivered via an agreed action plan, will focus on the following strategic areas:

- › workforce development, education and training
- › research development and innovation
- › strategic level engagement with other organisations
- › developing and deploying innovative technologies
- › delivery of health and social care in remote and rural areas

Professor George Crooks, Chief Executive of the Digital Health & Care Innovation Centre, said: “This strategic partnership between NES and DHCI recognises the important role that digital technologies can have in the delivery of safe, effective and sustainable health and care services into the future.”

Regarding the partnership’s work with the dental profession, a spokesperson said: “The work programme will be determined by the strategic priorities of both DHCI and NES and will evolve over time.”

SmileDirectClub files for bankruptcy

SMILEDIRECTCLUB, the ‘DIY’ aligner company, filed for bankruptcy in October, four years after raising \$1.35 billion in an initial public offering.

The Chapter 11 filing in Texas allows the company to continue operating while it works on a plan to repay creditors. The company’s founders will invest at least \$20 million into the company as part of its reorganisation, according to a statement. Nashville, Tennessee-based SmileDirectClub listed \$499 million of assets and more than \$1 billion of liabilities in its bankruptcy petition.

The company makes plastic aligners that can straighten teeth at a fraction of the price of conventional braces and markets its wares directly to consumers. Its 2019 initial public offering valued the company at \$8.9 billion and made its founders billionaires.

But in the years since, the company struggled with declining revenues and never achieved profitability. It ended up in a patent fight with a rival and in August a court ordered SDC to pay Align Technology \$63m in an arbitration award.

smile
DIRECT CLUB

Introducing W&H's David Barrass

W&H has announced the appointment of David Barrass as Business Development Manager, looking after Scotland and the North-East of England.

David has worked in the dental industry for eight years, most recently as Sales Manager at Trigiene Dental, specialising in handpieces and small equipment.

He has a wealth of experience in this area and is looking forward to working closely with his customers and local dealer representatives to ensure that they continue to receive a consistently high level of service, advice, and support.

David is keen to maximize W&H's profile across Scotland to provide customers with the information and support they need to make informed purchasing decisions based on product awareness.

Outside of work David enjoys long hikes with his labradoodle Bernie, skiing holidays in the winter and beach holidays in the summer, with ticking off visits to all the Greek Islands being a high priority on his bucket list.

To relax, David is happy to sit in front of the TV especially if he can watch *Top Gear* or *Friends*.

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T: 01727 874990

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SCED founder celebrates 50 years

MR ARSHAD ALI, founder of the Scottish Centre for Excellence in Dentistry, is celebrating 50 years in dentistry. After five years of study, he qualified with commendation at the University of Glasgow in 1978 and carried out 10 years of postgraduate training in Glasgow, Cardiff, London and Sweden.

He was appointed as the first NHS Consultant in Restorative Dentistry in Wales in 1988. He returned to Glasgow Dental Hospital in 1997 to take up an NHS Consultant post until March 2011 after which he focussed fully on Scottish Centre for Excellence in Dentistry and post-graduate teaching.

Arshad has been involved in implantology since 1985 and has continued to develop his expertise in this area. He has delivered more than 350 lectures and courses in the UK, Europe, North America, Hawaii and the Far East.

He is a member of the American Academy of Fixed Prosthodontics, a leading national voice for the discipline of fixed prosthodontics where he attends and judges at the annual meeting in Chicago featuring world renowned speakers.

The Scottish Centre for Excellence in Dentistry is a referral centre for all aspects of dentistry, oral/ facial surgery and rejuvenation and has won several awards over the years.





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Clive Schmulian | Special interest in restorative dentistry and implantology | BDS, DGDP (UK), MGDS, FFGDP (UK), DIP CON SED, DIP IMP DENT RCS, FDS | GDC NO. 68815

Implantology:

Kevin Bruce | Special interest in implantology | BDS (GLAS) 1995, FDSRCS (ENG) 1999 | GDC NO. 70499

Endodontics:

Ross Henderson | Special interest in endodontics | BDS 2003 MSC (ENDO) 2013 | GDC NO. 82322

Aesthetic, restorative dentistry, and clear aligners:

Ian Cumming | Special interest in aesthetic dentistry and implantology | BDS MJDF RCS (ENG) DIPCONSED DIPRESTDENT | GDC NO. 191060

Oral surgery:

Catriona Easton | Oral surgeon | BDS (GLASGOW) 2007, MFDS RCPS (GLASGOW) | GDC NO. 114105

Sedation:

Catriona Easton, Clive Schmulian and Ian Cumming | Sedationists

If you would like to discuss referring a patient please contact our friendly reception team on **0141 736 0222**, visit us online at **cliftondentalclinic.co.uk** or email **reception.clifton@portmandental.co.uk**

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Support integral to professional development

DR JAMES CAMPBELL is currently participating in Clyde Munro's Flying Start Programme, which is designed to provide support, training and guidance for clinicians in their first few years after qualification.

Considering the advantages to date, James said: "The programme has been integral to my personal and professional development during this difficult period. It means that there is a network of peers and more experienced colleagues to turn to for support.

"The practical advice, help and training received from experts on aesthetic treatment plans and patient communication has

been most helpful for me. I also appreciate the very pragmatic approach and readily applicable content that has been shared.

"The programme has been expertly conceived, organised and delivered. I am extremely grateful to be part of an organisation that is dedicated to supporting colleagues at all stages of their careers in this way. I couldn't recommend this opportunity more highly to any colleagues."

Find out more about the career opportunities and vacancies available with Clyde Munro today at careers.clydemunrodental.com.



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BDS (Glasgow 1983),
FDS, MSc, MDO, RCPS



Justine Weir
GDC No. 79327
BDS (Glasgow 2001),
MFDS, MSc, M.Orth, RCS



Jonathan Miller
GDC No. 64147
BDS (Dundee 1989),
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Sheena Macfarlane
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Oral cancer deaths surge

Past decade has seen a 46 per cent rise

ORAL cancer claimed the lives of more than 3,000 people in 2021, according to figures¹ obtained by the Oral Health Foundation (OHF) – a 46 per cent rise from the 2,075 recorded a decade previously.

The OHF used a Freedom of Information request to elicit data from, among others, the Office for National Statistics, Public Health Scotland, Public Health Wales and the Northern Ireland Cancer Registry.

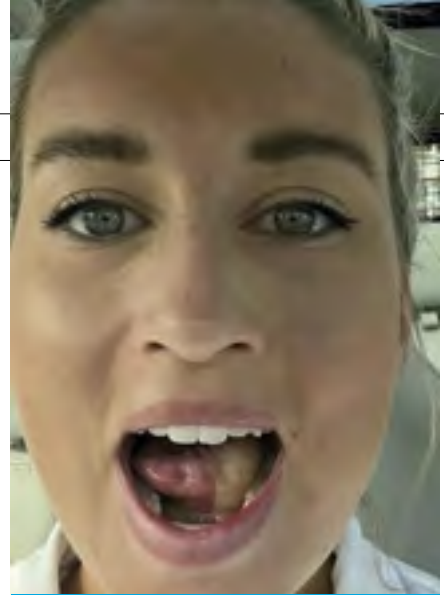
Professor Grant McIntyre, Dean of the Faculty of Dental Surgery at the Royal College of Surgeons of Edinburgh, said: “This is very worrying news. It highlights the profound impact when people struggle to access periodic NHS dental check-ups, potentially leading to delayed diagnoses of head and neck cancer.

“Reporting [by the BBC²] shows that many patients require extensive surgery that may have been preventable, and at times, tragically, untimely loss of life for others. Lack of access to routine dental check-ups is a significant barrier to identifying a range of diseases and we would therefore call on government to urgently ensure funding is in place to make NHS dentistry accessible to all.

“We would also like to remind the public to prioritise periodic check-ups whenever possible, and to book an appointment

more urgently if they have any concerns. Additionally, it is important to note that advice and treatment for some conditions is also available at local pharmacies.”

In 2020-21, 9,860 people were diagnosed with the disease in 2020-21 – a rise of 12 per cent over the previous year, according to the OHF. Early detection enjoys a 90 per cent survival rate but this drops to 50 per cent when diagnosis is made as the disease has advanced.



Read Charlotte's story:
<https://tinyurl.com/3pnxwrwy>

¹www.dentalhealth.org/thestateofmouthcancer
²www.bbc.co.uk/news/health-67331885

Key findings of the OHF report²:

- › New cases of mouth cancer in the UK reached 8,846 last year.
- › This has increased by 34 per cent in the last decade and by 103 per cent compared with 20 years' ago.
- › 58 per cent of mouth cancers appear on the tongue and tonsils.
- › Last year, 3,034 people in the UK lost their life to mouth cancer.
- › The ten-year survival rate is between 18 per cent and 57 per cent, depending on where the cancer strikes and how early it is diagnosed.
- › Almost nine-in-ten (88 per cent) UK adults have now heard of mouth cancer. However, awareness on the signs, symptoms and risk factors is poor.
- › Awareness of the major signs and symptoms for mouth cancer are as low as 17 per cent.
- › Awareness on the major risk factors of mouth cancer is as low as 9 per cent.
- › Improving access to NHS dentistry, tackling late diagnosis, and protecting public health policies are some of the key challenges in confronting mouth cancer.
- › The report calls for more funding for NHS dentistry, investment in education and the need to boost uptake of the HPV vaccination.

Early stage OC test launched

A NON-INVASIVE test for oral and throat cancer that can be administered in the dental practice has been launched by a US life sciences company.

Oral Health Pro with CancerDetect¹ is a “groundbreaking test is set to revolutionise the industry's approach to oral care by providing dental professionals with an unprecedented level of actionable insight into their patients' health,” said Viome Life Sciences in a statement.

“This test sets itself apart with the early detection of biomarkers associated with oral and throat cancer, achieving

a specificity of 95 per cent and sensitivity of 90 per cent, building on the clinical validation data² published in the journal, Oral Oncology. This makes it the most advanced oral and throat cancer screening test available today.”

Using Viome's proprietary RNA sequencing technology and AI, the test measures gene expression of the oral microbiome and human cells in each patient's saliva to identify early biomarkers associated with oral and throat cancer.

It can detect a broad range of biomarkers associated with symptoms like poor gum health, cavities, bad breath, pathobiont activity, fungal activity, and genotoxic activity, many of which are associated with systemic health risks.

¹ www.viomepro.com

² www.sciencedirect.com/science/article/abs/pii/S1368837523001768



“THIS TEST SETS ITSELF APART WITH THE EARLY DETECTION OF BIOMARKERS ASSOCIATED WITH ORAL AND THROAT CANCER”

Dental therapist transforms career

IN a testament to dedication, passion and professional growth, Bronagh Wishart, 27, has successfully transitioned from a dental therapist to a fully qualified dentist, working within Fort William's M&S Dental Care.

Bronagh, already a respected and experienced dental professional, was driven by her desire to provide high quality dental care to the local community and a passion for ongoing professional development.

Having completed an intensive retraining programme at Aberdeen University, Bronagh has now earned the title of Dentist, armed with an advanced skill set that includes diagnosis, treatment planning and the execution of a wide range of dental procedures.

Bronagh credits the encouragement of her colleagues in M&S Dental Care and the wider Clyde Munro group for supporting her through the transition.

Full story: www.sdmag.co.uk/career-transformation



Workforce planning

AS part of an effort to deepen the understanding of the dental workforce, the General Dental Council (GDC) will be asking dental professionals to share a few details of their working patterns as part of their annual renewal.

This additional data, which will be provided on a voluntary basis and is anonymised, will help build on the limited workforce data that exists. The GDC can address this challenge as it is in the unique position of having the most complete data available; a list of everyone who is registered to practise dentistry, across all the professions and the four nations of the UK.

However, the data currently held only says who is registered with the GDC and does not provide details of what they are doing. The responses the GDC receives will help it and others to better understand: where dental professionals are working; what they are doing; the number of hours they are working; whether they are in NHS or private practice; and how the way dental professionals are working changes over time.

Full story: www.sdmag.co.uk/gdc-seeks-workforce-insights



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Mark

Email: markdmckenna@gmail.com

M: **07701-110179**

CBD oil to treat acute dental pain

Study also found increase in bite force among participants

CANNABIDIOL (CBD) – the non-addictive marijuana derivative – has been found to alleviate acute dental pain, according to a study published in the *Journal of Dental Research*¹.

“The first line of defence for dental pain has always been anti-inflammatory medications like acetaminophen (Tylenol), ibuprofen (Advil, Motrin) or naproxen (Aleve),” said lead study author Vanessa Chrepa, associate professor at the Rutgers School of Dental Medicine.

“But many patients can’t take such medications or can’t get sufficient relief from them, so dentists have traditionally been among the largest prescribers of

opioid medications, either alone or in combination with these other medications. The rise in opioid-related addiction and death has everyone looking for better alternatives, things that can alleviate serious pain without hurting so many patients.”

The clinical trial involved 61 participants with severe tooth pain who were randomly assigned to receive either one of two doses of an FDA-approved pure CBD solution called Epidiolex or a placebo. Researchers monitored patient pain levels for three hours with a visual analog scale (VAS), a standard tool for assessing pain intensity.

Both CBD groups reported substantially more pain reduction than did the placebo

group. About 85 percent of CBD users reported at least a 50 per cent reduction in their initial pain, and both CBD groups reached a median 70 per cent reduction in pain.

Another key finding of the study was the increase in bite force among participants who received CBD, which suggests the compound improved tooth function and thus may prove particularly beneficial for those with dental pain that affects their ability to chew.

¹ <https://journals.sagepub.com/doi/full/10.1177/00220345231200814>

GDC’s priorities approved for next three years



THE General Dental Council’s priorities have been approved by its Council for the next three years, in line with the regulator’s Corporate Strategy 2023-2025. In doing so, this has set the budget and Annual Retention Fee (ARF) for 2024 which will be £621 for dentists (a reduction of £69 or 10 per cent) and £96 for dental care professionals (a reduction of £18 or 15.8 per cent).

The Council must review the financial position each year to ensure that there is the right balance of income and expenditure and will do so again in 2025. It said its intention is that the ARF in 2025 will be retained at the same level to provide certainty for registrants but “this decision must be made at the time of the review, taking into account the GDC’s priorities and external economic factors.”

In 2025, the GDC Council will consult on the Corporate Strategy for 2026-2028, which will then set the ARF for subsequent years. In a statement, the British Association of Private Dentistry (BAPD) said: “The BAPD welcomes the decision by the GDC to once again set the ARF for



2024/25 at a lower rate than the previous year, and also pledge to try to keep this at the same level for the following year.

