

ESSENTIAL KNOWLEDGE FOR DENTAL PROFESSIONALS IN SCOTLAND

Scottish

Dental

APRIL-MAY 2024

RRP £5.50



REALISTIC DENTISTRY

Signalling a fundamental shift in the practitioner/patient relationship, page 40

Plus: Addressing oral health inequalities, page 34

SAVE THE DATE: Friday 31 May – Saturday 1 June, The Scottish Dental Show, Braehead Arena, Glasgow



Glasgow
Denture
Centre

0141 237 8878

99 Main St, Neilston,
Glasgow G78 3NH
info@glasgowdenturecentre.co.uk

Premium, private denture referral service

Do your patients want high-quality dentures that look fabulous and fit beautifully? We provide a dedicated denture clinic where all clinical stages are undertaken by a dentist with an easy referral process.



Dr Khuram
Shafiq
GDC 79251

We welcome complex cases and
aesthetically demanding referrals

FULL DENTURES

PARTIAL DENTURES

IMPLANT RETAINED DENTURES

IMMEDIATE DENTURES

To refer: **call, email or visit our referral website**

BEFORE



AFTER



glasgowdenturecentre.co.uk



CONTINUE RECEIVING SCOTTISH DENTAL MAGAZINE

IT'S IMPORTANT TO CONFIRM YOUR DETAILS ARE UP TO DATE.
 PLUS: Sign up to receive email notifications from *Scottish Dental* magazine, including the latest issues in digital format, news and Show updates.

Visit WWW.SDMAG.CO.UK/SUBSCRIPTIONS



- 04** Editor
- 06** Insider
- 09** News:
 Associate profits up; New nurses union; GDC publishes workforce data; A third of NHS patients miss check-ups; Glasgow to host World Endodontic Congress.

FEATURES

- 22** New perio disease guidance
- 24** Dental Show preview
- 32** Volunteering for BrightBites
- 34** Addressing health inequalities
- 40** Introducing Realistic Dentistry
- 43** Tribute to Stephen Jacobs
- 44** Leafy greens 'better than mouthwash'

CLINICAL

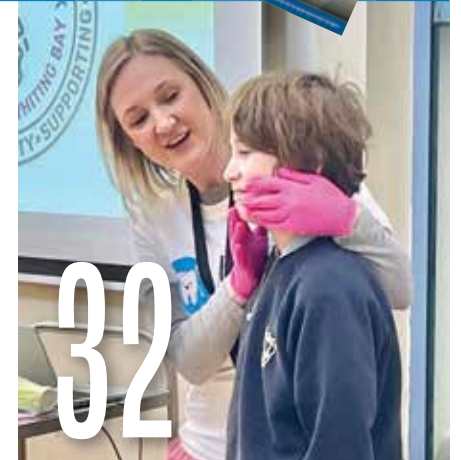
- 55** Edinburgh Dental Specialists

PROFESSIONAL FOCUS

- 65** Advice and services
- 76** Meet the Reps
- 78** Product News

SDS 2024

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



EXCLUSIVELY ONLINE

NEED A CO-PILOT?
 Katrina Rees, Area Manager at Practice Plan, discusses how borrowing a techniques from flying can increase treatment uptake.

www.sdmag.co.uk/co-pilot/

Scottish
Dental

CONNECT
 ENGAGEMENT IS EVERYTHING

MANAGING EDITOR
 David Cameron
david@connectmedia.cc

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

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

DESIGN
 Ruth Turnbull

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

© Connect Publications (Scotland) Ltd
 The copyright in all articles published in *Scottish Dental* magazine is reserved, and may not be reproduced without permission. Neither the publishers nor the editor necessarily agree with views expressed in the magazine.
 ISSN 2042-9762

it's never too early to start saving for your pension...

book your free no-obligation consultation.

mafsLtd.co.uk | mafs@maco.co.uk

martin aitken financial services | **martin aitken** accounting | tax & finance | **maco** ACCOUNTING & FD SERVICES | **caledonian** accounting | payroll services

FT Financial Times | **Top Financial Advisers 2022** | **MASDAL** Member of the Association of Mortgage Advice & Lending

*First initial financial services consultation is free to new clients only. Terms & Conditions apply. For more information visit maco.co.uk or mafsLtd.co.uk. "maco" is a trading name of Martin Aitken & Co Ltd. © Martin Aitken & Co 2023

Six months? A year?

In the case of NHS dental reform, its check-up will come at six months – at the Scottish Dental Show

Six months? A year? Or, specifically, according to the oral health of the individual? The question of how often people should attend a check-up at their dentist is not new. In the seventies and eighties, studies cast doubt on the worth of six-monthly checks. One, in the seventies, said that they may not be necessary “considering the slow rate of dental caries progression, decreased caries activity with age, and the presence of fluoride in water”¹. It further suggested that extending the interval between examinations may reduce unnecessary treatment.

Nearly a decade later a cross-sectional study² revealed that regular attenders, particularly those who visited dentists every six months, had a higher number of filled teeth and thus, higher caries experience than those attending only when in trouble. The authors of this study suggested that regular attendance is suitable only to prevent tooth loss and maintain dental function, but not effective in preventing further dental caries or disease.

However, with the progression of time and research, as well as the increasing reorientation of dental care towards prevention, dental professionals’ advocacy for regular dental visits has been substantiated by a growing body of evidence. Given the preventability of most dental diseases, contemporary science thus supports risk-based recall intervals, as recommended by the National Institute for Health and Care Excellence (NICE).

A systematic review³ published in 2022, consisting of mainly cross-sectional studies, suggested that routine dental visits are associated with positive impacts on oral health, including a higher number of remaining teeth and better perceived oral health. Epidemiological evidence, based on cross-sectional studies, indicated that symptomatic dental attenders tend to have poorer oral health than those who adhere to routine dental visits, as demonstrated by greater caries experience, and more decayed and missing teeth.

Last month, a review of longitudinal studies investigating the impact of dental visiting patterns on oral health was published⁴. It found an “association between regular dental visiting pattern and improved oral health, notably less dental caries experience and better oral health-related quality of life. Dental attendance emerges as an important predictor of oral health across the life course, underscoring the importance of routine dental care”.

So, regular attendance for everyone would seem to be a key determinant in good oral health; 12-monthly visits might be fine

for some, six monthly might be necessary for others. But the question of interval length becomes moot when we consider that more than a third of the five million patients registered with an NHS dentist in Scotland have not had a check-up or treatment for three years. New figures also show that almost a quarter of the patients have not visited an NHS dentist for five years, and one in ten have not been seen for ten years.

Reasons cited include a lack of appointments due to a shortage of dentists and the declining number of practices taking on NHS patients. Dental practitioners claim the true cost of treatments provided on the NHS are not being fully covered. As a result, according to the Scottish Liberal Democrats, who obtained the figures from Public Health Scotland under freedom of information laws, some patients are having to resort to “drastic and barbaric options” to obtain treatments, including buying do-it-yourself dental equipment online and travelling abroad.

A survey last year found that 82 per cent of NHS dentists in Scotland no longer take on new patients with similar numbers saying they will reduce their NHS list. Some patients have already resorted to paying for more expensive private dental treatment while others are calling the NHS 24 helpline for advice on toothache and other oral problems after being unable to get NHS dentist appointments. A lack of appointments took calls to the 24-hour emergency advice service from 25,509 in 2019 to 67,189 in 2023.

The Scottish Government said that the Public Health Scotland data precedes the introduction of NHS dental reform from 1 November last year and cannot be taken as indicative of participation in the current environment. A spokesperson said: “We remain committed to improving access to NHS dentistry in Scotland, following the significant interruption posed by the pandemic and – since this snapshot as of 30 September 2023 – have introduced significant dental payment reform with the aim of encouraging dentists to provide more NHS dentistry. In the first month following these changes, nearly 400,000 patients were seen by an NHS primary care dentist – early vindication that our reforms are working.”

On Friday 31 May, as part of its education programme, the Scottish Dental Show (sdshow.co.uk) will be hosting a session (10.30-11.30, Speaker Room 1) with the Scottish Government to provide an update on dental reform – six months on – and an opportunity for the profession to share its experience.

REFERENCES

1 [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(77\)90620-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(77)90620-1/fulltext)

2 onlinelibrary.wiley.com/doi/epdf/10.1111/j.1600-0528.1985.tb00461.x

3 onlinelibrary.wiley.com/doi/10.1111/ger.12661

4 www.nature.com/articles/s41405-024-00195-7



SCOTTISH CENTRE
FOR EXCELLENCE IN DENTISTRY

Dr Jacqueline Davidson – accepting referrals for periodontics



**Dr Jacqueline Davidson, BDS, PGCAP, MSc, MFDS RCSEd.
GDC No. 79587**

Jacqueline limits her practice to periodontics and works in a multi-disciplinary team, focusing on the treatment and management of periodontal and peri-implant diseases and mucogingival defects. She gained a Bachelor of Dental Surgery from University of Glasgow in 2001, and then spent eight years in general and community practices in Scotland and Australia. On her return to Scotland 2010, Jacqueline became a practice owner, where she gained experience in restorative dentistry, oral medicine and oral surgery.

In 2017 she was appointed as clinical lecturer and honorary specialty dentist at Glasgow Dental Hospital and School as part of the restorative team, where she taught undergraduate students in the subject. During this time, she gained a postgraduate certificate in academic practice, and developed a passion for periodontology.

Jacqueline has recently been awarded a Masters in Clinical Periodontology with distinction from University of Central Lancashire. In addition to this, she is an active member of the British Society of Periodontology and the Association for Dental Implantology.

**To refer a patient to Dr Jacqueline Davidson
please visit our website scottishdentistry.com
or call 0141 427 4530**

Does NHS dentistry have a future?

We need to train more dentists in Scotland; this will drive greater supply for patients, improve access and reduce the ability of dentists to force patients into private care

Rhetoric is strong at the moment. Broken Britain, broken NHS, broken NHS dentistry. The BDA is the most active I think I've ever seen in my career. One of the points it makes in England is what the 'new' SDR is doing for Scottish NHS dentistry. Well, at least there's more money in it.

I do wonder how this narrative will play out. The BDA has always pushed for a high level of private care in a 'mixed' practice model. I understand why. The majority of UK dentistry is performed in the southeast of England as the major population centre. However, it's also the area with the best oral health in the UK. Therefore, it's not the epicentre of NHS dentistry.

Socio-economic links to health and the geographic split of the UK means the further north you go, the worse health gets until you reach the west of Scotland with its shockingly bad health and oral health. If we in Scotland preside over the worst of it, then it's no wonder that NHS dentistry is more prominent in our model of care and that we derive a larger proportion of our funding from it. The arguments that the BDA are making in Westminster are, arguably, more relevant in Scotland. Are they trying to make it look so bad that patients have sympathy with dentists moving towards solely private care?

Pointing to the changes made in Scotland as a better way forward, we should look at how this is panning out a few months in. In particular, following the first serious amendments in version 163, I feel it is worthy of review.

First and foremost, we're getting paid. The new system seems to be coping with the changes both from the point of view of software providers and PSD. It is not functioning perfectly yet. I know that Carestream is working through some problems, but it is improving. Our staff are coming to terms with the new codes and provisos. All in all, I'd say we're finding it simpler and probably fairer to patients and dentists. Certainly better in terms of remuneration, particularly some of the fees which were very out of date in terms of their viability, especially lab work related items.

I do find the 'unscheduled care' code a little problematic when people turn up with multiple problems. It falls short of fair in those circumstances. I think the composite supplement should be a 'per tooth' code rather than per filling. It would just be so much simpler to administer and the software providers could add it automatically rather than having to select multiple options.

I think the amendments made recently should be seen as a measure of how reasonably the codes are being applied. There are certainly things which need clarification, but I feel these changes have been well considered and reflect pragmatic improvements to benefit us and our patients.

I think many people feared that the 'high trust, light touch' environment would vanish pretty quickly. That doesn't appear to be affected by this first round of changes and I hope it comforts those doubters. I also hope that ethos continues.

If things are generally positive, the question would be: are they positive enough? Does this new dawn make dentists want to stay in the NHS or at least provide a significant amount of NHS dentistry?

Time will tell. However, the number of people looking for an NHS dentist is very high. Only yesterday I heard of another practice where I stay advising their patients of a shift to private care. This is not uncommon and many other practices are not taking on new patients. Where do patients looking for NHS care go?

This is the problem for the Scottish Government. How can we push more people through a system when the cogs want to run more slowly.

It will be fascinating to see the results of the workforce planning research due out in April. I wonder if the results will ever see the light of day. Probably time for an FOI request to assess what's really happening in dentistry. Especially, if they ask questions about access of registered patients to urgent care and assess the value for money the Scottish Government is getting for its capitation payments.

The ultimate question is does NHS dentistry have a future? Are there ways to affect this other than pay more? I don't think there are short term fixes that will do much. We need to train many more dentists in Scotland. Most will stay, creating a larger pool of professionals to supply a static population. This will drive greater supply for patients, improve access and reduce the ability of dentists to force patients into private care.

The BDA will never suggest this because it will reduce our scarcity and bargaining power. However, the BDA doesn't get to make that choice. They don't dictate the university places or pay for them.

Keep the new SDR and enhance it. Keep the service funded well and train a lot more dentists. It's the only way I can see to improve things, but it'll take a decade or two to really work. Can we wait that long and can the government afford it? Can they afford not to?

CORDLESS ENDO MOTOR

CanalPro X-Move

Full Freedom of Movement

- Integrated apex locator with continuous rotation and reciprocating motion
- Insulated contra angle with super mini-head and slim neck
- Time saving and intuitive user interface – Pre-programmed files settings for COLTENE files

OFFER

BUY AN X-MOVE
HANDPIECE AND GET AN

**EXTRA
CONTRA ANGLE
HEAD FREE!**

Promo code: 60036546
Offer ends 30th June 2024.
From participating suppliers



FREephone 0800 254 5115
INFO.UK@COLTENE.COM
WWW.COLTENE.COM

COLTENE

'Hands-on' Perio & Prevention workshops (on the stand)
with Siobhan Kelleher and Lauren Long

BOOK NOW AT



Power that drives performance

Unparalleled power, performance and protection.

The new Ti-Max Z990L and Z890L High Performance Turbines fuse the very best of NSK technology, making treatment faster, safer, more comfortable and stress-free – for clinicians *and* patients.



Power from 30- 44W*

"The increase in torque over previous handpieces makes a big difference, especially when cutting through zirconia."

Alex Jones

Clinical Director, The Campbell Clinic



Lightweight and durable

"My first impression was their excellent grip. You can't help but wish that all your instruments had that same non-slip, metallic finish."

Edward Li

Clinical Director, the a.b.c. smile



New Quick-Stop function

"The quick-stop function is invaluable when treating older patients, who may have tremors or are unable to keep their mouths open for long."

Rustom Moopen

Principal, Panshanger Dental Practice



100° angle head

"The 100° angle head gives the best of both worlds and means you can use one handpiece to access all areas. Where space is an issue, the smaller head gives extra visibility."

Andrew Legg

Dental Surgeon, The Campbell Clinic



Call Angela Glasgow on **07525 911006**
or email aglasgow@nsk-uk.com

**TRY
BEFORE
YOU BUY**



*Ti-Max Z990L with air pressure at 3 to 4.2 bar

Associate profits up 6.71 per cent

But increase could be a 'market correction' after 15 years of income stagnation

THE National Association of Specialist Dental Accountants and Lawyers (NASDAL) has published their annual Benchmarking Report for the financial period, 2022-23.

The figures show that:

- Average Associate remuneration is up for the second year in a row from £75,488 to £80,554 – a 6.71 per cent increase.
- A small increase in typical practice profits but smaller than inflation (from £172,291 in 2022 to £175,063 in 2023).
- A reduction in private practice profit – a drop from £178,513 in 2022 to £175,800 – but still returning to expected levels (2022 was higher due to the impact of the pandemic).
- Differential of profitability between NHS and Private practices – £17,893.
- Practices with Associates still show much higher average net profit per Principal – £181,170 versus £146,843 single-handed in this year's figures.

Ian Simpson, a partner in Humphrey and Co, which conducts the statistical exercise said: "This year's figures did fulfil our expectations. We had expected a small rise in practice profits overall and to also see private practices fall back somewhat after the heights of the 'Zoom boom'.

"There is still a big gap in profits between NHS and mixed and private practices and it is difficult to see this gap ever closing as NHS practices cannot pass on increased material and wage costs.

"The continued growth of associates' income is welcome but likely to be a 'market correction' as their incomes have been so static for the last 15 years or so.

"As we look forward to the 2024 figures, we expect to see a continuation of growth – perhaps across all sectors? It will be an election year and an incoming government may spend more on NHS dentistry. However, we are in a recession so private and mixed

practices will have to work hard to grow their businesses whilst keeping costs under control."

Heidi Marshall, the chair of NASDAL added: "One interesting point to note is that the 2022-23 figures saw a reduction in the number of NHS practices and an increase in the number of mixed and private practices in the sample. Statistical anomaly or change in the market? Time will tell..."

The annual Benchmarking Survey statistics are gathered from the accountant members of NASDAL across the UK who together act for more than a quarter of self-employed dentists. The statistics provide average 'state-of-the-nation' figures so NASDAL accountants can benchmark their clients' earnings and expenditure and help them run their practices more profitably. The basis of the survey figures is 2023 tax returns and accounts with year ends up to 5 April 2023.

Athlete oral health survey

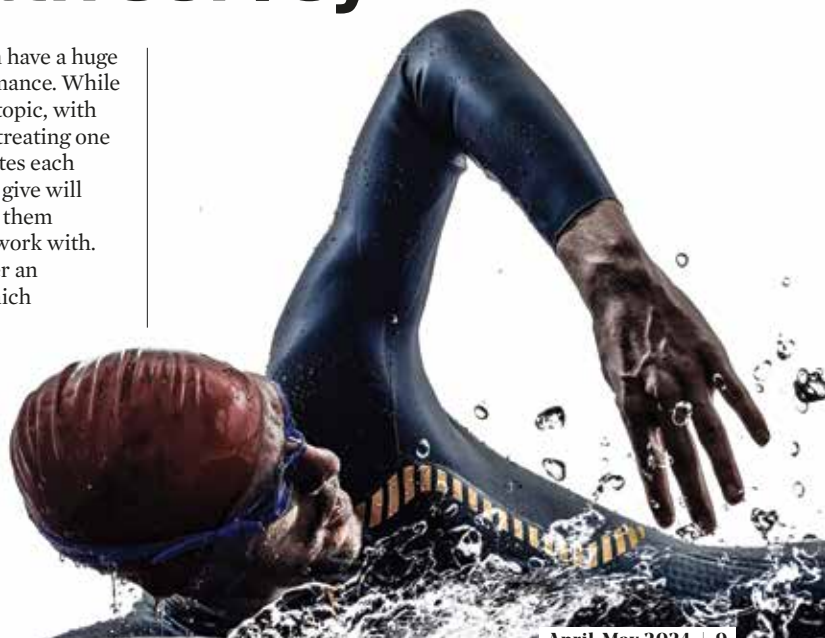
DID you know that dental disease risk appears to be increased among elite-level athletes and that poor oral health directly impacts on sports performance?

The University of the West of Scotland is carrying out a research study, looking at the advice and preventative care provided by dentists, dental hygiene therapists and dental hygienists to patients involved in competitive sports.

They are also interested in why they make decisions relating to disease prevention in athletes and what barriers are faced when providing dental care to this group specifically.

Poor dental health can have a huge impact on sports performance. While this may appear a niche topic, with a practice typically only treating one or two competitive athletes each year, any insight you can give will be incredibly valuable to them and to the athletes they work with.

They have put together an online questionnaire, which will take approximately 10 minutes to complete, aimed at gathering information on the topic of athlete oral health. Visit tinyurl.com/2ty76vs6 to access the questionnaire.



Highlighting help

DDU showcases member's work in understanding pressures faced by dental professionals

THE Dental Defence Union (DDU) has showcased the work of one of its members, John Lewis, trustee of the charity ConfiDental, a confidential signposting helpline available to dental professionals.

In the latest edition of the *DDU journal*¹, John, who is also a practice owner and CQC adviser, describes how professional isolation is a barrier to good mental health in dentistry and the importance of active listening and giving people the time and space to reflect on professional and/or personal challenges.

John notes the significant role of senior managers to notice warning signs and act if they are concerned about the mental wellbeing of a colleague. He said: "It might be someone has become quieter than usual, or they suddenly go over the top about something, or they look tired because they aren't sleeping. You could see a depreciation in the quality of their work, such as not getting referrals and other paperwork done on time, which might easily lead to complaints, and the final stage might be alcohol or substance misuse."

Worryingly, more than a third of calls to the helpline have come from dentists who qualified in the last five years and are now thinking of leaving the profession, which John believes is partly due to COVID. "I speak to dentists who didn't do any dentistry in their fourth year of training, who only had six months as an FD or missed out on their FD year entirely. It's not been a nice introduction to professional life," he said. Additionally, John also emphasises the damaging impact of myths and misinformation, often shared on social media, on the dental profession. "One thing I find a lot is that people worry that their subscription will go up if they contact their dental defence organisation for dento-legal advice, and I always reassure them this simply won't happen," he said.

Indeed, the DDU, in its role as a dental-defence organisation, offers a wide range of health and well-being support services as part of its membership to compliment the services provided by ConfiDental.

For example, the DDU's peer support programme, which connects members



with a reassuring colleague who has been through a similar experience, as well as the personalised support provided to members by both the DDU's knowledgeable dento-legal advisers and in-house legal team.

Additionally, the DDU offers a contract checking service which provides support to associates and principals with a growing range of issues arising from associate agreements. If you need to talk to a fellow dental professional in confidence, call ConfiDental on 0333 987 5158. DDU members can also contact their team of expert dento-legal advisers (www.theddu.com/about-ddu/contact-us).

¹tinyurl.com/4x96djy8

New union for dental nurses

THE trade union Community has announced that it will be creating a dental nurses' section. It said it was approached by a group of self-organised dental nurses called who wanted a new union for dental nurses to join to better tackle the workplace issues they face.

Roy Rickhuss, Community's General Secretary, said: "At a time when nationwide access to dental services is in crisis, there is a growing awareness of the vital work dental nurses do both in supporting dentists to care for patients, helping to streamline procedures, and delivering critical safety practices within the surgery."

"We also know there are increased pressures on dental nurses, so it's really important that they have as many people fighting in their corner as possible. We look forward to standing with dental nurses across the UK and becoming a strong voice for the sector – something these workers need and deserve."

Celie Brookes, a dental nurse and Community member, said: "Dental nurses



have been facing significant issues for some time. There is often a lack of respect, recognition and reward for the vital part that they play in the dental team. All of this compounded by the immense pressure that the sector has been placed under.

"There's a real feeling in the profession that dental nurses just haven't had a strong enough voice from the floor, fighting for them. We have made fantastic strides so far and are proud to be working with Community Union to represent nurses in the dental sector."

Envision your future practice

With the new Carestream Dental CS 8200 3D Family

State-of-the-art CBCT imaging is now within reach and without compromise. Explore our family of solutions including the new CS 8200 3D Access and the CS 8200 3D Neo Edition.

Discover more confident diagnosis, broader treatment options and better patient engagement with advanced imaging technology that boosts in-office procedures and provides the chance to expand your business.

Learn more at [Carestreamdental.com](https://www.carestreamdental.com)



NEW!
CS 8200 3D
Access

CS 8200 3D
Neo Edition



Laboratory model enables researchers to explore the mouth's response to oral disease

RESEARCHERS have created a three-dimensional model of the oral mucosa that can be used in studies to test its response to a range of bacterial and other infections.

