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Before

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June July 2024 | 3
Silence is golden

The lack of outcry over the reform of NHS dentistry in Scotland suggests that, possibly, it is on the right track

Ok,

so the headline is not meant to suggest that we are getting all ‘happy clappy’ about the state of NHS dentistry in Scotland. We know that it still faces considerable pressures. The patient treatment backlog; a recruitment crisis; patient access to NHS care is still a significant issue; and, unfortunately, so is practitioner burnout.

A couple of months back, I was contacted by a London-based healthcare consultancy that was in the process of preparing a report about the impact of the revised Statement of Dental Remuneration (SDR) on the Scottish dental market. I qualified my willingness to answer their questions with the observation that, not being in practice day in day out, my knowledge could not possibly match that of those who were managing the reforms, introduced last November, on a daily basis.

What has been their experience? Fundamentally, were the reforms fair – to practitioners and patients? Were they resulting in increased income for practices and better care for their patients? Was the system of payment and accountability transparent? Was it working on a practical level; were there no serious IT glitches of the kind so common in government-imposed systems?

Well, the fact that I, as a journalist, have been unable to report any outcry was telling. That was my willingness to answer their questions with the observation that, not being in practice day in day out, my knowledge could not possibly match that of those who were managing the reforms, introduced last November, on a daily basis.

But, he asked, had the reforms changed the balance of the dental market? Too early to tell, I said. There are some straws in the wind; a survey of readers we conducted in partnership with The Herald newspaper did suggest some people were finding access to care problematic because of a shift by practitioners from NHS dentistry to private. Also, some people were taking out private dental care plans to assure them access at their NHS practice. But, given the sample size, those findings were anecdotal rather than statistically meaningful. The recent NASDAL Scottish benchmarking statistics did note a rise in associates moving to private care.

But, again, this is probably just a feature of the ongoing working pattern readjustment, post-pandemic. It could be argued – hoped for, perhaps – that the recent reforms might have a contra effect over the coming years.

So, back to the headline. It was interesting to hear Tom Ferris, the Chief Dental Officer, at the Scottish Dental Show, comment: “Since the changes were introduced, it’s been kind of quiet. I’m taking that as a positive. As I go around, people will take me aside and say: ‘It’s actually okay. You know, it’s not perfect, but it’s better than it was; you are kind of on the right track.’ People are just getting on with it. And it seems to be working. I think if it wasn’t, I think the noise from the sector would be deafening.”

IT IS TO BE HOPED THAT REFORM HAS SERVED AS A STARTING POINT TOWARDS PREVENTATIVE CARE AND AWAY FROM THE ERA OF ‘DRILL AND FILL’

In developing the reforms, the Government was obligated to engage with the British Dental Association (BDA) and the Scottish Dental Practice Committee (SDPC). But it also sought other voices. It surveyed the profession. The CDO established an advisory group, comprising practitioners from across Scotland which, he said, had “worked really well”.

When the reforms were announced, David McColl, Chair of the SDPC, said: “Ministers cannot pretend this is a final destination for NHS dentistry in Scotland. We struggle to see how these changes alone will close the oral health gap, end the access crisis or halt the exodus from the NHS.”

Indeed, but it is to be hoped that reform has served as a starting point on a journey towards truly patient-centred, preventative care and away from the era of ‘drill and fill’. Also, that any drift to private care can be halted. The CDO’s inclusive approach to reform and, indeed, other initiatives he discussed at the show (see page 40-46) point to a productive continuation of that journey.
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An inexorable path

Without clear leadership, workforce improvement and incentives to invest, the political posturing will come to nothing – and NHS dentistry will fail

It’s general election time! Six weeks of rhetoric and fantasy about how politicians will change our country and make everyone healthy, wealthy and wise. Too cynical?

The latest wheeze of our incumbent government is to reintroduce National Service. My kids are appalled at the thought of being forced to do anything. Going to school is bad enough but being forced into the Armed Forces seems like a step too far. I understand their concerns, but I can see that a well organised system where young people do good works to improve society, learn new skills and work hand-in-hand with people from different cultures and walks of life could be a great thing.

Remember the idealistic thought about the NHS at its inception? We would take care of the populace from ‘cradle to grave’. Somehow, dentistry got involved in that thought. I read a post from the British Dental Association (BDA) recently saying they were not partisan but “unashamedly political” and they’d fight for the rights of their members and those that they care for. The problem is everyone has a different idea of what the way forward should be, be it National Service or NHS dentistry. From my kids’ point of view, they won’t have any say in it and can’t possibly see how it’s going to be any good. From someone in NHS dentistry (primarily), I have a similar feeling.

How can I influence the future of NHS dentistry, or dentistry at all? As a member, do I really get a say in BDA policy? Do they have any idea whether they’re trying to save NHS dentistry or help it on its way to becoming a distant memory? What do those of us in the system want, and how do we make it happen?

We have a cash-strapped government, a cash-strapped NHS and a cash-strapped population. Yet dentistry seems to be on an inexorable path towards a private model. Corporates are keen to maximise their hold on dentistry and their business models involve increasing private uptake. Ordinary dentists seem very keen to move towards a private model too: fewer patients, less time pressure and even get a sandwich at induction day.

One thing in the Action Plan which always grated was the ‘golden hello payment’ directed towards young associates with little or no option than to work in NHS practices. It was too early to get value or drive a choice and too little to really decide a dentist’s private or NHS future. Shift forward 20 years and we see the same thing: students given free education with no NHS tie-in, £12,500 given to vocational dental practitioners (VDPs) in certain areas with no requirement to stay on and no ability to do enough work to warrant the payment. All the while NHS Education Scotland is slashing its budget for training those VDPs to the core (trainers can’t even get a sandwich at induction day).

Capitation payments made for a service not received by registered patients. Practices where dentists have left and not been recruited have patients transferred to a ‘holding list’ for the practices’ benefit. Yet many patients are told: “We don’t have a dentist for you and therefore, can’t see you for routine treatment.” Emergency slots for NHS patients are limited. I understand the dilemma for practices which can’t recruit. However, these payments are being made based on contracted ‘terms of service’ for care which is not there. This is not a secret. Health Boards could check up on this and make recoveries.

It’s just not politically expedient; it would prove NHS dentistry is not available in many places. Patients are left with no service and, often, no ability to switch practice for the services they need because there’s no one taking on patients.

Politicians will see this as money well spent: it keeps registrations looking high, it shows they’re doing something to improve NHS dentistry. The changes to Determination One have been generally well received. However, I don’t think it’s driven anyone’s decision to go or stay. I don’t think it’s creating more NHS access. We need people to do that. If the BDA or anyone else can make dentistry a manifesto item, then real questions need to be asked about where the plan is. NHS dentistry is withering on the vine and has been for over a decade. Fee changes are an improvement, but we need to look at the whole winery, not a bag of fertiliser.

We need to think about staffing, training, infrastructure, property portfolio and encourage dentists to make a positive choice to work in NHS dentistry. It requires those within the system to invest in practices and put our money where our mouth is. Without clear leadership, a pathway to improvements in workforce and incentives to invest, the political posturing will come to nothing, and NHS dentistry will fail. I hope our profession grasps the opportunity to improve NHS dentistry and care for another generation of NHS patients.
The Scottish Centre for Excellence in Dentistry (SCED) is a renowned referral centre that goes above and beyond for over 1,500 referring dentists, and their patients – and for self-referred patients too. Together, our fantastic clinical team has 350 years’ combined experience (100 in dental implants) and is made up of leading specialists in a range of fields, including:

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TOGETHER, WE KEEP ON LEARNING AND GROWING

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Wellbeing Conference details announced

Two-day event features a wide range of speakers and a fundraising dinner

THE Canmore Trust is hosting its second annual Wellbeing Conference on 8-9 November 2024, at the Radisson Blu Hotel in Glasgow. It will bring together dentists, doctors, nurses and vets, to learn from each other about advancing mental wellbeing and preventing suicide in these higher risk professions.

Delegates will be welcomed by John Gibson, chief executive of The Canmore Trust, who will set the scene for the two days and offer a moment of reflection. Rory O’Connor, Professor of Health Psychology at the University of Glasgow and President of the International Association for Suicide Prevention, will present Learning to learn: lessons from the global suicide community.

The conference will also hear from representatives of the different professional groups on the challenges facing each profession, including Dr Ian Mills, Associate Professor of Primary Care Dentistry, the Peninsula Dental School, Dr Rosie Allister, manager of the Vetlife Helpline (helpline.vetlife.org.uk) and Professor Emma Wadey, Deputy Director – mental health nursing, NHS England.

Alice Hendy MBE, founder of the suicide prevention charity, Rpple (www.ripplesuicideprevention.com) will speak about her work, under the theme of Starting to find answers. Rpple is an online tool that can be installed on a network or device. When someone searches the web using terms like ‘self-harm’ or ‘suicide’ - an automatic pop-up appears on screen with support helplines. Three years on from its creation, Rpple is now used in 49 countries and has intercepted more than 38,500 harmful online searches.

The Jamie Newlands Memorial Lecture: Loss into Legacy will be presented by Fiona Drouet MBE, chief executive of EmilyTest (www.emilytest.org), the charity tackling gender-based violence in education.

On day two, speakers include Richard McCann, author of Just a Boy: The True Story of a Stolen Childhood, and Eddie Backler, Chair of The Canmore Trust, and Dr Mike Gow, anxiety coach.

Representatives of the regulators governing the different fields – GDC, GMC, NMC and RCVS - have also been invited to present on the subject of Compassionate Regulation.

Tickets for the conference are available now and places at the fundraising dinner, Celebrating Life, on the first day can be purchased separately.

Visit: 2024.thecanmoretrust.co.uk for full details and to book.

Insights from KENVUE’s dental schools meeting

AT the end of January 2024, a select group (pictured) was brought together on the South Bank in London by KENVUE for the inaugural Dental Schools Advisory Board meeting. The overarching aim was to discuss the current evidence base to support oral health recommendations and to find out how KENVUE can best support dental schools and the future of dentistry, for the most beneficial patient outcomes.

See page 82

Tackling stress in dentistry

THE MPS Foundation has partnered with FDI World Dental Federation (FDI) to raise awareness of the importance of managing mental health and develop further resources for oral health professionals.

The global not-for-profit initiative invests in research into patient safety and the wellbeing of healthcare professionals and teams. Now in its third year, it has already supported more than 30 projects from across the world.

The FDI project – which is in its second phase – will run until December 2025. The project activities will revolve around the World Mental Health Day in October to raise awareness of and destigmatise mental health issues in dentistry. It will focus on dental professionals and students, promoting and extending the resources and tools created in the first phase of the project.

The successful first phase resulted in the production of an online mental health toolkit for dental professionals, dental practices and national dental associations, as well as resources like podcasts to address challenges faced by individuals and practices.

Full story: www.sdmag.co.uk/2024/04/22/tackling-stress
New measure of oral health in development

A NEW measure of oral health is being developed that would provide practices in Scotland with a ‘snapshot’ of their patient cohort.

As well as helping practices detect trends in the oral health of their patients, anonymised data could then be aggregated to health board level, and to a national level, allowing policymakers to measure the impact of reforms and to monitor oral health trends regionally and nationally.

The new measure was among several initiatives discussed by Tom Ferris, the Chief Dental Officer (CDO), at the Scottish Dental Show this year where he provided an update on the reforms to NHS dentistry in Scotland that were introduced last November.

The CDO said that although the reforms had included significantly reducing the number of items of service, that longstanding model of payment had some fundamentally important strengths. It provided transparency and accountability, he said, meaning that for every pound spent there was a tangible return in patient care.

He added that having that data also allowed his team to make the case for increased investment, because it was possible to calculate and map dental care activity and demonstrate this to ministers. The new measure of oral health would provide a yet more detailed picture of the impact of reform and support the case for increased investment in NHS dentistry.

The CDO said that other areas of work included governance and the workforce. On workforce, and the UK Government’s proposal to enable overseas-qualified dentists to work in the UK more quickly, he said, “it would be important to understand what it means and how it will work, and that NHS Scotland will have its own rules after someone has been given provisional registration.”

He said that his team was also looking at whether the model of training dental hygienists and therapists that has been established by the University of the Highlands and Islands (UHI) could be replicated in other locations.

On governance, he said that patterns of working had undergone a significant shift. “So, we need to understand what that relationship is going to be going forward,” he said, “and how can boards and practices offer those portfolio careers so that we don’t lose people from NHS dentistry.”

The CDO said that the combined practice inspection, a process introduced for all NHS general dental practices in Scotland in 2014, needed to be reviewed. “It’s a bit like the ‘practice police’. It’s kind of into drawers and looking at documents. Surely there must be a better way of doing this. Surely it should be about improvement and not about policing and sanction.”

He said that since the reforms were introduced it had been “kind of quiet. I’m taking that as a positive … it seems to be working. If it wasn’t, I think the noise from the sector would be deafening.”

But he added: “We really need some time for the sector to get to equilibrium, for practices to really understand it, to get into the new system, and then have a few quarters of data to look at patterns, look at variation in treatment patterns, and then work out whether or not we need to do something about and, at that point, we’ll be coming back out to have conversations with people.”