“We hope this is because the GDC are now listening to the arguments put forward by the profession for the GDC to control its spending in previous years. The BAPD still feel the GDC has work to do, especially with

regard to the efficiency of the Fitness to Practice process.

“However, at a time of increased financial burden for all of us, a reduced annual retention fee will be seen as a welcome change by a profession used to years of unacceptable and poorly justified rises imposed on it by its regulator.”



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<https://cgdentcot.org.uk/book-glasgow-study-day>

2024

26 JANUARY

Scottish Orthodontic Conference

Royal College of Physicians and Surgeons of Glasgow and Online
<https://tinyurl.com/zm94dytj>

19 APRIL

Glasgow Oral Surgery Symposium

RCPS Glasgow and Online
<https://community.rcpsg.ac.uk/event/list>

31 MAY-1 JUNE



Scottish Dental Show

Braehead Arena, Glasgow
www.sdshow.co.uk

11 SEPTEMBER

IFEA World Endodontic Congress

SEC, Glasgow
www.ifea2024glasgow.com

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

New school health resource

THE BRIGHT research trial looked at the impact of lessons about oral health, followed by a series of text messages, in reducing decay and increasing frequency of toothbrushing.

The research was undertaken by teams across the UK including dental teams in the University of Dundee and NHS Tayside and covered year groups S1 and S2.

A complete lesson plan with resources on the importance of toothbrushing was developed by the BRIGHT researchers and has been awarded the Quality Mark by the Personal, Social, Health and Economic (PSHE) education association.

The resources, which may be useful to oral health improvement teams and their education partners, can be found at <https://pshe-association.org.uk/resource/bright-dental-health>



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THE START OF A JOURNEY

A first step towards a truly modern NHS dental service

A major reform of the system of payment for NHS dentistry in Scotland came 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 describes the new system as a 'high-trust, low bureaucracy model' which, it says, "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.

Reform of the payment system for NHS dentistry was welcomed by the Royal College of Surgeons of Edinburgh's Faculty of Dental Surgery. Professor Grant McIntyre, Dean of the Faculty, which represents dentists across the UK and internationally, said: "This is the first major reform for dentistry in Scotland in decades and it is welcomed.

"At present, a lot of patients presenting for dental appointments require repair work rather than prevention, which is not only costly for patients but also damaging to their oral and sometimes overall health.

"The historical item of service funding model for dentistry in Scotland placed inadequate value on disease prevention and focused almost exclusively on treatment. Now, rather than being paid solely for the treatment of dental diseases, GPs will be remunerated for the prevention aspect, which will hugely benefit patients.

WORDS
WILL PEAKIN

**"WE ARE INVESTING IN OUR
NHS DENTAL SERVICES"**

– HUMZA YOUSAF

“Patient safety and health promotion is key to easing the huge pressure NHS dentistry is facing, and helping the patients who are suffering because of that. However, with only 50 per cent of the adult population regularly attending their general dental practitioner, the Faculty would encourage the Scottish Government to work with the profession to educate the public on the need for regular examinations of the oral cavity by a dentist in order to identify the early signs of cancer in and around the mouth in addition to the other diseases that affect the oral cavity.

“The Faculty will be launching a new suite of Dental Diploma Examinations in 2024 which will provide recognition of expertise in seven key specific areas of dentistry for general dental practitioners. We would hope with further revisions to Determination 1, that the Scottish Government will recognise such additional clinical skills through further financial enhancements.”

However, the Government was challenged by Scottish Liberal Democrat leader Alex Cole-Hamilton MSP over the increase in charges to patients. An adult patient receiving a single surface filling will now pay £12.72, instead of the current £8.80. The cost to the patient of a single tooth extraction appointment will also increase from £14.76 to £28.84. The cost of a basic acrylic denture will increase from £70 to £117.

Mr Cole-Hamilton also revealed that more than 136,000 calls have been made to emergency dental care lines by those unable to register with an NHS dentist. Speaking during First Minister's Questions, Mr Cole-Hamilton said: “Vast numbers of people are being forced to call emergency dental helplines because they can't find an NHS dentist.

“An investigation I'm publishing today shows that happened almost 16,000 times last year in Fife alone. That's hardly surprising given that there is just one Fife practice accepting new NHS patients. Across Scotland, people are desperate, some even resorting to DIY dentistry. The First Minister's Recovery Plan promised to abolish NHS dentistry charges altogether.

“They're not going away; next week they're going up. Some will double. And what the Government didn't tell you is that there are new charges for those emergency appointments and things like denture repairs. So, can I ask the First Minister, why are people paying more for less under the SNP?”

In response, Humza Yousaf said the pandemic had a “significant impact” on dentistry in Scotland. The First Minister said the Government had removed dental charges for those aged under 26. He added: “In terms of growing the NHS dental workforce in Scotland, we have 55 dentists per 100,000 of the population. That's compared to 43 per 100,000 in England. So, we are investing in our NHS dental services.”

For the past month a public information campaign has been running in newspapers on radio and via digital advertising.

The ‘Brush Up’ campaign aims to clarify NHS dental patient rights and what treatments are included under the NHS. Community engagement has included posters in pharmacies, GP surgeries, libraries and dental practices, all directing the public to further inform via scanning a QR Code or updated information on NHS Inform.

THE CHALLENGE

Ensure the new model for NHS dentistry works for the profession

WORDS **GERARD BOYLE**

The new SDR is the most radical change to primary care dentistry since the 1990 contract, which introduced capitation and continuing care for the first time.

Since then, we have seen the addition of allowances into the mix, resulting in a package of remuneration today which is comprised of about 60 per cent item of service, almost 25 per cent capitation, and the remainder paid in allowances.

This first phase of dental reform is ambitious in its scope, introducing a completely new, simplified SDR, through which the Scottish Government hopes to deliver a system which is much lighter on bureaucracy, enabling a prescribing culture based on trust, where the clinician is freer to deliver whatever care that they deem appropriate.

However, having worked within the governance structures of NHS Boards and Practitioner Services for several years, while this lighter touch is fair for the majority of practitioners, for the small cohort of our profession who regularly appear on our radar, it carries some risk.

Our governance is focused mainly on Prior Approval at the pre-treatment stage, and on DRO examinations post-treatment. Through this, we have safeguards to ensure treatment is appropriate, in compliance with the GDS Regulations and the SDR and that it is carried out with proper skill and attention. How we now focus these resources will be a challenge for us going into 2024.

The timescale for this first phase of dental reform has been tight and the targets faced by Practitioner Services have been considerable, ensuring our personnel and our systems are ready to receive and process Prior Approval submissions and claims for payment for 1 November.

But we have delivered on time, and within the specification the Scottish Government requested. There have been some ‘teething problems’ with all of the practice management systems suppliers, as we expected, and it is clear this new SDR will require some refinement over the next few months.

However, we are committed to working closely with the Scottish Government to help ensure the new model for NHS dentistry works for the profession and continues to deliver a high standard of care to patients.

Gerard Boyle is Senior Dental Adviser at Practitioner Services

IMPROVING ACCESS TO CARE

New fee structure provides dentists greater power to consider patients' specific oral health needs

From 1 November, a new fee structure came into effect for NHS dentistry. It provides dentists greater power to consider patients' specific oral health needs and provide preventative and periodontal treatment.

Our aim with this payment reform is to incentivise dentists to remain in the NHS and provide longer term sustainability to the dental sector. This is vital to our work to improve

access to NHS dental care that we know is particularly challenging in certain communities across the country.

We understand that practices are finding it increasingly difficult to provide NHS care, given the unprecedented cost of living crisis, so we have replaced the existing fees with a new improved set, priced at levels that we believe better reflect the real-life costs of delivering the full range of NHS care and treatment.

Alongside the increased Scottish Government dental budget, these increased fees will help provide medium to longer term security and sustainability for practices that deliver comprehensive NHS dental care.

Examinations remain free for all, with children and young people, pregnant and new mothers, and those on certain benefits still entitled to all care and treatment free.

Furthermore, those on low incomes remain entitled to support with health costs through the NHS Low Income Scheme. Overall, between 40-45 per cent of patients will not pay fees. For all patients, a course of treatment remains capped at £384, or 80 per cent of costs, whichever is lower.

November also saw the start of a campaign to reassure NHS patients that these exemptions still remain for those who need assistance in covering their costs, and where

Picture: Michal Jarmoluk, Pixabay



“

OUR AIM IS TO INCENTIVISE DENTISTS TO REMAIN IN THE NHS”

WORDS
JENNI MINTO

to get information on that. These payment reforms are the result of long term discussions with the sector and I want to thank all those who worked with us. It is clear that there is a desire for modern dentistry to be available across the country and for a system that allows you to provide the treatments your patients need.

Official statistics show continued improvement in the number of patients being seen and treatments being carried out. This is great news, and it is a tribute to the incredible hard work in practices across the country to come back from the infection prevention and control guidance that was needed to protect staff and patients at the height of the pandemic.

No one should underestimate the effect that had on dental teams and patient care. I know that for many of you it will have been a deeply stressful and uncertain time.

I'd like to take this opportunity to thank you all for your continued engagement and commitment to NHS dentistry.

Jenni Minto is the Scottish Government's Minister for Public Health.



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S W I S S  M A D E



THE COMPLEX INFLUENCE OF CHANGE

Experts discuss the importance of periodontal health at the various stages of a woman's life



M

embers of the European dental community took the opportunity of Breast Cancer Awareness Month in October to also raise awareness of the distinct features of women's oral health.

The European Federation of Periodontology (EFP) highlighted the issue in its EFP Perio Talks series with a podcast titled, 'The X factor: what is unique about women's health?' The episode explored the often-overlooked realm of women's oral health, exploring the vital importance of periodontal health at the various stages of a woman's life.

Periodontist Bruno de Carvalho, assisted by journalist and EFP Perio Talks producer Adam Kirtley, interviewed two experts: Associate Professor Ali Çekici, General Secretary of the Turkish Society of Periodontology, and Renee Behrens, Consultant Gynaecologist at the Royal Hampshire County Hospital.

Together, they unveiled the complex influence of hormonal changes on women's gum health across different life phases, offering valuable insights into puberty, the menstrual cycle, contraceptive use,

WORDS WILL PEAKIN

pregnancy, in vitro fertilisation (IVF), post-menopause and transgender health.

Puberty and hormonal changes

Professor Çekici highlighted how puberty marks the beginning of a journey that intertwines hormonal fluctuations and oral health. He explained how gum tissues have oestrogen receptors, making them sensitive to hormonal shifts, albeit usually to a limited extent.

Contraceptives and oral health

Dr Behrens discussed contraceptives, emphasising the importance of personalised oral health guidance. She explained how contraceptives can impact gum health and the significance of customising oral hygiene recommendations, down to the choice of toothbrushes and interdental care.

Menstrual cycle and pregnancy

The conversation evolved, touching on the timing of periodontal treatment during menstrual cycles and pregnancy. Ms Behrens debunked the myth that dental treatments should be avoided during menstruation, advocating for consistent oral hygiene and care. The role of effective plaque removal was highlighted.

They also explored how pregnancy-related hormonal changes can lead to gum inflammation and enlargement, stressing the need for close collaboration between gynaecologists and

dentists. Gestational diabetes and breastfeeding were also discussed.

Interconnected health

The episode also looked at the intricate interplay between oral health and overall well-being. Ms Behrens underscored the importance of healthcare professionals collaborating to understand how oral health can influence systemic conditions. The recognition of the oral microbiome's role in overall health underscores the necessity for interdisciplinary communication, she said.

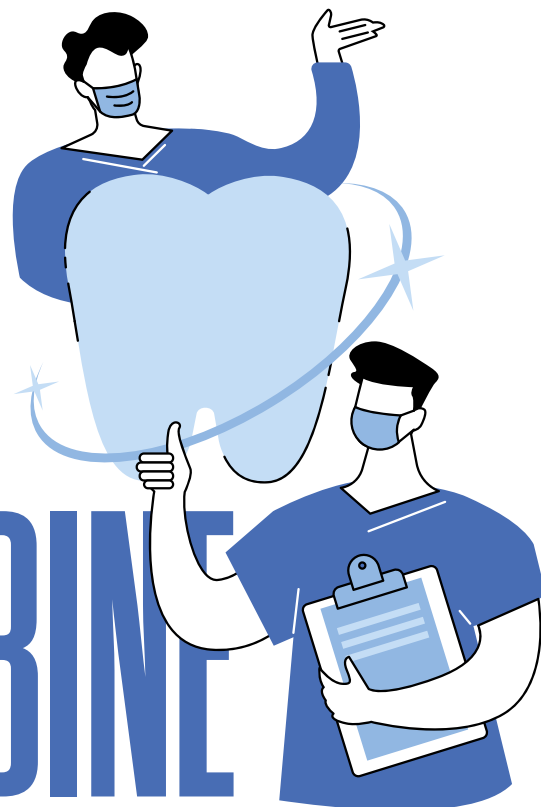
The presenters underscored the importance of tailored oral health advice, timely dental care and interdisciplinary collaboration in promoting the well-being of women throughout their lives. Both called for improved communication between gynaecologists and dental professionals.

Changing the narrative

Behrens and Çekici concluded their conversation with an essential message: people should not let bleeding gums deter them from seeking dental care. On the contrary, they should view it as a signal to enhance their oral hygiene practices. Dispelling the stigma surrounding bleeding gums and educating patients about the effectiveness of proper dental care – at all stages of life – is paramount, they said.

You can listen to the podcast here:
tinyurl.com/4zbcs263

DENTISTS AND DOCTORS COMBINE



An outreach programme has been launched aimed at improving patient care



collaboration between oral health providers and family doctors can improve patients' wellbeing, and in certain cases even save lives, according to the European Federation of Periodontology (EFP).

The closer the collaboration between dental and general practitioners, the bigger the improvement in their patients' treatment standards, said the EFP, particularly in relation to serious chronic conditions such as diabetes, and cardiovascular and respiratory diseases.

Family doctors should be informed about gum diseases and their consequences, while oral health professionals should be made aware of the significance of non-communicable diseases (NCDs) and their associated risk factors, it said.

This lies at the core of the new outreach campaign *Perio & Family Doctors*, an initiative jointly developed by the EFP and WONCA Europe (European branch of the World Organisation of Family Doctors), and sponsored by Curasept, an EFP partner.

In 2022, 18 experts from the EFP and WONCA Europe examined the role of family physicians and the oral health team and formulated a series of recommendations for both groups of clinicians. Their conclusions were published in a scientific consensus report published earlier this year in the EFP-edited *Journal of Clinical Periodontology*¹.

"This groundbreaking campaign marks a giant leap forward in enlightening family doctors, periodontists, and other oral health providers about the potential for closer collaboration," said Darko Bozic, EFP president.