The model, created by experts in dentistry and immunology at the University of Plymouth – and described in the *Journal of Tissue Engineering* – is formed from a collagen hydrogel containing cell types commonly found in the human body.

In a series of tests, the researchers analysed the model's response to a range of pathogens including *Candida albicans* and *Staphylococcus aureus*.

They found it behaved similarly to responses observed in other studies involving real patients, indicating it could be implemented for the wider study of oral infection.

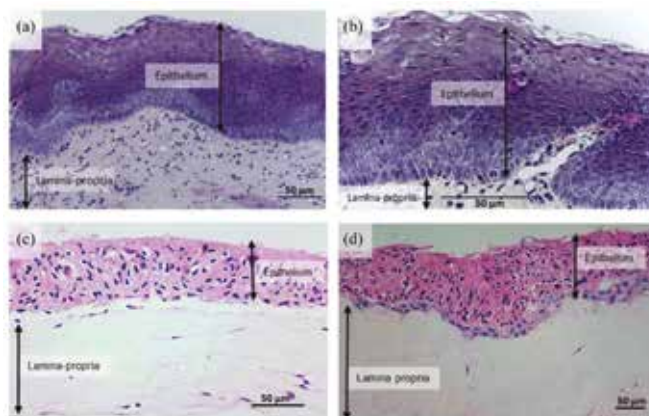
Specifically, they plan to use it to assess how the oral mucosa—the tissue similar to skin which lines the inside of the mouth, including the inside of cheeks and lips—might respond to long-term denture wear.

With epithelium not limited to the oral cavity, the researchers also believe such models may also have a potential research role for illnesses of the digestive system, such as Crohn's disease.

“Developing three-dimensional tissue models is a critical element of our dental research,” study leader Dr Vehid Salih said.

“They offer a degree of versatility that mimics the in vivo physiology of a specific tissue, as well as a reproducible and controllable process that we can use to investigate particular pathologies and diseases.

“The results we have seen from this particular model suggest it is a recreation of the oral cavity that we can use for a wide range of dental research. That includes the testing of oral healthcare products or modelling oral cancer invasion, periodontal disease and denture stomatitis. The model could also be developed further to offer the potential of determining the wider immune response to infection through the incorporation of multiple immune-cell types.”



Introducing Ian Cumming

Dentist

BDS (Hons), DipRestDent, DipConSed,
PGCert (Orthodontics), Dip.MJDF
GDC No. 191060



Ian qualified from Glasgow Dental School in 2010. He has worked in several practices across Glasgow and the West of Scotland, before joining Clifton Dental and Implant Clinic in July 2022. Ian is committed to further education and training to help improve patient care.

He gained a MJDF diploma at The Royal College of Surgeons of England in 2012, Postgraduate Diploma in Conscious Sedation from Newcastle University in 2015, and a Diploma in Restorative Dentistry from University of Chester in 2019. In addition to this, he has also completed further training in facial aesthetics and dermal fillers, clear aligner orthodontics, smile design and teeth whitening. The experience and skills gained from this extensive training allows Ian to assess and treat patients with more complex treatment needs.

He aims to provide the highest quality treatment options for his patients, helping them achieve the smiles they have always desired, in a relaxed and friendly environment.

Ian is happy to accept referrals in all aspects of restorative dentistry and clear aligners.

If you would like to refer a patient to Ian, please fill out the form on our website. cliftondentalclinic.co.uk/dentistarea/referrals

0141 353 3020 | 4 Clifton Street, Glasgow, G3 7LA

New method to test for oral cancer

It uses a scoring system linked to the levels of two proteins in cells recovered from oral swabs

A TEAM of researchers has discovered a non-invasive, low-cost test to detect oral cancer, monitor pre-cancerous lesions and determine when a biopsy is warranted.

The findings, published in the journal *Cell Reports Medicine*¹, are based on a scoring system linked to the levels of two proteins in cells brushed from suspicious oral lesions of patients. One of the proteins (human beta defensin 3 or hBD-3) is expressed at high levels in early-stage oral cancer, while the second (hBD-2) is low or unchanged.

The ratio of hBD-3 to hBD-2 in the lesion site – over the ratio of the two proteins on the opposite, normal site – generates a score, called the beta defensin index (BDI). A score above a predetermined threshold implies cancer; anything below does not. Determining the levels of the proteins and quantifying the BDI is done routinely in a lab.

The BDI was independently validated using identical protocols at the University of Cincinnati Medical Center and West Virginia University School of Dentistry. “When we first discovered hBD-3, we saw it acted as a ‘good guy,’ involved in wound-healing and killing microbes,” said Aaron Weinberg, chair of the Department of Biological Sciences at the Case Western Reserve School of Dental Medicine in Cleveland, Ohio, and the study’s lead researcher.

“When we found it was regulated the same way certain cells grow



uncontrollably, we started studying hBD-3 in the context of oral cancer. Imagine our surprise when this Dr Jekyll turned out to be Mr Hyde. We found it was not only promoting tumour growth but was overexpressed in the early stages of the disease, while another member, hBD-2, wasn’t changing.

“This difference in levels of expression of the two proteins compared with the opposite side in the same patient led us to examine the BDI’s ability to distinguish cancer from benign lesions.”

The study’s lab-based approach, which is now patented, can reduce biopsies in primary care clinics by 95 per cent because it can tell clinicians who needs a biopsy, said Weinberg. The test can also be used in developing countries where

oral cancer is rampant and pathology services are questionable or lacking, he said.

The positive data from the lab-based approach has inspired the development of a point-of-care (POC) device in collaboration with Umut Gurkan, the Wilbert J. Austin Professor of Engineering at the Case School of Engineering. The POC diagnostic approach measures the protein ratio and could be used directly in a clinic, providing results within half-hour.

Working through Case Western Reserve’s Technology Transfer Office, a patent for the device is pending, setting up possible manufacturing and clinical validation as a next step.

tinyurl.com/2hdjj4at

Clinic to add up to 2,000 patients following expansion

SCOTTISH DENTAL CARE has been busy completing work on a third surgery at its recently acquired Barrhead Dental Clinic.

It will allow the clinic to accept an additional 1,500 to 2,000 patients, taking its capacity to 5,000. The practice is also looking to recruit a dentist and a hygienist.

Christopher Friel, co-founder, said: “Expanding Barrhead Dental

Clinic represents a continuation of our growth plans.

“This will help attract more patients seeking NHS and private dental care in the area, while also providing new opportunities for professionals looking for a role at a thriving practice.

Barrhead Dental Clinic, located in the Barrhead Health & Care Centre, underwent a complete refurbishment

in 2019. Scottish Dental Care acquired the practice in June last year.

Practice Manager Hayley Allan: “We’re seeing a rising demand for services, this expansion will help us attract new patients, but also a new dentist and hygienist.

“We’ve been a staple dentist in the community for a number of years and look forward to welcoming new patients.”

New guidance on perio disease

SDCEP provides practical recommendations to support dental teams



IN newly updated clinical guidance, NHS Education for Scotland's (NES) Scottish Dental Clinical Effectiveness Programme (SDCEP) has brought together the latest advice on periodontal disease

classification and treatment within one digital resource. The second edition of *Prevention and Treatment of Periodontal Diseases in Primary Care* is based on the best available evidence

using SDCEP's NICE-accredited methodology.

The guidance describes the principles of periodontal care, patient assessment, diagnosis, treatment and long-term care, and provides clear and practical recommendations and advice to support dental teams working with patients to maintain or improve gum health. For the first time, SDCEP is presenting this guidance within a dedicated website¹ to aid accessibility, navigation and updating. Various tools to support the implementation of the guidance, including information for patients, are also available.

Madeleine Murray, Specialist in Restorative Dentistry and Chair of the group that

developed the second edition of the guidance, said: "We have comprehensively updated this guidance and are excited to be providing it in this new format.

"By following the recommended prevention and treatment strategies, dental teams should be well-placed to identify patients with, or at risk of, periodontal disease and to provide care that is tailored to each patient to improve their oral health and, in some cases, their general health."

¹www.periodontalcare.sdcep.org.uk

Preventing and treating periodontal diseases, page 22

S.H. MEHTA pharmacy

34 ADMIRAL STREET,
Next to MEDICAL CENTRE
GLASGOW G41 1HU
TEL: 0141 429 1884

Cosmetics • Toiletries • Perfumes
Health dietary products • Baby goods
Patient & medication records kept
Photographic • Nursing home supplies
Diabetic and blood pressure meters
Smoking cessation products*
headlice products*



(*as per NHS Greater Glasgow guidelines)

SHOP WHERE SERVICE AND VALUE COUNT

Peri-implantitis diagnosis 'is lacking'

THERE is lack of awareness of the diagnostic criteria of peri-implantitis among general dental practitioners (GDPs), according to a study¹.

Peri-implant disease is the main reason for implant failure, by causing bone loss around the implant.

GDPs routinely see patients with dental implants and, therefore, awareness of risk factors for peri-implant disease and early diagnosis is essential for appropriate management.

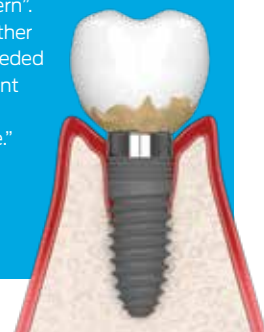
The aim of the study was to assess the awareness of GDPs in diagnosing peri-implantitis, with a view to identifying potential training needs. More than 200 responses were received to a questionnaire.

The study brought into light the lack of knowledge among general dental practitioners regarding the formal diagnostic criteria of peri-implantitis.

While most practitioners said they were aware of the legal implications of failing to diagnose the condition, a minority revealed that they do not probe around implants or specifically examine implants during a routine examinations.

The study authors said this was "a concern". They added: "This study reinforces that further CPD courses by education providers are needed in the diagnostic criteria, appropriate implant referral situations and risk factors of peri-implantitis in order to optimise patient care."

¹www.nature.com/articles/s41415-024-7136-y



GDC publishes workforce data

Regulator says the results provides insight into the issues affecting dental professionals and patients

THE General Dental Council (GDC) has published data about the working patterns of dentists.

It follows the regulator's commitment last year to "play its part in supporting the sector to better understand workforce challenges and illuminate the public debate on the dental workforce".

The GDC's research has already shown that the dental workforce was under pressure and patients' access to NHS dentistry was affected.

The regulator worked with stakeholders to understand the workforce information that would be of value to them.

As a result of the feedback, the GDC asked a small number of additional voluntary questions.

As part of their annual renewal, 25,159 (57 per cent) dentists responded to the work patterns survey, of which 24,152 were working in the UK dental sector.

The key highlights show that of the responding dentists:

- The majority (85 per cent) spend at least 75 per cent of their time in clinical practice, and a further 10 per cent say they undertake a mix of clinical and non-clinical work.
 - 19 per cent said they provided only private care, with no NHS care, and a further 14 per cent said they predominantly provided private care (taking up more than 75 per cent of their time).
 - Only 15 per cent are fully NHS, with no private care, and a further 27 per cent said they are predominantly NHS (more than 75 per cent of their time).
 - 42 per cent said they were working 30 hours a week or less.
 - 38 per cent regularly work in more than one location.
 - Nine per cent are working as specialists.
- The data includes information on the

proportion of dentists who are providing NHS care and private care, whether they are working in clinical or non-clinical roles, and how many hours they are working.

The data was collected from dentists only. A similar exercise to collect work pattern data for dental care professionals (DCPs) is planned as part of the DCP annual renewal process later this year.

Stefan Czerniawski, the GDC's Executive Director, Strategy, said: "For the first time, there is now a rich picture of where dentists work, the balance between private and NHS practice, and the balance between clinical and non-clinical roles and activities, across the four nations of the UK.

"It will support planning and decision making by health services, governments, dental providers – and of course dental professionals themselves – to help ensure that patients get the care they need."

New rules and fees for international registration

THE General Dental Council (GDC) has agreed on new rules for the registration of internationally qualified dentists and dental care professionals, and a new application processing fee for overseas-qualified dentists who want to sit the Overseas Registration Exam (ORE).

The application processing fee has been set, in line with the regulator's fees policy, at a level that covers the cost of processing only. This is when the GDC carries out checks on qualifications, character, clinical experience and English language competence before adding someone to the ORE candidate list.

The GDC proposed introducing an ORE application processing fee in its consultation on international routes to registration for dentists and dental care professionals, a suggestion that was supported by a majority of respondents.

ORE candidates currently pay an examination fee for each sitting of the ORE, including any retakes. The GDC will be holding examination

fees at current levels until the end of this year, under transitional arrangements which end on 31 December 2024, around the time that the current ORE contracts end. These examination fees were set at their current levels nine years ago.

New examination fees will be in place from 1 January 2025 based on recovery of current costs. It may be necessary to revise examination fees when new contracts are in place in 2025 to ensure that the revised fees align with new contract arrangements.

In the past year, the GDC has established new rules for the registration of internationally qualified dentists and dental care professionals, tripled the number of ORE Part 1 places and increased capacity in the ORE Part 2 by a third.

Gurvinder Soomal, Interim Chief Executive Officer and Registrar, said: "The aim of these reforms is to create a modern system of international registration which is fair to applicants, efficient to deliver, and above all is rigorous in protecting patients."

Third of NHS patients miss check-up

FoI request also revealed a quarter have not seen an NHS dentist for five years

MORE than a third of patients registered with an NHS dentist went without a check-up or treatment for three years, according to data.

Figures obtained by the Scottish Liberal Democrats using freedom of information (FoI) laws also show that almost a quarter of the 5.16 million people registered last September had not seen an NHS dentist for five years. The party said that the Scottish National Party (SNP) is leaving both dentists and patients “in the lurch” and warned some people are resorting to “drastic and barbaric options” to obtain treatment.

The figures show around 1.8 million people, 36.7 per cent of patients registered with an NHS dentist, as of 30 September, had not received treatment within the past three years, while one in 10 (10.9 per cent) had not been seen for a decade. The Scottish Government said that since last

September it had introduced “significant dental payment reform” with the aim of encouraging dentists to provide more NHS dentistry, and that in the first month following these changes, nearly 400,000 patients were seen by an NHS primary care dentist.

Alex Cole-Hamilton, Scottish Liberal Democrat leader, said: “Being registered with a dentist is not a mark of accessibility. These figures expose the reality that under the SNP, more than a third of registered patients haven’t been seen in the last three years, while one in 10 haven’t had a check-up or any treatment for more than a decade.”

The figures, from Public Health Scotland, show almost a quarter (24.3%) of those registered have not seen an NHS dentist for five years, amounting to around 1.25 million people. The Scottish Government said that the data precedes the introduction

of NHS dental reform from 1 November last year and cannot be taken as indicative of current participation.

A Scottish Government spokesperson said: “We remain committed to improving access to NHS dentistry in Scotland, following the significant interruption posed by the pandemic and – since this snapshot as of 30 September 2023 – have introduced significant dental payment reform with the aim of encouraging dentists to provide more NHS dentistry.”



Blackhills

Specialist Dental Clinic

Central Scotland’s award winning specialist, multidisciplinary referral clinic

Referrals welcome for dental implant treatment, fixed & removable prosthodontics, periodontology, oral surgery, endodontics, dental radiology and cone beam CT scanning.



Graeme Lillywhite
GDC Reg No: 68916



Marilou Ciantar
GDC Reg No: 84070



Brian Stevenson
GDC Reg No: 77605



Nadir Khan
GDC Reg No: 61209



Lorna Harley
GDC Reg No: 79246



Stephen Ferrier
GDC Reg No: 695432



Adela Laverick
GDC Reg No: 66211



Donald Thomson
GDC Reg No: 70079

Call us on **01764 664446** Quick, easy, online referrals.

Your patient contacted same day of referral.

Less than 1 hour from Edinburgh & Glasgow; 30 mins from Dundee.

South of Perth, on the main A9. On site parking.

www.blackhillsclinic.com

“Share the care with a Specialist”



Eurus | S8

Our **fully ambidextrous** treatment centre enables the **perfect** left or right handed set-up for a **comfortable, efficient** workflow



See our **Eurus S8** treatment centre on **Stand C06 & C09** at the **Scottish Dental Show**

Glasgow **May 31st/June 1st**

Belmont

Perfecting the art of dentistry

belmontdental.co.uk

Glasgow to host World Endodontic Congress



The congress aims to leave a legacy of endodontic advancement, say organisers

THE International Federation of Endodontic Associations' 2024 World Endodontic Congress will take place in Glasgow from 11 to 14 September at the Scottish Event Campus (SEC).

The congress is being organised by the British Endodontic Society (BES) and is expected to attract around 3,000 attendees. The event, which is held biennially and is marking its 14th anniversary this year, encourages endodontic clinicians to meet and discuss progress in the field and presents an opportunity for collaboration to find solutions and inspire development.

Expert speakers from around the world, including Dr Daniel Černý, Professor Elisabetta Cotti, Dr Adham Abdel Azim,

Dr Phil Tomson and Professor Paul Lambrechts, will present on cutting-edge endodontic techniques.

The programme will also include pre-congress workshops on topics such as endodontic microsurgery, orofacial pain and minimally invasive and predictable removal of broken files.

Dr William McLean, professor of endodontics at the University of Glasgow and the 2024 Congress Chair, said: "The BES is very excited to have the opportunity to host this prestigious congress and aims to attract endodontists, other dental specialists, general dental practitioners and students from Europe and around the world. In delivering a contemporary programme

we aim to leave a legacy of endodontic advancement going forwards."

The organisers have also arranged an engaging social programme for the congress days. Attendees will be greeted with a welcome reception at the congress venue on Wednesday evening.

On Thursday night, a dinner and ceilidh will take place at Merchant Square. A formal dinner is scheduled for Friday evening at the Kelvingrove Art Gallery and Museum. For golf enthusiasts, there is an opportunity to sign up for pre-congress golf tours.

More information on the congress and registration can be found at ifea2024glasgow.com

College council to represent whole dental team

THE College of General Dentistry (CGDent) is expanding its elected national representation to encompass the whole dental team.

Elections are held each year for seats on the College's Council, and this year, for the first time, four role-based seats will be elected: one each representing dentists, dental hygienists and therapists, dental nurses and orthodontic therapists, and dental technicians and clinical dental technicians.

Those elected will serve three-year terms starting in June this year, during which they will help to shape the College's development, can be involved in areas such as careers, policy and standards, and be eligible to vote and stand in the annual election of two Vice Presidents of the College.

The elections, which are the latest step in a journey to build a Royal College for the general dental team, are taking place 20 years after the College's predecessor organisation, the Faculty of General Dental Practice UK (FGDP), began admitting Dental Care Professionals (DCPs) into affiliate membership.

However, affiliate members – a category distinct from the associate membership and higher grades of membership then available only to dentists – could not progress in membership, nor stand for elected office or vote in elections, and their board representative did not carry a vote.

When the FGDP transferred into the College, CGDent became the first organisation of its type to allow all qualifying dental

professionals into substantive membership, with full membership and associate fellowship opened to all team roles in 2021, followed by Fellowship in 2022.

cgdent.uk/2024/02/15/notice-of-elections



ADEE and BARDES sign MOU

Aims to advance oral health professionals' education

THE Association of Dental Education in Europe (ADEE) has signed a memorandum of understanding (MOU) with the British Alliance of Research in Dental Education and Scholarship (BARDES).

The MOU puts in place a framework for joint activities between ADEE and BARDES where there is mutual interest and opportunities to advance oral health professionals' education.

A spokesperson for the ADEE said: "We very much value the contribution of [BARDES'] UK members in our activities and see this MOU as a key future enabler of this collaboration."

The MOU was signed by Dr Vivian Binnie, BARDES President and a senior clinical teacher at Glasgow Dental Hospital and School, and Professor Barry F. A. Quinn, ADEE Secretary General.



DATES FOR YOUR DIARY

2024

20 APRIL

BSDHT Scottish Regional Group Event

Minto Dental Care and Implant Centre, Edinburgh
tinyurl.com/36nx3bax

17-18 MAY

British Dental Conference & Dentistry Show

NEC, Birmingham
birmingham.dentistryshow.co.uk

31 MAY-1 JUNE

Scottish Dental Show

Braehead Arena, Glasgow
sdshow.co.uk

7 JUNE

VR-Haptic Thinkers Meetup

University of Utah, Salt Lake City, US
vrh-t.com

7-8 JUNE

Invisalign Live Summit 2024

Convene Sancroft, St Paul's, London
cloud.emea.invisalign.com/
invisalign-live-2024

11 SEPTEMBER

IFEA World Endodontic Congress

SEC, Glasgow
ifea2024glasgow.com

12-15 SEPTEMBER

FDI World Congress

Istanbul Congress Center, Turkey
2024.world-dental-congress.org

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



glasgow orthodontics

When it comes to orthodontics, the quickest isn't always the best but our city centre location means we are clearly the fastest route for your patients to straight teeth.

For more information Call 0141 243 2635, Email simon.miller@nhs.net
Glasgow Orthodontics, Sterling House, 20 Renfield Street, Glasgow G2 5AP
glasgoworthodontics.co.uk



Simon Miller
GDC No. 57917
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),
MFDS, MSc, M.Orth, RCS



Sheena Macfarlane
GDC No. 53199
BDS (Glasgow 1979), BSc



Paul Mooney
GDC No. 178517
BDS (Glasgow 2009),
MFDS, MSc, M.Orth, RCS

New head of dental at Christie & Co

Appointment of Joel Mannix is 'a testament to his exceptional management qualities'

SPECIALIST business property adviser Christie & Co has promoted Joel Mannix to the position of Head of Dental for the UK.

Originally from rural Australia, Joel relocated to Scotland in 2013 and started a career at Christie & Co in 2018. Since then, Joel has sold practices across the length and breadth of Scotland and Northern Ireland, from single asset sales to larger group transactions, and has been involved in some of the landmark sales within the dental sector.

In his new role, Joel will spearhead the brokerage side of the business, leading an award-winning UK-wide team of dental business advisors. The position was previously

held by Paul Graham who was promoted to Managing Director of the company's medical division in January 2024.

"I'm excited to take on the role of Head of Dental at what is a pivotal time in UK dentistry – a year of balanced growth and stability that will continue to prove the resilience of this needs-based sector," said Joel.

"It's an honour to take on this position following on from Paul who, over the last decade, alongside Simon Hughes, has done a phenomenal job at establishing what is now a core sector at Christie & Co. I'm so proud to be part of this fantastic, award-winning team, and I look forward to enhancing its profile and implementing my vision for success in 2024 and beyond."

Paul Graham said: "Joel's promotion is a testament to his exceptional management qualities, profound understanding of the dental market, and the significant contributions he has made to our team. Joel is a charismatic and well-liked individual, and his appointment will undoubtedly lead our dental team to new heights."



I'M EXCITED TO TAKE ON THE ROLE OF HEAD OF DENTAL AT WHAT IS A PIVOTAL TIME IN UK DENTISTRY"

Clyde Munro – supporting career development for dental therapists



CLYDE MUNRO understands what it takes to achieve successful career development as a dental therapist, which it offers a dedicated educational programme for individuals joining Scotland's leading dental group.

The year-long initiative builds dental therapists' existing skills, helping them

work confidently within their full scope of practice for exceptional patient care.

It puts prevention at the fore, covering a wide range of topics including fluoride varnish application and fissure sealants, restorations and extractions of deciduous teeth, periodontal treatment, taking radiographs and so much more.