Opposition attacks SNP’s ‘rotten record’ on dentistry

SCOTTISH Labour leader Anas Sarwar has attacked the SNP’s “rotten record” on support for NHS dentistry as he campaigned ahead of the General Election in July.

Mr Sarwar, a former dentist, highlighted the inequalities of care that result in fewer people in deprived areas seeing a dentist for help.

Data from Public Health Scotland showed in the first three months of this year that 44,812 children and 133,705 adults from the most deprived parts of the country were able to see a dentist, compared with 55,780 children and 168,161 adults in the wealthiest parts of Scotland.

“It’s a painful irony that the families that rely most on NHS dental care also have the least chance of getting it,” he said.

Meanwhile, the Scottish Liberal Democrats have promised patients will be able to see an NHS dentist at the first time of asking. Scottish leader, Alex Cole-Hamilton, accused the SNP and Conservative governments either side of the border of “neglecting” services and turning parts of the UK into “dental deserts”.

‘Tooth regrowth medicine’ moves toward clinical trial

CLINICAL trials of the world’s first ‘tooth regrowth medicine’ are set to commence in September at Kitano Hospital in Osaka, Japan.

The medicine deactivates a protein called USAG-1, which inhibits the growth of teeth.

If successful, it will then be given to patients missing at least one tooth to gauge its effectiveness.

Once the medicine’s safety is confirmed, it will be given to patients missing at least one tooth to gauge its effectiveness.

If successful, it will then be given to people congenitally lacking a full set of teeth. The absence of six or more teeth, a condition known as oligodontia, is believed to be hereditary, and is said to affect about 0.1% of the population.

The team, led by Katsu Takahashi, head of dentistry and oral surgery at Kitano, believes that in the future it may also be possible to grow teeth not only in people with congenital conditions, but also in those who have lost teeth through dental disease or injury.

repository.kulib.kyoto-u.ac.jp/dspace/bitstream/2433/285276/1/j.reth.2023.01.004.pdf
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Catriona Easton
Dental Practitioner

BDS (GLASGOW) 2007,
MFDS RCPS (GLASGOW)
GDC: 114105

Catriona graduated from Glasgow University in 2007, before spending the next 10 years working in different hospital settings providing all aspects of head and neck surgery to dental, trauma and oncology patients. She undertook an implant diploma in 2018, and has been providing surgical dentistry and implants along with general dentistry since.

She is a gentle and non-judgmental dentist, confident in providing treatment to anxious dental patients with sedation if needed.

If you would like to discuss referring a patient to Catriona, please contact our friendly reception team on 0141 353 3020, visit us online at cliftondentalclinic.co.uk or email reception.clifton@portmandental.co.uk
**Increased profitability ‘across the board’**

**NASDAL publishes annual Scottish benchmarking statistics**

**NASDAL SCOTLAND** (National Association of Specialist Dental Accountants and Lawyers) has published its latest benchmarking statistics covering the financial period, 2022-23.

These show that:
- Overall, increased profitability for NHS, mixed and private practices when compared with 2021-22.
- An increase in average net profit per NHS principal from £134,594 to £170,610
- An increase in average net profit per mixed practice principal from £178,802 to £191,003
- An increase in average net profit per private principal from £207,575 to £237,352
- Associate average remuneration sees profit up from £65,393 to £82,073

Roy Hogg, Chartered Accountant, Chair of NASDAL Scotland and a partner in Johnston Carmichael, said: “It has been positive to see an increase in profits of NHS, mixed and private practices.

“The biggest rise in NHS was possibly as a result of practice owners being cautious with spending due to inflationary increases. We also expect that key expenses as a percentage of fees, such as wages and lab fees, will increase during 2024.

“We had expected to see private practices return to pre-pandemic levels of normality and they have done so. I expect that the number of private and NHS practices should settle as most that were converting to private have now completed this transition in the latter years to 2024.

“In regard to associates, the increased profitability is due to returning to normal working conditions following the COVID impact within the 2022 figures. It was interesting to note the rise in shift to private of approximately 7%, taking the average private percentage to 36.4%. We will see if this trend continues – the continuing lack of associates and backlog of work is likely to help maintain it for the coming year.

“The introduction of associate grants from the new SDR [Statement of Dental Remuneration] for on-boarding should help to close the gap for demand for those in rural areas.”

Johnny Minford, Commercial and Development Director at DJH and NASDAL’s media officer, added: “The NASDAL annual profit and loss benchmarking report is a unique and valuable tool which enables NASDAL accountant members to compare their practice owning clients with industry norms. It means that we help our clients really understand what is happening in their dental business.”

**Scottish dental group commits to NHS patients**

**CLYDE MUNRO** is welcoming NHS registrations across the country for up to 12,000 new patients throughout 2024.

In a move to address the escalating demand for dental services across Scotland, the group has committed to new NHS patient registrations in 12 practices across five NHS health boards.

Despite the reformed payment system which was rolled out in Scotland last November, which aimed to incentivise dentists to stay in the NHS through increased funding, statistics from the British Dental Association (BDA) show almost 82% of NHS dentists in Scotland are no longer accepting new patients and 83% are planning to reduce their NHS list.

Meanwhile, Clyde Munro has established the Scottish dental sector’s first dedicated in-house recruitment team, committed to attracting and retaining top-tier talent. It has also been running training days for dental students from Aberdeen, Dundee and Glasgow at its cutting-edge Advanced Dentistry & Clinical Skills Centre.

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

**Henry Schein in ‘Best Places to Work’ survey**

**FOR** the second successive year, Henry Schein One UK, one of the UK’s leading dental practice management software companies, has been listed as one of the UK’s top employers (for businesses with between 50 and 249 employees), in The Sunday Times ‘Best Places to Work 2024’.

It achieved notable scores across all six key drivers of employee engagement and workplace happiness, including reward and recognition, instilling pride, information sharing, empowerment, wellbeing and job satisfaction.

The company said it attracts talent with “an enlightened attitude to employment, which recognises that the strength of a team is determined by collaboration and transparency.”

Henry Schein One UK provides two solutions within the UK dental market: Software of Excellence and Dentally, whose products are influencing the way in which dental practices operate and helping to deliver clinical excellence and exceptional patient experience.

https://careers.henischeinone.co.uk
Award entry invite for dental therapists

THE CGDent-GC Award, which recognises clinical skills and patient care, is being expanded to include Dental Therapists, starting with the 2024/25 competition which opens in September.

The award, which is run by the College of General Dentistry (CGDent) and GC in association with the Tom Bereznicki Charitable Educational Foundation, was open to Foundation Dentists in its inaugural year, but from September will also be open to Dental Therapists taking part in Foundation or Vocational Training in 2024/25. The number of award winners is also being increased in line with the expanded eligibility.

Entrants will need to submit an aesthetic case they treat during their Foundation/Vocational Training year, and winners will receive a fully funded place on a composite layering course at GC’s European Education Campus in Belgium.

Frances Robinson AssocFCGDent, chair of the board of the College’s Faculty of Dental Hygiene and Dental Therapy, said: “I am immensely pleased that dental therapists will now be eligible to enter the prestigious CGDent-GC award for newly qualified clinicians. This development will ensure parity between dental therapists and their dentist colleagues for clinical skills that align with their scope of practice; in line with the College’s mission.”

John Maloney, GC’s director and country manager for the UK, Ireland and South Africa, said: “Involving dental therapists in the CGDent-GC competition is a really positive step that will open up this comprehensive training opportunity to even more dental professionals.”

Full details of the 2024/25 CGDent-GC Award will be published in September. To register your interest and receive notifications as soon as the competition opens, visit cgdent.uk/cgdent-gc-award

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SHOP WHERE SERVICE AND VALUE COUNT

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Celebrating 50 years

FRIENDS, colleagues and patients of practice manager Anne Louise Fegan have been celebrating her remarkable achievement: 50 years in NHS dental practice.

Starting as a dental nurse in 1974, straight out of school, Louise worked for David Collington in Whifflet, Coatbridge, and then as his practice manager in Bellshill. She currently manages in the same practice – now seven surgeries – at North Road Dental, alongside many long-serving staff and has no plans to retire any time soon!

Louise is known for her reliability and commitment, arriving very early every day to set up the practice. Many patients will never have known a time when she has not been there, greeting patients with kindly words and a friendly smile as they arrive.

Her other passion, as well as dentistry, is football; she loves nothing more than watching her team in the East End of Glasgow winning on a Saturday!

Congratulatory comments have been pouring in, among them:

“Louise is the backbone of the North Road Dental practice. Congratulations on 50 years of superb service to the NHS. Keep going strong.”

“We wish her all the very best. Congratulations and love on her 50 years’ service; she deserves every accolade.”

“Many congratulations Louise on such a milestone but please don’t think about retiring any time soon, the practice wouldn’t be the same without you!”
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 FFRCSI
- GDC NO 56124

**NADIR KHAN**
Specialist Oral Surgeon
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One-in-two children ‘low in confidence because of their smile’

Glasgow-born photographer Rankin’s exhibition celebrates ‘imperfect’ teeth

RESEARCH by dental health brand Aquafresh has exposed issues with confidence that children are feeling, because of the societal pressure of having the ‘perfect Hollywood smile’. The study has revealed that nearly one-in-two children have experienced low confidence because of how their teeth look.

The study, of 2,000 parents and children aged 4-10, revealed that 84% of those children that feel less confident with their smile credit their insecurity to missing teeth (20%), teeth not being ‘white’ (20%), ‘misaligned’ teeth (19%) and ‘gappy’ teeth (13%). A further 36% have been embarrassed to smile or laugh because of how they feel about their teeth. Almost half of parents (48%) have noticed their child be self-conscious or lack in confidence because of how their teeth or smile looks. A further 43% say their children are impacted by society’s obsession with “picture perfect” teeth, and 98% of parents believe dental health is an important factor in their child’s overall confidence and self-esteem.

Glasgow-born photographer Rankin partnered with Aquafresh to capture powerful photographs of primary school children proudly showing of their ‘imperfect’ teeth. “Perfection is an attitude,” he said, “so being able to help kids embrace their wonky teeth and realise what are considered perfect teeth doesn’t matter has been brilliant. Who doesn’t love to challenge the status quo – it’s more interesting being different, anyway!”

To celebrate dental diversity, Aquafresh has created toothbrush prototypes for all types of children’s teeth to foster positive associations with brushing and boost confidence.

Dr Saul Konviser, a trustee of the Dental Wellness Trust, said: “Whilst Rankin’s moving portraits demonstrate the joy in a child’s proud, toothy smile, it’s also heartbreaking to find out that half of children are feeling low in confidence due to the way their teeth look. We know that if teeth are looked after and healthy, they are perfect!”

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THE Centre for Implant Dentistry has opened enrolment for Cohort 2 of its Level 7 Diploma Course in Implant Dentistry running from 7 October 2024 to 9 June 2025. It comprises five units over eight months, including two fully mentored cases with continued support, 114 verified hours of CPD, and CBCT Masterclass Levels I & II.

The diploma is approved by EduQual, the regulated awarding body approved by SQA-Accreditation.

The units are Principles of Implant Dentistry and Treatment Planning; Surgical Principles and Clinical Day; A Week of Mentoring at the Centre for Implant Dentistry; Restorative aspects of Implant Dentistry; and Implant Maintenance and Management of Problems.

The Diploma Course will be conducted by Dr Tariq Ali and his team. Dr Ali is the owner and senior principle of the renowned Centre for Implant Dentistry in Glasgow. “Our aim is to create and nurture a body of dental professionals instilled with a core ethic that places their patients’ best interests as paramount at all times,” said Dr Ali.

The CBCT Masterclass Levels I & II are led by Dr Jimmy Makdissi, Senior Clinical Lecturer in Dental and Maxillofacial Radiology at Queen Mary University.

More details: www.dentalimplantdiploma.com

Royal College honours leading dentist for work in Malawi

A GLASGOW academic who helped to establish Malawi’s first dental school has been made an Honorary Fellow of the Royal College of Physicians and Surgeons of Glasgow.

Jeremy Bagg OBE, Emeritus Professor at the University of Glasgow and the Royal College’s former Director of Global Health, was recognised for his work with the University of Malawi College of Medicine (now Kamuzu University of Health Sciences) on the MalDent project, which set up the country’s first dental surgery degree in 2019.

Malawi’s population of around 20 million people was previously served by only 43 dentists, leaving many people in pain and without access to dental care. The first home-trained dentists from the programme are set to graduate early next year and will provide support for the delivery of a national oral health programme.

Under Professor Bagg’s leadership, the Scottish Government-funded MalDent project also worked with the Malawi Government’s Ministry of Health to establish a national oral health policy, based on the principles of prevention.

Professor Christine Goodall, Dean of the Royal College’s Faculty of Dental Surgery, said: “Jeremy has been instrumental in seeing an issue for a whole country and finding ways to change it. As a dental faculty, and as a College, we are all immensely proud of what Jeremy has achieved.”
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Glasgow Study Day speakers announced

Annual event is attended by around 400 dental professionals from across the UK

THE College of General Dentistry (CGDent) has announced Dr Andrew Chandrapal FCGDent, Dr Catherine Rutland FCGDent and Dr Wendy Thompson FCGDent as the speakers at its 2024 Study Day. Organised by CGDent Scotland, the event will take place at Glasgow Science Centre on 6 December.