"Together, we can proactively tackle and manage prevalent systemic health conditions that impact patients worldwide, such as cardiovascular disease (CVD), hypertension, obesity, diabetes, smoking, and hyperlipidaemia.

"Our campaign is also addressed to the general public, as patients should be aware of the advantages and benefits of good oral health."

Shlomo Vinker, president of WONCA Europe, said: "In light of our recent findings, it is imperative to recognise that periodontitis transcends its localised origins in the oropharynx. Instead, it emerges as a condition intimately intertwined with broader systemic disease states.

"To address this paradigm shift, the collaboration between dentists and family doctors becomes paramount. Together, we must institute proactive strategies for the early identification of periodontitis

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within primary care centres and, conversely, of cardiovascular diseases and diabetes within dental settings."

Professor Vinker added: "Strengthening the bond between oral health professionals and family doctors is instrumental, not only in the early detection and management of NCDs but also in fostering healthier lifestyles. The development and evaluation of pathways for early case detection of periodontitis in family medicine practices and NCDs in dental practices marks the next frontier in our collective pursuit of comprehensive healthcare."

The Perio & Family Doctors campaign materials include infographics and other digital content and are available at the EFP website at efp.org/periofamilydoctors

REFERENCE

¹Association between periodontal diseases and cardiovascular diseases, diabetes and respiratory diseases: consensus report of the joint workshop by the EFP and WONCA Europe. <https://doi.org/10.1111/jcpe.13807>



Experts met to examine the role of family physicians and the oral health team



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PG CERT ORTHO IS LAUNCHING IN SCOTLAND

Delegates will diagnose, treatment plan and deliver safe and effective treatment



Scotland-based Post Graduate Certificate Orthodontics for General Practice (PG Cert Ortho) is being launched by identiti in the Spring of 2024. The qualification is EduQual Level 7 and is designed for GDPs who want to build a successful orthodontic addition to their book but with the reassurance, back-up and support of a specialist. This is open to those who have little or no experience of fixed orthodontics.

Based in Glasgow, it also eliminates the cost and inconvenience of travelling south of the border to gain the qualification. The course will be run by Specialist Orthodontist Andrew McGregor, Principal at Park Orthodontics, with the support of Orthodontic Therapist Rachel King.

In addition to the PG Certificate, once Andrew has finished the 12 days he hands over to Specialist Orthodontist Rob Slater, with whom delegates can continue at their own pace and complete an additional six days and gain their PG Diploma Orthodontics for General Practice. "I've been teaching the PG Cert Ortho for identiti in Bristol for a few

years now, attracting delegates from all over the UK and Ireland," said Andrew, "and we are really excited to now be launching in Scotland."

Comprising 12 intensive study days, delegates will diagnose, treatment plan and deliver safe and effective treatment with supervision from a team of specialist orthodontists. "It's about supporting dentists to understand the fundamentals of orthodontics, diagnosis, treatment planning and, in particular, treatment mechanics," added Andrew. "No one case is the same, so a lot of it is about case discussion; figuring things out as a group. It's one of the things that I love about orthodontics — the problem-solving side of it and bringing everyone else on board."

"We're looking at 10 to 12 people in a room at any one time, with a lot of interaction, a lot of questions and small group exercises. We promote critical evaluation, but no delegate feels left out and there's no such thing as a stupid question. It has more of a study group atmosphere, rather than formal lectures."

"Rachel is a revelation, in terms of her understanding of the mechanics, the treatment provision and patient management, and she adds another dimension. At the same time, delegates themselves are mutually supportive, exchanging ongoing thoughts and insights in dedicated online groups. And if there isn't an answer in the group chat, then myself, Rachel or someone at identiti can step in. No-one is left feeling abandoned once they have completed the course. The ongoing support is, I think, crucial for anyone wanting to get serious about their orthodontics."

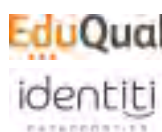
Support continues after the course, with all cases sent into identiti's lab being reviewed by a specialist



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before receiving the go-ahead and with lab clients having free access to identiti's online forum, where further support and advice is available from their specialists as cases progress. Delegates are encouraged to bring along their own cases to treatment plan and present as they progress.

The cost of the course is £8,300 (no VAT) with a deposit of £1,100. For *Scottish Dental* readers the deposit is discounted to £600 (email course@identitiuk.com to receive a discount link). The remainder of the fees can be paid, interest free, over 12 months.



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25-27 April 2024
13-14 June 2024
12-13 September 2024
7-8 November 2024
6-8 February 2025

LEADING FOR CHANGE

Environmentally sustainable dentistry to address the climate crisis



The College of General Dentistry (CGDent) has published *Sustainability in dentistry: Leading for change*¹, a scoping review on the environmental sustainability of practicing dentistry. It is designed to inform and engage the dental profession, industry and wider oral health and dental care infrastructure.

The review was written by a team of eight Clinical Fellows working at national dental organisations as part of the Chief Dental Officer for England's Clinical Leadership Scheme, with input from academia, dental practice and government organisations. Contributors included Alifia Chakera, Head of Pharmaceutical Sustainability at the Scottish Government, and Paul Cushley, Dental Director at National Services Scotland.

With the subtitle 'Environmentally sustainable dentistry to address the climate crisis', the review is organised thematically. The document provides an in-depth

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exploration of a wide range of factors, such as legislation, health service emissions targets, prescribing, procurement, education and regulation.

The review includes recommendations for change that can be undertaken by each part of the system. It also presents case studies of exemplar efforts made to address the environmental impact of dental care and oral health services and includes suggestions for further reading.

Produced with the support of the Office of the Chief Dental Officer for England and CGD, it aims to inspire positive change by all those involved in the provision of oral healthcare related products, services and policy.

On behalf of the authors, Amarantha Fennell-Wells, Senior Clinical Policy Manager at the Office of the Chief Dental Officer England, said: "Dental care creates a significant carbon footprint, and we owe it to current and future generations to contribute to emissions reduction by making our dental practice as environmentally sustainable as possible.

"Each practice and all staff can play their part in delivering sustainability in dentistry, and our review synthesises information which we hope will be educational and inspiring of collaboration to achieve a more sustainable future for the profession and dental patients."

In a joint foreword, Sara Hurley, England's former Chief Dental Officer, and Abhi Pal, President of CGDent, write: "The challenge and enormous complexity that the issues of climate change bring will continue to affect the populations that we as a dental profession serve and the world in which we live. As one of the most significant challenges to our health, we need to take this challenge seriously. We owe it to current and future generations to make our practice of dentistry as environmentally and socially sustainable as we can.

"Delivering health and social care more sustainably can itself improve health: from infrastructure to clinical practice and more efficient medicines prescribing. By delivering care locally or virtually, we can all contribute to a reduction in our carbon footprint. There may be a transitional cost in shifting to sustainable healthcare provision, but there is immense value in doing so. The right investment in the most appropriate initiatives, and the most effective change to process and procedures





EACH PRACTICE AND ALL STAFF CAN PLAY THEIR PART IN DELIVERING SUSTAINABILITY IN DENTISTRY”

will ensure that solutions are both environmentally and economically beneficial in the longer term.

“Dental care, whether in a primary care, community or hospital setting creates a significant carbon footprint. The rationale and requirement to embed sustainability into our core considerations for practice are acknowledged. The decisions we make delivering clinical care and services, as well as the actions that we take to improve health outcomes for our patients, both require continuous evaluation.

“We need to ensure that evidence-based good practices and our broader collaboration actively supports and empowers every member of the dental team to recognise and fulfil their responsibilities.

“With many advocates and early adopters passionate to deliver tangible improvements for sustainability in dentistry, there is a body of references to support the transition to a greener practice model. Practices can improve efficiencies in the management of energy through better patient outcomes derived from refining care pathways and prescribing techniques, better use of technology to augment care where appropriate and an enduring focus on prevention.

“By supporting dental teams to design and realise their Green Plan for Dental Practice we can ensure that our ambition for sustainable dental care is aligned with the wider national ambition, and critically with the Green Plans of Integrated Care Systems that dental practices will increasingly be an integral part of.

“Hospital-based dental teams should already be contributing to and implementing their Trust’s Green Plan. With the advent of the Integrated Care Systems (ICSs), primary care and community care dental teams are encouraged to actively engage with their Primary Care Networks and collaborate with their ICS on local programmes of work.

Sustainability in dentistry: key points

- › Oral health is an integral part of personal health, and dental care is an essential form of primary healthcare.
- › The climate crisis affects health, and in turn, oral health and dental care contribute to the climate crisis, estimated at 675,706 tonnes of carbon dioxide equivalent (tCO₂e) greenhouse gas emissions.
- › All four UK health services have committed to net zero carbon emissions, and active participation in decarbonising both public and private sector services is necessary for a sustainable system of the future.
- › Sustainable healthcare is defined as healthcare that meets the needs of patients and populations of the present without compromising the ability of future generations to meet their own needs.
- › Key legislation, policies and guidance are available to support change; these are listed on p39–45 of the document¹.
- › Conscientious prevention of disease and delivery of clinical oral health and dental care can contribute positively to sustainability.
- › Meaningful and persistent change is required across the oral health and dental care system to address environmental sustainability.
- › There are resources available to support individuals and teams across the oral health and dental care system to embed environmental sustainability.
- › Sharing progress towards achieving climate targets is actively encouraged.
- › By undertaking at least three actions listed for your professional group in Appendix 4 (p42–451), you will be contributing to positive change.

“This document sets out our aspiration for the direction that the profession needs to take to move towards sustainable dentistry: committing to act with the climate crisis in mind, and then sharing our achievements and our failures. All change begins with having an aspiration and we hope further practical guidance will be produced to support our teams. All staff need to play their part in delivering sustainability and we encourage members of the profession to actively collaborate with each other and with our healthcare colleagues to achieve our aims.

“The document is freely available to download via a new College webpage which signposts a selection of free e-learning resources, guidelines and other tools which dental practitioners and practices can use to understand and reduce their environmental impact.”

www.cgdent.uk/sustainable-dentistry

REFERENCE

¹ <https://tinyurl.com/33rrwmdx>

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SQUAT OPENINGS

SURGE

Two recently published reports delve into the health of the dental business market



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Specialist business property adviser Christie & Co launched its *Dental Market Review 2023*¹ recently, offering a panoramic view of the UK dental business sector, spotlighting important areas — including sector ownership structures — evolving market dynamics, current pricing patterns, an insightful operational review, and an assessment of the current appetite of banks to lend to the sector.

There has been a significant change in practice ownership among some of the larger operators, caused by mergers, acquisitions and divestments since Christie & Co's 2022 review. Bolstered by the 2020 Use Classes Order modification, there has been a surge in 'squat' openings, indicative of a robust demand trajectory in private dentistry, it notes. Currently, in the UK, there are around 12,600 dental practices with a diverse ownership matrix, which is still dominated by independents (62 per cent).

Buyer appetite

The repercussions of the September 2022 mini-budget, in particular the increase in the cost of capital, led numerous corporate operators

to recalibrate, if not halt, their acquisition strategies. This caused a pronounced dip in market transaction volumes, accompanied by a marginal softening of EBITDA multiples in the first quarter of this year. Patient demand for general private dentistry remains resilient, offset slightly by a nuanced reduction in revenue, especially in elective specialist procedures, which are often linked to higher patient expenditure.

The market readjustment in first half of this year bolstered an influx of fresh independent buyer inquiries at Christie & Co, with prospects drawn to the enhanced value propositions on offer. Concurrently, there's been a marked uptick in emerging start-ups and dynamic 'micro-corporates' charting aggressive growth blueprints. Reaffirming the market's vibrancy, seasoned dental operators who have greater confidence in the

“
**IN THE UK, THERE ARE AROUND
12,600 DENTAL PRACTICES WITH
A DIVERSE OWNERSHIP MATRIX”**





future performance of their existing businesses are, once again, seeking expansion opportunities.

Christie and Co's buyer registrations grew by 12 per cent in 2022, and the first half of this year 2023 saw growth of a further nine per cent. Notably, more than a third of dental financing arranged through Christie Finance between July 2022 and July 2023 was for first-time buyers.

A key feature in the current market is undoubtedly increasing operational costs which is leading various dental operators of scale to reassess their portfolios, culminating in strategic offloads. Although some may regard these entities as unsuccessful ventures, in fact Christie & Co says they are invariably acquired by astute independent operators, often with local knowledge and insight, who can inject vitality into both practices and teams. This transition bodes well for the dental community, bolstering both independent local and regional business ownership, as well as ensuring uninterrupted community access to vital dental services.

Review and sentiment

In July this year, Christie & Co interviewed a cross-section of dental operators, from prominent corporates to dynamic medium-sized entities, agile smaller groups, and independent practice leaders, to capture a holistic view of the industry sentiment. The results were encouraging.

When delving into the anticipated challenges for the dental workforce in the forthcoming year, a combined 90 per cent of respondents leaned towards positive or neutral sentiments. Specifically, an uplifting 45 per cent were optimistic, while 45 per cent held balanced, neutral perspectives. Private dentistry in particular evoked positive responses. Numerous operators highlighted expanding revenue streams, further exemplified by impressive growth rates, which ranged from eight per cent to 13 per cent over the prior year.

Finance landscape

In the first half of this year, Christie Finance observed a surge in borrowing demand, heralded by both newcomers and veteran operators in the dental sector. Their investment decisions, steeped in long-term foresight, strategically factored in the evolving dynamics of borrowing costs.

This burgeoning interest underscores not only the dental sector's vitality but also the sustained trust and confidence vested by banking institutions and lenders keen on perpetuating their robust support to the sector. The average dental practice transaction during the first half of the year stood at £1,012,222; translating



THE RESILIENCE AND AGILITY DEMONSTRATED BY INDUSTRY LEADERS, EVEN IN THE FACE OF CHALLENGES, IS TRULY COMMENDABLE"

to an average loan quantum of £981,611, facilitated at a competitive interest rate of 2.39 per cent.

Paul Graham, Head of Dental at Christie & Co, said: "This is not just a report; it's a lens into the future of the UK dental business sector. Drawing insights from key stakeholders, we've delved deep into the intricate dynamics shaping the sector's landscape.

"Our findings underscore a robust, positive trajectory for the dental sector. The resilience and agility demonstrated by industry leaders, even in the face of challenges, is truly commendable. We believe that the insights provided will pave the way for informed decision-making and strategic foresight."