Dental therapists also have access to clinical support whenever needed, with a network of highly skilled clinicians available to ask questions and seek advice from.

With Clyde Munro, dental therapists can join a practice full-time without compromising their career progression. Find out more from the Clyde Munro team today.

A career in Scotland

THERE are many benefits to living in Scotland. Not least of these are the stunning scenery and great outdoor pursuits, a vibrant culture, fascinating history, excellent education and healthcare, lower cost of living than other areas of the UK and a booming economy.

Clyde Munro also offers an array of benefits for all members of their practice teams across the country. These include training solutions, dedicated support and a range of technology, such as digital scanners and various other digital investments.

Could your next career move take you to Scotland? Find out more about what Clyde Munro could offer you today.




Find out more about the career opportunities and vacancies available with Clyde Munro today at careers. clydemunrodental.com or contact joinus@clydemunrodental.com for a confidential chat

Level 7 Certificate in

RESTORATIVE DENTISTRY

Learn the theoretical & practical principles behind Restorative Dentistry.

 **Belfast, June 2024**

This Level 7 course combines theory with practical sessions to ensure a truly transformative educational experience. Join us as we explore the fundamental aspects of dental success, focusing on Occlusion - the most important subject in dentistry according to our Founder and Clinical Lead, Professor Paul Tipton. Delve deep into a variety of essential topics, from Articulators, TMD & Occlusal Splints, to Endodontics and Perio. Sink your teeth into Tooth Preparations, Adhesion Composites and Treatment Planning and learn all about Posts and Bridge Design.

Duration:	15 modules over 12 months
Enhanced CPD:	66 hours
Course Fees:	£9,480 (inc VAT)
12-month Direct Debit:	£790p/m (inc VAT)



Contact Us Today!
0161 348 7849
www.tiptontraining.co.uk
enquiries@tiptontraining.co.uk

Accredited By:

EduQual



Royal College
of Surgeons
of England



Level 7 Certificate in

OPERATIVE DENTISTRY

(The Phantom Head Course)

Level up your clinical skills and develop techniques required to prepare & restore teeth for a wide range of restorative procedures.

 **Glasgow, June 2024**

This Level 7 course is a 100% practical, hands-on course. With the use of Phantom Heads you will practice operative dentistry techniques, easily implemented into practice the very next day. Within a nurtured and mentored environment you will work with Professor Tipton's hand-picked team of demonstrators to practice and perfect techniques related to Bonded Crowns, Ceramic Crowns, Porcelain Veneers, Ceramic Inlays / Onlays, Composites, Bridge Preparations and much more.

Duration:	10 modules over 12 months
Enhanced CPD:	60 hours
Course Fees:	£8,280 (inc VAT)
12-month Direct Debit:	£690p/m (inc VAT)



Contact Us Today!
0161 348 7849
www.tiptontraining.co.uk
enquiries@tiptontraining.co.uk

Accredited By:

EduQual



Royal College
of Surgeons
of England



PREVENTING AND TREATING PERIODONTAL DISEASES

WORDS
WILL PEAKIN

Scottish Dental Clinical Effectiveness Programme publishes new guidance

M

ost people in the UK at some point experience periodontal diseases in the form of gingivitis or, more seriously, periodontitis. In newly updated clinical guidance, NHS Education for Scotland's (NES) Scottish Dental Clinical Effectiveness Programme (SDCEP) brings together the latest advice on periodontal disease classification and treatment within one digital resource.

The second edition of *Prevention and Treatment of Periodontal Diseases in Primary Care* is based on the best available evidence using SDCEP's NICE-accredited methodology.

The guidance describes the principles of periodontal care, patient assessment, diagnosis, treatment and long-term care, and provides clear and practical recommendations and advice to support dental teams working with patients to maintain or improve gum health.

For the first time, SDCEP is presenting this guidance within a dedicated website¹ to aid accessibility, navigation and updating. Various tools to support the implementation of the guidance, including information for patients, are also available.

Madeleine Murray, Specialist in Restorative Dentistry and Chair of the group that developed the second edition of the guidance, said: "We have comprehensively updated this guidance and are excited to be providing it in this new format.

"By following the recommended prevention and treatment strategies, dental teams should be well-placed to identify patients with, or at risk of, periodontal disease and to provide care that is tailored to each patient to improve their oral health, and in some cases their general health."

Several organisations have endorsed the guidance as a source of reliable, high-quality professional advice. These include the British Society of Periodontology and Implant Dentistry, the British Society of Dental Hygiene and Therapy, the College of General Dentistry and the dental faculties of the Royal College of Surgeons of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow, and the Royal College of Surgery of England.

Professor Jan Clarkson, SDCEP's director, said: "This updated guidance draws on the best available evidence, including that generated in dental practice in the UK, and incorporates internationally agreed strategies for providing periodontal care. The new guidance will support dental professionals to provide periodontal care efficiently, thereby reducing waste of resources and effort and providing care more sustainably."

Professor David Felix, Postgraduate Dental Dean and Director of Dentistry at NES, added: "We welcome the publication of the new edition of *Prevention and Treatment of Periodontal Diseases in Primary Care* as a valuable resource for dental professionals in Scotland and beyond. SDCEP continues to support the delivery of oral healthcare which is safe, effective and person-centred by promoting new thinking and the adoption of research evidence into clinical practice.

"Broad professional support of this guidance is signified by the endorsement by several key stakeholders. Members of the development group are to be congratulated on their achievement in updating this important guidance."

Further information on the work of SDCEP is available at www.sdcep.org.uk

“

THIS UPDATED GUIDANCE DRAWS ON THE BEST AVAILABLE EVIDENCE”

REFERENCE

¹www.periodontalcare.sdcep.org.uk



Total **BIOFILM** Management

Satisfaction guaranteed, for clinician & patient



For supra and sub gingival cleaning to achieve **total biofilm management**



The powder jet handpiece is available with **two interchangeable sub and supra nozzles**, easily swapped mid treatment



The handpiece is **fully portable** and runs off standard high speed couplings, allowing easy movement between surgeries



The advanced powder is **completely water soluble** – no residue is left in the patient's mouth, the handpiece or the suction unit

For more information visit www.duerrdental.com/en/products/dental-care/

 @durr_dental_uk  Duerr Dental UK

Scottish Dental SHOW 2024

NEW SPEAKERS ANNOUNCED FOR SDS 2024

With more than 130 exhibitors and 60-plus educational sessions, the Scottish Dental Show is a must-attend event for the profession

WORDS WILL PEAKIN

The education programme features 60-plus lectures and workshops across the two days presented by 50-plus speakers, covering all eight GDC recommended topics as well as clinical expertise, dental education, wellbeing and sustainability.

There are sessions dedicated to dental nurses, hygienists and therapists, and practice managers. The business and finances of dentistry will be covered by experts in their field. The programme also includes an update from the Scottish Government on the reform of NHS dentistry.

With the programme delivered by a selection of world-class speakers and more than 130 exhibition stands, the Scottish Dental Show is a must-attend event for the profession.

he education programme features 60-plus lectures and workshops across the two days presented by 50-plus speakers, covering all eight GDC recommended topics as well as clinical expertise, dental education, wellbeing and sustainability.

There are sessions dedicated to dental nurses, hygienists and therapists,

and practice managers. The business and finances of dentistry will be covered by experts in their field. The programme also includes an update from the Scottish Government on the reform of NHS dentistry.

With the programme delivered by a selection of world-class speakers and more than 130 exhibition stands, the Scottish Dental Show is a must-attend event for the profession.

Among those speaking is **Brian Millar**, Professor of Blended Learning in Dentistry, King's College London. Professor Millar is Programme Director for the internationally popular Fixed and Removable Prosthodontics MClintDent course.

With 43 years' experience in clinical practice, he is an active specialist clinician in both hospital and private practice, particularly in treating tooth wear, aesthetic and occlusal problems utilising minimally invasive philosophies where possible. He was also involved in setting up online referrals and triage in restorative dentistry and improved referral pathways for the NHS.

Professor Millar's Lecture is titled *Smile design: how to design and create aesthetic restorations* and he will be speaking at 3pm on Friday 31 May and 12.30pm on Saturday 1 June.





Also speaking is **Dr Simon Crewe**, forensic odontologist. Dr Crewe has practised as a forensic odontologist since 1999 but acted as an assistant for many years previously. He appears for the prosecution and defence in criminal cases and as a single joint expert in civil procedures. He works for the coroner in identification cases and has worked for the Foreign and Commonwealth Office in a similar capacity.

Dr Crewe's 'non-forensic' work includes relief and development activities with several charities in West Africa, South Asia and Southeast Asia. His lecture, *Forensic odontology*, is at 9am on Friday 31 May and 8.30am on Saturday 1 June.



New to the show are sessions on sustainability and practice management. **Tracy Doole** will be *Spilling the tea on sustainability!* (12pm Friday 31 May). A dental hygienist, Tracy is involved with the BSDHT, in her local region of Northern Ireland, and recently was elected to the Executive Council of the BSDHT.

She is extremely passionate about providing oral health care to her patients and sustainability at home and work. Tracy has helped implement several sustainable protocols within her practices, to help reduce the impact the dental team and patients have on the planet.

Lisa Bainham, of Practice Management Matters, will be hosting two workshops: *Bite club: the first rules of creating an outstanding patient journey* (3pm Friday 31 May) and *Pulp friction: managing conflict and drama with your team and patients* (1.30pm Saturday 1 June). Lisa has gained a wealth of knowledge and experience over her last 24 years as a practice manager and is now supporting other practice managers in her role as president of The Association of Administrators and Managers.



Other speakers include Professor Paul Tipton, Dr Tariq Ali, Dr Lisa Currie, Tom Ferris, Dr Gillian Leslie, David Claridge, Dr Barry Oulton, Dr Tariq Bashir, Siobhan Kelleher, Lauren Long, Professor Peter Mossey, Richard O'Brien, Dr Philip Friel, Dr Sachin Jauhar, Fiona Andrews, Emma O'Keefe, Kayleigh Robinson, Illona McLay, Aubrey Craig, Flora Couper, Stephen Pryce, Gurjit Pall, Roy Hogg, Dr Mike Gow, Dr Arshad Ali, Dr William Keys, Dr Andrea Rodriguez, Dr Audrey Kershaw, James Green, Dr Mital Patel, Dr Clement Seeballuck and Mary Gonzalez.

The programme covers all eight of the GDC's Highly Recommended and Recommended topics:

1. Medical Emergencies
2. Disinfection and Decontamination
3. Radiography and Radiation Protection
4. Legal and Ethical Issues
5. Complaints Handling
6. Oral Cancer: early detection
7. Safeguarding Children and Young People
8. Safeguarding Vulnerable Adults

GDC topic speakers include Nick Beacher, Christine Park, Julie Willis, Professor Mike Lewis, **Natalie Cook**, Professor Mark Greenwood, Aubrey Craig, Emma Riley, Ian Corbett and Professor James McCaul.

The education programme at the Scottish Dental Show 2024 can provide up to 10 hours of verifiable Continuing Professional Development (CPD) in compliance with the General Dental Council's Enhanced CPD scheme regulations.

Running throughout both days of the show will be NSK Ikgai hands-on workshops: *Piezo tip selection, air-polishing and maintaining composites* hosted by **Siobhan Kelleher** and **Lauren Long** (see www.sdmag.co.uk/nsk-ikigai-workshops-sds-2024 for more details and to book).

Register today for the Scottish Dental Show 2024 at Braehead Arena, Glasgow, 31 May – 1 June (Lecture and Workshop booking will be available in the coming weeks). sdshow.co.uk





A selection of presentations

Smile Design: how to design and create aesthetic restorations – by Brian Millar
Aim: to provide a deeper understanding of how to design and create aesthetic restorations in the smile zone.

The Essentials of Tooth Preparation – by Paul Tipton
Aim: to provide delegates with a modern overview of accurate and detailed tooth preparation techniques.

Intraoral Scanning: successful adoption – by David Claridge
Aim: to understand how digital workflows and digital-focused clinical days can easily pay for your hardware investment, and then deliver profit and reduce chair time and stress.

Hypermobility and Dentistry – by Audrey Kershaw
Aim: to improve awareness of the relevance of hypermobility syndromes to dentistry and give an understanding of common dentally relevant comorbidities of hypermobility syndrome.

Human factors in dentistry – by Aubrey Craig
Aim: to enable you to drive positive change, and reduce your own and team risk, when providing dental care.

Bite Club: the first rules of creating an outstanding patient journey – by Lisa Bainham
Aim: to introduce participants to a set of rules for creating an outstanding patient journey, so that they will be able to apply these effectively within the general practice setting.

Oral health improvement in marginalised groups – by Professor Peter Mossey and Dr Andrea Rodriguez
Aim: To introduce the concept of oral and general health improvement and behaviour change to achieve health improvement. Additionally, this session will elaborate on the Scottish Government's Oral Health Improvement programme, report lived experiences of marginalised groups and outline strategies for intervention and engagement.

Spilling the tea on sustainability! – by Tracy Doole
Aim: To discuss current research on the impact of dentistry in relation to climate change and educate the dental team on the four principles of a sustainable healthcare system and give a brief overview on sustainable quality improvement and discuss how the dental team can strive towards these goals and investigate how we may implement them into our daily practice in primary dental care settings.

Dentistry – a realistic way forward – by Emma O'Keefe and Fiona Andrews
Aim: To provide an introduction to Realistic Medicine and Realistic Dentistry, exploring what it could mean for the dental patient and the dental profession.

Membership in Implant Dentistry: exam information session – by Dr Mital Patel
Aim: To introduce the new Membership in Implant Dentistry Examination that has recently been launched by the Royal College of Surgeons Edinburgh for General Dental Practitioners undertaking the practice of placing and/or restoring dental implants.

An update on dental trauma for the GDP – by Dr Clement Seeballuck and Mary Gonzalez
Aim: To provide an update on dental trauma management in the dental practice. Case examples will be central to this session, which will cover what to refer and immediate management. The session will conclude with a review of the IADT guidelines highlighting differences between the 2012 and 2020 iterations.

Dental hypnosis: hypnodontics – by Dr Mike Gow
Aim: To provide an introduction to clinical hypnosis and its applications in dentistry.

Full programme - lectures and workshops



LECTURES - FRIDAY 31 MAY

ROOM 1
09.00-10.00
The essentials of tooth preparation
Professor Paul Tipton, Clinical Director, Tipton Training

11.15-12.15
Implants 101: everything the general dentist should know
Dr Tariq Ali, Clinical Director and Principal Dentist, Centre for Implant Dentistry

13.30-14.30
Management of snoring and mild sleep apnoea: a dental perspective
Dr Lisa Currie, Clinical Director The Orthodontic Clinic

15.00 - 16.00
Smile design: how to design and create aesthetic restorations
Professor Brian Millar, Professor of Blended Learning in Dentistry, King's College London

16.30-17.30
Safeguarding vulnerable adults: we all have a role to play - you, me and the whole dental team
Nick Beacher, Clinical Senior Lecturer and Honorary Consultant in Special Care Dentistry, University of Glasgow

ROOM 2
08.30-09.30
Safeguarding and child protection for dental teams
Dr Christine Park, Senior Clinical University Lecturer and Honorary Consultant in Paediatric Dentistry, Glasgow Dental Hospital and School

10.30-11.30
Radiographic image quality, optimisation, and radiation protection
Julie Willis, Consultant Clinical Scientist, NHS Greater Glasgow & Clyde

12.45-13.45
Mouth cancer: top tips for primary dental care
Professor Mike Lewis, Emeritus Professor, Cardiff University

14.45 - 15.45
Infection control and decontamination: an update on current guidance in practice
Natalie Cook, Dental Tutor, QIIPT

17.00-18.00
Medical emergencies
Professor Mark Greenwood, Consultant / Honorary Clinical Professor of Medical Education in Dentistry, Newcastle University

ROOM 3
08.30-09.30
The periodontal protocol ecosystem
Flora Couper, Patient Journey Designer





HAPPY EASTER

THE ORTHODONTIC CLINIC
CREATES HAPPY SMILES. TRUST THE SPECIALISTS.

THE ORTHODONTIC CLINIC

21 Golden Square, Aberdeen AB10 1RE • 01224 611633 • www.theorthodonticclinic.co.uk

Follow us on Instagram & Facebook for a chance to win prizes!



Thank you for your continued support

GDC No. 72073 & 242628



Winner
Practice Principal (North)
Dr. Lisa Currie & Ivin Tan
Private Dentistry Awards 2023



Winner
Team of the Year
The Dentistry Awards 2023 &
Dentistry Scotland Awards 2023





10.30-11.30

NHS dental reform: update from The Scottish Government

Tom Ferris, Chief Dental Officer, and Dr Gillian Leslie, Deputy Chief Dental Officer, The Scottish Government

12.45-13.45

Intraoral scanning: successful adoption and a three-day pay-back

David Claridge, Commercial Director, 3DISC

14.45-15.45

What if you could achieve more?

Dr Barry Oulton, Founder, The Confident Dentist Academy

17.00 - 18.00

Title Tbc

Speaker Tbc

ROOM 4

09.00-10.00

Forensic odontology

Dr Simon Crewe, Forensic Odontologist

11.15-12.15

Adhesive, aesthetic dentistry

Dr Tariq Bashir, Programme Director, Scottish Dental Study Club

13.30-14.30

The science of positive health

Siobhan Kelleher, Dental Coach and Clinical Educator

15.00-16.00

Examining excellence: navigating clinical examination and assessment for dental therapists

Lauren Long, Hygienist and Therapist Clinical Director, Pain Free Dentistry Group

16.30-17.30

Access to oral care: an evaluation of global oral health delivery

Professor Peter Mossey, Associate Dean (Research), University of Dundee

WORKSHOPS FRIDAY 31 MAY

AREA 1

09.00-10.00

Treating white spots with Icon resin infiltration

Richard O'Brien, Territory Manager, DMG

10.30-11.30

Title Tbc

Dr Philip Friel, Principal Dentist, Scottish Dental Care

12.00-13.00

Title Tbc

Dr Philip Friel, Principal Dentist, Scottish Dental Care

13.30-14.30

Title Tbc

Dr Sachin Jauhar, Specialist in Restorative Dentistry, Scottish Centre for Excellence in Dentistry

15.00-16.00

Dentistry: a realistic way forward

Fiona Andrews, GDP, NHS Forth Valley, and Emma O'Keefe, Consultant in Dental Public Health, NHS Fife

16.30-17.30

Title Tbc

Speaker Tbc

AREA 2

09.00-10.00

For dental nurses: an introduction to becoming a treatment coordinator

Kayleigh Robinson, Treatment Coordinator, New Life Teeth

10.30-11.30

Dental nurse to practice manager: an introduction to practice management

Illona McLay, Dental Business Coach

12.00-13.00

Spilling the tea on sustainability!

Tracy Doole, Dental Hygienist

13.30-14.30

We're only human after all: human factors in dentistry

Aubrey Craig, Senior Dento-Legal Adviser, MDDUS

15.00-16.00

Bite club: the first rules of creating an outstanding patient journey

Lisa Bainham, Practice Management Coach

16.30-17.30

Insights discovery: building harmonious relationships

Flora Couper, Patient Journey Designer

AREA 3

09.00-10.00

Topical tax and financial tips for running your dental practice

Anna Coff, Manager, EQ Accountants

10.30-11.30

2024 investment workshop for dentists

Stephen Pryce, Independent Financial Adviser, Chase de Vere

12.00-13.00

UK immigration law: recruitment of overseas dentists and other dental professionals

Gurjit Pall, Legal Director, Thorntons LLP

13.30-14.30

Accounting and taxation: hot topics for dentists

Roy Hogg, Business Advisory Partner & Head of Dental, Johnston Carmichael

15.00 - 16.00

Title Tbc

Speaker Tbc

16.30 - 17.30

Title Tbc

Speaker Tbc



Gain the freedom to do what you do best

Transition from the NHS and run your practice in a way that suits you, with the UK's leading dental payment plan specialist.



Start your Denplan journey at
www.denplan.co.uk/transition-SDM

Proud to be a

Certified



Corporation

LECTURES - SATURDAY 1 JUNE

ROOM 1

08.30-09.30

Dental hypnosis: hypnodontics

Dr Mike Gow, Director of the Dental Anxiety Management Unit, The Berkeley Clinic

10.30-11.30

Implants 101: everything the general dentist should know

Dr Tariq Ali, Clinical Director and Principal Dentist, Centre for Implant Dentistry

12.30-13.30

Wear is the problem, here is a solution: managing tooth wear

Professor Brian Millar, Professor of Blended Learning in Dentistry, King's College London

14.00 - 15.00

Oral Cancer in the elderly and the role of the dental nurse

Emma Riley, Patron, The Society of British Dental Nurses

ROOM 2

09.00-10.00

Medical emergencies in the dental setting

Ian Corbett, Consultant Oral Surgeon and Honorary Senior Lecturer in Oral Surgery, Newcastle University

10.45-11.45

Safeguarding and child protection for dental teams

Dr Christine Park, Senior Clinical University Lecturer and Honorary Consultant in Paediatric Dentistry

12.15-13.15

Title Tbc

Professor James McCaul, Consultant Oral Maxillofacial Surgeon, Queen Elizabeth University Hospital

13.45-14.45

Radiographic image quality, optimisation and radiation protection

Julie Willis, Consultant Clinical Scientist, NHS Greater Glasgow & Clyde

ROOM 3

09.00-10.00

Intraoral scanning: successful adoption and a three-day pay-back

David Claridge, Commercial Director, 3DISC

10.45-11.45

Infection control and decontamination: an update on current guidance in practice

Natalie Cook, Dental Tutor, QliPT Team, NHS Education for Scotland

12.15-13.15

What if you could achieve more?

Dr Barry Oulton, Dental Coach, The Confident Dentist Academy

13.45-14.45

Building a better treatment plan

Dr Arshad Ali, Clinical Director, and William Keys, Specialist in Restorative Dentistry, Scottish Centre for Excellence in Dentistry

ROOM 4

08.30-09.30

Forensic odontology

Dr Simon Crewe, Forensic Odontologist

10.30-11.30

Oral health improvement in marginalised groups: a trans-sectoral approach to the delivery of health improvement within marginalised groups in society

Professor Peter Mosssey, Associate Dean for Internationalisation, and Dr Andrea Rodriguez, Lecturer in Dental Public Health and Social Psychology, Dundee Dental Hospital and Research School, University of Dundee.

12.30-13.30

Hypermobility and dentistry: if you can't connect the issues, think connective tissues

Dr Audrey Kershaw, Specialist in Oral Surgery, Oral Surgery Scotland

13.30-14.30

Safeguarding vulnerable adults: we all have a role to play - you, me and the whole dental team

Nick Beacher, Clinical Senior Lecturer and Honorary Consultant in Special Care Dentistry, University of Glasgow

WORKSHOPS SATURDAY 1 JUNE

AREA 1

09.00-10.00

We're only human after all: human factors in dentistry!

