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Scottish Dental

FEBRUARY-MARCH 2026

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Gillian Leslie, Scotland's new CDO, on the work that has already begun to develop improved pathways for dentists, allow patients direct access to dental therapists and reduce oral health inequalities, p41-43

Plus: New speakers announced for the Scottish Dental Show 2026, p44



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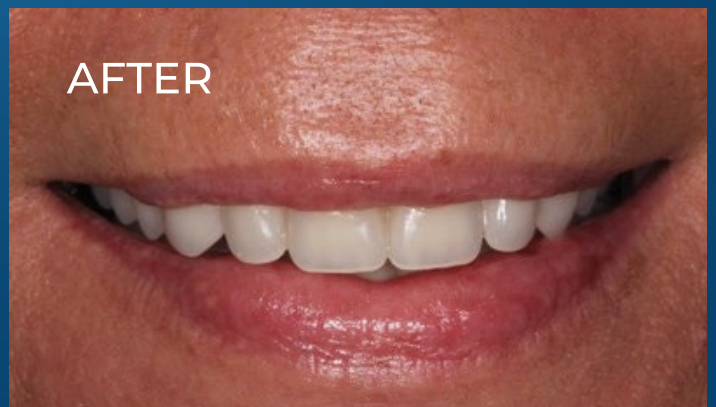
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PLAN MEMBERSHIP

Practice Plan's Selina Alexander and Louise Anderson share ways to encourage team members to promote your plan and get patients to join www.sdmag.co.uk/increase-your-plan-membership/



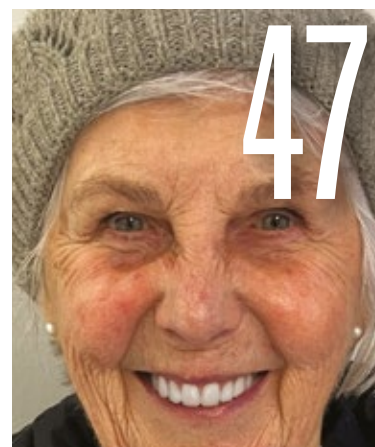
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Positive steps

Building on her involvement in driving payment reform, Scotland's new Chief Dental Officer has signalled her resolve to go further

NHS dentistry in Scotland is in a state of transition, characterised by funding boosts and structural reforms aimed at addressing a longstanding access crisis. While the Scottish Government has introduced measures

to improve access, patients and professional bodies continue to report local challenges.

The Scottish Government's Draft Budget for 2026-27 has allocated a record £526.5 million for dentistry, representing a near 40% increase in funding over the current parliamentary term. Towards the end of last year, student places for Bachelor of Dental Surgery (BDS) courses were increased by 7%. Additionally, the Government has moved to streamline the mandatory training requirements, allowing dentists to join the NHS dental list on a provisional basis to speed up the entry of new practitioners into the workforce.



APPROXIMATELY 96% OF THE POPULATION IS REGISTERED WITH AN NHS DENTIST, PARTICIPATION RATES HOVER AROUND 62%”

Clearly, it is too early to expect an impact on access to care. Recent data indicates that while approximately 96% of the population is registered with an NHS dentist, participation rates – the number of patients seen within a two-year window – hover around 62%. Rural areas, particularly Dumfries and Galloway and Fife, have reported acute shortages, with some practices closed to new NHS patients. Public Health Scotland reports that patients in the most deprived areas remain significantly less likely to access regular care compared with those in the least deprived quintiles.

While the British Dental Association (BDA) has acknowledged that the 2023 payment reforms, which moved toward a 'high-trust, low-bureaucracy' model, were a positive step, it has highlighted also that many practices still provide NHS care at a financial loss and struggle with to recruit staff. In January, the BDA highlighted that while national underspends have fallen to historic lows, indicating higher activity, further “root and branch” reform is needed to shift the focus from treatment to prevention.

In a Q&A with Scottish Dental, Gillian Leslie, Scotland's new Chief Dental Officer, notes that the post-pandemic years have been financially challenging but that the significance of achieving reform should not be underestimated. The system is not perfect, says the CDO, but the reforms were a positive step. Fiscal challenges will remain the main issue for the profession and policymakers, she says. Recruitment, the skill mix and health inequalities are high on the agenda.

Ms Leslie is taking over during a period of political uncertainty, albeit the health policies to which she and her team will work will become clear after the Scottish election in May. But she has flagged areas where she would like to see change; improved pathways for dentists to develop enhanced skills and deliver more services within primary care, for example.

Interestingly, the CDO wants to effect direct access for patients to therapists; something which that group of dental care professionals has been calling for but which has been resisted by previous incumbents of the office of the CDO.

She also wants to see the development of a more accessible training pathway for Dental Technicians “who are so important to our everyday working lives”.

Secondary legislation for changes to Prior Approval and Mandatory Training has recently been laid down. Both are still in development and negotiation with the BDA.

The intention with Prior Approval, she said, is to move away from the financial limit “and it will be about clinical treatment, particularly those items such as crowns/bridges/endo and/or a combination of these items.” Certain items which are causing the financial limit to be reached such as dentures, sedation and multiple extractions will be removed. For Mandatory Training, all dentists entering Scotland will still be required to complete it, but if they fall between the quarterly courses they will be allowed to provisionally list.

These are all positive steps, both for the profession and for patients.



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Time to invest in the NHS

We might not have the money to spend, but can we afford not to?