Christie & Co's review was followed in November by the release of the latest statistics from NASDAL (National Association of Specialist Dental Accountants and Lawyers) in its quarterly Goodwill Survey. The survey covers the quarter ending 31 July and includes data on valuations as well as deals completed (i.e., practices bought or sold by NASDAL members' clients in the period). The quarter saw a market that is steady but perhaps seeing signs of a slowdown.

Goodwill values were at 145 per cent as a percentage of gross fees; similar to the 151 per cent of the previous quarter. Private practice values were at 150 per cent as a percentage of gross fees; up slightly from 145 per cent in the quarter ending 30 April.

However, mixed practices saw quite a drop compared with the previous quarter; 132 per cent as a percentage of gross fees compared with 160 per cent previously.

Mike Blenkharn, Partner and Head of Dental at UNW LLP, who compiled the goodwill survey, said: "I would certainly say that deals are down compared with 2022. We have entered a quieter period of the practice sales market.

"Indeed, our last three goodwill surveys have all shown a downward trend. I believe that this is down to a number of factors – the biggest being the increased interest rates and not just in regard to the cost of business borrowing but also that of personal borrowing, in particular mortgages.

"There is still interest in those NHS practices with high UDA rates and NHS values are likely to remain steady above a certain baseline level. And, as ever, good practices sell quickly!"

The goodwill figures are collated from accountant and lawyer members of NASDAL to give a guide to the practice sales market. NASDAL reminds all that, as with any averages, these statistics should be treated as a guideline only.

The Scottish dental business market: an overview – see page 69.

REFERENCES

¹ www.christie.com/dental-market-review-2023



A CAREER *ALMOST* IN DENTISTRY

*An insight into healthcare in
the military from Major General
Ewan B Carmichael CBE*



Ewan Carmichael

The Henry Noble History of Dentistry Research Group was delighted to restart a programme of meetings post-pandemic with an excellent lecture given by a Glasgow Dental School alumnus, Major General Ewan B Carmichael CBE. Ewan outlined his career in Army Medical Services (AMS), beginning with his officer cadetship

in 1980 as an undergraduate. On his graduation in 1982, his commission was confirmed at the rank of Captain in the Royal Army Dental Corps (RADC).

In Ewan's first six years as a dental officer, he was often attached to army units undergoing Arctic training in Norway. He outlined how army chocolate rations for these troops would become frozen in the sub-zero temperatures, causing more than a few fractured cusps. In 1984, he transferred from a Short Service to a Regular Commission, and the balance of his duties began to change from clinical dentistry to medical tactics in support of military operations; the planning, preparation, training and operation of healthcare staff working in units – from combat units to field hospitals – in conflict zones.

It was stressed that field medical unit staffing had to be multi-disciplinary; obviously physicians, surgeons, dentists and nurses, but also administrative, transport, signalling, catering, engineering and even veterinary roles were involved. In addition to treatment for combat injuries, these facilities also provide a good level of primary care, treating

'everyday' accidental injuries or more routine illnesses. Ewan also indicated that while the primary role of field medical units is to provide healthcare to our military personnel, they often fulfil a role in giving humanitarian care to a local population especially in regions where conflict has disrupted civil administration. Of course, emergency care during conflict will also be provided to injured adversaries.

After graduating from the Army Staff College, Ewan also had periods of service in the UK in military medical planning and training, including a term of service as Chief of Staff of the Defence Medical and Training Agency and a period as Director of Medical Plans (Army). He was privileged to be selected to found, and then lead, the UK's Air Assault Medical Regiment, 16 Close Support Medical Regiment, and much of his talk centred on the role and responsibilities of a Commanding Officer.

Ewan served in both the first and second Gulf Wars as well as in Northern Ireland and in the Balkans, in Bosnia and Macedonia. Additionally, his unit also took part in some unique, 'niche' roles which he was able to touch upon. Later, as Commander 2 Medical Brigade, he was responsible for generating and training British and multinational field hospitals simultaneously for service in Iraq and in Afghanistan. Ewan described in detail military medical simulation as preparation for operational deployment. During this period, the AMS doubled chances of survival if wounded.

Having progressed through senior officer ranks, in 2012 Ewan was promoted to Major General and appointed Director General of Army Medical Services, the only dentist to have held this senior role. During this time, Ewan was appointed Honorary Dental Surgeon to the Queen; one of the more prestigious of the many honours he received during his career. In addition to his campaign and military honours, he was appointed MBE in 1991 and promoted to CBE in 2014. Ewan retired from Army service in 2015 after a career of almost 45 years. The presentation, ably illustrated by slides and video clips, was applauded enthusiastically by the audience. Giving his vote of thanks, Mike Gow, the Group chairman, expressed appreciation to Ewan, not only for his excellent lecture, but also for his outstanding service to the military, to our country and to mankind.

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MAKING THE

*Are periodontitis,
stroke and Alzheimer's
disease linked?*

WORDS
CARLA NIETO MARTÍNEZ

R

ecent research has confirmed the impact of periodontitis on risk of neurologic diseases, especially the increased risks for stroke and Alzheimer's disease¹.

The Spanish Society of Dentistry and Osseointegration (SEPA) and the Spanish Society of Neurology (SEN) recently released a report with the latest data on this topic². The report reviews, updates, and presents the most recent scientific evidence regarding this link. It also provides practical recommendations that, based on the evidence, should be applied in dental clinics and neurology centres.

As Yago Leira, DDS, PhD, periodontist and coordinator



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of the SEPA-SEN working group, told *Medscape Spanish Edition*: “The main takeaway from this scientific report is that patients with periodontitis are at nearly twice the risk of developing Alzheimer’s disease and at triple the risk of ischemic stroke³.” Data from the report show that individuals with periodontitis are at 2.8 times’ higher risk of ischemic stroke. The available evidence regarding hemorrhagic stroke⁴, however, is conflicting.

How does this dental condition affect the course of cardiovascular disease? Observational studies have shown that those who have had an ischemic stroke and have a confirmed diagnosis of periodontitis are at greater risk of suffering a recurrent vascular event, worse neurologic deficit, and postictal depression⁵ than patients without periodontitis.

Immune-mediated inflammation

As far as its link to Alzheimer’s disease, meta-analyses of epidemiologic studies show that periodontitis is associated with a 1.7 times greater risk of this type of dementia and that the risk triples among patients with more serious forms of periodontitis. Likewise, studies suggest that individuals with dementia or neurocognitive impairment are at a greater risk of suffering periodontitis. Other studies indicate that individuals with periodontitis have worse outcomes on various neuropsychological tests of cognitive function.

The current report presents the evidence from three clearly defined perspectives: the epidemiologic association between periodontitis and these neurologic diseases, the biological mechanisms that may explain this link, and interventional studies of dental treatment as a means of preventing stroke and Alzheimer’s disease.



“There is a possible biological explanation for these epidemiological findings. The report concludes that the low-grade chronic, systemic, immune-mediated inflammatory response induced by the bacteria and their endotoxins and the proinflammatory mediators circulating through the blood contributes to various biological processes that are involved in neurological impairment and cerebral ischemia,” said Leira, who is one of the report’s authors.

Ana Frank, MD, PhD, another author of this study, is head of the neurology department at the La Paz University Hospital in Madrid and a member of the SEPA-SEN group. She explained to *Medscape Spanish Edition* that the main biological mechanism in stroke and Alzheimer’s disease is chronic exposure of the entire brain (vasculature, neurons, and astrocytes) to the harmful effects of periodontal infection.

“Although low in intensity, this [exposure] is sufficient to set off a series of events that eventually lead to vascular endothelial injury, changes to neurons and astrocytes, and damage to the neuropil,” she said.

As far as the evidence of an epidemiologic association between periodontitis and both neurologic diseases, Frank cited the exponential increase in risk brought on by periodontitis. She said that further epidemiologic studies are necessary to gain a better understanding of the magnitude of the problem.

A preventive alternative?

Leira cited evidence that periodontal treatment could provide a means of preventing stroke and dementia. He pointed out that numerous population studies have observed various oral health interventions (eg, periodic dental prophylaxis or periodontal treatment) and regular dental visits to reduce the risk of developing dementia and stroke.

“However, we don’t currently have randomized clinical trials that were designed to investigate whether periodontal treatment may be a primary or a secondary preventive measure against these neurological conditions,” he said.

“There are currently several research groups in the United States and Europe, including ours, that are performing clinical trials to assess the impact of periodontal treatment on recurrent vascular events in patients with cerebrovascular disease.



ALTHOUGH LOW IN INTENSITY, THIS [EXPOSURE] IS SUFFICIENT TO SET OFF A SERIES OF EVENTS THAT EVENTUALLY LEAD TO VASCULAR ENDOTHELIAL INJURY, CHANGES TO NEURONS AND ASTROCYTES, AND DAMAGE TO THE NEUROPIL”

“ SPECIALISTS IN ODONTOLOGY MUST UNDERSTAND THE POTENTIAL POSITIVE BENEFITS SURROUNDING SYSTEMIC VASCULAR INFLAMMATION THAT PERIODONTAL TREATMENT COULD PROVIDE”

➔ “On the other hand, there are various interventional studies underway that are evaluating the potential effect of periodontal treatment on cognitive function in patients with dementia. Along these lines, there appear to be encouraging results from the 1-year follow-up in the GAIN study, which was a phase 2/3 clinical trial testing atuzaginstat. Atuzaginstat is an inhibitor of gingipain, the endotoxin produced by *Porphyromonas gingivalis*, which is one of the bacteria thought to be responsible for periodontitis. The drug reduces neurocognitive impairment in patients with high levels of antibodies against this periodontal pathogen.”

Toward clinical practice

The report has a practical focus. The intention is that this evidence will make its way into recommendations for dentists to

implement in clinical practice, especially with elderly patients or patients with risk factors for stroke.

In this regard, Leira said: “On one hand, dentists have to know how to approach patients who have already suffered a stroke (most of whom have vascular risk factors like diabetes and hypertension), many of whom have polypharmacy and are [taking] certain drugs like blood thinners that could negatively impact various dental procedures. In such cases, it is important to maintain direct contact with a neurologist, since these patients ought to be treated with a multidisciplinary approach.

“On the other hand, each patient who comes to the dental office and has a diagnosis of periodontitis could be screened to identify potential vascular risk factors, even though the definitive diagnosis would need to be given by a specialist physician. To this end, SEPA is carrying out the Promosalud [health promotion] project, which will soon be applied in a large number of dental clinics in Spain.

“Lastly, specialists in odontology must understand the potential positive benefits surrounding systemic vascular inflammation that periodontal treatment could provide, including, for example, metabolic control and lowering blood pressure.”

For patients with cognitive impairment, the authors of the report recommended adhering to the following steps during dental visits: inform the patient and the patient’s caregiver about the importance of good dental hygiene and monitor for any signs of infection or dental disease; address pain in every patient with cognitive impairment and dental problems,

especially those with agitation, even if the patient isn’t specifically complaining of pain (also, try not to give opioids); finally, avoid sedation as much as possible and use the smallest effective dose if it becomes necessary.

Prescribing oral hygiene

Regarding recommendations that neurologists should follow during consultations in light of the link between these diseases and periodontitis, Frank said: “Regardless of how old our patients are, I believe it’s important to emphasise the importance of practicing good oral and dental hygiene.

“It’s a good strategy to put this in writing in medical reports, alongside the usual recommendations about healthy lifestyle habits and monitoring for diseases like high blood pressure, diabetes, or dyslipidemia. These, among other factors like smoking, a sedentary lifestyle, alcoholism, and other drug addictions, are vascular risk factors and are therefore risk factors for stroke and dementia.”

According to Frank, the public is largely unaware of the relationship between periodontitis and incident neurologic diseases. “We still have a long way to go before we can say that the public is aware of this potential link,” he said. “And not just the public, either. I believe we must stress among our colleagues and among healthcare professionals in general the importance of promoting dental health to improve people’s overall health.”

In this regard, Leira emphasised the authors’ intention to make this report available not only to oral health and neurologic healthcare professionals but also to primary care physicians and nurses so that patients with cerebrovascular disease or Alzheimer’s disease and their caregivers can develop a greater awareness and thereby improve prevention.

“This study will also provide the scientific basis to support the SEPA-SEN working group as they implement their future activities and projects,” Leira concluded.

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THE IMPACT OF DIET

The impact of diet, vitamins and micronutrients on preventing and treating periodontitis

WORDS
DENICA
KUZMANOVA AND
HENRIK DOMMISCH

Current periodontal standard-of-care measures are aimed at preventing and controlling periodontitis and establishing or maintaining balanced interactions between microbial factors and the immune-inflammatory host response that are compatible with periodontal health. Although effective

in the majority of patients with periodontitis, these interventions have their limitations. They may cause side effects or result in only partial restoration of health, leaving features of biofilm dysbiosis and inflammation.

In addition, research has revealed that in susceptible individuals, periodontal tissue damage is predominantly mediated by the dysregulated host inflammatory response to the subgingival microbial challenge. This leads to an environment that favours inflammation and contributes to the exacerbation of the microbiota imbalance, inflammation, and overt periodontitis.

With the goal of restraining inflammation to control infection, it has been suggested that host-response modulation strategies could be promising adjunctive treatments to conventional periodontal therapy. In fact, the link between diet and oral health has long been acknowledged. In 2011, the EFP's European Workshop on Periodontology (Perio Workshop) found emerging evidence that the nutritional modulation of periodontal inflammation was one such promising approach.

Micronutrients

Micronutrients are vital substances, even though they are needed in smaller quantities (mg/μg) compared to macronutrients (proteins, carbohydrates, and fats). The group includes water- and fat-soluble vitamins, minerals, and trace elements that are needed for a variety of metabolic and physiologic processes, the regulation of inflammation and immunity, and for growth and

development (Dommisch et al. 2018). They are essential, given that for the most part they cannot be produced by humans and must be obtained from food.

Very low dietary intake of vitamins and minerals can result in deficiency disease or inadequacies, which are a health problem not confined to low- and middle-income countries. This 'hidden hunger' can be caused either by prolonged underconsumption or by poor food choices. Both undernutrition and obesity can coexist with selected micronutrient deficiencies. In people with adequate dietary intake, such deficiencies may occur during periods of increased individual micronutrient requirements, but also in conditions of increased loss of micronutrients, such as alcohol abuse and heavy smoking (Figure 1). Malnutrition and insufficient oral hygiene are two important factors that predispose to necrotising gingivitis. One systematic analysis concluded that micronutrient deficiencies, such as for vitamin C, vitamin D or vitamin B12, may be associated with the onset and progression of periodontal diseases (Chapple et al. 2017).