Aubrey Craig, Senior Dento-Legal Adviser, MDDUS

10.30-11.30

Dental nurse to practice manager: an introduction to practice management

Illona McLay, Dental Business Coach

12.00-13.00

For dental nurses: an introduction to becoming a treatment coordinator

Kayleigh Robinson, Treatment Coordinator, New Life Teeth

13.30-14.30

Pulp friction: managing conflict and drama with your team and patients

Lisa Bainham, Practice Management Coach

AREA 2

09.00-10.00

Orthodontic appliance design:

considerations for medically compromised patients

James Green, Maxillofacial and Dental Laboratory Manager, Great Ormond Street

10.30-11.30

Membership in Implant Dentistry: exam information session

Dr Mital Patel, Chair of the Advisory Board for Implant Dentistry, The Royal College of Surgeons of Edinburgh

12.00-13.00

Local anaesthesia for dental hygienists and dental therapists

Ian Corbett, Consultant Oral Surgeon and Honorary Senior Lecturer, Newcastle University

13.30 - 14.30

An update on dental trauma for the GDP

Dr Clement Seeballuck, Clinical Lecturer and Specialty Dentist in Paediatric Dentistry and Mary Gonzalez,

Specialty Dentist in Paediatric Dentistry and General Dental Practitioner, University of Dundee

AREA 3

09.00-10.00

Title Tbc

Speaker Tbc

10.30-11.30

2024 investment workshop for dentists

Stephen Pryce, Independent Financial Adviser, Chase de Vere

12.00-13.00

Accounting and taxation: hot topics for dentists

Roy Hogg, Business Advisory Partner and Head of Dental, Johnston Carmichael

13.30-14.30

Dental hypnosis workshop

Dr Mike Gow, Director of the Dental Anxiety Management Unit, The Berkeley Clinic



WHAT WE CAN OFFER FREE CONSULATION AND TREATMENT PLANNING FOR ALL REFERRED PATIENTS

Firstly, we offer free consultations, during which a patient will get a full examination, CBCT scan and a bespoke treatment plan just for them.

Our CBCT scanner is a vital aspect of our digital planning and we also offer referrals for just CBCT scans.

WITH OVER 17 YEARS OF EXPERIENCE, WE ARE HAPPY TO ACCEPT REFERRALS FOR:

- ✔ Single or multiple Implants
- ✔ Implant Retained Crowns/Bridges
- ✔ Full Arch Implant retained prosthesis (Fixed/Removable)
- ✔ Full Arch Implant Therapy
- ✔ All-on-Four
- ✔ Sedation
- ✔ Oral Surgery
- ✔ Guided Bone Regeneration
- ✔ Sinus Lifts/Grafts
- ✔ CBCT Imaging
- ✔ Digital Planning
- ✔ Bespoke Treatment Plans
- ✔ GBT Hygiene (Guided Biofilm Therapy)
- ✔ Wisdom Tooth Extractions



All patients will return to their registered dentists for future treatment and we send reports to the dentists on all treatment carried out.



We take pride in ensuring there is excellent communication with the patients and their referring clinicians.

IMPLANT REFERRAL GO-TO-GUYS



www.centreforimplantdentistry.com/refer-a-patient/dental-implant-referrals/

email info@centreforimplantdentistry.com
Telephone 0141 248 1444

IN ASSOCIATION WITH
AND SPONSORED BY



MAKING BITES BRIGHTER



Dentaid's BrightBites is an oral health education scheme that delivers a lively, interactive presentation

I live on the Isle of Arran with my husband and three children. Two years ago, we took over a practice; Arran Dental Care. Last year, we had an event on the island called The Magic Dentist to support children's oral health. Nicki Rowland is the author of the book, *The Magic Dentist* which was illustrated by her daughter Izzy.

Nicki came to the island to promote the book and we promoted oral health with workshops on toothbrushing and healthy foods with the help of local businesses. Arran Dairies, Arran Cheese, Woodside Arran and Wooleys of Arran all donated healthy eating products. We were also able to give every child a free book, thanks to the support of Arran Accountants.

The event led to me speaking to Denplan about ways to help us with sponsorship and children's oral health for the event. Denplan also sponsor Dentaid and within this there is a charity called BrightBites. It is an oral health education scheme that can be delivered both in the UK and overseas.

Volunteers visit schools to deliver a lively, interactive presentation that covers toothbrushing, teeth names and functions, sugar awareness and the importance of regular dental appointments. BrightBites can also be adapted to be delivered

at nurseries, secondary schools and to groups with additional needs.

I now volunteer as a BrightBite oral health educator to help the children on the island with better oral health education. Recently, Brodick Primary School approached me to come and talk and with the support of BrightBites I was able to do this; I was provided with toothbrushes, toothpaste, stickers, workbooks and demonstration items.

I also decided to bring disclosing tablets to the event and got one of the children to demonstrate how they work and why we use them; it worked really well. The children were given a disclosing tablet with instructions to try at home. This was a really fun task and we have had children in for exams after the event who loved doing this at home. It is a fun way for the children to see what areas they are missing when brushing their teeth.

At the event we discussed toothbrushing, diet and visiting the dentist. All the children got a free disposable mirror to take home and pretend to be a dentist or look at their own teeth; the children loved the mirrors!

I brought in some Arran Dairies milk to show the children how drinking milk can help with their teeth and bones. By way of contrast, I demonstrated how many sugar cubes are in a bottle of cola. We had a question time at the end; there were lots of great questions from all ages and they really did show great interest in oral care and healthy eating.

WORDS
EMMA
KENDALL

Thank you to Brodick Primary for welcoming me and to the businesses for their support. Going forward, I would like to do more to help our community Arran to promote good oral health and to hopefully go into the other schools on the island. I may even hopefully be going to schools on the mainland.

Earlier this year, data published by the NHS for the financial year 2022 to 2023 revealed a staggering 47,581 episodes of tooth extractions for 0 to 19-year-olds in NHS hospitals. Of these extractions, 66 per cent – 31,165 episodes – were attributed to tooth decay, underlining the pervasive impact of dental issues among the younger demographic.

I hope I can help to educate children to brush better or eat fewer sugary snacks.

FIND OUT MORE

www.sdmag.co.uk/arran-dental-magic
www.dentaid.org
www.dentaid.org/brightbites



Emma delivering a BrightBites presentation



Back to your roots!

MI treatment solutions for root caries



SCAN FOR MORE INFORMATION



GC UNITED KINGDOM Ltd.
info.uk@gc.dental
01908 218999
www.gc.dental/europe/en-GB

ADDRESSING INEQUALITIES

*Time to put your
money where your
mouth is*

O

ral diseases have surpassed all other noncommunicable diseases (NCDs) in terms of global prevalence. The most common oral diseases are caries and severe periodontitis, affecting about two billion and one billion people, respectively. These two highly prevalent diseases have a disproportionate impact on countries and populations with lower socioeconomic status.

Socioeconomic deprivation is associated with lower awareness of oral self-care measures, increased intake of sugary foods and drinks that propagate these conditions, higher malnutrition rates and lower access to individual-level preventive measures and products such as toothbrushes, dental floss, interdental brushes and fluoridated toothpaste or professionally applied fluoride varnish.

These vulnerable populations also suffer poor access to treatment.

WORDS ECONOMIST IMPACT

This report¹, commissioned by the European Federation of Periodontology (EFP) and sponsored by Haleon, is a novel effort to look at both periodontitis and caries in an integrated fashion. The report examines the inequalities in oral health, the factors contributing to this unequal burden, and the opportunities available to level up oral health. It draws on substantial desk research and consultations with 17 experts, which occurred through discussions within an advisory board and through in-depth interviews.

A previous white paper on the economic burden of gum disease and the benefits of preventive care highlighted that the highest impact was on those with the greatest social deprivation. The modelling employed was specific to periodontal disease. However, there are also deficiencies in our understanding of the longitudinal health and economic impact of dental caries. While it's known that people in lower socioeconomic groups experience the greatest health burden from caries, the disparities in the economic impact between different socioeconomic groups are not well studied.

The extent of gains that can be achieved with effective upstream and downstream preventive measures also remains unclear. A better understanding of the health and cost implications could mobilise policy efforts to expand the application of preventive interventions and mitigate inequities. Therefore, we developed the caries prevention and care cost calculator. This calculator aims to firstly determine the longitudinal direct costs of dental caries management between the ages of 12 and 65 years across different socioeconomic groups and, secondly, the potential reduction in these costs from oral health-promoting interventions.

Six countries were included in the assessment: Brazil, France, Germany, Indonesia, Italy and the United Kingdom. Due to lack of information regarding healthcare system costs in the public sector, private sector costs were used to estimate the burden. Based on past work on periodontal diseases, the results of the caries prevention and care cost calculator, and insights gathered from the experts, we analysed the overall gaps in the oral health care space and identified opportunities to provide holistic care with a focus on disease prevention.



Key findings

1 Mainstream framing of oral diseases as NCDs is lacking

There has been a monumental shift in our understanding of periodontal disease and caries – they are no longer viewed as communicable diseases that are caused by microbes. We now understand that a beneficial balance of microbes is seen in the mouths of healthy individuals. Excessive intake of sugary foods promotes the growth of acid-loving or acid-tolerating (cariogenic) bacteria in dental plaque. These bacteria metabolise the sugars and other fermentable carbohydrates, producing acids that damage tooth surfaces and cause caries. Gingivitis (inflammation of the gums) drives the emergence of disease-forming microbes, which, in susceptible people, then leads to periodontitis.

Individual susceptibility is governed by several risk factors, some of which are shared with other NCDs. Therefore, periodontitis and caries are now classified as NCDs that are largely preventable. In 2021, the World Health Organization (WHO) adopted a resolution on oral health, which recommended pivoting to a preventive approach for oral diseases and integrating oral care with NCDs care into the universal health care (UHC) agenda. Yet, the current mainstream framing of NCDs that prioritises five NCDs (mental disorders, cardiovascular diseases, diabetes, cancers and chronic respiratory

diseases), and their risk factors, pays no attention to oral diseases or their main risk factor – simple/refined sugars.

2 Barriers exist to implementing upstream and downstream preventive measures

At the population level, community water fluoridation, the use of sugar taxes and community or school-based oral health education programmes are effective measures for lowering oral disease burden. At the individual level, tooth brushing (that effectively removes plaque) twice a day with a toothpaste containing 1000 to 1500ppm of fluoride, as well as daily interdental cleaning (cleaning between teeth), prevent or delay development and progression of caries and periodontal diseases. The application of regular fluoride varnish or the use of sealants prevents/ delays caries, while smoking cessation and controlling blood glucose improves periodontitis outcomes.

However, there remain several barriers to the implementation of these measures. While community water fluoridation is practised in Brazil and certain regions of the UK, other countries such as Germany, France and Indonesia do not utilise this measure. A combination of factors such as the lack of political will, geographical difficulties due to the diversity of terrain and people using alternate sources such as well water for drinking pose challenges to fluoridation of water.

France was one of the first European countries to introduce a sugar tax.





Scotland's largest dental exhibition!

Featuring

- More than **140** trade exhibitors
- Education Programme, validated by NHS Education for Scotland
- Covering **eCPD topics** on Clinical Skills, Business & Management, Education & Training, and more
- More than **60** sessions from clinical and business professionals
- Up to **nine** hours eCPD available*
- Excellent transport links and more than **4,500** parking spaces



Great opportunities await

Scottish Dental is the best way to reach dental professionals in and around Scotland.

To book an exhibition stand or find out more about magazine advertising, call Ann on **0141 560 3021** or email ann@sdshow.co.uk

For regular updates follow @ScottishDental on [f](#) [in](#) [@](#) [X](#)

Braehead Arena, Glasgow

31 May and 1 June 2024

*CPD hours subject to change. Actual CPD attendance may vary

→ The UK introduced a Soft Drinks Industrial Levy in 2018. Brazil introduced a tax on sugar sweetened beverages (SSBs) in 2013, but contrary to global trends, the Brazilian government lowered the SSB tax rates in 2016 and 2018. Italy proposed a sugar tax in 2020, but strong opposition from corporate players has delayed its implementation.

School-based preventive health programmes are commonplace in our countries of study, but they have been impacted by school closures during the pandemic. There is a push to start oral health education much earlier, as early as during pregnancy, as part of a true life-course approach to improve oral health. But more needs to be done in this regard.

Interdental cleaning, adjunctive to toothbrushing, is the most effective method to reduce plaque and improve periodontal health, but studies have shown lower levels of interdental cleaning among people of lower socioeconomic status due to lack of access and awareness. Evidence shows that individuals from lower socioeconomic groups are unlikely to use oral hygiene aids such as mouthwash, interproximal brushes and various medicated toothpastes because of their high cost.

The use of fluoridated toothpaste is a simple and easy measure to lower the risk of caries. However, a lack of standardisation of the fluoride content of various toothpastes, misinformation on the safety of fluoride use, and the cost-of-living crisis that is affecting purchasing power for oral health products are important barriers to its use.

3 Clinical care for dental caries remains largely focused on a 'repair approach'

Decades of oral care have focused on a restorative-reparative approach for what we understand now to be a largely preventable disease. Oral health professionals lack training in preventive care and their remuneration continues to perversely incentivise a surgical approach, giving birth to the phrase "drilling, filling and billing".

Besides remuneration models, workforce limitations also pose challenges to the preventive approach. Currently, only ~23 per cent of the global population is estimated to have access to oral health services. Access is particularly poor in low-income countries and populations, as well



REMUNERATION CONTINUES TO PERVERSELY INCENTIVISE A SURGICAL APPROACH – 'DRILLING, FILLING AND BILLING'

as in rural areas. Many adults, especially in lower socioeconomic groups, never see a dentist in their lifetime, except for emergency care. While there are several allied health professionals such as dental therapists, hygienists and dental nurses with enhanced skills who can expand coverage, they are not uniformly recognised as formal members of the dental care workforce in many countries.

4 The most deprived bear the highest costs of inadequate preventive efforts

In our modelling study at the population-level the overall direct costs of caries, in people aged 12-65 years, varied from \$10,284bn in Italy to \$36,231bn in Brazil; the difference is partly explained by differences in population sizes. The largest per-person costs were estimated in the UK at \$22,910 and the lowest in Indonesia at \$7,414. A disproportionately high burden of direct costs was seen among the most deprived populations across Brazil, France, Italy and the UK.

More deprived populations often experience suboptimal or inappropriate treatment options due to their inability to afford better options; for example, undergoing a tooth extraction when a restorative procedure may

be more appropriate or receiving a lower-cost replacement tooth or foregoing any replacement. Despite accounting for this in the model, the more deprived populations were still estimated to experience a larger economic burden from dental caries than the other deprivation groups.

In Germany and Indonesia, the per-person costs were highest in the least deprived, followed closely by the most deprived, which is likely explained by the high cost of dental implants in these countries. We then modelled the impact of preventive interventions on lowering caries-related direct costs. A combination of



➔ upstream and downstream interventions for prevention was envisioned that would facilitate a reduction of 30 per cent in the annual caries progression rate. With these interventions, the greatest reduction in per-person costs was seen in the most deprived group in all countries except Indonesia.

Using a levelling-up approach, where interventions applied are proportional to the need and the caries progression rate of the least deprived group is applied to all individuals, the per-person reduction in direct costs among the most deprived groups ranged from \$3,948 in Indonesia to \$17,728 in the UK. These data make a strong argument for instituting preventive management with a particular focus on narrowing the gap between the highest and lowest socioeconomic groups.

The way forward

The WHO Oral Health Strategy includes recommendations on aligning both upstream and downstream care towards the prevention and management of oral diseases. For both periodontitis and caries, there is an urgent need for better alignment between policy, public health, payments systems and clinical practice.

1 Expand and diversify the oral health workforce

Dentists alone cannot rise to the challenge of instituting preventive care and narrowing inequities. Expansion and recognition of allied dental care professionals, including dental hygienists/therapists and oral health educators, are key

to expanding preventive efforts. Engaging pharmacists and nurses at their point-of-contact with patients can also be a very valuable tool.

A collaborative approach between medical and dental professionals to cooperatively target preventive efforts for oral health and other common NCDs must be encouraged through education and training. Designing health systems that provide holistic oral health care from multiple health professionals is pivotal to successfully scaling preventive care.

2 Incentivise preventive care

Payment models for dentists should move away from perverse incentives that promote a restorative/repair approach. Dentistry has advanced, payment systems need to follow suit. There should be alignment of payment with preventive care that addresses common risk factors for all NCDs. The Alliance for a Cavity-Free Future (ACFF) has developed a new remuneration system for dentists that rewards dental practices for improving access to better quality care, offering better outcomes like lower risk of caries and collecting clinical data. This system is being piloted in France and, if successful, it will be a model for replication and scaling.

Another example is the National Health Service (NHS) dental reform introduced in England, which encourages personalised follow-ups for patients based on their oral health status. This approach could free up oral health professionals to better focus their time on patients with greater needs, offering counselling and

preventive care. Such funding and payment mechanisms that “level up” access to, and outcomes from, prevention and treatment with a greater focus on the most deprived should be prioritised.

3 Engage the population by raising awareness

For prevention efforts to succeed, it is important to empower the population with oral health education and practical support for behaviour change. Good oral health habits and caries experience in childhood track through adolescence into adulthood. Therefore, educating parents about the benefits of preventive oral care is essential to promote oral health and lower the prevalence of oral diseases.

Our experts suggested that this education should begin as early as the antenatal period. The WHO recommends a minimum of four antenatal care visits and three postnatal care visits for every mother. Including official recommendations to integrate oral health counselling into one or more of the antenatal and postnatal care visits will facilitate the implementation of such a strategy. The United States provides a free set of resources called Protect Tiny Teeth to facilitate conversations between healthcare providers and mothers on the importance of oral health in children with tips to protect the oral health of their infants. Incorporating such materials into the WHO recommendations may have far-reaching impact.

Special attention must be paid to educating healthcare professionals in primary health centres in both rural and urban areas, to improve the reach among the most deprived. Efforts should gradually be expanded to include fathers in the conversation. The first 1,000 days of a child's life, from conception to the second year, is a crucial window of opportunity to provide such education that has a lasting impact on health behaviours. School health programmes are very effective in reaching children; preventive oral health education should be expanded in these programmes, with national governments providing guidance on how they should be implemented.

As for adults, mass media and social media campaigns have shown benefits in improving preventive oral health behaviours. Efforts should be targeted to reach



the most deprived. For maximum impact, oral health messages and advice should be simple, easy to follow and contain visual aids in an effort to overcome any potential literacy challenges.

4 Build public-private partnerships to promote population-level prevention

There is a need for a shift in how we consider the commercial determinants of health.

The prevailing view on the impact of corporations is largely negative and fails to recognise the value of several companies that provide oral health products or healthy foods. Engaging in partnerships with such corporations could be beneficial to oral health promotion efforts. A transdisciplinary approach that includes health care professionals and their representative bodies, public health professionals, industry, economists and policymakers should underpin these efforts. The WHO has developed a programme called the Economic and Commercial Determinants of Health that aims to support countries to work in partnership with the private sector to establish common health goals and address conflict of interest. Countries could leverage these insights to make headway in this space.

5 Address shared risk factors with other NCDs to improve overall health

Viewing health holistically, there should be a “common risk factor approach” to address oral health simultaneously and efficiently with other NCDs within a wider socio-environmental milieu. Given the close linkage between oral health, other NCDs and their risk factors, experts are advocating for oral diseases and simple/refined sugars to be included in a revised 6 x 6 framework of NCDs at the national policy level. Such efforts will be key to gather political, economic and scientific attention to the problem.

At the implementation level, there is more work being done to induce family physicians

“

WHILE THERE IS STILL A LONG WAY TO GO, THE ELIMINATION OF PERIODONTITIS AND CARIES MAY BE A FATHOMABLE DREAM”

and oral health professionals to collaborate and co-manage oral diseases along with systemic NCDs.

6 Improve epidemiological methods to measure early caries and periodontal disease

The Decayed, Missing and Filled Teeth (DMFT) index is the most common method used for assessing and measuring dental caries in epidemiology studies of oral health. However, the index was developed more than 80 years ago, and while it is considered easy to apply, it excludes pre-cavitation stages from the measurement of the caries lesion, which is key for a more modern and preventive approach to oral health.

Instead, epidemiological measures for oral health that identify early lesions suitable for preventive management should be employed to assess the burden of caries. Ideally, these measures should be easy to collect by front-line professionals and validated against quality-of-life metrics. A number of effective measures have been developed that are capable of capturing a wider spectrum of caries disease presentations, allowing for less invasive and more preventive care. These include widely recognised caries assessment tools.

7 Collect data and enhance transparency

Our previous research on periodontal diseases identified the paucity of relevant data as a major limitation to the research. We found that epidemiological data on periodontal diseases is inconsistent and even missing in some European countries. Similar data challenges were found in trying to quantify the health burden and direct costs of caries for this report, with several gaps in data regarding caries prevalence, progression and cost of care. These data gaps required us to make assumptions regarding inputs, posing some limitations to our modelling exercise.

The benefits of preventive measures can be accurately quantified only with better longitudinal data collection. Efforts to improve preventive oral health care should be accompanied by robust data collection to prove its impact. Population level, cross-sectional data regarding the proportion of people paying for dental care either out-of-pocket, through insurance premiums or mixed schemes should be made available. Cost data for publicly funded dental treatment by country (and at the sub-national or community level) should be published to better understand health system implications.

Longitudinal studies should be conducted to study the health and economic effects of introducing a simple set of preventive oral health measures on people with no caries or early caries. Studying the benefits across socioeconomic groups will be important in enhancing the impact on the most deprived populations through targeted preventive strategies.

These data on cost savings will be pivotal to galvanise support among policymakers. Despite periodontitis and caries affecting close to half of the world's population, there is a striking lack of political focus in this area. The 2019 Global Burden of Disease (GBD) study's data on their rising burden were pivotal in pushing these diseases into the limelight, leading to a landmark resolution on oral health being passed by the WHO in 2021.

This resolution recommends pivoting to a preventive approach and integrating oral care with other NCDs in the pursuit of UHC. While there is still a long way to go, with strong political will and concerted efforts in education and preventive interventions, the elimination of periodontitis and caries may, in fact, be a fathomable dream.

REFERENCE

1 tinyurl.com/96mk5cbr

A REALISTIC WAY FORWARD

The Realistic Dentistry Group sets out its purpose, vision and ambitions for a realistic way forward for the profession

D

o you work with your patients to make shared decisions, or simply advise them what you recommend? Are those new dentures you made actually being worn by the patient? You provide a restoration with good margins and the perfect fissure pattern, but do you know what your patient's experience was? Did that referral provide value to your patient? Are you factoring in the value of care provided for wider society? Will that prescription actually be used and what is the environmental impact of your prescriptions?

These are all questions that Realistic Dentistry helps you find positive answers for.

What is Realistic Dentistry?

Realistic Dentistry is based on the six key pillars of Realistic Medicine to help deliver Value Based Health and Care.

These pillars are:

- 1) A personalised approach to care.
- 2) Shared decision-making.
- 3) To reduce harm and waste.
- 4) Managing risk better.
- 5) Reduce unwarranted variation.
- 6) To become improvers and innovators.

By embedding these principles, we can ensure the best outcomes for patients and the best use of our resources.

Background

Scotland's oral health has witnessed significant improvements over the years^{1,2}, thanks to the concerted efforts of everyone involved in the delivery of dentistry and our oral health improvement programmes.

However, we must acknowledge the persisting challenges and find creative solutions that reduce oral health inequalities, relieve pressure on dental care services and promote equitable access to care.

The COVID-19 pandemic and the current cost of living crisis present additional pressures to dental services and to resources and have affected those central to our purpose – people.

The Realistic Dentistry model can revolutionise oral healthcare delivery, enhance patient outcomes, and create a more sustainable dental profession. To achieve this, in Scotland we have established the

WORDS
**THE REALISTIC
DENTISTRY
GROUP**

Realistic Dentistry Group, bringing together thought leaders and experts in the emerging field of Realistic Dentistry.

This group seeks to transpose the principles of Realistic Medicine³ to dentistry nationally, to help meet the profession's unique challenges and realise its ambitions.