Dr Chandrapal will give a lecture over two sessions entitled Problem solving in anterior and posterior composite dentistry, and Dr Rutland will deliver The ethics of aesthetics, an interactive lecture on ethical and legal considerations in the provision of aesthetic and cosmetic dental procedures. Dr Thompson will then deliver the annual Caldwell Memorial Lecture on Using antibiotics sustainably. The lecture is held in memory of Robert Craig Caldwell, who graduated from the University of Glasgow in 1950 and became a much-loved Dean of the School of Dentistry at the University of California, Los Angeles, before he died of leukaemia at the age of just 44.

Dr Chandrapal has been principal of Bourne End Dental, a private general dental practice in Buckinghamshire, for almost 20 years, and has special interests in aesthetics, composite resin bonding and complex rehabilitation, including implants and management of tooth wear. He also practises in central London (limited to prosthodontics), is a postgraduate tutor for King’s College London, and is the founder and director of IndigoDent Education.

Dr Rutland is clinical director of Simplyhealth (including Denplan), leading the team that supports its members, in particular during clinical disputes and at times of professional risk, with regulatory and legislative advice, clinical mediation, clinical risk management and quality improvement advice. Dr Thompson is a general dental practitioner in Cumbria and clinical senior lecturer in Primary Dental Care at the University of Manchester, and researches and lectures nationally and internationally on tackling antimicrobial resistance, reducing the overprescribing of antibiotics, and optimising the prevention and control of infections.

The annual study day, which is attended by around 400 dental professionals from across the UK, is accompanied by a trade exhibition, and finishes with a drinks reception. It is open to all dental professionals and can be attended in person or virtually.

For further information, and to register, visit www.cgdent.uk/events

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E-scooters: a new cause of dental trauma

ELECTRIC scooters have introduced an additional cause of dental trauma, according to a new study.1

E-scooters are regarded by the UK’s Department of Transport as a key component of its strategy to decarbonise transport and, in 2020, it initiated a series of trials across England to “to understand their environmental impact, safety, and mode shift potential to evaluate whether they should be legalised.”

The study, published in the *British Dental Journal*, aimed to examine dental injuries sustained during the two years following initiation of the trial.

Research was conducted at a UK, Level 1, supra-regional major trauma centre. All eligible patient records were analysed to identify e-scooter-related dental injuries to the following regions: teeth, periodontium, alveolus, palate, tongue, floor of mouth, frenum, buccal mucosa and lips.

Of the 32 patients who experienced a total of 71 dental injuries, 46.5% (n = 33) affected teeth, predominantly upper central incisors (n = 17). ‘Lacerations’ (n = 14) and ‘lip’ (n = 11) were the most common type and site of soft tissue injuries, respectively. Unprovoked falls by riders accounted for 53.1% (n = 17) of the injuries.

The authors concluded: “E-scooters are a new form of transport that can be the cause of hard tissue and soft tissue dental injuries. The rise in e-scooter-related dental injuries over the two-year period underscores the need for government-instigated e-scooter safety precautions.”

Lauren Anderson, a lawyer at Harper MacLeod, commented: “Currently, there are no trials operating in Scotland which means that it is not legal to operate an e-scooter anywhere in Scotland other than on private land, with the landowner’s permission. Despite this, they are not an uncommon sight in towns and cities north of the border.”

According to the compensation claim company National Claims: “Reports from hospitals across Scotland indicate a steady rise in cases involving electric scooter accidents. The ease of acquiring these scooters and the lack of stringent regulations have contributed to their widespread use, but they have also paved the way for an alarming number of injuries.”

1 www.nature.com/articles/s41415-024-7345-4

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Ageing academic workforce risks oral healthcare training

Now is the time to invest in clinical academia, says Dental Schools Council

The UK’s capacity to educate oral healthcare students is at risk because of its ageing academic workforce. Data published by the Dental Schools Council show that a quarter of the clinical academic workforce is now aged 55 or over.

Clinical academics (CAs) are health professionals who undertake teaching and research alongside treating patients in the NHS. A large proportion of clinical skills education is undertaken by these staff who are often responsible for course design, leadership and delivery as well as contributing to NHS dental services.

As well as quarter of dental clinical academics being aged over 55, the proportion is greater at professor grade with 57% of professors aged over 55. This has almost doubled since 2004 (31%). The impact is not limited to education, as a decline in the CA workforce will have an impact on dental research which provides the evidence base for improved clinical practice.

When comparing gender, the workforce is fairly equal overall. However, men are still more likely to hold senior grades compared with women, comprising 68% and 57% of clinical academics at the professor and senior clinical teacher grades, respectively. The data also highlight significant issues in relation to ethnic diversity within the workforce.

“NHS dentistry needs reform and expanding the number of undergraduate oral healthcare students is part of that much needed recovery,” said Professor Kirsty Hill, Chair of the Dental Schools Council. “This growth will require more staff to train those students and clinical academics are essential to delivering that education.

“The data show us that the academic workforce is ageing and as we look to future proof how we deliver dental care, now is the time to invest in clinical academia as part of the government’s plans to recover and reform NHS dentistry.

“This includes providing adequate support and funding to early career clinical academics so that we have sufficient staff to replace the potential loss of expertise that may soon be retiring. Including clinical academics in discussions on contractual reform is also essential to ensuring academia is viewed as a valuable and rewarding career path.”

www.dentalschoolscouncil.ac.uk/clinical-academia/clinical-academic-staff-survey

Dental student receives award

CHRISTY PHEE, an undergraduate student at the University of Glasgow, has been presented with a UK Dental Elective Award from the Royal College of Physicians and Surgeons of Glasgow.

The award is given to students who have demonstrated excellence in an elective project or case report in their fourth year of study. Christy’s work focused on improving communications in orthognathic surgery by creating patient information leaflets on the ‘surgery-first’ approach.

This relatively new concept enables surgery to be performed before orthodontic treatment, speeding up the patient journey – but to date, there has been a lack of patient information materials to explain the approach.

Professor Christine Goodall, the Dean of the Faculty of Dental Surgery, said: “It is a brilliant and well-earned start to what I know will be a wonderful career. Reaching our patients on a personal level and providing reassurance has never been more important in dentistry.”

CGDent appoints first female president

ROSHNI Karia MCGDent, a general dental practitioner in London with a special interest in periodontology, has been appointed as the next President of the College of General Dentistry.

She is the first female president or dean in the history of the College and former Faculty, the first Associate Dentist in the role, and the College’s third President following Abhi Pal FCGDent (2021-24) and Sir Nairn Wilson CBE FCGDent (2017-2021).

Since 2015, Dr Karia has been an undergraduate clinical tutor and examiner in the department of periodontology at the Faculty of Dentistry and Oral and Craniofacial Sciences, King’s College London. Recently, she has also become postgraduate tutor, within the subjects of clinical practice, education and healthcare leadership in a postgraduate programme accredited by the University of Central Lancashire.

Dr Karia said: “I look forward to working across the profession to bring further focus on career progression, empowering colleagues and ultimately advancing dentistry for the benefit of all our patients.”
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**NEWS**

**General Dental Council's (GDC) new chief executive**

Officer and Registrar has taken up his post. Tom Whiting joins from the Independent Office for Police Conduct (IOPC) where he was Acting Director General.

“Throughout his career, Tom’s focus on equality, diversity and inclusion stands out, both in ensuring that service delivery and regulatory processes are fair and in building an inclusive workplace and culture,” the GDC said in a statement.

Prior to the IOPC, Mr. Whiting spent 14 years in local government at Harrow Council, most recently as their Interim Chief Executive, where he was responsible for public health, safeguarding children and adults and a range of regulatory services including environmental health, trading standards, planning and building control.

Mr Whiting said: “The dental sector and the public face many challenges and I want to work together with all stakeholders to tackle our shared issues and make progress on shared goals.”

**Heart disease risked during dental treatment**

Patients may be dying because watchdog is not approving dental antibiotics

**PATIENTS** with heart problems are dying needlessly every year because they are not being given antibiotics when they visit the dentist, doctors have said.

Almost 400,000 people in the UK are at high risk of developing life-threatening infective endocarditis (IE) any time they have dental treatment, they said. The condition kills 30% of sufferers within a year.

A refusal to approve antibiotic prophylaxis (AP) in such cases means that up to 261 people a year are getting the disease and up to 78 dying from it, they added.

That policy may have caused up to 2,010 deaths over the last 16 years, it is claimed.

The doctors say the danger has arisen because the National Institute for Health and Care Excellence (NICE) does not follow international good medical practice and tell dentists to give at-risk patients antibiotics before they have a tooth extracted, root canal treatment or scale removed.

The doctors – who include a professor of dentistry, two leading cardiologists and a professor of infectious diseases – have outlined their concerns in *The Lancet Regional Health – Europe*.

In it, they urge NICE to rethink its approach in order to save lives, citing pivotal evidence that has emerged since the regulator last examined the issue in 2015, which shows that antibiotics are “safe, cost-effective and efficacious”.

IE is an infection of the heart’s inner lining and the valves that separate each of the heart’s four chambers.

In about 30% to 40% of cases it is caused by bacteria in the mouth getting into the bloodstream as a result of poor oral hygiene or invasive dental treatment. The bacteria can then inflame damaged heart valves and also artificial heart valves.

NICE’s position is at odds with the European Society of Cardiology and the American Heart Association, both of which say high-risk patients should receive antibiotics before dental treatment.


**GDC announces new chief executive**

**THE General Dental Council’s (GDC) new chief executive Officer and Registrar has taken up his post.** Tom Whiting joins from the Independent Office for Police Conduct (IOPC) where he was Acting Director General.

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Mr Whiting said: “The dental sector and the public face many challenges and I want to work together with all stakeholders to tackle our shared issues and make progress on shared goals.”

**Update on the role of antiseptics in oral hygiene**

**RECOMMENDATIONS** on the use of antiseptics in oral hygiene and the prevention of periodontitis were presented at an international summit in Madrid last month.

The latest scientific and clinical evidence, systematic reviews of studies, and reference guides for dental professionals all support the efficacy and value of antiseptics as a complement to daily oral hygiene. Their use is considered a part of the prevention and treatment of periodontal diseases.

The Clinical Practice Guidelines for the treatment of periodontitis and the conclusions of the XI Periodontology Workshop of the European Federation of Periodontology provide recommendations and indications for the use of antiseptics in the prevention and treatment of periodontal diseases.

The aim of the summit was to clarify the role of mouthwashes in oral hygiene and in the treatment of gingivitis and the prevention of periodontitis.

Global experts call for control of gingivitis, page 29
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*measured on the Tyscor VS 4 and a comparable side channel blower by the Fraunhofer Institute.
A NEW Scottish Dental Access Initiative (SDAI) page has been launched by NHS Education Scotland. The SDAI aims to support NHS dental provision in designated geographic areas where access to general dental services is low and there is evidence of unmet patient demand and/or high oral health needs.

Grant funding of up to £50,000 for extending an existing practice and up to £100,000 for establishing or purchasing a practice in a designated area is available.

The designated areas are NHS Borders, NHS Dumfries and Galloway, Dalmellington and Patna within NHS Ayrshire and Arran, Auchtermuchty, Leslie, Newburgh and Tayport within NHS Fife, Stirlingshire within NHS Forth Valley, Banff, Fraserburgh, Huntly and Moray within NHS Grampian, Inverclyde within NHS Greater Glasgow and Clyde, NHS Highland, Orkney and Shetland, Arbroath, Dundee, Forfar, Monifieth and Kinross within NHS Tayside and NHS Western Isles.

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Analysis reveals major changes in the oral microenvironment from the Bronze Age to today

Researchers have recovered remarkably preserved microbiomes from two teeth dating back 4,000 years, found in an Irish limestone cave. Genetic analysis of these microbiomes reveals major changes in the oral microenvironment from the Bronze Age to today. The teeth both belonged to the same male individual and also provided a snapshot of his oral health. The study, carried out by Trinity College Dublin in collaboration with archaeologists from the Atlantic Technological University and University of Edinburgh, was published in the Journal of Molecular Biology and Evolution.

The authors identified several bacteria linked to gum disease and provided the first high-quality ancient genome of Streptococcus mutans, the major culprit behind tooth decay. While S. mutans is very common in modern mouths, it is exceptionally rare in the ancient genomic record.

One reason for this may be the acid-producing nature of the species. This acid decays the tooth, but also destroys DNA and stops plaque from fossilising. While most ancient oral microbiomes are retrieved from fossilised plaque, this study targeted the tooth directly.

Another reason for the scarcity of S. mutans in ancient mouths may be the lack of favourable habitats for this sugar-loving species. An uptick of dental cavities is seen in the archaeological record after the adoption of cereal agriculture thousands of years ago, but a far more dramatic increase has occurred only in the past few hundred years when sugary foods were introduced to the masses.

The sampled teeth were part of a larger skeletal assemblage excavated from Killuragh Cave, County Limerick, by the late Professor Peter Woodman, of University College Cork.