Vitamins

Vitamin C (ascorbic acid, AA) plays an important role in collagen synthesis, helps maintain the structural integrity of connective tissue, and has a protective





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→ effect on maintaining tissue homeostasis. It is a water-soluble antioxidant that neutralizes oxidative stress and is depleted in this process. AA deficiency has been considered a systemic risk factor among diet-related diseases that can modify the immuno-inflammatory response and has been included in the current (2018) classification of periodontal diseases agreed by the EFP and the American Academy of Periodontology.

Cross-sectional studies have found lower serum/plasma AA concentrations in patients with gingivitis or periodontitis, and in smokers, than in periodontally healthy individuals and non-smokers. An inverse relationship has been reported between plasma AA levels and the degree of periodontal inflammation as well as severity in different populations and age groups (Van der Velden et al. 2011). Furthermore, total antioxidant capacity has been associated with periodontitis while elevated serum antioxidant levels have reduced relative disease risk. Case-control studies have shown that periodontitis patients had lower AA plasma levels, lower AA intake, more bone loss, and greater periodontal disease progression than the healthy controls (Kuzmanova et al. 2012).

Other studies have shown that, while AA depletion resulted in gingival bleeding regardless of the level of individual oral hygiene, both the consumption of AA-rich fruits and AA supplementation had an inhibitory effect on sulcular bleeding in non-smoking patients with gingivitis and chronic periodontitis. However, this AA consumption or supplementation was less effective following periodontal nonsurgical interventions (Tada et al. 2019).

There are indications that the function of AA is superior when it is obtained from fruits rather than from dietary supplements. Fruits provide several additional micronutrients, phytochemicals, and dietary fibres that may influence the bioavailability of AA and have other beneficial effects.

Vitamin E comprises of a set of lipophilic antioxidant food compounds termed as α , β , γ , and δ tocopherols or tocotrienols. Their primary function, to protect cell membranes from reactive oxygen species and to regulate immune responses, has been widely studied (Shadisvaaran et al. 2021). While some epidemiological studies have observed an association between serum vitamin E concentration and periodontitis, others have not. Prospective studies have shown that higher vitamin E intake was associated with a lower number of teeth affected by periodontitis. Conversely, low serum alpha-tocopherol levels were associated with periodontal progression.

Intervention studies have suggested a positive effect of higher alpha-tocopherol intake on periodontal healing after subgingival instrumentation (scaling and root-planing). The adjunctive intake of vitamin E has been shown to have significant beneficial effects on periodontal parameters as well as antioxidant defence compared to controls. Current literature suggests that vitamin E could improve periodontal status by correcting redox status imbalance, reducing

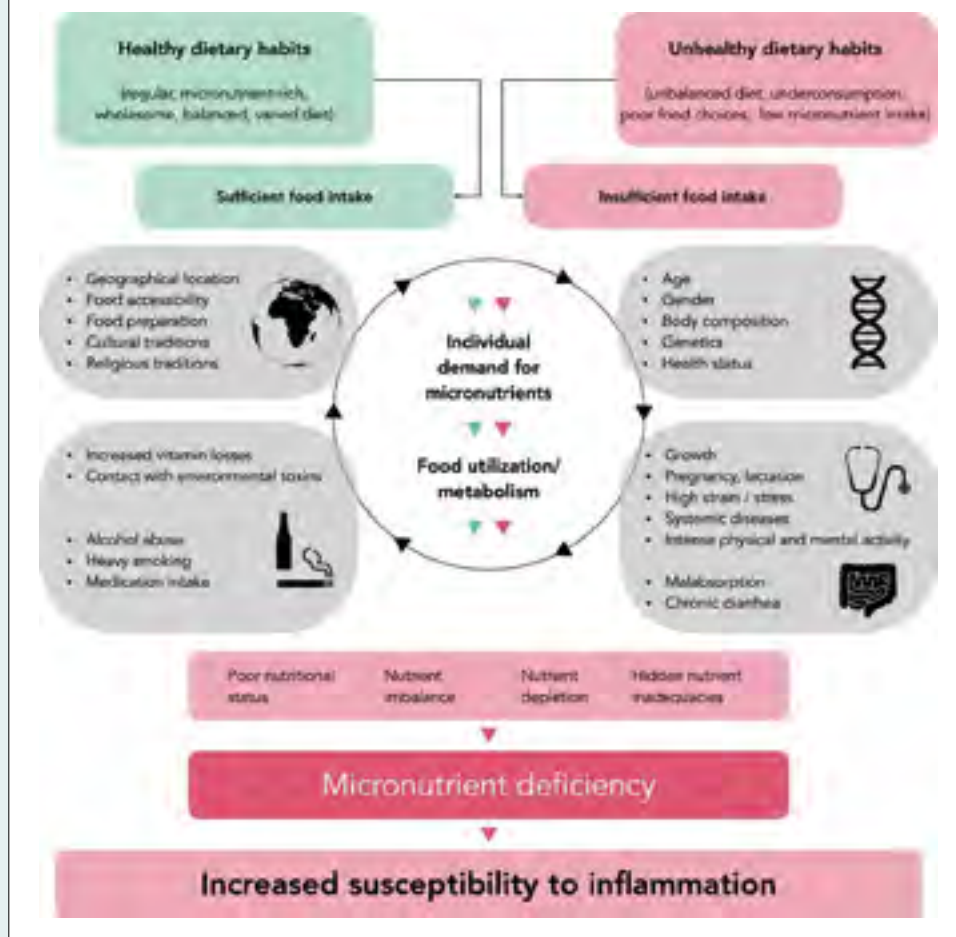


Figure 1: How micronutrients impact periodontal and general health

inflammatory responses, and promoting wound healing. However, evidence from clinical trials is still limited.

Vitamin D is a fat-soluble micronutrient found only in small amounts in food and is a secosteroid hormone produced mainly by the skin when exposed to sunlight. Vitamin D plays an important role in calcium and bone metabolism. It is also thought to have immunomodulatory and anti-inflammatory effects. In patients with periodontitis, lower vitamin D levels compared with healthy controls have been reported. Higher serum 25-hydroxy vitamin D (25OHD) concentrations have been associated with lower rates of gingivitis and less attachment and tooth loss.

One prospective study reported that every 10 $\mu\text{L/L}$ increase in serum 25OHD was associated with a 13 per cent decrease in tooth loss, while another showed that Vitamin D supplementation after nonsurgical periodontal therapy resulted in a slight reduction in probing pocket depth (PPD) and attachment loss compared to placebo controls and improved anti-inflammatory response. Well-designed prospective and intervention studies are needed to define what plasma vitamin D concentration is required prior to the initiation of periodontal treatment to achieve the best therapeutic outcome.

The water-soluble B vitamins are involved in multiple processes, including metabolism, erythrocyte production, and collagen synthesis and they act as coenzymes in several enzymatic processes that support every aspect of cellular physiological functioning. Epidemiological data have demonstrated a higher severity of periodontal disease in individuals with inadequate dietary intake or serum levels of vitamin B9 (folate). Among patients with periodontal disease, smokers had lower serum folic acid concentrations than non-smokers. In a prospective cohort study, an increase in serum vitamin B12 was linked to a decrease in clinical periodontal parameters and tooth loss.

Giving a vitamin B-complex preparation to periodontitis patients after periodontal surgery has improved clinical attachment levels





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→ compared with patients receiving placebo. Furthermore, adjunctive systemic folate intake after subgingival instrumentation has resulted in significant additional gain in clinical attachment in patients with stage II-III periodontitis. Nevertheless, further clinical and biochemical data are needed to support these findings.

Vitamin A is a group of different lipid-soluble compounds (retinol, retinal, retinoic acid, provitamin A carotenoids) that play a crucial role in physiological processes such as cellular growth and differentiation, immune-system functioning, bone and foetus development, vision, and the formation of the central nervous system. Provitamin A carotenoids also act as antioxidants. Large-scale epidemiological studies have found either a weak or no association between vitamin A inadequacy and periodontitis and its efficacy in managing periodontitis progression is unclear (Dommisch et al. 2018). In contrast, higher dietary intake of β -carotene has been associated with a significantly lower percentage of sites with PPD >3mm after non-surgical treatment and a greater reduction in PPD in non-smokers than in smokers with periodontitis. Low serum carotenoid levels (α -, β -carotene, β -cryptoxanthin) have been associated with a significantly increased risk of periodontitis. In addition, a weak inverse relationship has been reported between the prevalence of mild periodontitis and serum concentrations of α -carotene, β -carotene and β -cryptoxanthin.

Lycopene, a pigment derived from red fruits, has been suggested to be one of the most effective in vitro singlet oxygen quenchers of the carotenoids. Research has shown that individuals with higher serum lycopene concentrations had reduced C-reactive protein (CRP) levels, while those with higher tomato consumption showed reduced leukocyte counts. An association between chronic periodontitis and an increased risk of heart failure has been suggested, with higher monthly tomato consumption reducing this risk in periodontitis patients. Intervention studies with a combined preparation of lycopene and other micronutrients (vitamins A, C, E, selenium, zinc) for oral application adjunctive to mechanical debridement have shown positive effects on periodontal healing.

Minerals and trace elements

Significant inverse relationships have been reported between serum/plasma levels of calcium, magnesium, zinc, and manganese and periodontal severity/progression. Studies have shown that a lower serum calcium-magnesium ratio is significantly associated with increased attachment loss and the progression of periodontal disease, and that individuals with periodontitis have a significantly lower dietary intake of calcium, magnesium, copper, selenium, and antioxidant nutrients – and respectively lower serum and saliva levels – compared to controls.

It has been suggested that milk and milk products – a source of calcium, phosphate, and various proteins – may have beneficial effects on periodontal health while, conversely, dietary calcium intakes below recommended reference levels have been associated with increased risk of tooth loss, severity of periodontal disease, and attachment loss.

Case-control studies have revealed significantly lower magnesium, selenium, and zinc levels in diabetic and non-diabetic patients with periodontitis compared to healthy controls. Other studies have shown non-surgical periodontal therapy leading to

increased serum zinc levels in Type-2 diabetes mellitus patients with periodontitis, while subjects with magnesium supplementation have lower attachment loss and higher tooth retention compared to non-supplemented control subjects.

The current evidence on nutraceutical and food-based interventions as an adjunct to non-surgical periodontal therapy has been recently reviewed in a systematic review by Johan Peter Woelber and colleagues at the universities of Freiburg and Heidelberg in Germany (Woelber et al. 2023).

Diet and prevention

The prevention of non-communicable diseases (NCD) focuses on dietary changes to reduce the systemic inflammatory burden. A Western diet – rich in refined grains, red meat, high-fat dairy products, simple carbohydrates, and consumption of processed food – has been described as pro-inflammatory.

Cross-sectional data have indicated that a high-quality diet is identified as a health-promoting factor along with control of normal weight and adequate exercise. Participants who adhered to these three factors have shown a 40 per cent lower risk of developing periodontitis. Nonetheless, the role of physical activity, weight loss, and dietary counselling is the focus of further research.

A pro-inflammatory diet and poor micronutrient intake have been linked to an increased risk of periodontal disease. In contrast, adherence to an anti-inflammatory dietary pattern “high micronutrient and fibre” has been linked to a lower risk of periodontitis and tooth loss.

Dietary anti-inflammatory interventions such as Mediterranean diet, the Okinawan-based Nordic Diet (OBND), and so-called Palaeolithic diets have resulted in reduced gingival inflammation despite constant – or even increasing – plaque accumulation. In patients with periodontitis and either metabolic syndrome or Type-2 diabetes mellitus, dietary change to a wholesome nutrition or OBND led to improvements in both the periodontal and systemic inflammatory parameters without providing professional oral hygiene. Fasting has also been shown to facilitate the reduction of periodontal inflammation.

Further research

In conclusion, there is increasing evidence of the overall importance of micronutrients on general and periodontal health. Furthermore, the dietary source of micronutrients needs to be considered in the context of favourable dietary patterns based on a wide variety of micronutrient-rich foods as well as putative interactions between various micronutrients. Future research is required to further elucidate the role of micronutrients in the prevention and treatment of periodontal disease. Prospective and clinical intervention studies may help to define causal relationships, potential intervention strategies, and future recommendations.

While this article reflects some of the important aspects regarding the role of micronutrients in the prevention of periodontal disease and in periodontal therapy, it does not claim to offer a complete picture, since putative relevant aspects – such as genetics, microbiology, micronutrient deficiencies, and adverse effects – could not be covered extensively.

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AN INCREDIBLE STORY

The journey of a boy from plantation slavery into dentistry and sports

December saw the launch of author Phil Vasili's book about Edward Tull-Warnock, thought to be Britain's first qualified Black dentist.

The Life and Histories of Edward Tull-Warnock (1886-1950), published by Rymour Books, is the incredible story of a boy from a plantation slavery family who became an NHS dentist and noted sportsman.

A member of Turnberry Golf Club, Scottish league footballer, supporter of the Socialist Medical Association and renowned singer of 'Negro Spirituals', his life reveals a fascinating and counterintuitive view of the experiences of a Black Scot born at the height of Empire.

The book discusses Edward's life in the context of his family's Black Atlantic heritage. His status Britain's first Black dentists is the biographical prism through which readers will navigate the triangular journey from the West coast of Africa via the Caribbean to St Vincent Street, Glasgow.

The launch of the book was held at the Royal College of Physicians & Surgeons of Glasgow on 4 December¹; Edward was a licentiate of the College, gaining his Licence in Dental Surgery in 1910. The launch was organised by Mike Gow, chairman of the Henry Noble History of Dentistry Research Group, who through Edward's adoption is his first cousin three times removed.

He was born in 1886, in Folkestone. His father, Daniel Tull, was a carpenter, and came to Folkestone, Kent, in the mid-1800s arriving from Barbados, where his parents

were born into slavery on the plantations. Daniel married a local farm worker's daughter, Alice Palmer, and they had a number of children, including Edward.

Edward experienced adversity at a young age when his mother, Alice, died of cancer when he was nine, and his father died two years later of a heart attack. In the absence of any welfare state, Edward and his younger brother Walter were admitted to Dr Stephenson's Children's Home in Bethnal Green.

"Rather than confirming the Dickensian stereotype of the harsh, uncaring, brutalising unwanted child depository, Dr Stephenson's home was comparatively progressive and child centred," said Phil, writing in 2019 as part of a Kickstarter campaign for the book.

Edward sang in the children's home choir and, after a money-raising choir tour of the UK, Edward was adopted by the Warnocks, a middle-class Glaswegian couple. James Warnock, a dental practitioner, was an orphan himself while his wife Jean was raised in the Poorhouse.

"Their love and empathy for Edward consolidated and built upon the teenager's stable emotional foundation provided by his parents and extended Folkestone family," said Phil. "While researching Walter Tull², I interviewed octogenarian Jean Finlayson, Edward's daughter, at her married home in the Highlands."