Feedback from recent focus group work with patients and the public on some of these principles, such as shared decision-making, has been positive.

This work has been conducted as part of a fellowship project from The Healthcare Improvement Studies (THIS) Institute, led by Dr Heather Cassie at the University of Dundee⁴.

The Scottish Government's dental reform, Determination I, introduced in November 2023 alongside the shift in terminology used in the regulations from 'securing' to 'maintaining oral health of the patient', is also a positive and realistic step forwards.

In April 2024, NHS24 is planning to deliver a third phase of the 'It's OK to Ask' national campaign⁵. As before, the campaign will look to raise awareness of the 'BRAN' questions amongst the public and encourage them to ask questions whenever they are in conversation with a health and care professional around their care.

The BRAN questions are a simple way to support a conversation between patients and healthcare professionals about their conditions and the care options available.

- What are the **benefits**?
- What are the **risks**?
- Are there any **alternatives**?
- What if we do **nothing**?

A quote from a participant involved in the focus group stated:

“...the BRAN tool looks great for shared decision-making ... it's much more likely to boost patient activation.” (PPI Focus Group Participant)

Our aims as the Realistic Dentistry group are:

- To advocate for, and pioneer the adoption of a person-centred, value-based approach to dentistry.
- To align Realistic Dentistry with Realistic Medicine, helping the whole dental care workforce practice Realistic Dentistry principles by ensuring alignment of visions.
- To encourage the delivery of personal value by promoting approaches that involve patients in decisions that respect what matters to them, delivered through shared decision-making.
- To promote sustainability to optimise the use of resources, reduce unwarranted variation, and minimise waste, thereby delivering technical value.
- To empower patients to be supported in engaging with dental care professionals on decisions that impact them.
- To promote approaches that reduce inequalities by ensuring the fair distribution of resources.
- To foster profession-wide consideration of the wider societal impacts of dentistry and encourage action to maximise the positive effects and minimise the negative.
- To equip all dental care professionals with the appropriate skills and training necessary to nurture realistic dentistry across all sectors.
- To promote and support a whole systems approach that facilitates the delivery of person-centred, value-based health and care and delivers outcomes that matter to patients.



How are we going to do it?

- 1) Work with all relevant stakeholders to increase awareness and understanding of Realistic Dentistry.
- 2) Provide a repository for Realistic Dentistry materials.
- 3) Undertake scoping exercises to understand current activity related to realistic dentistry.
- 4) Create links between the Realistic Dentistry Group and other pioneering groups in healthcare professions to foster and grow a cross-sectoral community of Realistic Dentistry practice.
- 5) Determine the routes of progression for Realistic Dentistry.
- 6) Embed the principles of Realistic Dentistry within dental education at undergraduate and postgraduate education level for the whole dental team.
- 7) Incorporate Realistic Dentistry into national guidelines on patient care.
- 8) Support and promote the delivery of preventative and proactive approaches to improve oral health and reduce oral health inequalities.
- 9) Promote the allocation of resources towards systems that enable higher value care to reduce waste and ensure sustainability.
- 10) Support and promote effective prescribing practices.
- 11) Promote awareness of Value-Based Health and Care and Realistic Dentistry through public engagement to help support shared

decision-making and improve health literacy and advocacy. 12) Explore opportunities to access funding to support the progression and implementation of Realistic Dentistry

Preliminary research suggests that patients are supportive of a realistic approach and feel positive and encouraged to hear about the steps being taking in dentistry to support this: *“Stimulating and reassuring to see dentistry doing this. It's just brilliant. It's very, very responsible. The message you're giving out to people like me is that you are compassionate about your patients.” (PPI Focus Group Participant)*

Want to find out more?

Please join us at our lecture at the Scottish Dental Show on Friday 31 May 2024 to find out more (sdshow.co.uk/education). If you want to get in touch, please contact Emma O'Keefe or Lorenzo Iafrate at: fife.realisticdentistry@nhs.scot

REFERENCES

- 1 www.ndip.scottishdental.org/ndip-reports
- 2 www.scottishdental.org/tag/scottish-adult-oral-health-survey
- 3 www.realisticmedicine.scot
- 4 www.thisinstitute.cam.ac.uk/about/people/dr-heather-cassie/
- 5 www.nhsinform.scot/campaigns/its-ok-to-ask

FURTHER READING

- www.gov.scot/publications/value-based-health-care-action-plan
www.gov.scot/publications/delivering-value-based-health-care-vision-scotland
www.nhsinform.scot/care-support-and-rights/nhs-services/using-the-nhs/realistic-medicine/

MSc Clinical Implantology



2 Years, Part-time | Scotland & Northern Ireland
September 2024

The ONLY MSc in Clinical
Implantology offered in
Scotland!

No need to
worry about
finding your
own patients



15 days of supervised patient treatment with patients provided in training centres located across the UK



Hands-on surgical training on fresh cadaver heads

No need to
take time off
work



Hybrid part-time learning allows minimal disruption to your practice



Focus on contemporary practice, evidence-based principles and systems to ensure an optimal outcome for both the patient and practitioner

No extra costs
or planning



Includes CBCT training (fufils UK requirement)

**BOOK
NOW**

020 8012 8400 | courses@vssacademy.co.uk | vssacademy.co.uk

Sponsored
by



Dr Stephen Jacobs 1963-2024

The late **Dr Stephen Jacobs** was widely regarded as one of the foremost implant surgeons in the country. Qualifying from the University of Birmingham in 1985, he went into general dental practice in London, moving to Glasgow in 1990.

Beginning with a simple request from one patient, he started a career in implant dentistry in 1991 and from that moment dental implants were his passion. He placed and restored in excess of 10,000 implants, and also carried out more than 1,000 sinus grafts.

In the early 90s, when, in the UK, there was a dearth of formal training programmes in dental implantology, his training was carried out in the USA and Europe, where he continually travelled, to work closely with and learn from mentors, bringing these world leaders in the field back to his practice for further training.

He was regarded as an educator, and mentored many dentists, enabling them to progress their careers in implantology and private dentistry.

Stephen lectured extensively on all aspects of dental implantology throughout the USA, Asia, Continental Europe and the UK.

He started his implant referral practice in Bearsden, Glasgow, in 2006.

From himself, one nurse and then practice manager, Susie, he built a team of 13, including three clinicians and three hygienists, who carried out all aspects of implant and reconstructive dentistry.

Stephen was a key opinion leader and ambassador for Dentsply Sirona Implants and, along with 39 other clinicians worldwide, played a role in the development of the Astra Tech EV Implant System.

He was also a key opinion leader for Osstell, the device that measures implant stability, this being one of his hot topics that he lectured on, among many other subjects.

He was a Past President of the Association of Dental Implantology and a committee member of the American Academy of Osseointegration, where he was the UK Ambassador. He was a founding board member of PEERS UK, and was the past scientific chairman of the ADI.

He was committee chair for the AO Global Program Development, where he oversaw all the non-American activities of the Academy, across the other continents.

Stephen was recently awarded Fellowship of the AO, becoming only the second clinician from the UK to be bestowed this prestigious honour, and one of fewer than 100 worldwide.

He sat on the editorial board of three journals and ran a variety of courses at his practice, including a comprehensive one-year course for those willing to get started in the field of implantology, sinus grafting and restorative programmes and is experienced with many implant systems.

When asked about his overall philosophy and focus in dental implantology, Stephen said: "For over 25 years, my life's work has been working with implants, where I have seen many aspects change, creating great advances and improvements, many others come full circle, new ideas not proving very successful and old ideas re-surface."

His passion for implant dentistry was unparalleled as was his ambition to provide the highest standards of all aspects of dental care.

Not only was Stephen a highly respected, highly regarded and celebrated colleague but also a dear friend to many and the wider dental community.

His presence brightened our lives. His kindness, dedication and smile touched us all, leaving an indelible mark in our minds and hearts.

Dental Fx is an incredible referral practice built by a perfectionist. Since May 2023, I have had the privilege and honour of continuing Stephen's legacy. Stephen was an extraordinary dentist with exceptional skill and precision which is demonstrated by the results that I witness daily.

He is deeply missed by all his patients who have nothing but gratitude for the care and treatment he provided over all these years. Stephen's team, who worked alongside him for many years, cherish all the time they spent with him and all the happy memories.

The wider dental community will miss his generosity, commitment and dedication to the profession.

Stephen was my idol and I will miss our long discussions about everything dental and life.

We offer our deepest, heartfelt condolences to his lovely daughters Talia, Carly and Alyssa. May Stephen rest in peace with his beloved wife, Lucy.

Dr James Millar





Consuming lettuce juice for two weeks was found to reduce gum inflammation and increase healthy bacteria levels

CHEW ON THIS



Eating leafy greens could be better for oral health than using mouthwash, according to a new study

M

ore than half the adult population in the UK and US¹ have gum disease. Typical treatments include mouthwash² and in severe cases, antibiotics³. These treatments have side effects, such as dry mouth, the development of antimicrobial resistance⁴ and increased blood pressure⁵.

But research has indicated that a molecule called nitrate⁶, which is found in leafy green vegetables, has fewer side effects and offers greater benefits for oral health; and it could

WORDS
MIA COUSINS
BURLEIGH
AND SIOBHAN
PAULA
MORAN

be used as a natural alternative for treating oral disease.

Inadequate brushing and flossing leads to the build-up of dental plaque⁷, a sticky layer of bacteria, on the surface of teeth and gums. Plaque causes tooth decay and gum disease. Sugary and acidic foods, dry mouth, and smoking can also contribute to bad breath, tooth decay and gum infections.

The two main types of gum disease are gingivitis and periodontitis. Gingivitis⁸ causes redness, swelling and bleeding of the gums. Periodontitis⁹ is a more advanced form of gum disease, causing damage to the soft tissues and bones supporting the teeth.

Periodontal disease can, therefore, lead to tooth loss and, when bacteria from the mouth enter the bloodstream, can also contribute to the development of systemic

disorders¹⁰ such as cardiovascular disease, dementia, diabetes and rheumatoid arthritis.

Leafy greens may be the secret Leafy greens and root vegetables are bursting with vitamins, minerals, and antioxidants¹¹ – and it's no secret that a diet consisting of these vegetables is crucial for maintaining a healthy weight, boosting the immune system, and preventing heart disease, cancer and diabetes¹². The multiple health benefits of leafy greens are partly because spinach, lettuce and beetroots are brimming with nitrate¹³, which can be reduced to nitric oxide by nitrate-reducing bacteria inside the mouth.

Nitric oxide is known to lower blood pressure¹⁴ and improve exercise performance¹⁵. However, in the mouth, it helps to prevent



Scottish Dental Care

High Quality Patient Focused Dental Care



OUR VISION

Scottish Dental Care is dedicated to revolutionising oral healthcare across Scotland, uniting communities through a commitment to exceptional dentistry. With a passion for innovation, patient-centric care, and a relentless pursuit of excellence, our mission is to empower healthier, happier lives for our patients by providing unparalleled dental and medical services through a network of state-of-the-art clinics.

We strive to be a beacon of wellness, fostering a culture of trust, compassion, and expertise, while continuously pushing the boundaries of healthcare innovation. Our vision extends beyond the routine – we aim to be pioneers in preventive care, shaping the future of dentistry to elevate the overall well-being of our patients and the communities we proudly serve.

ADVANCED DENTISTRY

We Create Beautiful and Brighter Smiles.

We are delighted to provide the full range of NHS dental treatments for patients under our care, while also providing first-class private options that are not available on the current NHS treatment list. Our Advanced Dentistry clinics, led by Co-Founder and Clinical Director of Dentistry Dr. Philip Friel, provide a range of services from bespoke general dentistry and oral maintenance to the latest cosmetic and restorative techniques including image-changing dental implants surgery. With a team of highly skilled dentists and the latest advancements in dentistry, patients can trust that they will receive effective treatments, resulting in life-changing transformations and restored oral health. Working together we can achieve the best results for your dental health.



Find us at the Scottish Dental Show!

Meet Philip and the SDC team at the Scottish Dental Show 2024. Visit stands D04 and D05 to learn more about Scottish Dental Care, speak to our team of clinicians and discover more about our education programmes and this year's charity partner. Philip will also be presenting his ever-popular talk on Friday 31st of May at 10:30. We look forward to meeting you all.

"Now with 20 clinics and growing, our commitment to our people, facilities and patients remains the cornerstone of our success."

Dr Philip Friel
Co-Founder & Clinical Director of Dentistry



ADVANCED|DENTISTRY



the overgrowth of bad bacteria and reduces oral acidity¹⁶, both of which can cause gum disease and tooth decay.

As part of our research on nitrate and oral health, we studied competitive athletes¹⁷. Athletes are prone to gum disease¹⁸ due to a high intake of carbohydrates – which can cause inflammation of the gum tissues – stress, and dry mouth from breathing hard during training.

Our study showed that beetroot juice (containing approximately 12 millimole¹⁹ of nitrate) protected their teeth from acidic sports drinks and carbohydrate gels during exercise – suggesting that nitrate could be used as a prebiotic by athletes to reduce the risk of tooth decay.

Nitrate offers a lot of promise as an oral health prebiotic²⁰. Good oral hygiene and a nitrate-rich diet could be the key to a healthier body, a vibrant smile and disease-free gums. This is good news for those most at risk of oral health deterioration such as pregnant women²¹ and the elderly²².

In the UK, antiseptic mouthwashes containing chlorhexidine²³ are commonly used to treat dental plaque and gum disease. Unfortunately, these mouthwashes are a blunderbuss approach to oral health, as they indiscriminately remove both good and bad bacteria and increase oral acidity, which can cause disease.

Worryingly, early research also indicates that chlorhexidine may contribute to antimicrobial resistance²⁴. Resistance occurs when bacteria and fungi survive the effects of one or more antimicrobial drugs²⁵ due to repeated exposure to these treatments. Antimicrobial resistance is a global health concern²⁶, predicted to cause 10 million deaths annually by the year 2050.

In contrast, dietary nitrate is more targeted. Nitrate eliminates disease-associated bacteria, reduces oral acidity and creates a balanced oral microbiome²⁷. The oral microbiome



NITRIC OXIDE IN THE MOUTH HELPS PREVENT THE OVERGROWTH OF BAD BACTERIA AND REDUCES ORAL ACIDITY²⁸

refers to all the microorganisms in the mouth. Nitrate offers exciting potential as an oral health prebiotic²⁸, which can be used to prevent disease onset or limit disease progression.

How many leafy greens for pearly whites?

So how much should we consume daily? As a rule of thumb, a generous helping of spinach, kale or beetroot at mealtimes contains about 6-10 mmol of nitrate and offers immediate health benefits.

Work we have done with our collaborators has shown that treating plaque samples²⁹ from periodontal disease patients with 6.5 mmol of nitrate increased healthy bacteria levels and reduced acidity. For example, consuming lettuce juice³⁰ for two weeks reduced gum inflammation and increased healthy bacteria levels in patients with gum disease.

Growing evidence suggests that nitrate is a cornerstone of oral health. Crunching on a portion

of vegetables at mealtimes can help to prevent or treat oral disease and keeps the mouth fresh and healthy.

Mia Cousins Burleigh is a Lecturer and Siobhan Paula Moran a PhD candidate at the School of Health and Life Sciences, University of the West of Scotland.

This article was first published by *The Conversation*³¹.

References:

- 1 www.ncbi.nlm.nih.gov/26052472
- 2 www.nature.com/articles/s41598-020-61912-4
- 3 www.magonlineibrary.com/doi/abs/10.12968/vetn.20178.10.542
- 4 www.ncbi.nlm.nih.gov/30967854/
- 5 www.nature.com/articles/s41598-020-61912-4
- 6 www.nature.com/articles/s41598-020-69931-x
- 7 www.nature.com/articles/s41598-020-69931-x
- 8 www.spandidos-publications.com/10.3892/etm.2019.8381
- 9 www.spandidos-publications.com/10.3892/etm.2019.8381
- 10 www.nature.com/articles/bdjteam2015163
- 11 www.sciencedirect.com/science/article/pii/S2666149723000312
- 12 https://journals.sagepub.com/doi/10.1177/20480040166661435
- 13 www.nature.com/articles/s41598-020-69931-x
- 14 www.sciencedirect.com/science/article/abs/pii/S000629522004191
- 15 tinyurl.com/ytwrjdu
- 16 tinyurl.com/ytwrjdu
- 17 https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0243755
- 18 www.ncbi.nlm.nih.gov/pmc/articles/PMC9839431
- 19 www.nursingtimes.net/students/an-easy-guide-to-mmols-09-02-2012
- 20 www.nature.com/articles/s41598-020-69931-x
- 21 www.news-medical.net/health/Periodontitis-and-Pregnancy.aspx
- 22 www.ncbi.nlm.nih.gov/pmc/articles/PMC8771712
- 23 www.nature.com/articles/s41598-020-61912-4
- 24 www.ncbi.nlm.nih.gov/30967854
- 25 www.ncbi.nlm.nih.gov/pmc/articles/PMC4768623
- 26 www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02724-0/fulltext
- 27 www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02724-0/fulltext
- 28 www.nature.com/articles/s41598-020-69931-x
- 29 www.nature.com/articles/s41598-020-69931-x
- 30 https://aap.onlinelibrary.wiley.com/doi/full/10.1002/JPER.20-0778
- 31 https://theconversation.com/eating-leafy-greens-could-be-better-for-oral-health-than-using-mouthwash-221181





I would and have recommended Eschmann products & services to others.

I would rate them 10 out of 10!

Rhiannon Cullinan, Dental Nurse



Call in the experts.
Contact us for your **FREE** Care & Cover package quotation.

Equipment, service & support you can rely on.

Our nationwide team of over 50 highly trained engineers work exclusively on Eschmann products, enabling us to provide an unparalleled level of professional support to our customers.

Our engineers are all equipped with the necessary tools & spare parts to ensure that your Eschmann products are working effectively & to their maximum potential. With access to unlimited spare parts & labour included in our Care & Cover service package, you can be confident that your decontamination equipment won't let you down.

Experience Eschmann excellence at www.eschmann.co.uk, or call us on 01903 875787.



ESCHMANN

SEAL OF APPROVAL

Obturation techniques play a crucial role in the success of root canal treatment, writes Mark Allen



Obturation, the process of sealing the cleaned root canal system, is vital for long-term treatment success. Studies show that one of the key factors to significantly improve the outcome of primary root canal treatment is the presence of a root filling with no voids.

Indeed, inadequate root filling is a primary cause of treatment failure and the lack of a hermetic seal in the root canal system creates a favourable environment for bacterial growth.

The perfect obturation should be well condensed, seal all the canals connecting the pulp space with the periodontum, be adapted to the previous instrumented canal walls and end in the apical constriction. Various obturation techniques have been developed over the years, each with its own advantages and limitations.

COLD LATERAL CONDENSATION

The cold lateral condensation technique is considered the gold standard in obturation. It involves the use of gutta-percha cones combined with a sealer to fill the root canal space (gutta-percha does not bind by itself to the root canal walls). Although a time-consuming procedure, this technique offers several advantages, including cost-effectiveness, ease of use, and biocompatibility. Furthermore, gutta-percha's thermal properties allow for efficient obturation.

WARM VERTICAL COMPACTION

Which brings us to the warm vertical compaction technique. This utilises a thermoplasticised gutta-percha technique to effectively fill the root canal system. It offers advantages such as excellent adaptation to root canal irregularities and superior apical seal due to the hydraulic pressure exerted during obturation. Using heated gutta-percha in combination with a sealer, this technique allows for a more homogenous



Mark Allen is General Manager at COLTENE

and three-dimensional obturation. Thermoplasticised gutta-percha has superior flow characteristics, enabling it to adapt well to irregular canal spaces and inaccessible regions. This technique also provides enhanced apical control, enabling an optimal seal and a denser fill thereby minimising voids and the potential for bacterial leakage.

SINGLE-CONE TECHNIQUE

The single-cone technique employs a single gutta-percha cone combined with a sealer to fill the root canal space. It is a time-efficient technique that offers simplicity and ease of use, making it particularly advantageous in cases with round, narrow and regular root canals. However, the main disadvantage of this technique is limited adaptation to root canal walls, potentially compromising the quality of obturation. This technique requires a higher amount of sealer, thus its outcome depends more on the properties of the sealer.

RESIN-BASED OBTURATION

Resin-based obturation techniques, such as the epoxy resin and resin-coated gutta-percha techniques, have gained popularity due to their superior sealing ability and enhanced adhesion to dentine. Resin-based obturation materials have minimal shrinkage during setting, ensuring a tight seal and minimising potential leakage. Additionally, resin-based obturation techniques allow for effective re-treatment if required, as the material can be easily removed.

MTA OBTURATION

Mineral trioxide aggregate (MTA) has emerged as a reliable bioactive material with extended applications in endodontics such as root end filling, repair of root perforations and resorptions, vital pulp therapy and the obturation of the root canal space. MTA boasts favourable physicochemical and biological properties like superior sealing, good marginal adaptation, minimal microleakage, high biocompatibility and bioinductive and antimicrobial properties.

An obturation needs to achieve a high level of adaptability to the prepared canal walls and the filling material must penetrate the dentinal tubules, if possible. Preparation is key. CanalPro™ Jeni, from COLTENE, is the autonomous assistance system that helps clinicians achieve safer, more efficient root canal treatment. It features an integrated apex locator, continuously and precisely measuring root canal length without interruption. This enables dental professionals to monitor progress in real time, and switch to the next file size until the desired preparation has been achieved. CanalPro™ Jeni will also alert the clinician when it's a good time to irrigate, as well as monitor factors like intensity, torque, and file stress, helping to reduce the risk of file fracture.

Obturation techniques play a crucial role in the success of root canal treatment. Each technique has its distinct advantages and limitations, and the choice of technique should be based on the complexity of the root canal system, clinician experience and patient factors. Cold lateral condensation remains the gold standard, but newer techniques, such as warm vertical compaction, thermoplasticised gutta-percha, and resin-based obturation, offer improved adaptation, enhanced sealing ability, and better clinical outcomes. Dental professionals need to be familiar with the various techniques to tailor the obturation process to each patient's unique needs, ensuring optimal root canal treatment outcomes.

COLTENE

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

For references, see: www.sdmag.co.uk/coltene-obturation-feature



MEADOWS

DENTAL CLINIC

The Meadows Dental Clinic is a private specialist referral service based in Edinburgh with available on street parking immediately outside.

We accept referrals for: Endodontics, Oral Surgery, Dental implants (fully restored or implant placed and returned to GDP for restoration), Paediatric dentistry, Prosthodontics and Periodontics. Multidisciplinary full mouth rehabilitations for tooth wear and extensively failing dentitions. We are also happy to provide an advice only service to our referring GDPs.



KRISHNAKANT BHATIA

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



CHARLIE MARAN

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



ADRIAN PACE-BALZAN

Specialist Endodontist
BChD MFDS RCPS (Glasg)
MPhil MCLinDent (Prosthodontics)
FDS(Rest Dent)
RCS (Glasg)
- **GDC NO: 83943**



KATHY HARLEY

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



NADIR KHAN

Specialist Oral Surgeon
BDS FDS RCPS
FFD RCSI
- **GDC NO 61209**

Our highly qualified and experienced team deliver modern dentistry in a welcoming and relaxed setting.

For more information, please call **0131 447 4159**
Email - **reception@meadowsdentalclinic.co.uk**
Website - **www.meadowsdentalclinic.co.uk**
Address - **18 Thirlestane Road, Edinburgh. EH9 1AN**



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," she said.