While other teeth in the cave showed advanced dental decay, no cavities were visible on the sampled teeth. However, one tooth produced an unprecedented amount of S. mutans DNA, a sign of an extreme imbalance in the oral microbial community.

“We were very surprised to see such a large abundance of S. mutans in this 4,000-year-old tooth,” said Dr Lara Cassidy, an assistant professor in Trinity’s School of Genetics and Microbiology, and senior author of the study. “It is a remarkably rare find and suggests this man was at a high risk of developing cavities right before his death.”

The researchers also found that other streptococcal species were virtually absent from the tooth. This indicates the natural balance of the oral biofilm had been upset – mutans had outcompeted the other streptococci leading to the pre-disease state.
The team also found evidence to support the “disappearing microbiome” hypothesis, which proposes modern microbiomes are less diverse than those of our ancestors. This is cause for concern, as biodiversity loss can impact human health. The two Bronze Age teeth produced highly divergent strains of *Tannerella forsythia*, a bacteria implicated in gum disease.

“These strains from a single ancient mouth were more genetically different from one another than any pair of modern strains in our dataset, despite the modern samples deriving from Europe, Japan and the USA,” said Iseult Jackson, a PhD candidate at Trinity, and first author of the study. “This represents a major loss in diversity and one that we need to understand better.”

Very few full genomes from oral bacteria have been recovered prior to the Medieval era. By characterising prehistoric diversity, the authors were able to reveal dramatic changes in the oral microenvironment that have happened since.

Dr Cassidy added: “Over the last 750 years, a single lineage of *T. forsythia* has become dominant worldwide. This is the tell-tale sign of natural selection, where one strain rises rapidly in frequency due to some genetic advantage it holds over the others. *T. forsythia* strains from the industrial era onwards contain many new genes that help the bacteria colonise the mouth and cause disease.

*S. mutans* has also undergone recent lineage expansions and changes in gene content related to pathogenicity. These coincide with humanity’s mass consumption of sugar, although we did find that modern *S. mutans* populations have remained more diverse, with deep splits in the *S. mutans* evolutionary tree pre-dating the Killuragh genome.”

The scientists believe this is driven by differences in the evolutionary mechanisms that shape genome diversity in these species.

“One advantageous innovation can be spread across *S. mutans* lineages like a new piece of tech. This ability to easily share innovations may explain why this species retains many diverse lineages without one becoming dominant and replacing all the others.”

In effect, both these disease-causing bacteria have changed dramatically from the Bronze Age to today, but it appears that very recent cultural transitions in the industrial era have had an inordinate impact.

*The was funded by a Wellcome Trust Institutional Strategic Support Fund and an Irish Research Council Laureate Award and supported by the Science Foundation Ireland Centre for Research Training in Genomics Data Science.*
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GLOBAL EXPERTS URGE CONTROL OF GINGIVITIS

Prioritising the prevention and treatment of periodontal diseases and promoting periodontal health is essential for improving overall health outcomes, preserving natural teeth, reducing healthcare costs, enhancing quality of life and promoting public health.

This was highlighted at an International Summit of Experts held in Madrid at the headquarters of the Spanish Society of Periodontology (SEPA). The summit combined current knowledge and thoroughly analysed the scientific literature and prevailing international guidelines to clarify the role of certain mouthwashes in oral hygiene, gingivitis treatment and periodontitis prevention.

“Periodontal diseases are prevalent worldwide, affecting hundreds of millions of people,” said Dr Paula Matesanz, vice president of SEPA and the meeting coordinator. She said that “focusing on prevention and promoting periodontal treatment among the general public allows us to reduce the burden of this disease, improve equality in oral health, and promote overall public health. And to achieve this ambitious objective, there are effective and safe resources that are still currently underutilised”.

Oral antiseptics, generally antimicrobial mouthwashes or rinses, can play a key role in preventing periodontal diseases and their recurrence, given their ability to reduce dental biofilm formation. Depending on their active ingredients, as revealed by an analysis of the scientific literature, they can help reduce bacterial load, complement daily oral hygiene practices, reduce plaque and inflammation rates, or even be incorporated as additional resources in periodontal maintenance programmes, helping...
preserve periodontal health and supporting the long-term success of periodontal treatment.

Hence the need to make clinical practice guidelines, developed by the European Federation of Periodontology and adapted by SEPA, accessible to oral health professionals, physicians, pharmacists, patients and the general population. “So that scientific knowledge is more accessible and capable of improving health,” said Dr Matesanz.

Currently available scientific and clinical evidence, systematic reviews of studies, and reference guides for dental professionals support the effectiveness and value of antiseptics as complements to daily oral hygiene. Their use can be considered within the prevention and treatment procedures for periodontal diseases.

The Clinical Practice Guidelines for the treatment of periodontitis in stages I–III and the conclusions of the XI Periodontology Workshop of the European Federation of Periodontology provide recommendations and indications for the use of these resources. However, these recommendations may sometimes be complex for the oral health team, limiting their use.

Scientific information supporting the impact of certain mouthwashes and toothpastes with antiseptic formulations has been available for decades and is part of dental education. However, as Dr David Herrera, trustee of the SEPA Foundation and co-director of the Etiology and Therapeutics of Periodontal Diseases Research Group (ETEP) at the Complutense University of Madrid (UCM), points out: “Scientific information is often mixed with less reliable sources, inducing confusion among oral health professionals.”

The Clinical Practice Guidelines for the Treatment of Periodontitis in Stages I–III, developed by the European Federation of Periodontology and translated into numerous languages and adapted for use in many countries around the world, is one of the main sources of information and guidance on the prevention and management of periodontitis.

According to Dr Iain Chapple, professor of periodontology and head of research at the Institute of Clinical Sciences of the University of Birmingham, “the evidence from systematic reviews on the adjunctive use of oral antiseptics was strong, but due to cost implications, environmental factors and the presence of alcohol in many mouthwashes, the consensus was to reduce the recommendation from strongly favourable to an ‘open’ recommendation.”

This was an aspect that the meeting of experts sought to clarify and overcome through a soon-to-be-released report that is expected to be widely disseminated and implemented globally.

“Scientific information is often mixed with less reliable sources, inducing confusion among oral health professionals”

– DR DAVID HERRERA

Primary and secondary prevention

Some antimicrobial mouthwashes have been shown to be effective in controlling dental biofilm and gingival inflammation in many studies, including numerous randomised clinical trials. However, it is essential to understand their impact on the primary prevention of periodontal diseases (preventing their appearance) and on secondary prevention (reducing the risk of recurrence after treatment of periodontitis).

A crucial aspect discussed by attendees at the summit was the need to focus attention on the prevention of periodontitis and, therefore, adequately treat gingivitis (a previous stage of the disease characterised by inflammation and bleeding of the gums without affecting the alveolar bone and periodontium tissues). Dr Chapple said: “It is time for a paradigm shift: we must control gingivitis and not wait until periodontitis develops.”

Multiple economic and health factors point to this change. It has been determined that eliminating gingivitis, thus preventing the progression to periodontitis, would save considerable costs – tens of billions of pounds in the UK alone – over a 10-year period compared with “business as usual”. Furthermore, recent research reveals that periodontitis has systemic effects on health.

The primary procedure for managing gingivitis and periodontitis is mechanical plaque removal. However, it may not be possible to remove 100% of the biofilm, and for some people at high risk for periodontal disease, their plaque accumulation threshold is extremely low. “Sometimes it is not realistic for high-risk individuals to remove enough plaque daily to remain periodontally healthy,” says Dr Chapple.

Dr Filippo Graziani, professor of periodontology at the University of Pisa (Italy) and honorary professor at University College London, commented: “There is no doubt that mechanical plaque control, through tooth brushing, is the cornerstone of oral health. However, it requires proper technique and consistent daily motivation. Lack of technique is a significant factor, which is why we recommend the complementary use of mouthwash.”

According to Professor Graziani: “Mouthwash is easier to use than brushing and can reach even the most difficult-to-access areas.” Thus, he concludes: “For those who lack manual dexterity or have lost it, mouthwashes can supplement oral hygiene routines.”

Over the past five years, the European Federation of Periodontology (EFP) has endorsed systematic reviews...
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(Serrano et al., 2015; Figuero et al., 2020) showing that while mechanical plaque control by patients remains fundamental to successful periodontal treatment, antiseptic agents, including certain mouthwashes, may be more effective than toothpaste in plaque removal and reducing gingival inflammation.

Recently, Professor Graziani’s research group published the results of a large randomised clinical trial, revealing that the primary factor in resolving gingivitis is a high level of plaque control and the use of appropriate devices. Hence, according to him, “mouthwashes are not only effective for their antiplaque properties but also for their ability to modulate inflammation.”

**IT IS TIME FOR A PARADIGM SHIFT: WE MUST CONTROL GINGIVITIS AND NOT WAIT UNTIL PERIODONTAL DISEASES DEVELOPS”**

– DR IAIN CHAPPELL

The experts gathered in this forum also shared the possibilities of antiseptics in patients undergoing supportive periodontal care, meaning those who have received periodontal treatment and in whom secondary prevention aims to prevent recurrence of periodontitis. “One of the main components of this prevention is the control of supragingival biofilm, based fundamentally on mechanical control,” said Dr Herrera, who indicates that “for those patients with more than 10% bleeding, additional measures can be considered, including the use of antiseptics.”

**Growing impact of periodontal diseases**

The current socioeconomic impact of periodontitis is enormous, and its prevalence and incidence are strongly related to health inequalities. “The most disadvantaged are the most exposed: a low level of education is associated with an 86 per cent higher risk of periodontitis,” said Dr Chapple.

This was highlighted in the 2021 Economist Impact White Paper *Time to take gum disease seriously*, which highlighted how periodontal care was simply unaffordable for many people and identified important problems with access to basic oral health resources. There are four million oral health professionals worldwide, of which about 2.5 million are dentists. Around 80 per cent of these dentists work in upper- or upper-middle-income countries, while only 1.4 per cent practice in low-income countries.

“Building a global strategic alliance that aims to create a synergy, ultimately, will benefit patients,” said Soha Dattani, Director and Head of Scientific Engagement at Listerine Oral Care, EMEA.

“Bringing together this group of global experts to analyse the scientific literature and guidelines, and share their extensive clinical and research experiences is of vital importance to address the existing challenges in periodontal care. This collaboration represents an important step to educate and train oral health professionals so that they receive optimal support to help their patients on their journey towards periodontal health.”
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This September, the British Endodontic Society (BES) will be hosting the International Federation of Endodontic Associations (IFEA), World Endodontic Congress (WEC) at the Scottish Events Campus in Glasgow.

The theme for WEC is ‘Phases & Interfaces’ and although the focus will be endodontics, it will explore the multi-disciplinary approach to patient treatment and exciting new scientific advances which will benefit the patient from childhood, through to adulthood and then as an older adult. The congress will cover a range of topics within the scope of the theme and more broadly in core concepts of endodontics.

Under the theme of ‘The Child’, the congress will feature a dental trauma mini-symposium and a dental pulp regeneration mini-symposium. When exploring ‘The Adult’ there will be mini-symposia on vital pulp therapy and management of the deep carious lesion, the Endo-Resto interface and imaging.

For the theme of ‘The Older Adult’, the congress will explore the role of endodontic disease on systemic health. It will also bring together world renowned speakers on topics such as endodontic microbiology, disinfection in endodontics, instrumentation, root resorption and microsurgery to name but a few.

In addition, along with the customary country speakers that will speak on behalf of the member nations, parallel sessions will run in the form of an Endodontic
Teachers Group meeting and an Early Careers Group meeting. Invited speakers will present on pertinent topics for each of these groups.

This is a truly global event with an amazing programme running over three days with up to five parallel sessions running. It features nearly 90 world leading experts, along with nearly 250 submitted oral and poster presentations. There is also a great pre-Congress programme including surgery, trauma, endo-resto, instrumentation, intentional replantation and autogenous transplantation, orofacial pain, and instrument retrieval. Several special seminars and workshops will also be running during the main programme and include the use of CBCT in endodontics.

In addition to this, delegates can expect an exciting social programme, helping them to make the most of their time in Scotland including a welcome reception at the Glasgow Science Centre, Gala Dinner at the Kelvingrove Art Gallery and Museum, and a Ceilidh at Merchants Square.

Value of trade exhibition
Another stand-out aspect of the WEC will be the trade exhibition. The BES has a fantastic relationship with the trade, who are offering their support for the event, both by taking part in the exhibition, and as sponsors. Their participation in the WEC demonstrates their unwavering commitment to endodontic excellence, and the importance of the use of high-quality equipment to deliver outstanding clinical outcomes.

The exhibition at this year’s WEC is a valuable opportunity for dental professionals to discover the latest developments. This is ideal for clinicians who are looking to upgrade their current workflows, and find out more about products they are interested in.

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The IFEA WEC is proud to be sponsored by a range of world-leading companies. These include:

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The Platinum Sponsor, Dentsply Sirona, shares the organisers’ excitement for the upcoming Congress. In their support of the WEC, they encourage the highest standards of education for the delegates.