Walter was one of English football's first Black players, playing for Tottenham Hotspur and Northampton Town. He also enlisted in the British Army and would become its first ever Black officer to command white troops.

"I also tracked down patients of Edward who wrote warm and complimentary letters detailing how he would freely treat poor patients of the Glasgow tenements surrounding his practice," said Phil.

Jean's husband, the Reverend Duncan Finlayson, recalled his politicisation through Edward, the

WORDS
WILL PEAKIN

trio attending Paul Robeson concerts and rallies. The family were also close friends with Harold Moody, founder of The League of Coloured Peoples, Britain's first Black civil and political rights pressure group.

"I feel this work will have a special place in the literature of the Black diaspora as we are able to trace a Black Atlantic family from 18th century slavery to the 20th/21st century. This book is needed because it will allow people of colour access to an inspirational segment of their history. There are very few books which discuss the Black Atlantic journey of one mixed heritage family from slavery to metropolitan settlement."

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TURNKEY SURGERY DESIGN

Vermilion's stunning second floor expansion is a showcase for IWT's expertise and exceptional service

IWT Dental Services were the obvious choice, says Kay MacMillan, General Manager at Vermilion – The Smile Experts. "I have worked with the Ian [Wilson] and Bruce [Deane] on two other clinic build projects for Vermilion and we have developed a good working relationship."

Their latest collaboration has been on Vermilion's £800,000 second floor expansion at 24 St John's Road in Edinburgh.

"We were looking to expand our current offering by doubling our clinic capacity," said Kay, "offering our referring practitioners more specialist services and to reduce patient wait times. It was also an opportunity for us to bring our hygiene and admin team back under the one roof and condense the working week."

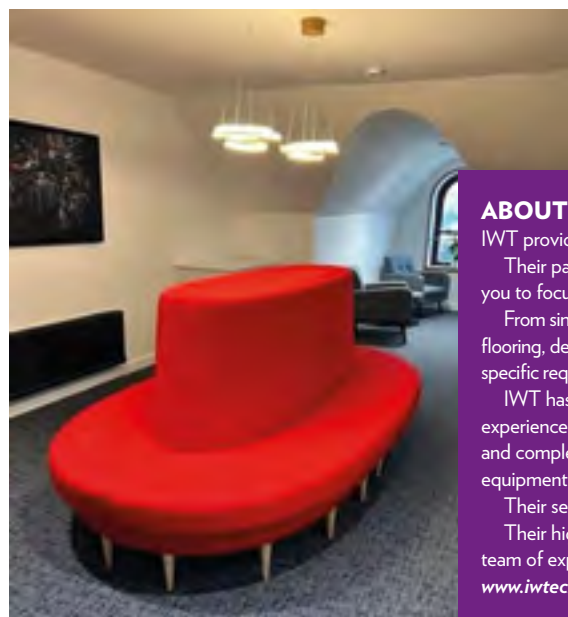
The expansion covers 3,500 square feet and comprises a swish reception, staff area, five beautifully executed surgeries, a high-end LDU and space for continuing professional development courses with capacity for live video links to the surgeries.

"IWT were involved in the early stages of planning to install all of our dental chairs, the LDU and x-ray equipment as well as the IT/AV offering," said Kay. "They collaborated with both our architect and builder throughout the project to ensure that nothing was a surprise along the way."

"Bruce also worked with a bespoke supplier to install their high calibre dental cabinets in all of our surgeries and LDU. Ian was responsible for the IT and the audio visual equipment that we have in every area of the clinic."

HOW DID THE PROCESS WORK?

"They attended planning and site meetings – assisting me in the preparation of the new space, back when it was a blank canvas – working out the correct equipment for the practices needs."



Surgery >



They also provided detailed schematic drawings to ensure that the equipment was installed accurately in the surgeries and LDU.

"The install was seamless, with minimal disruption in the clinic during this time. All of the technicians were professional and supportive throughout; the guys are a credit to both Bruce and Ian. There were challenges during the project – it's not surprising with a large team of people working on the build – but I feel we all worked together to achieve an amazing result overall."

WHAT QUALITIES DO IWT BRING TO A PROJECT?

Kay said: "They're personable, they have a hands-on approach, wanting to understand your business needs while offering their knowledge. Ian and Bruce are always there to help."

'Reaching new heights', see page 70.

< Reception area

ABOUT IWT

IWT provides industry-leading solutions for dental practices of any size and at any stage in their development.

Their partnership philosophy offers full optimisation of your practice, equipment and workflow, enabling you to focus maximum attention on your patients.

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IWT has long-established relationships with leaders and vanguards of dental equipment supply, and their experience in delivering excellence throughout the industry allows them to offer you cutting-edge innovation and complete practicality, regardless of budget. They strive to provide your business with the right equipment, supported by their expert advice and exceptional customer service.

Their service covers IT and networking, dental chair supply, imaging supply and project management.

Their high client retention rate is a source of great pride to all at IWT and is testimony to their dedicated team of expert technicians and the exceptional service they provide.

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CAVEAT EMPTOR

...or do you believe in love at first sight?

I WROTE a version of this piece several years ago when I was finding my feet in consultancy and analysis. It is as fundamentally true now as it was then – except the numbers have got bigger.

Caveat emptor is Latin for “Let the buyer beware.” The idea that buyers take responsibility for the condition of the items they purchase and should examine them before purchase. This is especially true for items that are not covered under a strict warranty.

Buying a dental practice is something that few people do more than once. Frequently the purchaser is relatively young and inexperienced. Often they are desperate to get going in their own place, they have seen enough of their friends become practice owners and want some bragging rights of their own. Perhaps they have been associates where the boss doesn’t share their ambitions let alone practice management expertise, presuming any exists.

So what do they do? Scour the adverts in the journals, ask the agents to be placed on their mailing lists, smile at the manufacturers’ reps and ask if they have any knowledge. Eventually something turns up; they inspect, get the accounts and show them to their bankers (and lest we forget a banker can sometimes be a person who lends you an umbrella when the sun shines and demands its return when it starts to rain).

Oh, the excitement! This is it; this is love, and this is the one for me. The bank say they will lend me the money – it took them a couple of days to make the decision but obviously that saving for the deposit was worthwhile and the seller’s accounts look good; fantastic let’s get the offer in quickly; we have heard that practices are being snapped up at the

WORDS
ALUN K REES



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

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moment. Can’t take the risk of losing out now. Go for it.

What, they won’t accept less than the asking price? OK, we can get the new equipment on lease; the rep said that was tax efficient, whatever that means. No need to put up with that old technology. Agree to pay the full whack, hand your notice in, the three months fly by. Oh, the places we’ll go, can’t wait to get going with that facial aesthetic stuff and just wait until you start on those smile makeovers and Invisalign.

Twelve months on and you’re sinking. The reason the accounts were so healthy, and the bank were happy to lend, is because they covered the years when the previous owner had discovered crowns but chosen to forget perio ... especially in the plan patients.

The receptionist / practice manager who had been described as the heart of the practice and knows all the patients because they have been there for so long, is busy telling everyone they meet that you’re full of these new-fangled ideas that are OK in London but there’s no call for them round here. You catch her saying to one patient that “she’ll soon knock you into shape”.

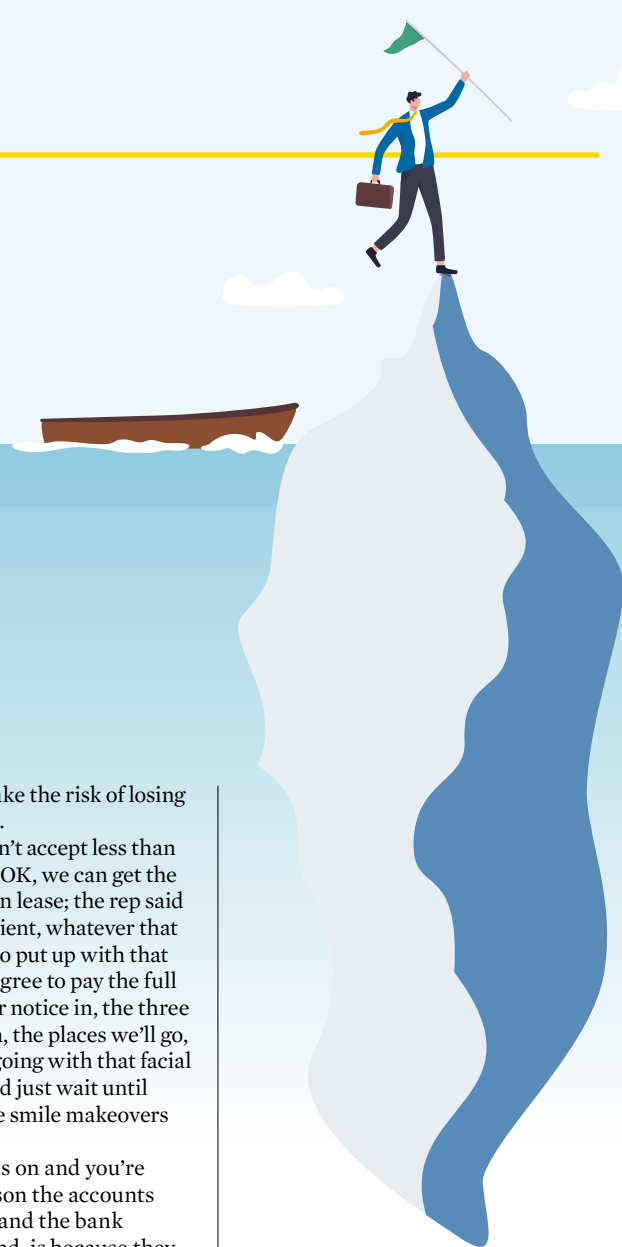
The unsmiling nurse has been on the sick for three months and now thinks she “might be” pregnant; she has also told the practice manager that the “risqué” joke you heard on the radio one morning, and repeated to her, was sexist; she was quite offended and didn’t know quite how to take it, especially as you had been alone with her when you said it.

The commute that seemed reasonable seems to take 40 minutes longer than you had anticipated and your partner can’t understand why you have to spend the evening “doing the books”. The visit to the gym on the way home has been replaced by one

to the take-away and the off-licence. You hear a rumour that the old owner who said he was heading for the golf course and the beach is back working part-time as an associate 100 yards beyond the distance agreed in the barring out clause. It seems strange to me that when we buy our first flat or house we will ask our parents, family, friends, the man in the pub, anyone for an opinion, because they have all bought and sold houses. Yet how many dentists jump into practice purchase with hardly a second thought and then end up in the situation described above? Or worse?

The past decade and a half (or more) have been strange times in dental practice sales with some areas of the market described as being in “feeding frenzy” mode. The sheer enormity of the bureaucratic iceberg, of which CQC/Health Board/HIQA is merely the tip, has persuaded many owners that now is the time to go. Without doubt there are some great practices for sale at present and there are some potential nightmares out there too.

Alun’s Top 10 Tips: www.sdmag.co.uk/alun-rees-top-ten-tips





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Hidden dental plaque and detection with disclosing agent

R. Karim, R. Mohamed

Department of Preventive and Paediatric Dentistry, University of Greifswald

Introduction

The relationship between oral health and overall health is now well established. Prevention of oral diseases and improvement of oral health are essential for maintaining overall health and wellness¹. Public healthcare providers have a key role to play in this regard. Also, experience-based education on oral hygiene at a young age has proven to be particularly effective². Biofilm, also known as dental bacterial plaque, is a whitish-yellow coating that adheres to a variety of dental surfaces. It is composed of microbial colonies and metabolic products of the oral microbial flora. Biofilm is characterised by the presence of bacterial communities embedded in a self-generated extracellular matrix³. Thus, the accumulation of dental plaque leads to oral health diseases, which in turn has a substantial impact on oral health related quality of life (OHRQoL)^{4,5}.

Dental plaque and dental caries

Dental caries is a multifactorial, plaque-induced, dynamic disease that leads to destruction of hard tooth tissues. Salivary proteins adhere to the tooth surface, causing the initial formation of dental plaque and creating a pellicle as a substrate for bacterial attachment^{6,7}. Demineralisation is caused by acid production by bacteria within the plaque biofilm and thereby leads to tooth decay. *Streptococcus mutans* (*S. mutans*), which represents the major cariogenic bacterium, is embedded in the biofilm matrix and can generate a highly acidic microenvironment with a pH below 5.5, which erodes hard dental apatite and causes the development of caries lesion⁸.

Formation of biofilms most commonly occur in areas that are not easily accessible and cannot be effectively controlled with normal tooth brushing. On the other hand, biofilms are also found when the natural self-cleaning processes of the tongue and saliva do not work effectively for various reasons. According to literature, their deposits accumulate in large quantities on irregular areas, 'attached gingiva' and the lateral surface of the tongue⁹.

Nevertheless, some other factors like fixed orthodontic appliances, improper debonding of orthodontic appliances and non-optimal dental fillings



can significantly increase the risk of formation of plaque by increasing retention areas and interfering with oral hygiene management^{10,11}. Considering that biofilm tends to accumulate in these difficult-to-reach areas, individuals must use suitable dental hygiene aids and practices to ensure adequate plaque removal and maintain good oral hygiene.



FORMATION OF BIOFILMS MOST COMMONLY OCCUR IN AREAS THAT ARE NOT EASILY ACCESSIBLE AND CANNOT BE EFFECTIVELY CONTROLLED WITH NORMAL TOOTH BRUSHING"



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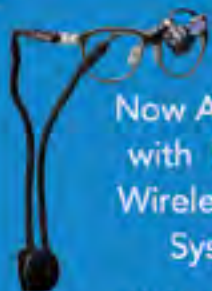
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→ Dental plaque removal and oral health care

To effectively prevent oral diseases, it is essential to remove biofilm from all tooth surfaces. This can be done through regular toothbrushing by both individuals and professional scaling and cleaning¹². However, to effectively remove biofilm, the first step is to accurately detect it. Nowadays, special dyes, such as food dyes, fluorescein, and two-tone disclosing agents (tablets, solutions, wafers, lozenges and mouth rinses) can be used to localise hidden or non-obvious biofilm. An example of a low caries risk patient is shown in Fig 1.