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, offering our referring practitioners more specialist services and to reduce patient wait times," she said. "It was also an opportunity for us to bring our hygiene and admin team back under the one roof and condense the working week."

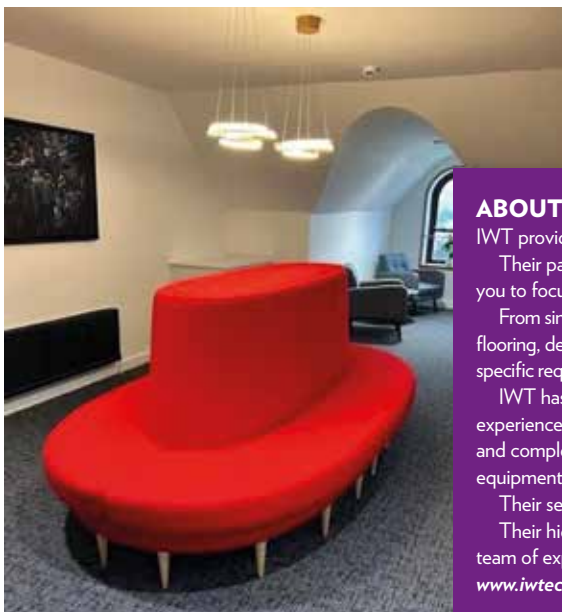
The expansion covers 3,500 square feet and comprises a swish reception and staff area, five beautifully executed surgeries, a high-end LDU and space for continuing professional development courses with capacity for live video links to the surgeries.

"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.



< Reception area

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.

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.

From single surgery installations to end-to-end managed services, including building works, plumbing, electrics, flooring, dental chairs and bespoke cabinets, IWT are experts in working with you and your team to identify your specific requirements and deliver your vision.

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.

www.iwtech.co.uk

NOW ONLY

£290

BienAir⁺
Dental



AT AN
UNBEATABLE
PRICE

SWISS  MADE

CLASSIC **1:1**

CA 1:1 L Micro-Series
REF 1600691-001

CA 1:1 L
REF 1600384-001

CA 1:1
REF 1600424-001

SCAN TO HEAD
TO BIENAIR.COM



> COLTENE

ENHANCED REPRODUCIBILITY WITH COLTENE

To provide patients with predictable endodontic treatment, clinicians should employ techniques which are fast and reliable, while ensuring safety. The HyFlex EDM OGSF file sequence from COLTENE includes a new Orifice Opener and Glidepath file for opening the glide path, as well as a Shaping file for shaping the root canal over the full length, and a Finisher file. The file sizes and tapers are optimised to provide a smooth feeling when changing from one file to another – for better control during treatment. Ideal for both simple and complex root canals, HyFlex OGSF files enable accurate penetration up to the working length – effortlessly.



COLTENE

MOVE INTO A HIGHER GEAR

The CanalPro X-Move endomotor from international dental specialist COLTENE is characterised by its simple handling and great flexibility.

The cordless unit can not only be conveniently moved around the chair or between different treatment rooms, it also has the HyFlex and Micro Mega file sizes programmed into the handpiece. The motor also operates in both fully rotating and reciprocating modes and can be programmed for all other common file systems.



COLTENE

With a diameter of only 8mm, the delicate, matt black head of the contra-angle ensures a better view of the working field and at the same time facilitates photo documentation.

Equally practical is the integrated Apex Locator for automatic length determination. It can give accurate measurements in both continuous and reciprocating motion which is enhanced by the insulated contra-angle and super-mini head. With a speed of 2,500 rpm and a torque of up to 5.0Ncm, the flexible motor boasts stronger power, but lower noise.

To find out more, please contact the team at COLTENE.

Email info.uk@coltene.com or call 0800 254 5115
COLTENE loyalty scheme rewards.coltene.com

DenComp Systems

Dental Compressor specialists

Keeping Up The Pressure

- Scottish Based
- Supply
- Repairs
- Service plan
- Installation
- Filtration
- Inspection & Certification

Alex Morrison 07495 858907
Office 01793 487878

www.dencompcompressors.co.uk



YOUR ONE WILD AND PRECIOUS LIFE

As Mary Oliver asked: ‘Tell me, what is it you plan to do?’

PETER DRUCKER was an Austrian-American management consultant, educator and author and is considered to be “the founder of modern management”. When I was studying on the MBA course with the Open University, he was one of the ‘must read’ authors. I didn’t complete the degree, but the lessons stayed with me.

Occasionally I have been referred to as a management “guru” and so I share with them Drucker’s view that, “the only reason people use the word ‘guru’ is because ‘charlatan’ doesn’t fit into a headline”!

There is little that he wrote or said that cannot be applied to dental businesses and the individuals who work within those businesses. I liked his views because they are transferable, timeless and tested. He knew that the focus on economics and behaviour of commodities, which was the crux of business teaching, was misplaced and his main focus was the behaviour of people.

Certainly in my experiences of 18 years as a practice owner, 15 years as a consultant plus time as a hands-on owner/manager for a couple of rescue missions, it is a focus on people that leads to success.

That said, the most important person is you. The ability to manage yourself makes the stars align for long-term, repeatable, prosperous outcomes. Drucker emphasised the importance of knowing one’s strengths. Most of us think we know at what we are good and bad, but we are usually wrong. One can only perform from strengths; nothing good comes from relying on weaknesses. Yet one sees people repeatedly trying and failing at certain aspects of their lives.

Use feedback analysis; whenever you make a key decision or take a key action, write down what

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.
www.thedentalbusinesscoach.com

you think will happen, revisit the situation after six to nine months and review the outcome. Did the results meet the expectations? It’s strange that dentists, who treat patients using proven techniques and materials, logging details in clinical records to analyse and respond if and when something fails, do not manage other elements in their lives in a similar way. Too often I see both owners and managers make the same mistakes over and over, hoping for a different result. From recruitment to marketing, from cashflow monitoring to sales, mistakes are repeated and lessons not learned. The size of the business seems to make little difference; the errors just get more costly.

Focus on repeated and constant improvement in how you perform and avoid what you’ll perform poorly. Acknowledge what has not worked, learn the lessons, move on.

Know your values; what kind of person do you want to see in the mirror? Are your organisation’s values compatible with yours? Do your strengths reflect your values? If not, there will be another cause of stress in your working life. As you will remember from physics, stress is a force applied to a material leading to strain or deformation of that material.

Eventually that deformation becomes significant and leads to a loss of shape or fracture, which can be catastrophic.

Are you truly in the right place? If not, what can you change? If you cannot change the place, then plan to escape and find somewhere truly better, for the long term. Get away from the diseased ship and then find your island.

Are you able to contribute your very best to your situation? Too many people literally go through the motions, neither stretching themselves nor making a true difference to the lives of others. I asked one bored and, by their

own admission, under-productive, associate recently: “How is your professional life?” Their response was: “Meh”. Says a lot. As Thoreau wrote: “Most people live lives of quiet desperation and die with their song still in them.”

You are responsible for your relationships. Other people are individuals too; embrace the differences. One profound mistake I see many professionals make is to presume that because they are good, often very good, at one thing they must therefore be good at everything. The result is they refuse to delegate effectively, become poor team players, abdicate responsibility for their actions and get deeper and deeper into a rut of their own making.

I read a couple of days ago (in *The Daily Stoic*) the phrase “velvet rut”; comfortable, even cosy, but ultimately you are stuck, unmotivated, just going through the motions without progressing. It’s safe but complacent with no sense of excitement, growth or challenge. It leads nowhere.

Take a long view, what will you be doing in 10, 20, 30 or 40 years? Do you have a second, or even third career in your plan? When will you start planning for it? We all peak at different stages and ages, but once you have peaked the only way is down; prepare for it. I underwent significant changes at 25, 35, 50 and 65 and continue to evolve.

I reflect every day the question posed by Mary Oliver in the final couplet of her poem,

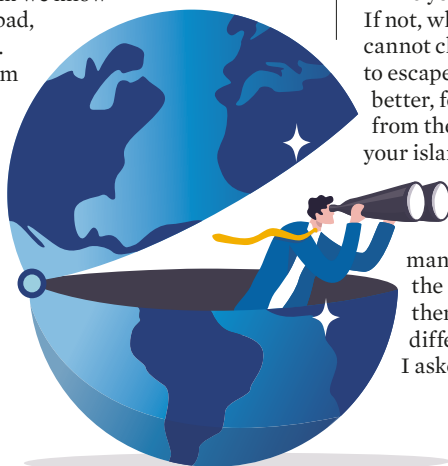
The Summer Day:

“Tell me, what is it you plan to do
With your one wild and precious life?”

REFERENCES

Managing One Self. Peter F. Drucker. (Harvard Business Review Classics) ISBN 13: 9781422123126. hbr.org/2005/01/managing-oneself

Great Sketchnote diagram: sachachua.com/blog/2013/09/sketchnote-managing-oneself-peter-drucker/





CLYDE MUNRO
DENTAL GROUP

GETTING A HEAD START IN DENTISTRY

It is crucial that dentists starting out in the profession have an opportunity to consolidate and advance their skills in a safe and supportive environment. They need access to ongoing training and education that is pitched at the right level, as well as a network of colleagues who can offer effective guidance and mentorship.

Clyde Munro understands this well and offers a purposefully structured journey for the early career dentist. From vocational training (VT) to the first five years of dentistry through to specialism, the group actively facilitates skill development and career progression for all.

When dentists join the group in their vocational training year, for example, they immediately have the opportunity to work in cutting-edge practices with vastly experienced colleagues. The dentists are supported throughout this training year by the group's internal programme, Best Foot Forward, which offers three sessions with an overnight event. This covers everything from artificial intelligence (AI) in dentistry, to endodontics and support for them joining general practice as a self-employed associate. This is designed to complement the NES training programme for Scottish graduates and dedicated study days, ensuring a comprehensive education internally for our young dentists.

Dr Paul Capanni is currently doing his VT year with Clyde Munro in the Scottish Highlands. He reflects on what he has found to be the biggest challenges of moving into the practice environment after university:

"The increased workload has been very apparent. It's also a little daunting to have to make all the decisions for yourself; you have to think on your feet a lot. There is also more pressure on you to refine your skills and build confidence, as you know that you only have until the end of the year to be able to work independently. The key is finding a balance between developing your skills and doing so safely with your mentor."

Paul considers how the group has supported his development at this crucial stage of his career:

"Clyde Munro offers dedicated study days and additional training, which has all been really good with a lot of excellent sessions covering relevant topics. These are also great opportunities to meet other VTs from all over the country. The clinical training has opened my eyes to what is possible in dentistry today. It's been really interesting to see some of the advanced treatments and understand just what practitioners can achieve in general practice."

"The practice I work in is unique in its size – it's one of the largest practices in Scotland. This means there are lots of other trainees working alongside me and I have found speaking to them and seeing how they do things to be very helpful during my VT so far. In addition, there are plenty of experienced dentists to ask for advice or to refer multidisciplinary cases to, which also gives me a chance to observe more advanced cases in orthodontics or even dental implants. The more you are exposed to in your early career, the better, and I enjoy having this variety. It also ensures I gain a broad grounding across the profession."

"The practice environment itself is also conducive to our development. We have a patient care coordinator (PCC) who ensures a smooth patient journey and supports all the dentists on a daily basis. I actually don't do a great deal of admin in general – all of this is taken care of. We also have access to very good equipment. We have a CT machine and intraoral scanners available to use in-house. These really help to speed up treatments and improve the quality of patient care we can deliver."

"Working within Clyde Munro, you feel like you're a part of something bigger. There's a lot of support in everything from clinical aspects to logistical and financial. It's nice to be at the forefront of digital dentistry and to be exposed to things you might otherwise not be exposed to. It's a good group to work for; they are always investing in you in some way."

Based on his experience so far, Paul offers some advice for other VTs who may be beginning their journey into practice:

"This is the year to try lots of things, to be exposed to complex cases, to ask lots of questions. It's easy to avoid certain treatments if they feel beyond your remit and you simply refer, but it's more beneficial to work through it in some situations – under the supervision of a mentor. I have found it helpful to do a lot of tutorial cases with my trainer, as this allows me to learn as much as I can from them while providing safe patient care. You also begin to see patients coming back to the practice in your VT year, so there's a chance to reflect on your own work and improve your approach."

Supporting Paul and the other vocational trainees through their training year is only the start of the opportunities and training with Clyde Munro. At this point, the group offers the Flying Start Programme, which continues to support individual's development for several years into their careers. When appropriate, there are then supported pathways to help clinicians further broaden or specialise their skills.



Dr Paul Capanni

Dr Capanni is currently doing his VT year with Clyde Munro Dental Group in the Scottish Highlands.

Find out more about the career opportunities and vacancies available with Clyde Munro today at careers.clydemunrodental.com or contact joinus@clydemunrodental.com for a confidential chat.



Upper 8s – easy or difficult?

Specialist in Oral Surgery Dr Gillian Ainsworth shares some thoughts about upper wisdom teeth

We are often referred patients for surgical removal of lower wisdom teeth. It is well known, by both clinicians and patients alike, that these can be difficult surgical extractions, with a well-recognised period of post-operative pain and swelling.

But what about upper 8s? I often say that they are either the easiest teeth in the head to take out – or the most difficult!

The majority are straight-forward extractions due to usually having a single conical root and may be easily removed using a Warwick James elevator or upper third molar or bayonet forceps. These are long necked angled forceps designed to get to the back of the mouth. The bayonets have narrower beaks and are good for small crowned teeth.

I generally don't remove upper 8s routinely when removing lower 8s. You can check on the likelihood of over-eruption by confirming whether or not there is contact between the mesial cusp of the upper 8 and the distal wall of the lower 7 – more often than not they just touch.



Upper third molar forceps

Sometimes, however, upper 8s can be really tricky teeth to extract. Access may be limited, root morphology unexpectedly variable or the tooth may be partially erupted and high in the alveolus compared with the second molar.

Horizontally or transversely impacted teeth can add to the challenges. Extraction of the last standing tooth in the maxilla brings with it both a risk of a fractured tuberosity and a risk of an oral antral communication, which the patient must be informed of at the assessment. Here are two recent cases I've managed.

Case 1



This first case shows resorption of both the second and third molars.

Note, on the PA the UL6 and 7 roots are apparently within the sinus but this is not the case on the CBCT. The second molar was extracted simply, allowing the third molar to be gently luxated mesially.

Case 2



The second case shows a transverse impaction of the upper 8. The tooth was partially erupted and high with limited access. A flap was raised from the distal palatal mucosa overlying the 8 to mesiobuccal of the 7 and after some buccal bone removal, the tooth was delivered buccally. In both cases the sinus was not breached and the tuberosity remained intact.

My favourite piece of advice for extracting difficult teeth is... move your feet! When undertaking oral surgery procedures, it is hugely beneficial to be able to stand on all sides of the patient – in front, behind, on their left, on their right. Have a look at your spittoon and see if it can be moved over to the other side along with the bracket table. It may take your nurse a little bit to get used to standing on the opposite side!

Please remember that EDS is always here to help you and your patients with any clinical conundrum you may encounter.



Dr Gillian Ainsworth, left, takes referrals for the full range of oral surgery, including simple or complex extractions, cysts, soft tissue lesions and implants at Edinburgh Dental Specialists.

www.edinburghdentist.com

Quest Implantology Course - 2024

Learn everything you need to know
to implement simple treatment plans

Aims and Objectives:

- Obtain an overall perspective of dental Implantology with an evidence based approach.
- Gain the necessary surgical and restorative skill sets to implement simple treatment plans.
- Understand the challenges involved in the surgical and prosthetic phases of treatment.
- Refer appropriately, based on skill levels.

Friday 27th - Saturday 28th September

Friday 25th - Saturday 26th October

Friday 22nd - Saturday 23rd November

Village Hotel Edinburgh
& Meadowbank Dental Practice,
Edinburgh, Scotland, UK



Course Leader:
Mr. Girish Bharadwaj



**Booking
Deadline**

**9th September
2024**

Accredited by:



THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH

Supported by:



Trycare

FREE Adin Surgical Kit and 5 implants

Attend all 3 modules and receive :
Adin Advanced Surgical Kit | 5 Adin Implants
plus 1 Year BBB Academy Membership
Total Value £1,389 (excluding vat)



**Full Course
£4,250
per Module £1,500**

(including vat)

For more info email:
info@ochilviewdental.co.uk



Prehydrated collagenated cortico-cancellous heterologous bone gel and papillae tunnelling for isolated intrabony defects: 12-month non-inferiority trial

Tom Kobe, Katja Povšič and Rok Gašperšič*

*Department of Oral Medicine and Periodontology, University Medical Centre, Ljubljana, Slovenia

Introduction

Periodontitis is an inflammatory disease that leads to progressive loss of periodontal tissue characterised by radiographic bone loss or clinical attachment loss (CAL) as measured by probing (Papapanou et al., 2018).

Adequate treatment involves a stepwise approach based upon the stage of disease, primarily aimed at reducing the amount of supra- and subgingival plaque, calculus deposits and periodontal bacterial load (Sanz et al., 2020). It initially involves behavioural changes in oral hygiene, control of modifiable risk factors, and non-surgical debridement procedures, followed by extractions and/or surgical interventions at nonresponsive sites (Herrera et al., 2022).

Resective surgical approaches offer limited potential for clinical and radiographic restoration of lost periodontal tissue. Therefore, regenerative approaches combined with minimally invasive surgical techniques are often used instead, especially in the treatment of deep intrabony defects (Al Machot et al., 2014), which pose a high risk for periodontitis progression and tooth loss (Nieri et al., 2002).

Minimally invasive surgical techniques based on conservative flap designs minimise the extent of flap reflection and wounding and improve coagulation stability, primary closure, and space preservation. They also offer advantages in patient-oriented outcomes: reduced post-operative morbidity, shorter recovery times, and preservation of pre-existing gingival aesthetics (Kao et al., 2015).

However, when traditional papilla-preserving techniques, xenogeneic grafts, and resorbable membranes are used, primary wound closure (WC) can be maintained in the early healing phase in only about half of the cases, often resulting in biomaterial exposure (Cortellini et al., 2001).

Two surgical methods, the Entire Papilla Preservation Technique (EPP) (Aslan et al., 2017) and the Nonincised Papillae Surgical Approach (NIPSA) (Moreno Rodríguez & Caffesse, 2018), have recently been developed to avoid incising of the interdental papillae when treating deep intrabony defects.

To gain direct access to intrabony defects with NIPSA, a horizontal incision is made through the attached gingiva above the marginal bone level and a small, full-thickness flap is elevated in a coronal direction. The papillary tissue is left in its original position as a dome-like protection. When using the EPP technique,

a short vertical incision is often made at an adjacent tooth or along the contralateral line angle of the same tooth, and then the papilla is tunnelled from the lateral side.

After the removal of granulation tissue, the tooth root surface facing the intrabony defect must be thoroughly debrided. The defect is then filled with a slow-resorbing particulate bone graft material in compliance with the original procedural instructions. In the final step, the incision line is sutured.

While NIPSA seems to be more suitable for the anterior and maxillary region, EPP should be avoided in the anterior region because of the possible scarring (Pei, 2021). A common aspect of EPP and NIPSA is a modified nonsurgical approach (level 2) that does not involve aggressive scaling and root planing at sites with deep intrabony defects.

To prevent soft tissue collapse and improve papilla support, slow resorbing dual phase collagenated particulate bone graft substitutes were used in the original descriptions of EPP (Aslan et al., 2017, 2021) and xenogeneic bone without organic particles in the original description of NIPSA (Moreno Rodríguez & Caffesse, 2018). However, a slow resorbing bone graft substitute may interfere with wound healing and periodontal regeneration.

Both EPP (Aslan et al., 2020) and NIPSA (Moreno Rodríguez & Ortiz Ruiz, 2022) were investigated in randomised controlled clinical trials comparing xenogeneic bone grafts with surgery alone (without bone graft). These trials did not clearly demonstrate the benefits of bone graft substitutes in combination with NIPSA (Moreno Rodríguez & Ortiz Ruiz, 2022) or EPP (Aslan et al., 2020), as the same clinical outcomes in terms of periodontal regeneration were obtained regardless of the application of bone graft substitutes to the defect sites.

In addition, Moreno Rodríguez and Ortiz Ruiz (2022) reported that deeper residual pockets and lower levels of new attachment formation were generally observed after the use of slow-resorbing bone substitutes; however, the bone substitutes improved interproximal soft tissue volume.

The use of dual phase xenogeneic bone substitutes containing collagen, which acts as a signalling molecule, simultaneously provides a scaffold for bone regeneration and stimulates natural healing processes (Falacho et al., 2021). However, the ability of dual phase xenogeneic bone gels to maintain papillae is currently unknown and may be questionable due to the smaller size and lower





KALYANI DENTAL LOUNGE

Referrals accepted for all aspects of dental implant treatment

Sinus Augmentation

Bone grafting

Implant Overdentures

Single unit implant treatment with crown

Multi unit implant treatment with bridges

Full Arch Implant Treatment / Teeth in a Day

Implants can be restored by the referring dentist

Enrol now
for the SDA
implant year
course!



Life changing treatment taking only 4 hours from removal of teeth, to implant insertion, to fitting of upper and lower temporary bridges! Final upper and lower bridge are made 4 months later.



Michael qualified in 2002 and has over 18 years of dental implant surgery experience. He is a clinical teacher for University of Central Lancashire's and VSS Academy's Masters of Implantology (MSc) Course, and he also mentors a number of implant dentists. Michael is a co-founder of the Scottish Dental Academy which involves running courses from The Implant Year Course to Guided Implant Surgery Courses. He is key opinion leader for Southern Implants SIREAL and SILOADED guided surgery system and for EthOss Synthetic Bone Graft material.

200 Bath Street, Glasgow, G2 4HG

For referrals:

www.dentalpractice.com/referrals | 0141 331 0722

Or to discuss any aspects of implant training / mentoring: admin@dentalpractice.com



proportion of bone particles, which lack the mechanical properties to support soft tissue.

To promote optimal healing and prevent papilla collapse, we aimed to evaluate the clinical performance of a pre-hydrated, collagen-containing xenogeneic bone gel that contains a lower proportion of smaller bone particles than a standard bone graft. Given the widely recognised efficacy of slow-resorbable particulate bone grafts used in conjunction with regenerative papillary tunnelling procedures, we developed a protocol for a non-inferiority study designed to demonstrate comparable success in clinical parameter improvement following the utilisation of xenogeneic bone gel.

Our hypothesis posited that the lower 95 per cent confidence interval (CI) for the differences between the baseline and one-year results would surpass a pre-established threshold for non-inferiority.

Materials and methods

Study design and population

The study was designed as a randomised, controlled, single-centre clinical trial. Ethical approval was obtained from the National Medical Ethics Committee (protocol no. 0120-653/2017/3), and the study was registered on ClinicalTrials.gov (NCT04782921). Before participation, all patients consented by signing appropriate forms. The study was conducted in accordance with the tenets of the Declaration of Helsinki.

Twenty individuals were meticulously chosen from a pool of 86 consecutively assessed patients seeking periodontal treatment at the Department of Oral Medicine and Periodontology, University Medical Center Ljubljana in Ljubljana, Slovenia. This selection process was conducted between January 2020 and 2021.

The inclusion criteria were: patients diagnosed with stage III/IV periodontitis (Tonetti et al., 2018); at least one isolated deep 3-wall intrabony defect with a partial 2-wall component on the periodontally affected tooth (Papapanou & Tonetti, 2000); predominant involvement of the interproximal region of the affected tooth with probing depth (PD) ≥ 5 mm and clinical attachment level (CAL) ≥ 6 mm; full-mouth plaque score (FMPS) [17]; and full-mouth bleeding score (FMBS) below 20% [18].