Jean-Marie Guillemin, Marketing Director for Dentsply Sirona Endodontics, said: “The Congress will be an opportunity to put everything into practice, as we’ll be hosting some hands-on workshops as well as supporting speakers who will discuss various topics from development of early career clinicians to reciprocation advice and overcoming challenges with paediatric patients.”

Sarah Waldmann, Director of Global Clinical Education for Dentsply Sirona Endodontics, added: “IFEA is valuable for all clinicians with an interest in endodontics, regardless of their specialisation or career stage. That’s why we’re investing in what it offers and what it stands for.”

Inclusivity for improved education
Will McLean, Professor of Endodontology at the University of Glasgow, the BES President and Congress Chair, said: “I would like to extend an invitation to all those with an interest in endodontics, no matter their level of expertise; they will find IFEA WEC a valuable experience.

“No matter whether delegates are just starting out or if they’ve been providing endodontic treatment for years, the WEC offers a diverse and comprehensive educational programme to educate and inspire all who attend and what’s even better it is on your doorstep!”

In Glasgow this year, there is truly something for everyone. So, if you’re interested in elevating your endodontics, register for IFEA WEC 2024 today and join colleagues on 11-14 September.

Register today for IFEA WEC 2024 at: ifea2024glasgow.com/registration

For more information about the BES, or to join, please visit the website www.britishendodonticsociety.org.uk or call 07762945847

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Last month, Forfar Dental incorporated trained therapy dogs into the practice to enhance patient experience and reduce dental anxiety.

“A visit to the dentist for many people is still dominated by memories of school dentists, gas masks and childhood extractions,” said Dr Kershaw. “It has been my goal for many years now to highlight just how much we can help our patients overcome these experiences with empathy, patience, and good non-verbal communication... and nothing embodies those qualities more than our canine friends!”

Understanding Therapets’ role in dental settings

Therapets are service animals that are specially trained to bring comfort and relief to various therapeutic settings. According to the Canine Concern Scotland Trust, the organisation behind Therapets, interaction with these animals has a proven soothing effect. These therapy dogs must meet strict criteria for temperament and get put through their paces to evaluate their suitability before being approved for work.
Last month, Forfar Dental Care welcomed two Therapet-certified standard poodles, Jutino and Rollo, for their first day as part of the team. At ages four and two respectively, their gentle demeanours were a perfect fit in the dental environment. The pair were accompanied by their registered handler, Benjamin, who ensured the dogs’ welfare was maintained and that they remained unobtrusive throughout.

Poodles are naturally hypoallergenic making them ideal for a healthcare setting where allergies can be a concern, and patients explicitly opt in to their presence before they are introduced.

**Forfar Dental Care**
Founded in 2022 by Dr Lawson and her husband, Ian Lyburn, and led by Practice Manager Angela Robbie, Forfar Dental Care has rapidly grown from its beginnings in a former bank building to a comprehensive general dental and referral practice. Providing a range of services from family dentistry to advanced restorative work, specialist orthodontics and oral surgery, the practice is dedicated to expanding its offerings, embracing new ideas and taking a forward-thinking approach to high-street dentistry.

With a focus on creating a calming atmosphere in the practice, the introduction of Jutino and Rollo has not only been a hit with patients, but also with the staff. Angela said: “When he wasn’t busy working, Jutino made a very welcome office mate for the day! It was lovely to see the rest of the team popping up in between appointments to say hello… his presence definitely helped to spread a nice feeling throughout the practice.”

**Enhancing patient comfort through scheduled Therapet sessions**
Recognising the positive impact of Jutino and Rollo, Forfar Dental Care has begun organising regularly scheduled Therapet sessions, which will take place several times a year. As part of this initiative, aimed in particular at promoting dental attendance among anxious patients, children, and those with additional sensory or emotional needs, patients will be invited to book their appointments when they know a Therapet will be present.

It is hoped that the added emotional support will help these patients to feel at ease throughout their dental visit, and eventually, that their experience of dental care can move away from feelings of apprehension or worry.

**A patient’s perspective**
Ailidh, a patient at Forfar Dental Care, discussed her positive experience with the Therapet service. “I really felt it was such a good idea,” she said, “Jutino’s company really helped me to relax and made my appointment so much easier for me. I cannot thank Audrey and the staff at Forfar Dental Care enough.”

**Looking forward**
As Forfar Dental Care continues to grow, the introduction of the Therapet service to the practice represents their commitment to patient comfort and holistic care that moves far beyond placing fillings and scaling teeth. It is hoped that the Therapets will integrate well with the inhalation sedation service scheduled to launch later this year and will also give a unique selling point for prospective vocational trainees (VTs) as Dr Lawson looks to join the list of VT trainers recruiting for 2025/6.

Incorporating Therapets into dental practices is more than a novelty; it’s an effective tactic for non-pharmacological anxiety management which recognises the wellbeing benefits that these wonderful animals can bring. Forfar Dental Care is leading the way, showing how innovative practices can make a significant difference to the everyday patient experience.

**JUTINO’S COMPANY REALLY HELPED ME TO RELAX AND MADE MY APPOINTMENT SO MUCH EASIER FOR ME**

— AILIDH, A PATIENT AT FORFAR DENTAL CARE

Forfar Dental Care has a (non-canine) vacancy for a new Associate Dentist to join their expanding and forward-thinking team. Contact managementfdc@outlook.com for more information. Oral Surgery Scotland accept referrals for anxious patients at Forfar Dental Care and nationwide at www.oralsurgery.scot
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The Scottish Dental Show reached new heights this year, with a record delegate attendance, packed exhibition floor and a programme of world-leading speakers.

More than 2,000 people attended across the two days of the show, enjoying meeting suppliers and advisers to the profession, gaining free CPD and socialising with colleagues. Ann Craib, Sales & Events Manager for Scottish Dental, said: “This has been our best show to date. Record numbers and delighted exhibitors, which makes my job so worthwhile.

“It was fantastic to see so many people catching up with colleagues, meeting suppliers and advisers and benefitting from a world-class education programme. A huge thank you to the delegates, to our exhibitors and to the programme speakers who delivered such high quality CPD content.”

The education programme featured more than 60 lectures and workshops delivered by more than 50 speakers. Among them was an update from the Scottish Government on NHS dentistry reform, presented by Tom Ferris, the Chief Dental Officer, and Elaine Hutchison, DCP Advisor. The session focused on improving the quality and accessibility of NHS dentistry in Scotland. It emphasised the need for accountability, value for money, and transparency to ensure high-quality patient care.

Also discussed was the importance of data-driven approaches to understand patient cohorts and caseloads, and the need for a more coordinated approach to engaging and collaborating with dental care professionals. Workforce planning, training and education issues were addressed, as well as the challenges of developing the dental workforce in Scotland and the need for a hybrid model for the LDS exam.

Tom Ferris noted that there are just over 1,000 practices in Scotland offering varying degrees of NHS care and that there are around 3,500 dentists, mainly associates. He said that although the reforms introduced last November had included significantly reduced the

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**2024 SPEAKERS**

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

Dr Lisa Currie, Clinical Director, The Orthodontic Clinic
The management of snoring and mild sleep apnoea: a dental perspective

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

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

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

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

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

Tom Ferris, Chief Dental Officer, and Elaine Hutchison, DCP Advisor
NHS dentistry reform: an update from The Scottish Government

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

Natalie Cook, Dental Tutor, QIPT Team, NHS Education Scotland
Infection control and decontamination: an update on current guidance in practice

Professor Mark Greenwood, Chair of Medicine and Surgery in Dentistry, University of Manchester
Medical emergencies and medical history taking

Flora Couper, Patient Journey Designer
The periodontal protocol ecosystem: the success criteria for delivering effective and profitable periodontal care in the hygiene room

* Insights discovery: building harmonious relationships

Professor Paul Tipton, Clinical Director, Tipton Training
The essentials of tooth preparation

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**“IT WAS FANTASTIC TO SEE SO MANY PEOPLE CATCHING UP WITH COLLEAGUES, MEETING SUPPLIERS AND ADVISERS AND BENEFITTING FROM A WORLD-CLASS EDUCATION PROGRAMME”**
number of items of service, that model of payment has some important strengths. It provides transparency and accountability, he said, meaning that for every pound spent there is a tangible return in patient care.

Although the pandemic interrupted the development of a new model of care, the key themes had remained the same post-pandemic, said the CDO. “We needed to sustain practices. We needed to increase patient access. We needed to focus on prevention-based care, and we needed to promote the skill mix,” he said.

It was clear, he said, that the British Dental Association and the Scottish Dental Practice Committee should be key players in the discussion about the future of NHS dentistry, but that it also necessary to hear a wider range of voices. The Government surveyed the profession, which generated more than 500 responses, and established an advisory committee which, said the CDO, “worked really well.”

As well as being able to calculate and map dental care activity, he said that he was planning to introduce a measure of oral health that would allow dentists to provide a snapshot of their patient cohort. The data could then be anonymised and aggregated to health board level and, ultimately, the national level.

The CDO spoke about the change in checkup interval from six months to a year, but which includes the option for a dentist to see a patient again after three months or 24 months, based entirely on patient need. He said that there was evidence that some patients were being told that if they wanted to be seen more frequently than every 12 months they would have to pay for private treatment. He said has told those patients who had written to him: “This is wrong. These are the facts. Complain to your health board.”

The CDO said that since the reforms were introduced it had been “kind of quiet. I’m taking that as a positive. As I go around, people will take me aside and say ‘It’s actually okay. You know, it’s not perfect, but it’s better than it was you are kind of on the right track.’ People are just getting on with it. And it seems to be

Key action items from CDO presentation

› Monitor the impact of the November 2021 reforms and understand the data coming from practices.
› Work closely with health boards to understand variation across boards.
› Explore alternative models of governance for practices moving away from a ‘policing’ approach.
› Consider options for developing local training centres to grow the rural clinical workforce.
› Engage stakeholders in further conversations around workforce and governance issues.

John Gibson, Founder and CEO, The Canmore Trust
Suicide: how could I possibly save a life?

Dr Barry Oulton, Founder, The Confident Dentist Academy
What if you could achieve more? How to have more time, earn more money and do more enjoyable dentistry

Professor Peter Mossey Associate Dean (Research), University of Dundee
Access to Oral Care: an evaluation of global oral health delivery and advocacy for revising the model

Dr Tariq Bashir, Programme Director, Scottish Dental Study Club
Adhesive, aesthetic dentistry

Siobhan Kelleher, Dental Coach and Clinical Educator
The science of positive health: the interconnection between oral health, lifestyle medicine and positive psychology

Lauren Long, Hygienist and Therapist Clinical Director, Pain Free Dentistry Group
Examining excellence: navigating clinical examination and assessment for dental therapists

Claudio Massoli, Managing Director, Rejuv Aesthetics
Beyond Botox and fillers: the new facial aesthetics revolution you can’t afford to ignore!

Richard O’Brien, Territory Manager, DMG
Treating white spots with Icon resin infiltration

Dr John McQueen, Cosmetic and Restorative Dentist, and Dr Andrew Culbard, Restorative and Orthodontic Dentist, Scottish Dental Care
Rubber dam tips and tricks
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Thank you to our referring colleagues
working. I think if it wasn’t, I think the noise from the sector would be deafening.”

He added: “We really need some time for the sector to get to equilibrium, for practices to really understand it, to get into the new system, and then have a few quarters of data to look at patterns, look at variation in treatment patterns, and then work out whether or not we need to do something about and, at that point, we’ll be coming back out to have conversations with people.”

Going forward, said the CDO, key areas of work will be monitoring the impact of the reforms and working with the health boards to harness the data being produced and glean meaningful information. Other areas of work will be the workforce and governance.

On workforce, it had been hoped that the UK Government’s proposal to enable overseas-qualified dentists who have not yet achieved full GDC registration to be able to work in the UK more quickly, through the introduction of a system of provisional registration, would have passed into legislation. The calling of a general election has interrupted this process.

“It will happen,” said the CDO, “so it is important to understand what it means and how it will work, and that NHS Scotland will have its own rules after someone has been given provisional registration.” He added that his team were looking at whether the model of training dental hygienists and therapists that has been established by the University of the Highlands and Islands (UHI) could be replicated in other locations. The Oral Health Science BSc course is delivered from state-of-the-art training units at UHI House in Inverness, Dumfries Dental Centre and Western Isles Dental Centre in Stornoway, Isle of Lewis.

On governance, he said that patterns of working had undergone a significant shift. “So, we need to understand what that relationship is going to be going forward,” he said, “and how can boards and practices offer those portfolio careers so that we don’t lose people from NHS dentistry.”

The CDO said that the combined practice inspection, a process introduced for all NHS general dental practices in Scotland in 2014, needed to be reviewed. “It’s a bit like the ‘practice police’. It’s kind of into drawers and looking at documents. Surely there must be a better way...
and not about policing and sanction.”

Concluding, the CDO said: “There is, in my mind, the question of: ‘What does it mean to be an NHS dentist in NHS Scotland today?’ And I don’t think we’ve quite answered that. In the old days, it was you that you were listed, and you had x number of patients. And I don’t really think that’s good enough anymore.