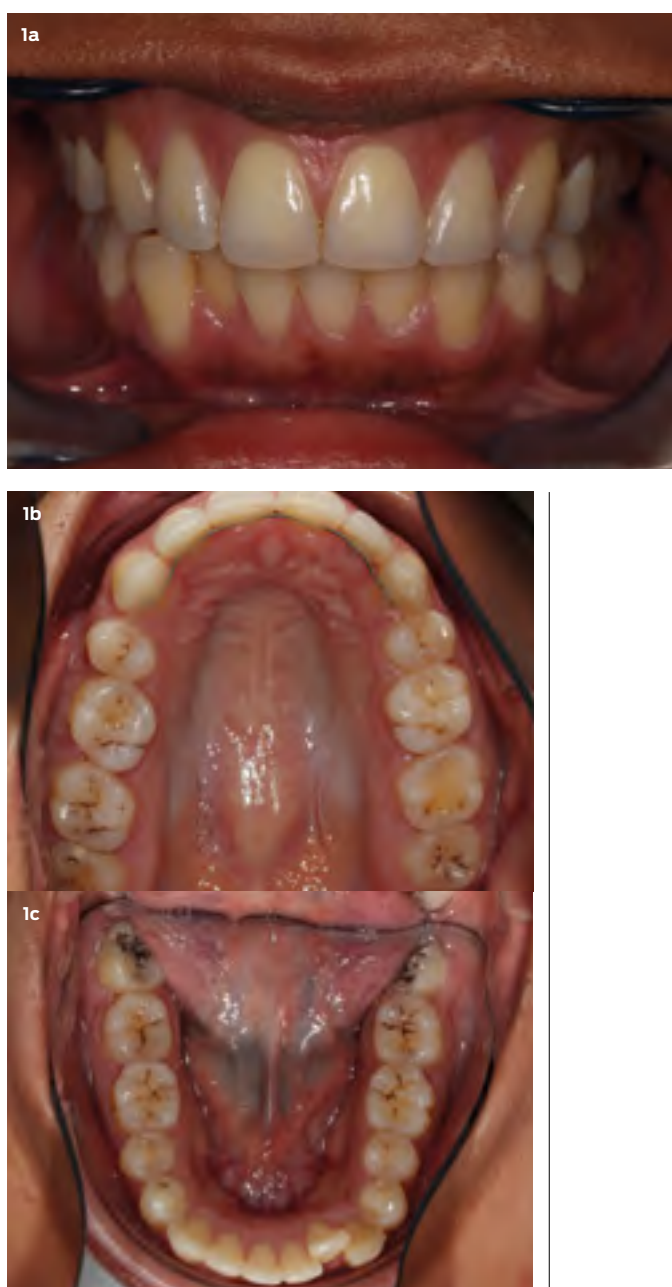


Fig 1: Intraoral view of maxillary and mandibular teeth in a patient with low caries risk (a vestibular and buccal view of the teeth; b occlusal view of maxillary teeth; c occlusal view of mandibular teeth).



TO EFFECTIVELY PREVENT ORAL DISEASES, IT IS ESSENTIAL TO REMOVE BIOFILM FROM ALL TOOTH SURFACES”

The patient was assessed for plaque accumulation using disclosing agent solution (Mira 2-Ton, Hager & Werken Germany). The colour of disclosing agents is dependent on the thickness of the dental plaque in the area where the biofilm is located, as is shown in Fig 2.



Fig 2: Application of plaque disclosing agent with ear cotton stick (a) and application of plaque disclosing solution before rinsing out with water (b).

These disclosing agents are very effective when it comes to plaque control because they help determine and visualise the level of oral hygiene of the user, raise awareness of biofilm removal and provide personalised guidance and incentives for improved oral hygiene. Moreover, their use facilitates user self-assessment, measures the effectiveness of oral hygiene and evaluates prevention and training programmes for enhanced oral hygiene which allow studies on biofilm identification¹³. Disclosing agents are found to be very effective particularly in children, patients with high caries experience and those undergoing orthodontic treatment^{14,15}. However, because the risk of dental caries is never zero, disclosing agents are useful for all individuals – though with different frequency¹⁶.





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As demonstrated in Fig 3&4, plaque exists in approximal surfaces, marginal gingiva and irregular fissures.

This shows that even in low caries risk individuals, there is always a room for oral hygiene improvement.

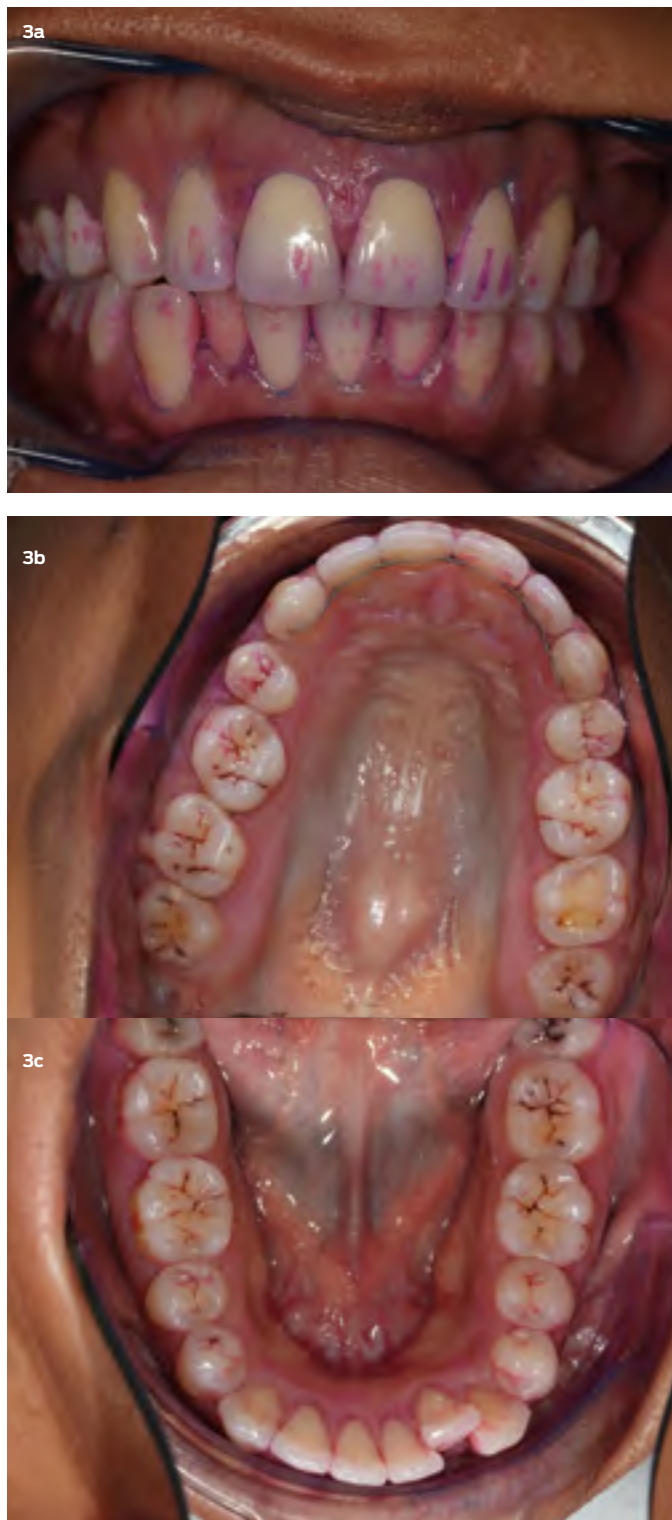


Fig 3: Intraoral view of maxillary and mandibular teeth in a patient with low caries risk after the application of plaque disclosing agent; a (vestibular and buccal view of the teeth), b (occlusal view of maxillary teeth), c (occlusal view of mandibular teeth).



THE EFFECTIVENESS OF PLAQUE REMOVAL CAN BE SIGNIFICANTLY IMPROVED IF PATIENTS ARE GIVEN THE OPPORTUNITY TO EVALUATE THEIR HOME ORAL HYGIENE HABITS”

Studies suggest that oral hygiene advice, including individual brushing instructions, and self-monitoring over three months can significantly improve oral hygiene, particularly in patients with high risk of caries who were able to visually recognise reduction of dental plaque and notice improvement in oral hygiene themselves. The self-monitoring with plaque disclosing showed a positive motivational effect in school children to improve their oral hygiene status¹⁷.

Additionally, another study shows that the effectiveness of plaque removal can be significantly improved if patients are given the opportunity to evaluate their home oral hygiene habits. Simplifying oral hygiene instructions by recommending the use of plaque disclosing agent is more likely to make the patients receive a much better home care¹⁸. Another study of orthodontic patients demonstrated that the self-application of disclosing agent tablets at home, in addition to repeated oral hygiene encouragement, may be useful in enhancing oral hygiene and motivating the patient¹⁹.

Regarding orthodontic patients, the state of oral hygiene and its impact on the extent of tooth decay, periodontitis and the overall health in these patients, has been a topic of great importance for several years. Although new appliances, bonding techniques, and materials have been developed, it is still difficult to reduce plaque retention. Conventional fixation devices create retention areas where dental plaque is difficult to be mechanically controlled. However, many orthodontic device related factors, such as bracket design, device surface roughness, excess bracket cement, and elastomeric ligation contribute to plaque retention. Furthermore, the parts of the orthodontic appliance make it difficult for saliva to have a cleansing effect on the teeth, which results in not just the retention of food particles, but also in generally worsening oral hygiene²⁰.

Active biofilm in orthodontic patients disrupts the balance of demineralisation and remineralisation, causing the formation of white spots on the tooth enamel, especially on the vestibular surfaces of anterior teeth²¹. Nonetheless, debonding of orthodontic brackets after completion of treatment should be properly and carefully performed by a skilled dental professional to avoid further plaque bacteria adhering to the rough surfaces formed by the adhesive, otherwise this can lead to future oral health issues²². This is displayed on Fig 3a, where the patient had orthodontic treatment 12 years previously and the buccal surface was not completely smooth which caused plaque accumulation; coloured in pink with the disclosing agent.



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A Scotland-based PG Certificate Orthodontics for General Practice is being launched by identiti at the beginning of next year.

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The course will be run by Specialist Orthodontist Andrew McGregor at Park Orthodontics.

Comprising 12 intensive study days, delegates will diagnose, treatment plan and deliver safe and effective treatment with supervision of a team of specialist orthodontists.

"It's about supporting dentists to understand the fundamentals of orthodontics, diagnosis, treatment planning and, in particular, treatment mechanics," said Andrew.

"No-one is left feeling abandoned once they have completed the course. The ongoing support is, I think, crucial for anyone wanting to get serious about their orthodontics."



Course dates are.

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The cost of the course is £8,300 with a deposit of £1,100 – For Scottish Dental readers the deposit is discounted to £600 (email Jackie course@identitiuk.com or call on 07967 726237 to receive a discount link). Remainder of fees to be paid in an interest free payment plan over 12 months. NO VAT on the course fees.

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Fig 4: Approximal view of maxillary and mandibular teeth after the application of plaque disclosing agent showing high plaque accumulation on some surfaces showed with blue arrows; a (buccal view of the maxillary right posterior teeth), b (buccal view of the mandibular right posterior teeth), c (buccal view of the maxillary left posterior teeth), d (buccal view of the mandibular right posterior teeth).

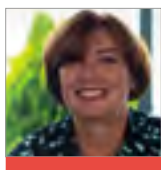
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Selling the practice?

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

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

Don't hand the tax man a blank cheque

Both CGT and IHT need to be considered carefully as part of the planning exercise and examined in close detail – without appropriate planning for these two very real

scenarios practice owners might find themselves or their 'estate' handing a blank cheque to the tax man.

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

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

However, there are exceptions: for example, gains from the sale

of a residential property that does not qualify for principal private residence relief continue to be taxed at 18 or 28 per cent.

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

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

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

A will is a very effective tax planning tool

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

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

Consider setting up a trust

If you don't want to give directly,

you could consider a trust. With a little planning, you can transfer the asset(s) into a trust with minimal CGT or IHT consequences and it can also reduce your taxable estate.

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

Know your allowances and reliefs

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

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

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

Acts of benevolence have a double impact

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

Remember always to seek professional advice.

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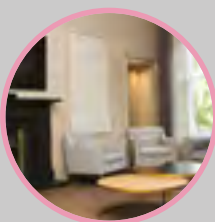
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The world of dentistry continues to change. Patients have increasing expectations and there is more that Dentists can do to meet their wishes and needs. The future is bright for the dental practitioner with enhanced skills working either within the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

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

Course Overview

Module DX4016 Clinical Implantology Year 1

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

September: MSc Course Induction. Remote.

Sat. 12th Oct.: Treatment planning and case selection. Face to face contact day with hands-on workshops.

Sat. 2nd Nov.: Basic sciences for Implant dentistry. End of Module Assessment. Pre-recorded lectures; live webinar discussions.

Sat. 16th Nov.: Implant Design. Pre-recorded lectures; live webinar discussions. End of Module Assessment.

Sat. 14th Dec.: Surgical skills for Implant dentistry. Face to face contact day with hands-on workshops.

Sat. 11th Jan.: Occlusion. Pre-recorded lectures; live webinar discussions. End of Module Assessment.

Sat. 1st Feb.: Restoring Implants. Pre-recorded lectures; face to face contact day with hands-on workshops.

Sat. 8th Mar.: Digital Workflow in Implant Dentistry. Pre-recorded lectures; face to face contact day with hands-on workshops.

Sat. 29th Mar.: Bone Defects. Pre-recorded lectures; live webinar discussions. End of module assessment.

Sat. 26th Apr.: Complications and their management & revision. Pre-recorded lectures; live webinar discussions. End of Module Assessment.

28th Apr. - 5th May: Formative Written Exam. Online using Maxinity.

Sat. 17th May: Cadaver course. Face to face contact day with hands-on surgical skills workshops. West Midlands Surgical Training Centre Coventry.

25th May: Case Report Presentations covering case selection & treatment planning – each delegate to present one case.

3rd - 4th June: 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.

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This leaflet was compiled in September 2023 and all reasonable care has been taken to ensure its accuracy. We cannot guarantee that the course will be available exactly as described; it may be necessary to vary the content or availability. Material changes will be highlighted in course documentation at the time an offer is made. The full list of options indicated may not all be delivered every year. We hope that you are happy with your UCLan experience; if not we have a complaints procedure in place, please email cenquiries@uclan.ac.uk or phone 01772 892400.

ARE YOU PAYING THE CORRECT AMOUNT OF TAX?

The deadline for filing your self-assessment tax return, 31 January 2024, is fast approaching

If you file late, even by a day, you will be charged penalties, with interest also charged if your payment is late.

We always advise that returns are prepared as early as possible to allow for planning of tax liabilities, however if your return is currently still outstanding, here are a few areas to consider, to ensure you are paying the correct amount of tax.

Tax deductible expenses need to be wholly and exclusively for the trade. This includes the purchase of equipment, courses including any associated travel costs, and phone costs if used for business.