The exclusion criteria included heavy smokers (more than 10 cigarettes per day), patients with known systemic diseases, and pregnant or lactating women. In addition, inadequately endodontically treated teeth were also excluded from the study.

Initial treatment

All subjects underwent an initial phase of non-surgical periodontal therapy, which included education and instruction on proper oral hygiene, removal of supra- and subgingival deposits with piezoelectric ultrasonic instruments (PiezoLED ultrasonic scaler with Piezo Scaler tip 203 [KaVo Dental]), followed by scaling and root planing of sites with a PD of ≥ 5 mm, performed under local anaesthesia (Ultracain©) with Gracey curettes (Hu-Friedy).

Surgical procedure

Three months after the initial non-surgical periodontal therapy, patients were invited for a follow-up appointment. Interproximal sites with PD ≥ 5 mm and CAL ≥ 6 mm and associated intrabony defects were selected for the study (Figures 1, 2 and 3a) (Sanz et al., 2020).

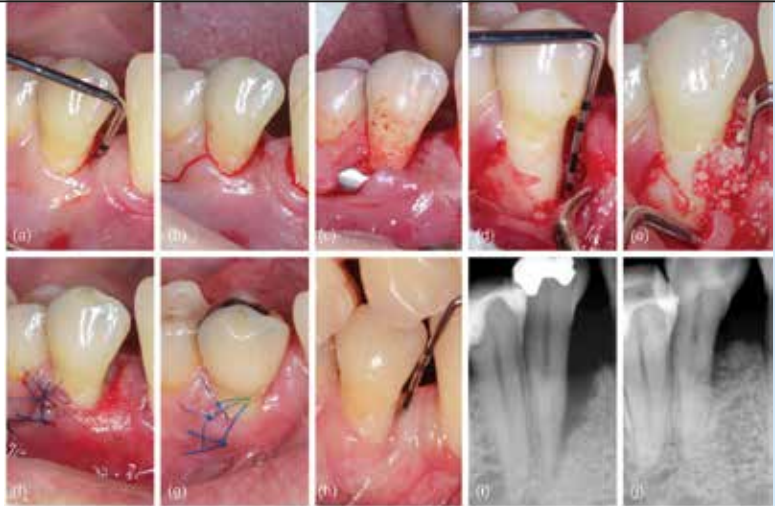


Figure 1: Representative case from the control group, treated with EPP and xenogeneic bone mix. (a) Baseline measurement, (b) single vertical incision, (c) reflection of a small mucoperiosteal flap, (d) granulation tissue removal, (e) application of the standard slow-resorbable bone substitute, (f) suturing, (g) healing after 1 week, (h) measurement after 1 year, (i) baseline radiograph, (j) 1-year radiograph. EPP, entire papilla preservation technique.



Figure 2: Representative case from the test group, treated with NIPSA and pre-hydrated collagenated bone mix. (a) Baseline measurement, (b) single horizontal incision, (c) inter-dental tunnel preparation, (d) granulation tissue removal, (e) application of material, (f) primary closure of surgical area, (g) healing after 1 week, (h) measurement after 1 year, (i) baseline radiograph, (j) 1-year radiograph. NIPSA, non-incised papillae surgical approach.



Figure 3: Representative case from the control group, treated with NIPSA and xenogeneic bone mix. (a) Baseline measurement, (b) single horizontal incision, (c) reflection of a small mucoperiosteal flap, (d) granulation tissue removal, (e) application of the standard slow-resorbable bone substitute, (f) suturing, (g) healing after one week, (h) measurement after one year, (i) baseline radiograph, (j) one year radiograph. NIPSA, non-incised papillae surgical approach.





EDINBURGH DENTAL

IMPLANT & COSMETIC DENTISTRY

Edinburgh Dental is an independent clinic with a primary focus on providing referral services including oral surgery, management of anxious patients with sedation dentistry and dental implants. This referral service has been offered by Dr Ferhan Ahmed and his team for over a decade and we are committed to maintaining low waiting times for appointments. Our amazing team of skilled dental professionals use the most up to date dental techniques to deliver affordable world class dentistry and a great patient experience.

- **Dental Implants**
- **Full Arch Dental Implants**
- **Zygomatic Implants**
- **Bone Grafting**
- **Gingival Grafting**
- **Oral Surgery and Sedation**



Dr Ferhan Ahmed

Clinical Director and Implant Surgeon
BDS (Glasg.) 2005 GDC No 85401



Dr Duncan Weir

Implant Surgeon
BDS (Glasg.) 2009 MFDS CLINIMPIDENT - GDC No 176892

Edinburgh Dental - Implant and Cosmetic Dentistry

www.edinburghdental.co.uk

0131 667 4433

info@edinburghdental.co.uk





Twenty surgical treatments were performed by a single resident of periodontology (T. K.). Surgical incisions were chosen to protect the integrity of the interdental papillae and to take anatomical factors into account. In this regard, defects associated with incisors and canines were accessed using NIPSA (n=11) (Aslan et al., 2017), whereas EPP was performed at defects associated with premolars or molars (n=9) (Moreno Rodriguez & Caffesse, 2018).

After administration of local anaesthetic (Ultracain), an intracrevicular incision was made around the teeth affected by the defect. Then, either a short vertical incision was made in the buccal gingiva just beyond the mucogingival line as part of EPP (Figure 1b) (Aslan et al., 2017) or a single horizontal apical incision was made in the mucosa apically to the edge of the bony ridge bordering the defect as part of NIPSA (Figures 2b and 3b) (Moreno Rodriguez & Caffesse, 2018). After elevation of a buccal, mucoperiosteal, full-thickness flap, a tunnelling instrument was used to undermine a tunnel preparation at the defect-associated papilla (Figures 1, 2 and 3c).

The granulation tissue was excised using microsurgical scissors and a tiny curette (Micro Mini Five Gracey Curette; Hu Friedy) (Figures 1, 2, 3d). The exposed root surface was cleaned with an ultrasonic scaler (NSK Varios 980; NSK Dental), and a small curette was used to remove subgingival calculus or plaque. The surgical site was carefully cleaned with sterile saline, and the treatment was continued according to the random assignment protocol.

In the test group (n=10), a pre-hydrated collagen-containing corticocellular heterologous bone gel (OsteoBiol® Gel 40; granulometry up to 300 µm) was applied to the exposed root surface using a syringe (Figure 2e). In the control group (n=10), the intraosseous defect was filled with the patient's blood-soaked, collagenous corticocellular xenogeneic bone graft (Figures 1e and 3e) (OsteoBiol® Gen-Os; granulometry from 250 to 1000 µm).

During application, contamination of the root surface with saliva was prevented by relative isolation. Microsurgical suture techniques with 6-0 or 7-0 monofilament sutures (Prolene; Ethicon) were used for WC (Figures 1, 2 and 3f), and gentle pressure was applied to the surgical site using saline-moistened gauze for one minute after completion of surgery for mucoperiosteal flap adaptation.

Patients were instructed to refrain from oral hygiene in the surgical area for three weeks and instead rinse twice daily with 0.12% chlorhexidine digluconate (Curasept; Curaprox). One week after surgery, patients were asked to report side effects and problems (Figures 1, 2 and 3g). Sutures were removed two weeks after the procedure. As part of the maintenance protocol, T. K. performed a professional dental cleaning on each patient every three months for the next 12 months.

Clinical parameters

Three months after the initial periodontal treatment and one year after the surgical intervention, clinical periodontal parameters were recorded (Figures 1, 2 and 3h). All clinical measurements at baseline and one year were performed with a manual Williams probe (POW6; Hu-Friedy) by the same experienced investigator who was blinded to the assignment to the research group (R. G.). A calibration exercise with measurements repeated after 1 week yielded intraclass

correlation coefficients for PD and CAL above 0.9 and κ values for PII, and bleeding on probing (BOP) above 0.95, indicating excellent reproducibility.

FMPS and FMBS were recorded at baseline. PD and gingival recession (REC) at the deepest part of the experimental area were rounded to the nearest millimetre (POW6; Hu-Friedy). CAL was calculated by adding the values of PD and REC. In addition, BOP was scored using a binary scale, with scoring performed 15 s after probing. During the procedure, the intraosseous component (INTRA), that is, the distance between the bone crest and the deepest part of the bony defect, and the intraosseous component with three walls (3W) were measured.

Intraoral photographs were used to determine the location of the papillae (TP) for comparison of the initial and final conditions. The manual Williams probe was used to calibrate the scale, and the position TP was measured relative to the incisal edge of the adjacent tooth (ImageJ; NIH). Each measurement was taken three times and then averaged to obtain a single value.

Primary surgical site closure was assessed after two weeks and characterized as either complete (WC=2), incomplete closure with a fibrin cloth (WC=1), or biomaterial exposure (WC=0) (Table 3). Radiographic images at baseline (Figures 1, 2 and 3) and one year after therapy (Figures 1, 2 and 3j) were used for radiological analysis.

Distances were determined by projecting three reference points onto a straight line constructed along the long axis of the tooth: the enamel-cement interface, the most apical point of the defect (before and after treatment), and the apex of the tooth. The change in radiographic bone height as a function of root length was then calculated. The radiographic periodontal defect angle was also measured (Cortellini & Tonetti, 2011).

Sample size and randomisation

Sample size was determined using CAL gain as the primary outcome. A difference of 1.5 mm in CAL gain was assumed to be clinically significant (Aslan et al., 2020); expected variation was set at 1.1 mm (Cortellini & Tonetti, 2011). With $\alpha = 0.05$ and power of 80%, the calculated sample size was 20 surgical sites (10 per group). The selected single intraosseous defect of each patient was randomly assigned to one of the two biomaterials. Numbered and opaque sealed envelopes were used to conceal the assignment. The random sequence was generated using a computer-generated randomisation table. The opaque sealed envelopes were opened immediately after defect debridement, and the operator was informed of the biomaterial allocation (T. K.). The investigator (R. G.) remained blind throughout the study.

Noninferiority margin

The noninferiority of the test intervention was determined using a minimum standardised difference detectable in this study (d) as the margin, with the equivalence interval between -d and d. Considering the sizes of both groups, it was calculated that an expected effect size of $d = 1.32$ could be detected with 80% power and 5% significance level (Cohen, 2013). In accordance with the fixed margin approach, a size equal to the expected effect size of the active comparator was chosen as the margin ($M = 1.32$)



Don't be blinded by other tooth whitening systems!



SEE THE LIGHT
SEE THE POLA LIGHT



**FROM JUST
20 MINUTES A DAY**



**WHITER TEETH
IN 5 DAYS**



EASY TO USE



**PROFESSIONALLY
RECOMMENDED**

POLA LIGHT is an advanced take-home tooth whitening system that combines POLA's award-winning POLA DAY whitening formula, with an LED technology mouthpiece, for a faster, more convenient whitening treatment.



Call Lesley on mobile
07887 930 923 (Scotland)
Lesley.McKenzie@sdi.com.au

CREATED BY SDI
POLA
ADVANCED TOOTH
WHITENING SYSTEM



YOUR SMILE. OUR VISION.

SDIPOLA.CO.UK



→ to ensure the efficacy of the new treatment. For each outcome, noninferiority was demonstrated if the CI was completely above the lower margin of the equivalence interval, $-d$.

Statistical analysis

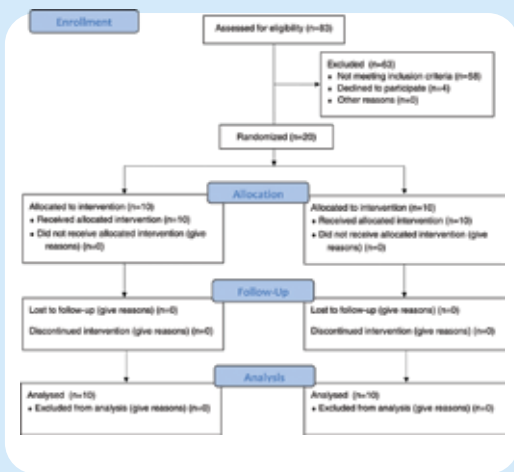
Demographic variables were described as means with standard deviations (SD) or counts and proportions (%), as appropriate. Outcome variables were changes in CAL gain (diffCAL), PD (diffPD), REC (diffREC), and TP (diffTP). Data were reported as mean values (SD) for each group.

Cross-group comparisons were performed as univariate analyses. p values were determined using the two-tailed independent t -test with Welch correction. The standardised mean difference by Cohen's d and its CI were calculated for all outcomes as effect sizes for the efficacy of the main exposure compared with the gold standard. Analysis was performed using R statistical software, version 4.2.1, at $\alpha = 0.05$.

Results

Twenty of the 83 examined patients were selected as participants for this study. Ten participants were randomly assigned to each group, and all were regularly recalled until the one-year follow-up. Data from all 20 participants were included in the final analysis (Figure 4).

Figure 4: Consort flow diagram



Study population and clinical characteristics

A total of 20 subjects participated in the study, of whom 12 (60%) were women. The mean age (SD) of the study participants was 53 (9) years. The test and control groups did not differ in any of the baseline clinical parameters.

Clinical outcome change distribution

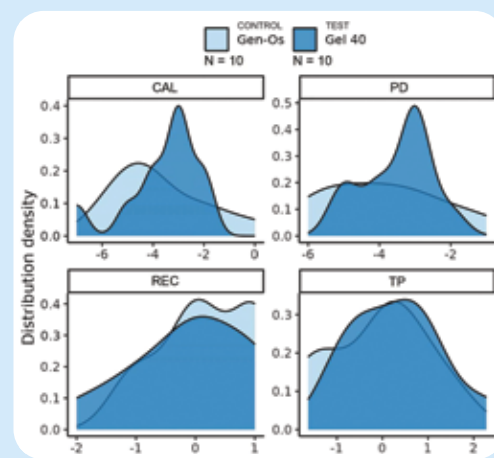
The distribution density of the change in outcome levels is shown in Figure 5. The centre of change of CAL was slightly higher in the test group than in the control group, but the variability in the control group was much greater, as can be seen from the width of the distribution, and with a strong tail toward higher values.

The distribution of diffCAL in the test group appears to be bimodal, although its shape appears to be more clearly defined, with less variability around the centre. This could be due to a larger number of participants

being in the lower range of diffREC compared with the control group. The diffPD distribution appears to be slightly bimodal in the test group; the average change was higher than in the control group, but this could be due to the small sample size.

The diffREC distribution has similar average values in both groups but, as mentioned earlier, the test group has a stronger tail in the lower part of the data. The distributions of diffTP in both groups appear to be similar in centre, width, and shape.

Figure 5: Density distribution of changes in study outcomes. CAL, clinical attachment loss; PD, probing depth; REC, gingival recession; TP, location of papilla.



Inferential analysis

After one week, complete WC was observed in almost all cases; only one case in the control group and three cases in the test group healed with fibrin cloth covering (N. S.). Exposure of the biomaterial never occurred (Table 2). The mean (SD) diffCAL was -3.6 (1.5) mm in the test group and -3.7 (1.8) mm in the control group ($p = 0.895$). This corresponds to a standardised mean difference of $d = -0.06$ (95% CI: -0.94 to 0.82).

The standardised effect of treatment on change was $d = 0.33$ (95% CI: -0.55 to 1.20) for diffREC, $d = -0.29$ (95% CI: -1.20 to 0.59) for diffPD, and $d = -0.38$ (95% CI: -1.30 to 0.51) for diffTP. Non-inferiority was defined for this analysis by the lower range of the 95% CI being greater than $d = 1.32$. All results met this criterion; the non-inferiority of the tested material was within the limits of the sample. In addition, bone fill of the test group (51%) was not significantly lower than that of the control group (53%) ($p = 0.580$).

Conclusion

Our results suggest that the use of pre-hydrated collagen cortico-cancellous bone gel in conjunction with papilla-preserving procedures (EPP or NIPSA) results in a comparable reduction in PD and clinical attachment gain and is associated with similar, albeit minor, gingival recession as conventional slowly resorbable solid particulate bone graft substitutes.

For full article, including Discussion and References, please visit: www.sdmag.co.uk/clinical-sdm-april-2024

Expert Repairs, Family-Run Care

At JDN, we're big on family values. Being a family-run business, we're all about forming connections with our customers. We get that you want to talk to someone who understands your needs, and we're always happy to have a chat and help sort out any issues you might have. Your satisfaction is important to us, and we're here for you every step of the way.

When we say we provide expert repairs, we really mean it. We are fully accredited with leading manufacturers and we keep up to date with our training to ensure your repairs are carried out to the highest standard. At JDN, we're all about delivering excellence in every aspect, from repairs to the products we sell.

Exclusive show offers from...

KAVO
Dental Excellence

acteon

parkell

Bien Air
Dental

And many more...



**STAND
H05**

Come and see us!

At the Scottish Dental show

Friday 31st May & Saturday 1st June

...for exclusive show offers. We can also answer any questions you have about your handpiece repairs. You can also have any engineering questions you may have answered by our Scottish engineering partner CJS Dental Services.

Request a Pack

Use the QR Code to visit our website and request a free-post repair pack.



DENTAL TAXATION TRANSITION OVERVIEW

Strategic planning is advised to mitigate the impact

Dental professionals operating as sole traders or partners in dental practices are now subject to a significant taxation shift under the new 'tax year basis'.

This means that profits will be assessed in alignment with the tax year they are generated, introducing a crucial change in financial management.

During the 2023-24 fiscal year, dental practices with year-ends differing from 31 March to 5 April will experience a modified taxation framework.

Their basis period will consist of two components: their 'normal' basis period, reflecting the accounting period ending within the tax year 2023-24, and the profits accrued from the end of that period until 5 April 2024.

For instance, a dental practice with a year-end of 31 December will be taxed on profits from the year ending 31 December 2023, alongside profits from 1 January 2024 to 5 April 2024.

This transition may lead to a temporary surge in tax obligations for affected individuals, necessitating strategic financial planning.

Practices with year-ends such as 30th April may face a notable increase in tax liability due to the incorporation of almost two years of profit.

While overlap profits carried forward can mitigate this, not all dental practices will possess such profits, or the amounts may be insignificant.

HMRC has confirmed that surplus profit will be automatically spread over five years,



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

from 2023/24 to 2027/28, without incurring late payment interest.

However, for taxpayers subject to high marginal rates, this automatic spread could attract significantly higher income tax rates.

Alternatively, opting for the entire additional profit to be taxable in the 2023/24 tax year may be more advantageous for some taxpayers, particularly those affected by high marginal rates of income tax.

Strategic planning, including potential pension contributions before 5th April 2024, is advised to mitigate the impact of transitional profits in the dental sector.

For guidance and information relating to how this might affect you or your practice, please contact:

healthcare@eqaccountants.co.uk

Your Practice. Energised.

At EQ Healthcare, our dedicated team of specialists act for numerous healthcare practices of all shapes and sizes.

We can offer assistance with the following:

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

For further information please contact:

EQ Healthcare
healthcare@eqaccountants.co.uk

DUNDEE 01382 312100
FORFAR 01307 474274

www.eqaccountants.co.uk

we do experience
we do expertise
Taking care of
dental business

For the outcome you're looking for - from buying or selling, to property and employment law - speak to our expert Dental Team for specialist legal advice.

Contact Us

 03330 430350

 thorntons-law.co.uk





LOOKING FORWARD TO SEEING YOU!

The Thorntons team will be at Stand F01, just across from the catering – so grab a coffee and pop by for a chat

The excitement is building... and that's just within the Thorntons Dental Team. Yes, the dates for the Scottish Dental Show in Braehead (31 May – 1 June) are fast approaching, and all of our team members are looking forward to exhibiting at the show, and meeting up with clients and contacts, existing and new.

The show is important to us for a number of reasons. Apart from anything, we have exhibited and presented in every year of the show since it started in Hampden all those years ago, so we don't want to break our streak! It gives us a chance to speak to our existing clients, and to hear how their practice plans have developed. It's also a great opportunity for us to speak to members of the profession who perhaps haven't encountered the team before.

The team deals with a wide range of work for dentists, including practice sales and

acquisitions, advice regarding partnership and expense sharing agreements, associate agreements, and employment advice, just to name a few areas. More recently, and particularly following Brexit, the profession has had its own recruitment challenges, and as a result there has been an increasing need for advice on recruitment from overseas, with our immigration colleagues helping a number of clients navigate the intricacies of the UK visa system.

Indeed, Gurjit Pall from our immigration team will be presenting a workshop on the first day of the show, and everyone is welcome to join that if it is of interest. It has certainly been really well received in previous years.

Beyond our dental specific advice to the profession, as a full service legal firm, Thorntons is able to assist on all aspects of personal legal advice such as buying



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



Kim Campbell,
Partner, Thorntons
Law LLP
M: 07845 977630
E: kimcampbell@
thorntons-law.co.uk
W: www.thorntons-
law.co.uk

and selling homes, advice on wills and estates, assisting with family matters such as divorce, and so on. Feel free to contact a member of the dental team if anyone requires advice on a personal matter, and they will be able to put you in contact with the relevant experts within the wider Thorntons family.

The team acts for dentists throughout Scotland, and geography is no obstacle. Since the last show, we have seen further expansion on two fronts. Firstly, our Glasgow team had outgrown its previous base and has relocated to a fabulous new office in George Square, with its very own view of the Duke and his traffic cone. More recently, we are delighted to have a new location in Inverness, an area with lots of exciting opportunities, with a fantastic team joining us to grow our presence in the Highlands.

We are really looking forward to the show. We are at Stand F01, just across from the catering, and so please feel free to grab a coffee and pop by for a chat with members of our dental team on either day of the show.

“

THE SHOW IS IMPORTANT TO US FOR A NUMBER OF REASONS. APART FROM ANYTHING, WE HAVE EXHIBITED AND PRESENTED IN EVERY YEAR OF THE SHOW SINCE IT STARTED IN HAMPDEN ALL THOSE YEARS AGO”

Register for the Show here:
scottish-dental-2024.reg.buzz

pfm dental

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

Thinking of selling your practice?

We work with dentists all over the UK

Our scale and reach means we're here to help wherever you're based

100+

Practice sales over the past 12 months

1300+

Current dental accountancy clients

£25m

Practice finance raised in the last year



Expert Valuations

Accurate valuations for associate & principal led models with advice on enhancing the practice value.



1000s of buyers

Get access to 1000s of pre vetted purchasers, being individuals, small groups and all of the major corporates.



Offer Negotiation

We will ensure your practice attracts the best possible price by negotiating the sale on your behalf.



Supportive Throughout

We liaise with solicitors and buyers to ensure everything is in place to minimise stress and give a smooth sale.



Fee Free Sale

95% of our NHS practices sell to priority buyers meaning the purchaser covers the agency fee.

01904 670820
sales@pfmdental.co.uk

10 TOP TIPS FOR YOUR DENTAL PRACTICE SEARCH

Finding a dental practice requires strategic thinking and attention to detail, writes Samantha Hodgson

Purchasing a dental practice is a significant decision that involves careful consideration and thorough planning. Finding a dental practice requires strategic thinking and attention to detail. To help guide you through this important milestone, here are 10 top tips to keep in mind when buying a dental practice.

1 DEFINE YOUR GOALS AND CRITERIA

Before diving into the market, take time to consider your goals. Consider the type of practice you want to own; location, the type of income you want and may be hoping to grow, number of surgeries, and whether you plan to work there yourself or not. Having a clear vision will help you narrow down your options and make more informed decisions.