“So, what is it that we would want to see in dentists in the NHS in Scotland, going forward? What’s their commitment to the system? What’s their commitment to their patients? Equally, what’s the patient’s commitment to the practice and to their own care? And I think those are some of the governance questions, some of the really quite difficult questions, that we will really need to explore going forward.”

Professor James McCaul, Consultant Oral Maxillofacial Surgeon at Queen Elizabeth University Hospital in Glasgow, presented Face to face: true stories of life, death and transformation – a powerful look at his work in rebuilding the faces of people severely injured as the result of accidents or being the victims of violence.

Professor McCaul also used the opportunity of speaking to urge dental care professionals to be aware of diagnostic features for mouth cancer and of early referral pathways. He said he would rather see a patient who had been referred by their practice and be able to say the suspicious patch or lump was not cancer, than a patient not be referred but who would then go on to die from mouth cancer.

In Suicide – how could I possibly save a life?, Professor John Gibson spoke about the experience of losing his son, Cameron, to suicide, the impact it had on him and his family, the steps – literally, walking the length of the United Kingdom – he subsequently took and the establishment and work of The Canmore Trust (www.thecanmoretrust.co.uk).

A few days after his presentation he told Scottish Dental: “It was a genuine joy to be at the show although, I cannot lie, I went home exhausted each day! We had many good conversations and at least two such conversations that resulted in life-changing positive outcomes.”

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WT 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.

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.”

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THOSE ON AN AWAY DAY ...

... should not forget what they are getting away from

SOME of the best lessons I was taught, the conclusions I reached and what passes for wisdom I retained came not from more senior or experienced clinicians, academics nor textbooks. They came from people who had never been closer to a dental chair than a reluctant occupancy, from the often ignored dental nurses, the resented, and easily blamed, front desk tyros who understood a bad day and cherished a good one.

A good day means different things to different people of course. What they all have in common is that they flow, that problems have been anticipated, can be dealt with and any disruption to flow is merely an eddy at the water’s edge.

When I am invited, and choose, to make practice visits these days I insist that far from everyone being “off-site” for the supposed gee-up / CPD / “Fix ‘em - please” sessions I prefer to see the cogs whirring, gears engaging and watch the way the machine can both accelerate and slow down. I judge the good places on how smoothly things work not how fast they seem.

I have written previously about how (dental) businesses being like great restaurants. Fashions change, so decor, tastes and lighting, even attire comes and goes. Formal gives way to casual, through relaxed to basics. I started my career in a white coat, then moved to powder blue (including the COVID interruption) and have little choice) scruffy civvies without changing - the boss said it was casual, I said it was smelly. In my own practice we all wore branded polo shirts and chinos, but never wore the uniform outside the building.

There is a certain irony that whereas white coats were deemed too clinical and therefore intimidating, now operating theatre scrubs are viewed as appropriate.

Sadly I still see team members away from their practice wearing a coat over their clinical garb.

Back to the restaurant analogies.

In the past one never knew what happened in kitchens, food was ordered and delivered to your table politely, one was waited upon with deference, albeit with the occasional flourish and or panache – steak diwe and birthday cakes come to mind. Then came the era of revelation, literally. Kitchens became visible with flames, noise, chopping boards and sweat all plain to see. It was fascinating to watch, even if there was an element of expectation of danger or a Gordon Ramsay-style explosion. As an aside, between his PhD studies and starting a career in a branch of nuclear medicine my son spent several years (including the COVID interruption) working in small restaurants where he rose, remarkably quickly it seemed, to management/head chef level. He assures me that temperamental volatility does nothing for successful catering; like dentistry I suppose. My one and only time of throwing an instrument into a steel sink resulted in acute embarrassment when my 17-year-old nurse called me a “silly little boy”. She was right, a sulk is one thing, treating instruments badly is something else and neither should be tolerated.

There is a saying: “Anyone who loves the law or sausages should never watch either being made.” I would apply that to dentistry too, especially in terms of noise. The whine of a turbine, the rush of aspiration or the crashing of steel instruments on steel trays does nothing to enhance the so-called patient experience.

Personally, I prefer the muted approach in dentistry plus headphones; I dislike the imposition of TVs in patient lounges. I wouldn’t dream of watching daytime chat shows at home, Who thinks that having to pay for their infliction is a good idea? As for pop-up adverts for the most recent life-changing cosmetic procedure, no thanks. Ever since I saw a toddler bring down a two-metre high piece of promotional paraphernalia on their grandmother and her complimentary hot cappuccino, I point out their limitations.

I digress. When I want to know what’s working in a practice I don’t listen to the principal, the associate or, in fact, any clinician first. Of course, I want a practice manager’s input but that is usually ahead of my visit, they’re not my first point of call on the day either. I watch and listen to those in the front line, they who have to pick up the pieces of broken communication, the ones whose demeanour is not camouflaged by surgical masks.

When was the last time you sat in your patient lounge, behind the meet and greet desk (if you still employ such), your patient lounge, behind the front desk (if you still employ such), order and delivered to your table politely, one was waited upon with deference, albeit with the occasional flourish and or panache – steak diwe and birthday cakes come to mind. Then came the era of revelation, literally. Kitchens became visible with flames, noise, chopping boards and sweat all plain to see. It was fascinating to watch, even if there was an element of expectation of danger or a Gordon Ramsay-style explosion. As an aside, between his PhD studies and starting a career in a branch of nuclear medicine my son spent several years (including the COVID interruption) working in small restaurants where he rose, remarkably quickly it seemed, to management/head chef level. He assures me that temperamental volatility does nothing for successful catering; like dentistry I suppose. My one and only time of throwing an instrument into a steel sink resulted in acute embarrassment when my 17-year-old nurse called me a “silly little boy”. She was right, a sulk is one thing, treating instruments badly is something else and neither should be tolerated.

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When was the last time you sat in your patient lounge, behind the meet and greet desk (if you still employ such a barrier), laid in every dental chair in the building, used your patient toilets, actually walked rather than talked every step of that hackneyed phrase, the patient journey? On the corners of Obama Boulevard with Jefferson and MLK Boulevards in Los Angeles is a public artwork by Kim Abeles. It shows pairs of shoes with Jefferson and MLK Boulevards in Los Angeles is a public artwork by Kim Abeles. It shows pairs of shoes and has the invitation to “walk a mile in my shoes”. The phrase of course is in such common use that it has lost much of its meaning, but until we can understand the experiences and hopes, fears and expectations of our patients, our diners, customers, whatever, we can have no hope of serving them fully.

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INTRODUCING THISTLE DENTAL GROUP

Six practices, three referral centres, a high-tech dental laboratory and a soon-to-be launched dental academy

With practices across Aberdeenshire, three referral centres, a high-tech dental laboratory and a dental academy set for launch, Thistle Dental Group represents the best in class for patients, referring dentists and for practitioners wanting to advance their careers.

Thistle Dental is a state-of-the-art orthodontic and dental implant centre in Aberdeen. Thistle Dental’s investment in the very latest dental technology sets the group apart. Its leading-edge digital technology means the team can deliver high quality treatments under one roof. They offer impression-free digital dentistry, as well as advanced 3D imaging, intraoral scanning, and CBCT scanning to offer the best service and outcomes for their patients.

With practices throughout Aberdeen City and Shire, the group can provide everything from NHS treatment to private dental plans, along with comprehensive referral pathways to meet all the dental needs of patients. The pathways include: endodontics, orthodontics, periodontics, radiograph services, intravenous sedation, facial cosmetic services, surgical extractions, implants and tooth wear.

As well as boasting unrivalled high-tech facilities and digital dentistry, Thistle Dental also has an exceptional team who goes the extra mile for patients, making them a popular choice for patients and referring dentists.

The team promotes the most optimal treatment solutions in a discreet way, fully explaining patients’ options in simple language. Their knowledge and the training they have undergone gives them the confidence to talk about treatments, such as implants, orthodontics and oral surgery in a simple, informative manner, so that the patient can make an informed decision about their care.

Dr Vikram Kavi, the founder and principal dentist, has worked tirelessly to bring together professionals with considerable experience and expertise to ensure that every patient is “made to feel like royalty”.

Dr Kavi has been an implant dentist since 2004 and has placed more than 2,000 implants. He and the group have been taking care of referring dentists’ patients from across North East Scotland for more than six years and with the support from his team of specialists, they are able to cover all referral pathways.

“Here at Thistle Dental Group our practices are proud to offer high levels of professional skill and ability in our relaxed, modern, state-of-the-art dental surgeries based throughout Aberdeen City and Shire,” said Dr Kavi.

“Our main aim is to treat people like kings and queens when they come to see us. We want them to be happy, we want them to be comfortable, we want them to be looked after as best as anyone can be.”

THISTLE DENTAL GROUP PRACTICES
• Academy Dental Care, 86 Crown Street, Aberdeen.
• Crown Dental Group, 83 Crown Street, Aberdeen.
• Banff Dental Practice, 7A Boyndie Street, Banff.
• Deeside Dental Care, 75 High Street, Banchory and 9 Station Road, Banchory.
• The Dental Practice, 21 Rubislaw Terrace, Aberdeen.
• Thistle Dental Orthodontic & Implant Centre, 24-26 Thistle Street, Aberdeen.
• Thistle Dental Lab, 134 Crown Street, Aberdeen.

In future editions: ‘Inside a Thistle Dental practice’ plus ‘Showcasing The Thistle Dental Academy’.

Dr Kavi and his team promote the most optimal treatment solutions, fully explaining patients’ options in simple language.
Six practices, three referral centres, a dental laboratory, and a soon-to-be launched dental academy

“Here at the Thistle Dental Group our practices are proud to offer high levels of professional skill and ability in our relaxed, modern, state-of-the-art dental surgeries based throughout Aberdeen City and Shire,” said Dr Kavi. “Our aim is to treat people like kings and queens when they come to see us. We want them to be happy, we want them to be comfortable, we want them to be looked after as best as anyone can be.”

The group is delighted to introduce the Thistle Dental Academy, which will be offering a host of courses to dental care professionals across Scotland. These free CPD sessions will be covering a wide array of topics, so rest assured there’ll be a course for everyone.

**Launch Party**

Your chance to meet the team at Thistle Dental Group, find out more about the services we provide, and network with all in attendance.

**Thursday 1st August 2024 @ 6.30pm**
Thistle Dental, 24-26 Thistle Street, Aberdeen
2 hours verifiable CPD

Reserve your place by emailing thistedentalacademy@mail.com

**Advances in Endodontics**

with Siobhan Hewson

Discussing new trends and advances in endodontics.

**Tuesday 27th August 2024 @ 6.30pm**
The Dental Practice, 21 Rubislaw Terrace, Aberdeen
2 hours verifiable CPD

Reserve your place by emailing thistedentalacademy@mail.com

**Financial Planning for Dentists**

with Chris Hewson

Helping identify what’s important and understanding the things you want to achieve in your lifetime.

**Monday 16th September @ 6.30pm**
Thistle Dental, 24-26 Thistle Street, Aberdeen
2 hours verifiable CPD

Reserve your place by emailing thistedentalacademy@mail.com

COMING UP...

**December 2024**
Nabeel Rashid: Endodontics

**January 2025**
Khaled Nassar: Implants – simple to complex

**February 2025**
Tunahan Ersoy: Orthodontics

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The National Institute for Health and Care Excellence (NICE) is being urged to review dental antibiotic prophylaxis guidelines to protect those at high-risk of developing a serious heart infection.

Research led by the University of Sheffield found that dental patients at high-risk of infective endocarditis (IE), a life-threatening infection of the heart valves that causes heart failure and strokes, should be given antibiotics before undergoing invasive dental procedures. To prevent this, patients at increased risk of IE – those who have undergone cardiac interventions such as prosthetic heart valves, valve repairs and congenital heart disease repairs – were recommended to have antibiotic prophylaxis (AP) cover before undergoing invasive dental treatment. However, in 2008 NICE recommended against the use of antibiotic prophylaxis (AP) because of a lack of evidence for efficacy and concerns about the possibility of adverse reactions to the antibiotics used.
Although guideline committees around the world had similar concerns, they continued to recommend AP for those patients at highest risk of developing IE because they felt the risks of developing IE far outweighed any risks of giving AP to this group of patients.

Despite considerable new evidence that AP is safe, effective and would result in significant cost savings and health benefits, NICE has not reviewed their recommendation against the use of AP since 2015.

A new study led by the University of Sheffield’s School of Clinical Dentistry in collaboration with Professor Bernard Prendergast – Consultant Cardiologist at St Thomas’ Hospital and Cleveland Clinic London UK; Professor Mark Dayer – Consultant Cardiologist, Cardiovascular Research Institute, Dublin, Ireland; Ash Frisby – Endocarditis patient advocate, and Professor Larry Baddour – Professor of Medicine (Infectious Diseases), Mayo Clinic College of Medicine, Rochester, MN, USA and published in The Lancet Regional Health 1 found:

• The risk of IE in high-risk patients following invasive dental procedures as a whole is one in 1,000 – this falls to one in 3,333 if AP is given before the procedure.
• The risk of IE in high-risk patients following extractions is one in 100 – this falls to one in 1,000 if AP is used.
• The risk of IE following oral surgery is one in 40 – this falls to one in 500 if AP is used.