GIFT AID PAYMENTS

One area which is often forgotten about is claiming relief for any gift aid payments made.

If you have given to charity, large donations to well-known causes, or even small donations to those fundraising around the practice, these can help reduce your tax bill.

The donations are 'grossed up' to 120 per cent of their value and are added onto your tax basic rate band. As such they allow for more of your income and profits to be taxed at your lowest rates, especially useful for higher rate taxpayers.

PAYMENTS ON ACCOUNT

For most associates, your tax returns will include payments on account towards your 2023/24 tax liability. As such, it is always advised to consider how the next tax year will compare to the income in your current return.



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

This is particularly of concern if your future income levels will be reduced. This can be through a variety of reasons, including change of practice, travelling and maternity leave. In such instances, your payments on account can be reduced, helping your cashflow.

Your tax liability for 2023/24 will be estimated, using a combination of actual income for part of the year plus a reliable estimate for the remainder. It is recommended you seek professional advice for this. If your payments on account are reduced too much interest will be charged.

If you would like further advice, please get in touch with Samantha Turkington.



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THE SCOTTISH DENTAL BUSINESS MARKET: AN OVERVIEW

Dynamic landscape with a strong representation of both first-time and independent buyers

The dental practice sales market in Scotland is currently experiencing a surge in activity, with first-time and independent buyers taking the lead.

In fact, 93 per cent of the practices we have sold at Christie & Co this year have been acquired by independent buyers, with half of them being newcomers to the market. This trend highlights the growing appeal of the Scottish dental sector to fresh entrants and the substantial opportunities it offers.

The recent changes in the Statement of Dental Remuneration (SDR) are playing a significant role in the optimism generated within the market as it offers a more favourable environment for both buyers

and sellers. This enthusiasm has spurred a renewed interest in practice acquisitions, attracting both experienced buyers and those entering the market for the first time.

The sale of Eden Dental Care in Inverness is an interesting case study. The practice was acquired by a first-time buyer, having garnered numerous enquiries when the sale was launched which again emphasises the high demand for quality dental practices in Scotland.

This competitive interest led to a closing date and a remarkable offer-to-viewing ratio of 1:1 – almost double what we typically see – highlighting the buoyancy of the market. Notably, our client accepted the lowest offer

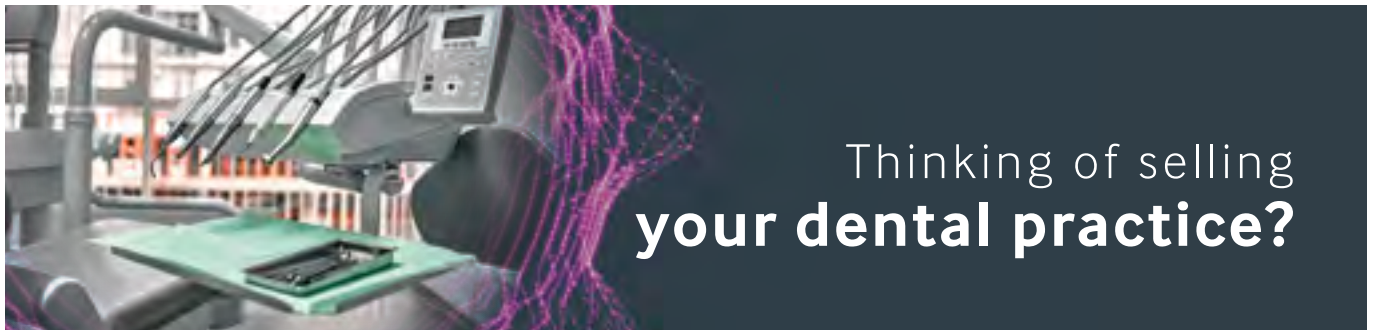


Joel Mannix
Associate Director
– Dental, Christie & Co
E: joel.mannix@christie.com
M: 07764 241 691

during the closing date which was influenced by the mutual values and principles shared between the buyer and seller.

In conclusion, the Scottish market is a dynamic landscape with a strong representation of both first-time and independent buyers. The favourable influence of SDR amendments and the competitive nature are driving the increased activity in this sector. As the market continues to evolve, it presents lucrative opportunities for those looking to invest in dental practices in the country.

If you're considering buying or selling a dental business in Scotland and would like to discuss your options, contact Joel Mannix.



Thinking of selling your dental practice?

The Scottish market is currently experiencing a surge in activity, with first-time and independent buyers taking the lead. As your local expert, I am strategically positioned to locate the ideal buyer for your business.

93% OF THE PRACTICES CHRISTIE & CO HAVE SOLD THIS YEAR HAVE BEEN ACQUIRED BY INDEPENDENT BUYERS, WITH HALF OF THEM BEING NEW ENTRANTS TO THE MARKET.

FOR A CONFIDENTIAL CONVERSATION ABOUT YOUR BUSINESS' FUTURE, GET IN TOUCH:



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ASSOCIATE DIRECTOR
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E: joel.mannix@christie.com

REACHING NEW HEIGHTS

Vermilion's new second floor expansion is simply stunning

“I admire your commitment to patient care and to patient experience, and I admire your role as an important employer in the constituency.”

Alex Cole-Hamilton, leader of the Liberal Democrats in Scotland and MSP for Edinburgh Western, was speaking about David Offord, Principal of Vermilion – The Smile Experts, at the opening of their second floor expansion of – and £800,000 investment in – their clinic at 24 St John's Road.

Mr Cole-Hamilton added: “I admire your profession. You provide more than just dentistry – you provide people with self-esteem, you provide them a sense of wellbeing, positive mental health, and you are often the first identifier of things like mouth cancer. So, thank you again, for what you do.”

In his speech, David thanked his wife Emma and children for their unstinting support over the years and thanked his clinical, business and administrative teams for their hard work, particularly during COVID-19 and more recently in making the expansion a reality, as well as for their dedication and expertise.

He also thanked Vermilion's referring dentists: “We wouldn't be here without you. We are doing this because we want to offer an incredible service to our patients and to keep raising the bar.”



Under one roof: Vermilion has invested £800,000 in its 24 St John's Road expansion



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**practice ground floor corridors to surgeries (NVDC, 2011)*



Having designed and delivered over 100 projects across the dental, surgical and general health sector, namely Vermilion's first clinic in Edinburgh, we were delighted to be asked to support David Offord and his team with their expansion plans.

"Architect Farahbod Nakhaei designed and built the original Vermilion clinic on the 1st floor of our building in Corstorphine back in 2011. He created a beautiful place to practice dentistry, one that still looks bright and contemporary 12 years on. So when we acquired the 2nd floor earlier this year, I did not hesitate to appoint Farahbod's firm NVDC to design our new upstairs clinic. Farahbod and Malcolm Cullen have transformed what was a rather dreary space into a stunning five chair clinic with admin office and seminar/staff room. Once again their use of light and clever design of each surgery has resulted in an environment in which our team can do their best work. Thank you NVDC!"

Dr David Offord

Our aim in every project is the same; to optimise the potential of every client's project while creating compliant, calming and uplifting spaces for our client's staff and patients.

We would like to wish David and his team all the very best with the new facility.

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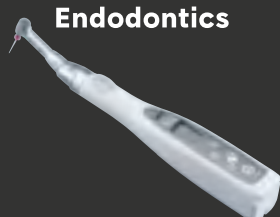
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Key to their success, said David, were those who worked on the expansion – architects NVDC, supply and install provider IWT Dental Services, bespoke dental cabinet makers Modwood, HTM 01/05 solution providers Dental Decontamination – as well as treatment solutions provider Southern Implants and handpiece and equipment suppliers NSK Dental.



Staff area



Reception

The expansion brings the team under one roof, affords a beautiful reception area for patients and provides enhanced CPD capacity.

The summer opening evening attracted a huge crowd of well-wishers who enjoyed an early glimpse of Vermilion's stunning new space; 350 square metres comprising five surgeries dedicated to endodontics, periodontics/dental hygiene and orthodontics, and an LDU – in addition to the existing first-floor clinic with its five surgeries dedicated to implantology and oral surgery.

"The expansion is giving us a lot of joy," David told *Scottish Dental*. "It's a great place to work. It's beautiful, bright and airy. I get such a buzz from walking from the first floor to the second floor, seeing our



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people enjoying their work, whether they're a dentist, an administrator, a receptionist, or a nurse.

"The number of referrals is growing all the time, particularly in relation to implants, endodontics and periodontics. Simply put, we needed more capacity. We've also been very keen to have everyone back under one roof."

He added: "Delivering CPD has always been a central focus throughout our 12-year existence. Every year we run a varied

programme of CPD courses for our referring dental colleagues.

Notably, the space will have the possibility of live video links to surgeries with delegates able to observe live endodontics, live implant surgery etc. Hopefully, we can offer inspiration.

"Younger dentists must keep the faith: they have picked a good degree and they can have a great career! At Vermilion, we see it as our role to offer inspiration and encouragement, especially to younger colleagues."



Additional five surgeries



Surgery



LDU



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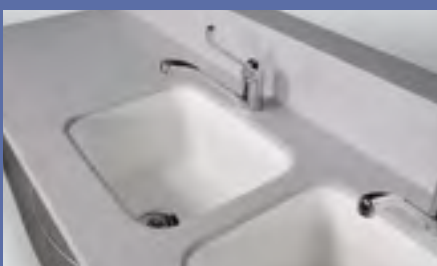








We would like to take this opportunity to wish the team at **Vermilion** every success for the future



REPLACING NHS INCOME WHEN MOVING TO INDEPENDENT DENTISTRY

One of the biggest concerns for dentists looking to make the move away from NHS dentistry is how to replace their contract income. Practice Plan Area Manager, Katrina Rees, outlines some possible ways

When a dentist hands back their NHS contract, they have three months until the payments cease. So, it's important that they know how they're going to replace that income. And the greater the practice's dependence on the NHS income, the greater the sense of risk and worry.

There are several key considerations for replacing this income, so it's important that a certain amount of groundwork is done before moving to hand back the contract. The good news for practices is, they don't have to work everything out themselves as we at Practice Plan will support them with this and do most of the legwork for them.

A FULL RISK ASSESSMENT

First, we will get under the skin of the business to understand it fully so we can carry out a complete risk and viability assessment to ensure that the conversion is a suitable option for the practice. This includes looking at things such as, how long the person converting has either owned the business or worked there? Who is converting – one individual or everyone in the practice? And if it is one dentist, will patients still be able to access NHS treatment at the practice or would they need to find another dentist?

Establishing the answers to these questions helps inform our risk and financial assessments. Once we know more about the business, we then start looking

at the patients to assess the potential income for the practice so we can carry out our income replacement calculations. We review things such as how many patients attend the practice?

Full article:
[www.sdmag.co.uk/
replacing-nhs-income](http://www.sdmag.co.uk/replacing-nhs-income)



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BUSINESS AS USUAL?



At the time of writing, we have seen the first two weeks of the new SDR in place. Given the huge changes to operations, due to the simplification/reduction of claim codes, the implementation seems to have gone relatively smoothly thus far.

The increased fees will provide some much needed cashflow for NHS practices which have battled hard to pay rapidly

increasing costs and we hope this will ease stress levels for a sector showing real signs of distress.

With the cost of living crisis causing real pressures for the nursing/admin team members we are, in particular, witnessing very real worries from both employer and employees in the sector. The danger is that, in some cases, a lack of empathy/understanding of each other's position can breed friction between the team. After



Victoria Forbes
Director, Dental
Accountants Scotland
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a period when the sector was seen to pull together against the common challenge of COVID-19, we now risk division with the current challenges.

The most harmonious practice cultures are achieved when there is genuine interest and concern shown between all team members. The cash concerns for all involved may not be solvable instantly, but ignoring those concerns is not a healthy approach for anyone involved. We encourage you to review your communications and to check in on your colleagues. This is a time to stick together. Together you are stronger.

Good luck and take care of each other.



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PREMISES IN A PRACTICE SALE

Getting ahead when marketing a practice for sale

When a decision has been made to sell your dental practice, it is worthwhile spending some time to see what property documentation you have, and which you may require to obtain, as part of the sale process. Having the following documents readily available prior to marketing the practice for sale will help to avoid any delays during the legal process. It will provide you with a head start.

In nearly all cases (and especially if the purchaser is taking lending), an Energy Performance Certificate will be insisted upon. It is now a legal requirement for a Certificate to be provided by the seller of a commercial property, which includes dental practices.

An Energy Performance Certificate provides the property with an energy efficiency rating, and it may also provide recommendations on how the energy efficiency of the property could be improved. The Certificate can be obtained reasonably easily and quickly, and they are not hugely expensive. If you purchased your practice during or after 2008, you may have obtained a Certificate from the seller. Certificates are valid for 10 years, and a previous Certificate can be used by you for your sale if still in date.



Nina Sinclair,
Associate, Thorntons
Law LLP
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It is also fairly likely that you will be asked to produce an Asbestos Report. Since 2006, all commercial premises should have an Asbestos Report. In practice, we do find that not a lot of sellers are aware of this obligation, and it can lead to an Asbestos Report having to be obtained during the sale process. It would be best practice to have an Asbestos Report ready and available at the beginning of the sale process.

The Solicitor acting for a purchaser will require to carry out a review of all Local Authority consents which have been obtained for any alterations to the property. They will primarily focus on any documentation relating to alterations which have been carried out in the last 10 years. They will also want to see that planning consent is in place for the premises to be used as a dental practice. If any are missing, copies can usually be obtained from the

Local Authority. Lack of appropriate Planning or Completion Certificates can cause considerable delays during the sale process, therefore spending some time initially collating the various consents could save you a lot of heartache in the long run.

Lastly, you should ascertain where your Title Deeds are located. Most Title Deeds are now readily available online from Registers Direct for a small cost, however, if you purchased the property some time ago, it is possible that your property could still be registered in the older Register of Sasines. In that case, your Title Deeds would not readily be available online and therefore a search for the paper copies should be carried out. These may be held by your bank if they ever held a security over the property.

By ensuring that you have all the correct documentation in place at an early stage, the sale process should go more smoothly. Even if there are gaps in documentation, or issues which need to be addressed, dealing with them before your practice is being marketed will mean that there will be much less time pressure on you.

Conversely, leaving the property matters until the last minute has the potential to cause delays and could possibly derail your sale.



BY ENSURING THAT YOU HAVE ALL THE CORRECT DOCUMENTATION IN PLACE AT AN EARLY STAGE, THE SALE PROCESS SHOULD GO MORE SMOOTHLY"



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Alastair Fraser, Principal Dentist, Greygables Dental



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