2 REGISTER WITH ALL AGENTS

Make sure to register with every agent covering Scotland to not miss out on practices coming to market.

3 CHECK HOW THE PRACTICE IS VALUED

The practice could be valued under an Associate Led or Principal Led model. Make sure that you understand the difference between each model and know which model the practice has been valued on. If you are looking to buy a practice to run Associate Led, it is unlikely that a practice valued using the Principal-Led model will be financially viable for you.

4 MAKE THE MOST OF YOUR VIEWING

The viewing is your chance to get information directly from the owner that is unlikely to be included in the sales prospectus. Ask about the type of patients, local area, practice dynamics, staffing team and seller's plans for the future. Don't forget to also tell the seller a little about you and your plans for the practice going forward – they may have multiple buyers to choose from and some sellers choose the individual they feel best suits the practice, patients and staff.

5 CONSIDER INVESTMENT COSTS

Does the practice need immediate financial investment? Does the practice need new equipment immediately to complete the type of work you intend to introduce? Assess the

need for upgrades or replacements and factor these costs into your overall budget.

6 CONSIDER A BUYER'S ASSESSMENT

If you are unsure on the asking price or need some guidance before placing an offer, you should consider instructing a buyer's assessment. The cost of a buyer's assessment is often a fraction of a bank instructed valuation price and could therefore save you thousands should the assessment highlight areas you are not happy with.

7 PERSONAL PROJECTIONS

A valuation shows the gross profit a practice can make, but it does not show your personal take home pay. You will need to factor in tax and loan repayments (if applicable) to see what income you will actually have to live off. Often this is done by a dental specialist accountant.

8 SPEAK TO A BROKER

Whilst a broker cannot guarantee what you can borrow as this depends on the profitability of the practice you are buying, it is worth speaking with a broker ahead of a practice sale to get your finances in order ready to approach lenders. A specialist healthcare broker can give you an update on current lending terms and requirements and advise on cash deposit levels based on what type of practice you are looking for. It is also worth understanding the different types of loans available and any costs involved in arranging bank finance (PFM Dental do not charge a broker fee when acting as sole broker).

9 CONSIDER PURCHASING COSTS

Fees to buy a dental practice have, like most things, increased over the last couple of years. You will usually need cash reserves for the following: solicitor fees, deposit, bank valuation, insurances and stock at completion. If you are buying through a limited company, you may have additional requirements such as bank separate representation solicitors and personal guarantee

legal fees. Estimated buying costs are typically in the region of £15,000 - £20,000 (not including your deposit against the purchase price).

10 PUT FORWARD A STRONG OFFER

Offer what you are willing to pay for the practice at completion – unwarranted adjustments to your offer during the legal work could lead to the sale falling through, resulting in lost time and fees for both parties. Give detail in your offer – what are your plans for the practice, do you want the seller to stay on, what are your timescales. Have finance in progress – the agent will need to confirm to the seller that they have reviewed your financial position, or received a copy of your agreement in principle from a lender, before your offer can be formally accepted.

CONCLUSION

Buying a dental practice is a complex process that requires careful planning and attention to detail. By following these 10 top tips, you can strengthen your dental practice search and increase your chances of a successful purchase. Remember that each practice and buyer is unique, so tailor these tips to fit your specific circumstances and goals. With thorough preparation and the right guidance, acquiring a dental practice can be a rewarding step in your professional journey.

Samantha is a dental practice valuer, finance broker and practice sales agent. With a decade in dental practice sales, Samantha understands all the ins and outs of the sale process. Her days are spent valuing dental practices for vendors and buyers alike, negotiating the best sale terms for sellers and buyers, and arranging practice purchase finance for buyers. PFM Dental is one of the leading sales agencies in Scotland.

pfmdental.co.uk



KEY THINGS TO PREPARE BEFORE SELLING YOUR DENTAL BUSINESS

If you're considering selling your dental practice, says Joel Mannix, Head of Dental, Christie & Co, here are several things you should prepare...

1 BEGIN DISCUSSIONS EARLY

If you're considering selling your practice within the next five years, it is not too soon to think about the process and engage with your advisers. This will not only give you the full picture of the sales process, but will also allow you to make any necessary business adaptations to ensure you get the most from your sale.

This is extremely important to consider, particularly if your practice is still in its ascendancy/growth phase, or there is a specific patient demand with a huge opportunity for growing income further.

2 APPOINT AN ADVISORY TEAM

Dentistry is a highly specialist sector, so obtaining quality, professional advice is essential.

Your advisers will all work closely together, so it's important to choose those who are dental

specialists within Scotland, as they will understand the nuances of the market, which will ultimately ensure the process is successful. You'll need a practice sales specialist, a legal adviser and an accountant who all have experience in the Scottish dental sector.

3 ORGANISE YOUR PAPERWORK

Preparation is key. There is a wish list of financial and operational information which your agent will run through with you which will be used to complete an initial accurate appraisal of your practice. This typically consists of statutory Profit & Loss accounts, monthly management accounts showing Year-To-Date performance, as well as a staffing schedule, and, if applicable, the split of income for NHS and Private work.



Joel Mannix
Head of Dental,
Christie & Co
E: joel.mannix@christie.com
M: 07764 241691

4 POST-SALE CONDITIONS

Offer value is just one component of a deal. In a highly competitive market, like we're in now, post-sale conditions and how your agent will negotiate those with the buyers are paramount and can be the difference between a good and a great deal.

Also, avoid being flattered – too often we see a seller receiving a direct approach from a corporate operator resulting in a mediocre offer with onerous post-sale terms. It is important to seek assistance from specialist advisers who can help unravel the offer terms and negotiate a more favourable position for you as the seller.

To find out more about the Scottish dental market, or for a confidential chat about your business options, contact Joel Mannix

YOUR DENTAL PRACTICE IS IN DEMAND!

Demand continues to outstrip supply across Scotland, with strong interest from a wide variety of buyer types.

IN 2023, THE CHRISTIE & CO DENTAL TEAM:

- Valued and sold more than **£730 million** worth of dental practices.
- Sold **113** practices including development opportunities and dental investments.
- Witnessed **high demand** from first-time buyers, independent and small group owners, as well as corporate buyers.

If you're thinking of selling your dental practice, speak to your local expert:



JOEL MANNIX
Head of Dental

M: +44 (0) 7764 241 691
E: joel.mannix@christie.com



CHRISTIE & CO



Practice Sales | Valuation | Advisory | Consultancy | Finance | Investment

christie.com

FAIR DAY'S WAGE?

The largest collation of dental team information provides insights for owners and managers

With the continued recruitment and retention crisis within the sector, we are delighted to be able to share our findings from our recently published Scottish Dental Sector Wages Survey Report.

Our survey is, once again, the largest collation of dental team wages information in the sector and contains some interesting insights for practice owners and managers.

For the second year in a row, we are witnessing average pay rises of more than 10 per cent with the biggest movement being for recently qualified nurses who were found to have increased by an unprecedented 26 per cent last year.

For the first time, we also identified that 100 per cent of the respondents pay their team's GDC subscriptions, a previously rare occurrence, and a clear identifier of the current market conditions.



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

With the national minimum wage rising to £11.44 for workers aged 23 and over from April 2024 the differential between the average hourly rate for a nurse of £12.99 has narrowed and careful management of the team's package is advised.

For practices with a sharp increase in wage costs it is highly recommended to adopt dynamic best practices on chair utilisation, pricing and material usage to attempt to enhance margins and cover the increased cost base.

Otherwise, it would be likely that the practice will face profit and cashflow pressures. If you would appreciate our input in to how you could enhance your operations do let us know if you would like to join our waiting list for new clients.

We would be delighted to share a full copy of our wages report with you free of charge. You can download your own copy at this link: bit.ly/dentalwages2024.



PROUD OF THE DIFFERENCE WE CAN MAKE TOGETHER



As the only UK Accountant working exclusively on the Scottish Dental Profession, and nothing else, you are assured of a high value bespoke input in to your financial affairs.

- Specialist dental tax & accounting advice
- Buying & selling a practice
- Tax mitigation
- Raising finance
- Fixed fees
- Benchmarking your performance
- Guaranteed proactivity
- Practice improvement advice
- Practice structure advice
- Award winning approach

Get in touch now to see what difference we can make together.



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

Edinburgh Dental Office: 9-10 St Andrew Square, Edinburgh EH2 2AF

T: 0131 248 2570 **W:** www.dentalaccountantsscotland.co.uk

Borders Office: Cornerstone House, Station Road, Selkirk, TD7 5DJ

T: 01750 700 468 **W:** www.dentalaccountantsscotland.co.uk

UNLOCKING FINANCIAL HEALTH: THE DENTIST'S COMPANION

As a dentist, your focus is on ensuring optimal oral health and crafting perfect smiles. But amidst the daily whirlwind of appointments, procedures, and patient care, have you spared a moment to consider the health of your finances? Just like precision in your practice is crucial for a perfect procedure, utilising a trusted financial planner can offer you an ally in the long-term pursuit of wealth planning.

SECURE YOUR FUTURE

Your career as a dentist is undoubtedly rewarding, but it also comes with unique financial challenges and opportunities. From managing student loan debt to planning for retirement, a qualified financial planner specialises in tailoring strategies to align with your specific needs and goals. They offer insights and solutions that empower you to make informed decisions, ensuring financial stability throughout every stage of your career and beyond.

MAXIMISE EFFICIENCY

Time is your most precious asset, and a financial planner helps you make the most of it. By delegating the complexities of financial management to a professional, you free yourself to focus on what you do best – providing exceptional dental care. With their expertise, you can streamline your financial processes, minimise administrative burdens, and optimise your resources for maximum efficiency.

STAY AHEAD OF THE CURVE

The financial landscape is constantly evolving, presenting both opportunities and risks. A skilled financial planner stays abreast of market trends, tax regulations, and economic shifts, proactively adjusting your financial plan to ensure it remains robust and resilient. With their guidance, you can navigate uncertainties with confidence, staying ahead of the curve and safeguarding your financial well-being.

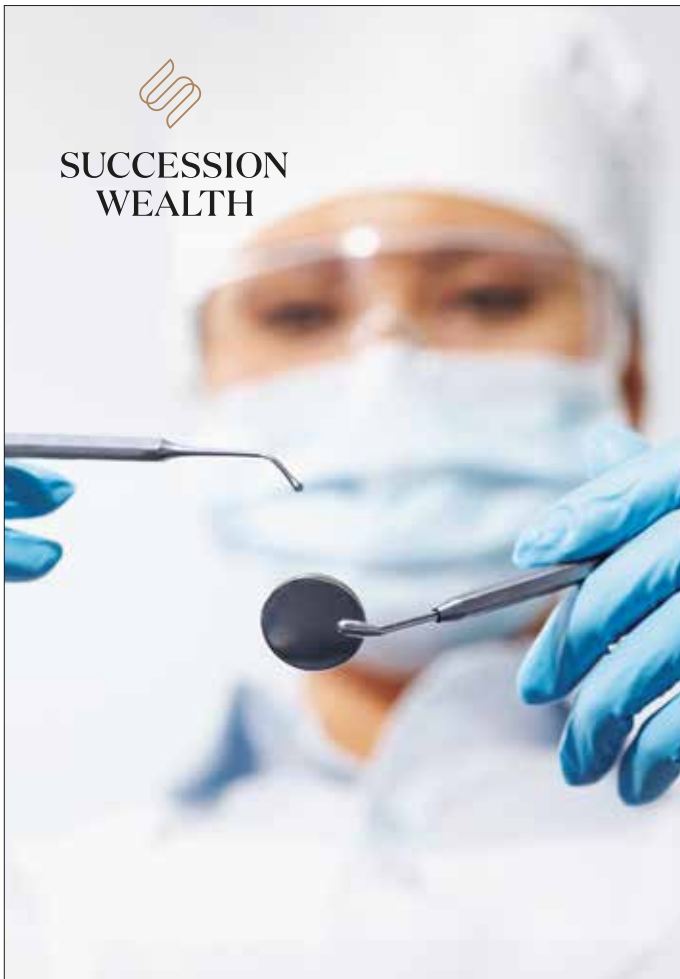


Kenny McKay,
Wealth Planner
M: 07393 765305
E: kenny.mckay@successionwealth.co.uk
W: www.successionwealth.co.uk

PEACE OF MIND:

Achieving financial peace of mind is priceless. By partnering with a trusted financial planner, you gain a sense of security knowing that your financial future is in capable hands. Whether it's building wealth, protecting assets, or planning for retirement, they provide personalised guidance every step of the way, empowering you to live your life with confidence and purpose.

In the journey towards financial prosperity, a skilled financial planner serves as your beacon of guidance and support. Take the first step towards prosperity by speaking with Kenny McKay at Succession Wealth.



Trust our expertise
the way *your*
patients trust yours

Our Wealth Managers can help you with:

- Retirement planning
- Pension consolidating
- Ethical/Sustainable investing
- Inheritance tax planning
- Estate planning

We're local, why not get in touch for a chat.



For more information on how we can help you to plan for a secure financial future, please contact:

Kenny McKay | Wealth Planner
M: 07393 765305
E: kenny.mckay@successionwealth.co.uk
www.successionwealth.co.uk

Succession Wealth is a trading style of Succession Wealth Management Limited, which is authorised and regulated by the Financial Conduct Authority. Financial Services Register number 588378. Please note, The Financial Conduct Authority does not regulate advice on taxation or Estate Planning.

ALLISON CRUICKSHANK'S APPOINTMENT MARKS A NEW CHAPTER FOR PATIENT PLAN DIRECT

In a strategic move to enhance its presence and support in Scotland, Patient Plan Direct proudly announces the appointment of Allison Cruickshank as the Business Development Manager exclusively dedicated to Scottish dental practices.

This appointment signifies a commitment to tailored regional support from Patient Plan Direct, recognised for its amazing value thanks to admin fees that are two-to-three times less than other major plan providers.

Based in Scotland herself, Allison brings a wealth of experience and expertise to her role. With a deep understanding of the unique challenges and opportunities within

the Scottish dental landscape, she has already proven to provide unparalleled guidance and assistance to practices seeking to maximise their financial potential.

At the heart of Allison's mission is a dedication to delivering super-efficient dental plan advice and support. Whether it's facilitating seamless plan switches from other major providers to benefit from significant cost savings – now simple thanks to the availability of the bulk transfer process, assisting in the setup of new plans, or navigating the transition of an NHS to private conversion, Allison has the knowledge to advise and implement



Allison Cruickshank
M: 07483 400891
E: allison@patientplandirect.co.uk
W: www.patientplandirect.com/scotland

dental plan solutions tailored to each practice's specific needs.

Allison's professional dentistry background and genuine passion for adding value to practices and their teams set her apart. She has already shown how she can empower dental professionals and foster a culture of continuous improvement and success.

Crucially, Allison is supported by the formidable team at Patient Plan Direct, renowned experts in dental plan support and highly responsive customer service to more than 600 practices. Together, they form a powerhouse dedicated to ensuring that every practice they support in Scotland receives the highest level of assistance and guidance to reach their dental plan objectives.

For more information about dental plan support within your dental practice, contact Allison directly for details.



AT THE HEART OF ALLISON'S MISSION IS A DEDICATION TO DELIVERING SUPER-EFFICIENT DENTAL PLAN ADVICE AND SUPPORT"



Patient PlanDirect



The UK's most cost-effective major dental plan provider

We deliver first-class dental plans with exceptional client support for practices looking to successfully launch a plan, switch plan provider, or transition from NHS to private dentistry.

Let's see if we can make your practice more profitable! Contact us today.

☎ 0344 848 6888

✉ info@patientplandirect.co.uk

🌐 patientplandirect.com/scotland

Infinity Smiles

YOUR TRUSTED ORTHODONTIC PARTNER



6 practices, with over 25 years transforming smiles,
and Dentist referred patients seen within 4 weeks!

Business Leader of the Year - Dental Industry Awards (UK)
Best Adult Orthodontists - Dentistry Scotland Awards

1,400+ ★★★★★ Patient Reviews



**INFINITY
SMILES**

Contact us Today

0330 094 8930

INFINITYSMILES.CO.UK



SCAN OUR QR CODE TO SEE
HOW EASY IT IS TO REFER!

Selling the practice?

One of the key issues centres on how best to plan tax liability, writes Jayne Clifford

WORDS
**JAYNE
CLIFFORD**



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

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.

Both capital gains tax (CGT) and inheritance tax (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.

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

Full article – including using a will as a tax planning tool, setting up a trust, knowing your allowances and reliefs, and acts of benevolence – at www.sdmag.co.uk/selling-the-practice

martin aitken
accounting | tax | finance

buying or selling a practice shouldn't have to be taxing...

book your free no-obligation consultation.

maco.co.uk | ca@maco.co.uk

martin aitken **martin aitken** **maco** **caledonian**
accounting | tax | finance financial services ACCOUNTING + FD SERVICES accounting + payroll services

XERO **PLANNING** **NASDAL**
NATIONAL ASSOCIATION OF ACCOUNTING AND FINANCIAL SERVICES

*First initial consultation is free to new clients only. Terms & Conditions apply. For more information visit maco.co.uk or mafsltd.co.uk. "maco" is a trading name of Martin Aitken & Co Ltd. © Martin Aitken & Co 2023

RICHARD O'BRIEN • DMG

WELCOME TO RICHARD

WE ARE pleased to welcome Richard O'Brien to the DMG Dental family as Territory Manager for Scotland and North East of England area. Richard joins us from an extensive background in manufacturing and retail sales and has been in the dental industry for 18 years.

He enjoys organising group hands-on courses and learning old and new techniques in composite and minimally invasive dentistry, with a special interest in endodontics. Richard is excited to start his new role and has already made a big impact since joining the DMG Dental team.

Richard will be at the Scottish Dental Show 2024 on stand D22, so head over to see him for a catch-up and a chat about the DMG Dental product range. He will also be presenting an Icon resin infiltration hands-on session on Friday 31 May at 9am at the show, sharing his knowledge and expertise on using Icon to treat white spots and giving you the chance to try the magic for yourself.



Richard O'Brien
Territory Manager - Scotland
and North East of England,
DMG Dental
M: 07375 150193
E: richard@dmg-dental.co.uk

JAMES ELLIOTT • CLARK DENTAL

HERE TO HELP YOU

WITH MORE than 26 years of experience in the dental industry, I am a seasoned Regional Sales Director at Clark Dental ESL, a leading provider of dental equipment and supplies in the UK.

I oversee the sales operations and account management for Northern England and Scotland, although on Haptics AI and VR. I'm responsible for the whole of the UK having spent the last two years working closely with UNI SIM, our haptic partner and various AI companies.

My expertise is based in dental imaging and, in particular, sensors and CBCT. I enjoy lecturing and speaking on 2D and 3D in endodontics and general dentistry. Being a technology company, I've had the pleasure in integrating AI into our portfolio and into a number of teaching schools as well as dental practices in the UK and I firmly believe that this is a total gamechanger for our industry in many ways.

Over the years we have specialised in Dentsply Sirona products and it's great working with such a knowledgeable and professional salesforce. I have a passion for introducing new products and services to our clients such as haptics VR and AI and not forgetting our imagining helpdesk which is highly regarded among our clients and is coming up to 17 years old. I firmly believe that we can improve every dental practice and dental school no matter what!



James Elliott
Regional Sales Director
M: 07980 593422
E: james@clarkdental.co.uk

If you're thinking of leaving the NHS, here's some...

GREAT BARRIER RELIEF



Join us on
stand K50
at Dentistry Show
Birmingham

**Would you like to make the move from NHS dentistry
to private practice, but still have a few concerns?**

If so, scan the QR code below and download our booklet.
It explains how every traditional barrier to making the move
has now been knocked down. Your time is now.

We're the **NHS to private** conversion experts.



01691 684165 • www.practiceplan.co.uk/nhs

> CARESTREAM

INFORMED DIAGNOSIS WITH CBCT SCANNING



To make the best decisions for your patients, you need accurate and detailed information at your fingertips. The CS 8200 3D Neo Edition from Carestream Dental develops exceptionally precise CBCT images while featuring unparalleled ease of use.

The versatile 2D and 3D imaging system allows you to offer more in-practice services, with high-resolution images informing each decision. A dynamic range of fields of view covers a wide variety of clinical needs, and an ultra-compact design means it can fit in any given work space. An intuitive user interface makes image acquisition streamlined, so you can view high-quality details fast. The CS 8200 3D Neo Edition blends superb 2D panoramic technology, CBCT imaging and 3D model scanning in one unit, and is seamlessly integrated into your own practice to make an instant difference to your workflow.

For more information, contact Carestream Dental today.

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

> ESCHMANN

ESCHMANN – RELIABILITY, SERVICE & SUPPORT YOU CAN TRUST



Emma Jade, owner of Linkdent Consultancy (www.linkdent.co.uk), has worked with the team at Eschmann for more than 14 years. Emma says: “I have continued to work with Eschmann for so long because they offer reliability and peace of mind – you know that a job is going to be done right. All the engineers are highly experienced.

“Eschmann has always provided a really easy-to-access, organised and convenient service – I appreciate that I’m not talking to a robot when I give them a call! It’s essential to have reliable and trusted people around you when running a business to help relieve some of the stress that life throws at you. My relationships with people at Eschmann have brought me this.”

Thank you Emma, for your kind words. To find out how Eschmann could take some of the stress away from you and your business, contact the team today.

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

> ORALIEVE

YOU CAN NOW PRESCRIBE ORALIEVE MOISTURISING MOUTH GEL

60 per cent of older adults complain of dry mouth, which may be associated with polypharmacy. With over half of those aged 65 or older taking three or more prescribed medications, dental teams will increasingly see patients suffering from this condition.

Dry mouth can lead to difficulty speaking and swallowing, negatively affect oral health, resulting in tooth loss, and also impact the quality of life of sufferers.

Oralieve Moisturising Mouth Gel provides effective and lasting relief for dry mouth and can now be prescribed by dental healthcare professionals.

Support your patients by recommending Oralieve – the most recommended brand by healthcare professionals for dry mouth relief.



For more information or patient samples, visit www.oralieve.co.uk

See us at the
Scottish Dental Show
May 31 & June 1 at
Braehead Arena – Stand B06

Oralieve®

Whatever the cause of
your patients' dry mouth,
**Oralieve can provide
relief and comfort**

“ Love the Oralieve range... I literally had a patient
this morning and Oralieve has changed her life...
the samples have been an absolute blessing ”

Kevin O, Dentist

Effective relief of dry mouth symptoms – day and night

- A unique combination of bioactive ingredients and enzymes
- Supplements patients' natural saliva
- Helps protect tissue and promote a healthy mouth



Oral hygiene for sensitive and dry mouths

- Ultra mild mint flavours
- SLS free
- Fluoride protection
- Offers comfort and protection for oral tissues



**Recommend Oralieve – the most recommended brand
by healthcare professionals for dry mouth relief***

Scan the QR code for patient samples
or visit www.oralieve.co.uk



*amongst 2577 healthcare professionals, data collected online 2023.

Turnkey Surgery Installations

- Surgery strip-out
- All plumbing and electrical works
- Chair and dental cabinetry installation
- Flooring and final decoration

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



See us on stand A17 at the Scottish Dental Show 31 May & 1 June at Braehead Arena

IT Support

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



Stern Weber Dental Chair Package to Include

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



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

Alastair Fraser, Principal Dentist, Greygables Dental



Support Driven Excellence

Speak to us today 0845 200 2219 info@iwtdental.co.uk www.iwtech.co.uk



CASTELLINI

PLANMECA