In contrast, the risk of a significant adverse drug reaction following amoxicillin AP is only one in 250,000 prescriptions, and none of these would be fatal while three in 10 people with IE would die within one year.

Professor Martin Thornhill, from the University of Sheffield’s School of Clinical Dentistry and lead author of the study, said: “Infective endocarditis is a rare but devastating heart infection in which around 30% of people die within the first year of developing it.

“All major guidelines committees around the world, such as The American Heart Association and the European Society for Cardiology, recommend that those at high-risk of infective endocarditis should receive antibiotic prophylaxis before undergoing invasive dental procedures. We are urging NICE to review its guidance so that high-risk patients in the UK receive the same protection against IE that is afforded to patients in the rest of the world.

“There are currently 400,000 people at high-risk of developing IE in the UK and this number is increasing each year due to the growing number of patients having cardiac interventions.

“Our previous study showed that prescribing antibiotic prophylaxis would be cost-effective if it prevented just 1.4 high-risk patients per year from developing infective endocarditis. So, by preventing between 40 and 260 cases per year antibiotic prophylaxis would be highly cost effective and would likely save the NHS in excess of £5.5 million annually as well as generating substantial health gains for those at risk of endocarditis.”

Professor Thornhill and the international team of researchers and cardiologists have conducted a number of studies over the past 10 years, the first of which identified a significant rise in the number of people diagnosed with the serious heart infection alongside a large fall in the prescribing of antibiotic prophylaxis to dental patients.

“All major committees around the world recommend those at high-risk of infective endocarditis should receive antibiotic prophylaxis before undergoing invasive dental procedures”

– PROFESSOR MARTIN THORNHILL
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Minimally invasive treatment options in the atrophied bone: The Bone Truss Bridge (BTB) approach

Dr Henri Diederich, Doctor in Dental Medicine
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Abstract
Atrophy of the maxilla poses significant challenges to dental rehabilitation, particularly in the context of dental implant placement. There exist numerous approaches to manage such scenarios, ranging from invasive techniques such as zygomatic implants, sinus lifting, and bone grafting, to more minimal invasive methods utilizing pterygoid implants and the trans-nasal approach. The latter techniques are particularly interesting due to their potential for early loading, where patients can receive a fixed rehabilitation within two to three weeks post-operatively. This article aims to present three case reports showcasing the clinical use of one-piece tissue level implants and fixed screw retained bridges in the management of maxillary atrophy.

Introduction
Rehabilitation of atrophied maxilla is a big challenge for practitioners working in the field of dental implantology. Severe maxillary atrophy, resulting from factors such as long-term edentulism, trauma, or congenital deficiencies, can lead to compromised bone volume and density, posing limitations on the conventional placement of dental implants. Despite the challenge and depending on the degree of maxillary bone atrophy, there are many approaches like bone grafting techniques and sinus lifting, zygomatic implants, the all-on-four principle, and other techniques provided. All the previous approaches are very complex and associated with a high degree of morbidity. Autologous bone augmentation techniques are regarded as the “gold standard” in the treatment of severely atrophic maxilla. These procedures are often time-consuming, pose a risk of graft loss, and are commonly associated with donor site morbidity, which is why elderly patients, in particular, or patients who have previously experienced reconstruction loss often refuse repeat treatment with these techniques. Other techniques like the placement of implants in the pterygomaxillary region; distal to the maxillary tuberosity and engaging pterygoid bone were proposed. In pre-maxilla when there is insufficient bone volume; trans-nasal implants were used. This article aims to present a novel implant placement technique for atrophied cases of maxilla without bone graft and sinus lifting and with early loading of the prosthesis.
Clinical and radiographic evaluation
After clinical evaluation, a radiographic evaluation of Orthopantomogram (OPG) and Cone beam computed tomography (CBCT) was done for the patients (Figures 1 and 2).

Case one
In this step, we measured the quantity (height and width) of available bone. The treatment options were presented to the patients and then the proposed approach was illustrated for them; eight implants were placed (two in the pterygoid region, two in the trans-nasal region and four in the anterior segment of the maxilla) with flap approach and early loading of the prosthesis (Figure 3).

Type of implants used
Compressive Multi-unit Implants from the ROOTT Implant System (TRATE AG, Swiss) were used (Figure 4 and 4b and Figure 5). Implants are specifically engineered for use in narrow ridges and atrophied cases. The implant body is tapered; it ensures a high implant stability which encourages an immediate loading process\textsuperscript{6}. One of the major advantages of this type of implant is that they have a fixed multi-unit head which allows the angulation of the implant to be easily solved in the prosthetic phase. Another point regarding this type of implant is the type of fixation of the prosthesis which is a screw-type fixation.

Surgical procedure
Local anesthesia with a vasoconstrictor was administered to contain local bleeding and intra and post-operative pain. After anesthesia achievement, a crestal linear incision was made extending to the distal of the maxillary tuberosity, the flap was reflected and eight implants were placed. All implants were placed with high primary stability. The flap returned back in place and sutured with monofilament suture material, Polyamide 4/0 (Figure 6).

Prosthetic phase
After the surgical procedure, direct impressions were taken using open-tray impression transfers and silicon impression materials (Figure 7). On the next appointment (after one week) a verification jig was tried to control the impression and to ensure that your final screw-retained framework has the optimum passive fit (Figure 8). Plus, a verification jig is used to verify that the master model is accurate before manufacturing the framework\textsuperscript{7}. The material used for the verification jig fabrication was pattern resin from GC America.

On the next visit, the fitness of the prosthetic frame and occlusal bite were checked. As there was severe atrophy of hard and soft tissue in this case, and with increased inter-arch space with opposite dentition, the size of the prosthesis was very large,
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so we made the prosthesis with a metal frame with acrylic prosthesis and acrylic resin prosthetic teeth, and we ended having a prosthesis that was not too heavy thus increasing the patient’s satisfaction. The final prosthesis was fixed three weeks later (Figures 9, 9b and 10).

**Case two**

A 58-year-old woman came with a broken bridge and wanted a tooth replacement but as minimally invasive as possible. We explained the different treatment options to the patient and by explaining to her the Bone Truss Bridge (BTB) approach by early loading; she chose that treatment option.

In this case there was bone remaining and it was possible to deliver directly a metal ceramic bridge. All teeth in the maxilla were removed and implants One Piece Compressive Tissue level (ROOTT) were placed. In the pterygoid area at the right side a C 45/20 P implant was placed with a high torque around 70 N/cm and at the left side a C 35/20 P also with the same torque around 70 N/cm. In the extraction sockets were placed C 45/16 P implants and at position 15 a C 35/12 m implant was placed. As all implants were placed with a high torque; early loading was an option.

After the surgery a temporary bridge was done chairside to be in mouth for around three weeks, time in which to finish the metal ceramic bridge. At the second appointment, a verification jig is tried (Figure 11). At another appointment aesthetics was tried as well as the frame and at the fourth appointment, three weeks later we could place the metal ceramic bridge screw retained
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Clinical Dental Technician
GDC 117624

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Case three
The patient, a 75-year-old woman, wanted to get fixed teeth in her maxilla. She had a sinus lift some years before, but it failed and so was happy to have another opportunity to gain fixed teeth (Figure 17 Initial situation). During surgery, the left side was done as well. Tooth 23 was removed and Two Piece Implants (ROOTT, 3.5/12 mm and 3.5/8 mm) were inserted on the left side. On the right side there was a minimum of bone remaining and here three One Piece Tissue Level Implants (ROOTT) were inserted by open flap. After four months, impressions were taken (Figures 18 to 22).

Discussion
The rehabilitation of severely to atrophied maxilla remains a formidable challenge in dental implantology. Traditional approaches, involving bone grafting, sinus lifting and various other complex techniques often present high morbidity and prolonged treatment periods. In this article, we presented a technique for dental implant placement bypassing the need for bone grafts or sinus lifting which exhibited promising results in term of success rates, absence of complications and patient satisfaction. Our outcomes align with the growing interest in techniques offering a less invasive alternative for atrophied maxilla rehabilitation.

REFERENCES
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An exciting development opportunity for early career dentists at Clyde Munro!

Unique to Clyde Munro, the Flying Start Programme provides an unparalleled level of support to dentists in the early stages of their career. It demonstrates the exceptional investment the group makes in its professional teams in order to ensure excellent patient care. This year, participating dentists have an exclusive opportunity to join a behind-the-scenes tour with leading digital dental supplier, Dentsply Sirona. This partnership has also created an exciting new opportunity for dentists taking part in this year’s Flying Start programme, as Jim explains:

“We are proud to be recognised as the leading digital dental group in Europe – we understand that embracing technology is crucial for the current and future provision of high-quality dentistry. This passion for digital dentistry led us to extend our partnership with Dentsply Sirona, who already supplies our digital scanners and we are thrilled to be taking the dentists on this year’s Flying Start Programme to tour the Dentsply Sirona R&D/ manufacturing facility in Germany.

“This is a fantastic chance to view the future of dentistry and the very latest developments in dental equipment. To achieve this so early in their careers is particularly beneficial, providing a unique insight of how they can deliver the very best patient care in the future. They will be able to hear direct from the experts at Dentsply Sirona, ask their own questions and meet the people who are driving technological change in our profession.

“It will be a very special event for our dentists and I hope that it creates a real sense of excitement for the future of dentistry. I also hope they leave feeling confident that Clyde Munro will help them in every possible way to become all that they can be as dentists, through training and education, access to the latest technology and experienced clinical support.”

Investing in dentists and the future of patient care.

Commenting on why this investment in early career dentists is so important to Clyde Munro, Jim Hall – Chief Executive Officer and Founder – said:

“The future oral health of our patients depends on us giving them the best possible care. The only way we can do this is by making sure that Clyde Munro dentists, particularly those in the early stage of their career, receive the right training and development opportunities, together with ongoing clinical support. This also gives clinicians the best possible start in what we hope will be a long and successful career.

“At Clyde Munro, we make sure that our young dentists get access to the training and support they need to fully utilise the new digital technology we have invested in across our practices. Digital solutions replace various traditional dental processes, making treatment more comfortable for the patient, more effective, more efficient and better for the environment. Technology also makes the sharing of information easier, enhancing collaboration between clinicians for improved patient care and better professional mentoring and coaching relationships.

The Flying Start Programme is structured specifically to meet these and the other needs of dentists in their first few years after qualification. It covers a range of relevant topics, from the application of the latest digital and AI (artificial intelligence) tools, the management of tooth wear, dental trauma, and non-clinical subjects such as communications skills and sustainability in dentistry. There is also a spotlight on mental health and wellbeing, helping individuals to take care of themselves while caring for their patients. The course is constantly being reviewed and improved based on feedback from delegates, highly experienced dentists in the group and external sources. Advancements within the digital world are also considered so as to appropriately align the programme with the absolute latest digital developments.

A network of like-minded clinicians.

The Flying Start Programme is much more than a chance to be exposed to cutting-edge digital technology and advanced clinical skills. It also provides a community of dentists all in their early career years, who share many of the same concerns, challenges and ambitions. Jim adds:

“Spending time together on this course throughout the year enables our early career dentists to generate networks between like-minded people to support them, both socially and professionally, allowing them to connect with people across Scotland.”

Exclusive Germany trip with Dentsply Sirona.

To ensure the very latest digital equipment is used in training and in practice, Clyde Munro collaborates with industry leading companies, particularly Dentsply Sirona. To find out more about our Flying Start Programme or current vacancies, contact joinus@clydemunrodental.com
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With adjunctive services including:
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- Facial aesthetics
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Andrew and the team are also happy to work with referring dentists providing these services also.

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Dental Monitoring is an AI-led company based in Paris. Patients are invited to 'scan' their teeth with a smart phone camera on a weekly basis, which is then appraised by the AI and the team at Park.

Having adopted its use in 2019 to monitor clear aligner treatment and now fixed appliances, the benefits to the patient and practice have become clear:
- Closer supervision of treatment
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- Less appointments required in person.

All this adds up to happier patients and a happier team!

If you’d like to learn more about what Park Orthodontics could offer you and your patients, please visit the website or reach out to them on the contact links provided below.
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WHY CHOOSE A DENTAL ACCOUNTANT?

EQ Chartered Accountants recently showcased its expertise at the Scottish Dental Show, where visitors to the stand learned why a dental accountant is an invaluable asset to their practice.

Whether you’re buying or selling a dental practice, enhancing the efficiency of your current operations, or simply needing to complete a tax return, a dental accountant offers specialised support tailored to your unique needs. With sector-specific knowledge, these professionals provide guidance that adapts to ever-changing legislation, ensuring you operate in the most tax-efficient manner.

When selling your practice, a dental accountant’s expertise is crucial. They accurately value dental practices, which is distinctly different from valuing other businesses, ensuring you maximise your sale’s potential. Additionally, they handle the timely tax actions required when selling, meeting all regulatory requirements. By choosing a specialist, you also gain access to a broader network of potential buyers through their extensive contacts and resources.

Dental accountants at EQ don’t just crunch numbers. They assist clients with annual compliance tasks like GP234 forms and payroll all while advising on the best management systems to keep clients informed. EQ understands the operational challenges of running a dental practice and can recommend budgeting and administrative improvements, allowing clients to focus on providing exceptional dental care.

Attendees of the Scottish Dental Show saw firsthand how EQ’s tailored approach supports dental professionals in navigating the complexities of their financial and operational landscapes.

Choosing a dental accountant isn’t just about managing finances – it’s about empowering your practice to thrive.
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.

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With ‘dental deserts’ – where there is little NHS dental care provision – reportedly growing across the UK, the national shortage of dentists and dental care professionals has been addressed in the UK Government’s Dental Recovery plan.

The plan, which seeks to reverse the impact of the pandemic whilst also reforming NHS dentistry, includes a new proposal for the registration of overseas-qualified dentists. However, there are serious questions about whether the measure will do enough to address the shortfall of dental professionals in the UK.

The UK Government has held a consultation, which closed on 16 May, on the proposal to enable overseas-qualified dentists who have not yet achieved full GDC registration to be able to work in the UK more quickly through the introduction of a system of provisional registration. This would allow an overseas-qualified dentist to practise in any dental setting, including high street dental practices, under the supervision of a dentist who has full GDC registration. Dentists with qualifications from a recognised UK dental school, or recognised qualifications in dentistry from the European Economic Area or Switzerland are eligible to join the dentists register if they satisfy GDC’s requirements. Dentists with qualifications from elsewhere are required to pass the Overseas Registration Exam, run by GDC or the Licence in Dental Surgery, run by the Royal College of Surgeons, before they can achieve full registration with GDC and begin practising dentistry; it can take years to complete these exams.

Provisional registration would allow overseas-qualified dentists to work under supervision while studying for the relevant exams, enabling them to gain experience in the UK and ease the pressure on NHS dentistry. GDC registration is just the first step to permit overseas-qualified dentists to practise in the UK. Dental practices looking to fill vacancies with overseas-qualified dentists will need to apply and pay for a sponsor licence from the Home Office before meeting certain requirements before they can bring in overseas-qualified dentists to work in the UK. Dental practitioners and dental technicians are eligible for the Health and Care Worker visa, which offers reduced fees and fast-track processing to applicants.

As part of its role as the UK’s dental regulator, the GDC will be given the power to determine the appropriate level of supervision. The level of supervision required to ensure clinical standards are maintained may be extensive and this could result in qualified dentists seeing fewer patients while they supervise overseas-qualified dentists.

Legislative changes made in March 2023 gave the GDC increased flexibility to determine how it assesses overseas-qualified dentists for full registration. It is open to the GDC to reform the current examination process with a more streamlined process, which would ensure that overseas-qualified dentists can be assessed quickly instead of introducing a potentially cumbersome provisional registration.

Another potential solution would be to expand the list of recognised qualifications to include other countries with a high standard of dental education, such as Canada, Japan, or the USA. The proposal for overseas-qualified dentists is a step in the right direction but does not go far enough to remove barriers for overseas-qualified dentists.

The proposal for registration of overseas-qualified dentists is a step in the right direction but does not go far enough, writes Louise Crichton

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PROVISIONAL REGISTRATION WOULD ALLOW OVERSEAS-QUALIFIED DENTISTS TO WORK UNDER SUPERVISION

IT’S TIME TO BROADEN OUR HORIZONS

PROFESSIONAL FOCUS

June July 2024 | 71
Buying a Practice As a First-Time Buyer

Venturing into practice ownership for the first time can be a thrilling yet daunting experience. For first-time buyers, the decision to buy a dental practice comes with its unique set of pros and cons. With experience of more than 150 practice purchases and sales, we are uniquely positioned to support.

One of the most significant advantages is the potential for financial independence. Owning a practice allows you to directly benefit from your hard work, offering a chance to build equity and enjoy greater control over your income.

Additionally, ownership can provide a sense of stability and the freedom to implement your own vision for patient care and practice management. However, these benefits come with considerable challenges. The financial burden of purchasing a practice can be substantial. It involves not only the initial purchase price but also ongoing costs such as maintenance, staff salaries, and supplies. This can put a strain on personal finances, especially if the practice does not generate the expected revenue in the initial months.

Another major consideration is the level of responsibility. As an owner, you are accountable for all aspects of the business, from compliance with regulations to managing staff and ensuring patient satisfaction. This can be overwhelming, particularly for those who are new to the business side of dentistry. Furthermore, market conditions play a crucial role. In the current climate, where demand remains high and goodwill prices are firm, securing a good deal can be competitive.

This means first-time buyers need to be well-prepared and seek advice from professionals to navigate the complexities involved. While buying a dental practice can pave the way for professional growth and financial rewards, it is not without hurdles. Prospective buyers should weigh these factors carefully and seek expert guidance to make informed decisions. The journey to ownership is challenging, but with the right preparation and support, it can also be immensely rewarding.

If you’d like to chat about your own ambitions towards practice ownership do get in touch for a no obligation discussion and insight.

Victoria Forbes, Director, Dental Accountants Scotland
E: victoria@dentalaccountantsscotland.co.uk
Dentists that we’ve helped to make a successful move to private dentistry say they feel happier, less stressed and are back enjoying their dentistry again. If you’ve had enough of trying to make your NHS contract work for you, we can help you assess your options.

Be happy, get in touch...

Ant Davies, Principal Dentist, in his surgery.
Whether you plan to sell your dental practice within the next year or the next five years, it is essential to start preparing early. By doing so, you can optimise your sale and maximise your practice’s potential when the time comes.

If you are contemplating your exit strategy, here are some things you can consider ahead of time:

• If you plan to sell imminently, spending money on small tweaks and furnishings won’t necessarily translate into value. Many buyers will want to put their own mark on the decor/furnishings when they take over, so this may be a wasted expense.

• Keep a close eye on costs – are you getting the best prices suppliers can offer? Have a clear plan to show how you are tackling any rising costs such as heating, lighting and wage costs.

• Ensure you have a team of trusted advisers in place – dentistry is a niche sector and navigating the aspects of a dental practice transaction can be complex and, at times, frustrating. Seek advice from industry experts, such as specialist dental accountants, solicitors and brokers.

• Finally, and most importantly, keep your accounts and management information as up to date as possible. This will help to assess the business’s current trading performance rather than the previous year’s levels.

Remember, selling a business is a significant decision, so seeking professional advice and understanding the market dynamics are crucial for achieving a successful sale.

To find out more about your business’s potential, contact Joel Mannix.

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

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- 33% increase in providing owners with pricing advice
- 31% increase in viewings
- 49% increase in offers
- 79% increase in dental practice sales

*Compared to Q1 2023

MAXIMISE THE VALUE OF YOUR PRACTICE - SPEAK TO YOUR LOCAL EXPERT:

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Head of Dental
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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
While 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 prefer. It is also worth understanding the 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.
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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.sdman.co.uk/selling-the-practice
A WEALTH OF EXPERIENCE

DAVID BARRASS is Business Development Manager for W&H, looking after Scotland and the North-East of England. David has worked in the dental industry for eight years, most recently as Sales Manager at Trigiene Dental, specialising in handpieces and small equipment. He has a wealth of experience in this area and is looking forward to working closely with his customers and local dealer representatives to ensure that they continue to receive a consistently high level of service, advice and support. David is keen to maximise W&H’s profile across Scotland to provide customers with the information and support they need to make informed purchasing decisions based on product awareness. Outside of work, David enjoys long hikes with his labradoodle Bernie, skiing holidays in the winter and beach holidays in the summer, with ticking off visits to all the Greek Islands being a high priority on his bucket list. To relax, David is happy to sit in front of the TV, especially if he can watch Top Gear or Friends.

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COLIN HART, REGIONAL MANAGER FOR SCOTLAND

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Colin Hart, Regional Manager for Scotland, is well known for his cheerful presence and exceptional clinical and customer support. Please contact Colin directly for any enquiries.
The decontamination equipment you choose for your dental practice will have a significant impact on the quality of patient care you can deliver, the safety standards you can maintain and the workflow efficiency your team can achieve. Implementing effective solutions in the right way can also help create a stress-free working environment for increased job satisfaction among professionals.1

It is just as important to select a manufacturer and supplier that provides high-quality and rapid-response technical support that keeps your equipment operational and your business running smoothly. In the event of a product malfunction, having peace of mind that the experts are available to resolve issues fast is invaluable.

Having had a poor experience with customer support in the past, Dr Chris Pritchard appreciates working with a supplier that delivers the quality infection-control products and service that he and his team need.

Chris graduated in 1998, completing postgraduate General Professional Training (GPT) at Edinburgh Dental Institute. He worked as an associate in Edinburgh and New Zealand before buying his current practice, Gentle Dental Care (www.standrewsdentist.co.uk), in 2010 from a retiring dentist who he knew from his Dundee Dental School days. About his business, Chris says: “It is a two-surgery, family practice in the centre of the famous town of St Andrews. We offer NHS treatment to our young patients and a range of private dental services for adults. On average, we see between 10 and 20 patients each day. Our focus is on delivering great quality dentistry, but we are also passionate about providing excellent customer service and genuinely getting to know our patients.”

The infection-control workflow is crucial for the safety of patients and staff throughout the practice. Meeting high standards begins with training the dental team, ensuring that all relevant members have the knowledge and confidence to facilitate effective decontamination processes.

Chris comments on how he ensures his team remain compliant: “We provide mandatory training as part of our staff inductions within the area of infection control. All new dental nurses are shadowed and mentored for at least one to two months until they are competent in understanding and replicating our cross-infection control policies.”

Chris switched provider of decontamination equipment last year because he was dissatisfied with the service he had received from the previous company. He says: “The equipment you use is hugely important for your practice processes. I had previously invested in lesser-known brands of autoclaves, which I found to be temperamental and unpredictable. The engineers would fix one issue, only for another unrelated problem to develop a few days later.

“This impacts the efficiency of the practice, disrupts patient care and creates frustration for the team. The autoclaves are the critical step in the decontamination process, so it is vital that they run consistently, without any breakdowns.”

Chris purchased a Miele PG58581 washer disinfector from Eschmann last year, followed by two Little Sister SES 3000B autoclaves and a Reverse Osmosis (RO) System from Eschmann more recently. He shares his reasons for sourcing equipment from Eschmann: “I chose Eschmann as, among my peers, it was repeatedly recommended as being the best company for quality and reliability when it comes to decontamination equipment.

“I decided to introduce the RO System because we were having frequent issues with the water quality in our area and we were keen to streamline the maintenance and servicing of our equipment. Rather than purchasing multiple pieces of equipment from various different companies, we felt that keeping everything under the umbrella of Eschmann made sense.

“We now have a designated engineer, Andy, who provides us with a first-class service every time, complete with a smile! So far, we have just needed routine maintenance, so long may it continue.”

Eschmann provided ECPD training for Chris and the team when installing the new equipment, in addition to the on-going maintenance already mentioned.

If you’re passionate about maintaining the highest possible standard of patient care, and creating a positive working environment for the team, be sure to invest in quality equipment. Only with the right tools and adequate support can your practice fulfil its potential.

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 753322

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For the latest news and updates, follow us on Facebook and Instagram @carestreamdental.uk

ESCHMANN RECOMMENDED “UNRESERVEDLY”

Maxine Northall-Rollins is the stock controller at Scott Arms Dental Practice in Birmingham. She has nothing but praise for the Eschmann decontamination equipment and service she has received for many years. Don’t just take our word for it, here’s what she had to say:

“We have had some of our Little Sister autoclaves for well over 10 years now and have been really happy with them. The machines are easy to use and very reliable. We did look at other products and even tried a different brand just to see what else was out there – but wish we hadn’t bothered and in the future, we will not be going anywhere but Eschmann.

“We protect our autoclaves with the Eschmann Care & Cover servicing and maintenance package, which has also been really good.”

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Find out more about ClearCorrect®, and how it can benefit you and your patients. Book now for ‘Elevating ClearCorrect® Excellence 2024’ to take part: event.clearcorrecteducation.co.uk For more details, please visit ClearCorrect – Education – Education for dental Professionals to up their ClearCorrect Game: www.clearcorrecteducation.co.uk

KENVUE INSIGHTS FROM KENVUE’S INAUGURAL DENTAL SCHOOLS MEETING

In January, a select group was brought together in London by KENVUE for the inaugural Dental Schools Advisory Board meeting.

The group aligned on the following general consensus: “Biofilm driven oral diseases represent a major burden to human health and the economy. Patient education that promotes early regular biofilm disruption and reduction is a key primary prevention strategy for gingivitis and dental caries, consistent with minimally interventive operative approaches. Specific thresholds from national guidelines should be personalised to individual patients using clinical judgment underpinned by the evidence base. S3 level clinical guidelines form the basis for best practice. Published guidance supports the message ‘spit don’t rinse with water’. However, evidence clearly highlights benefit from the adjunctive use of ≥226ppm fluoride containing mouthrinses (with proven antimicrobial effects) post brushing unless specifically contraindicated (e.g. children under eight).”

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 753322

Further information, visit www.academy-plus.co.uk/listerine. Full story: www.sdmag.co.uk/2024/04/16/schools-advisory-board-meeting
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DDRRCR FHEA

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

Alastair Fraser, Principal Dentist, Greygables Dental

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