I believe dentistry is a worthwhile profession. It has been more than three decades since I started my dental journey, and I cannot imagine another profession or career that would have served me better. What made it work for me? I think I'm a generalist at heart. Never the best at any given thing; I never experienced true excellence in one facet of education or ability. I am decent at most things. I am willing to reflect on my own performance and have tried to improve. I have a logical brain which helps me refine processes; clinical and managerial. While I am not the life and soul of the party, I can communicate well and have enough interest in people that I enjoy seeing them time and again. I enjoy caring for people. I am also interested in business; learning about it and running one. It is a range of skills many have, but they suit the life of a dentist.

What does strike me is that, other than finding helpful people, I have not had a clear career path through my profession. When I started, it was straightforward. You qualified, either specialised and moved into a specialist practice, or 'Community' (as was), hospital, teaching or research or you became an Associate. Maybe bought into a practice? Maybe did a bit of work for a health board, limited teaching, public dental service (PDS), vocational training (VT) and so on. The range of small roles was, and is, huge and offers a great degree of flexibility and interest to keep from being out of use in a surgery. However, there did not seem to be much of a pathway for most of that other than the effort and exams for specialism. More like happenstance.

I am not sure our profession has moved on that much in that respect. There is not a clear pathway, and it seems that younger professionals are not terribly keen on the PDS or OMFS (Oral and Maxillofacial Surgery) route either. In my youth, these were prized posts – but now there are vacancies. That is disappointing, and I think younger professionals would like to have clearer support structures. Perhaps that is why there is less drive to NHS dentistry? Although most new graduates will do some form of vocational or foundation training in a broadly NHS based practice, fewer are taking that path and going straight to private practice. Many move that way soon after.

From the patient's point of view, this has led to a dearth of NHS provision and, therefore, choice. It is hard to say whether the increase in desire for aesthetic treatment (bonding, aligners, botox and so on) drives this or whether the focus on aesthetics in the professional and general

social media is creating the market. One of my main reasons for continuing with high levels of NHS care is my belief that it is a good, noble option. I do not believe I am alone in that thought, but younger professionals are not following suit. I see the resident doctors' strike at the expense of patient care and wonder whether that is a virtuous stance? I would not strike; I would be thinking of the people I have cared for over decades and could not see them left without. However, is that my personification of patients based on my life? How does that translate to someone at the start of their profession?

I have read a bit about what younger professionals would like, and it suggests they would like a more defined support network or career path. Mentors; slightly more experienced colleagues to lean on and tap for knowledge and ideas. Not so much really defined pathways; more networks and role models. A direction of travel. As dentists, we must find our own way. Choose our interests or specialism. Find the courses, find those mentors, find the practices that suit our ideals or desires. We must set our boundaries, in terms of working patterns and work/life balance.

However, I wonder whether, with the difficulties of provision of care and, in particular NHS care, could the NHS or NHS Education Scotland be working harder to help? Could this be the source of an NHS dental care redemption and reinvigoration? Could the NHS develop a series of steps after VT? A more coordinated approach to the first five to 10 years of our careers, not just for a specialism? A broader education that helps people develop their natural and learned skills? There would obviously be tie-ins, but would the process itself create a more NHS-minded profession without handcuffs?

I would like to see this investment made. The creation of an educational and developmental pathway that includes clinical and managerial elements. Let young dentists learn and assess where their abilities lie. Create financial and investment knowledge to encourage practice ownership. High street dentistry does not work without owner-operators. Look at the decline, or at least the stasis, of the corporates. That model is not working, but there must be one or more that does.

Perhaps if the NHS were to invest in this, it would encourage more NHS care? Peer learning and development that is more relevant to young people. Create a trajectory which allows intellectual stimulation and professional qualifications to enhance our system. Management teaching and information on legislation and governance that helps the profession with a focus on improving the patient experience on all levels. We might not have the money to spend, but can we afford not to?



New CDO to visit Scotland's health boards

She also signalled improved skills pathways for dentists, direct patient access to therapists and reform of Prior Approval and Mandatory Training

GILLIAN Leslie, Scotland's new Chief Dental Officer (CDO), is planning to visit the nation's 14 health board areas in the run up to the Scottish parliamentary election in May. The CDO said she will meet local Directors of Dentistry, Dental Practice Advisors and representatives of the boards "to discuss local issues, innovations and successes."

She said: "This will allow me and the CDO team to gather information on local issues within the General and Public Dental Services, both to inform our work as well as to support the briefing of incoming government ministers on dental matters from across the sector."

The CDO also signalled her aim for improved pathways for dentists to develop enhanced skills and deliver more services

within primary care and to make changes to regulations to allow direct access for therapists, to work at their full scope of practice.

She highlighted that secondary legislation had been laid down to bring in changes to Prior Approval and the listing process for Mandatory Training. Both are in development and subject to negotiation with the British Dental Association.

The intention for reform of Prior Approval is to move away from a financial limit to a clinical risk trigger, particularly focused on items such as crowns, bridges, endodontic treatment and/or a combination of these items. Items which currently cause the financial limit to be reached and trigger a Prior Approval requirement – such as

dentures, sedation and multiple extractions – will be removed once the changes are in force, anticipated to be from 1 November.

For Mandatory Training, while all dentists entering Scotland will still be required to complete a course of Mandatory Training, the CDO said that Boards will be able to provisionally list GDC-registered dentists where their intended start date falls between the quarterly courses offered by NHS Education for Scotland.

If the provisional listee does not subsequently complete or pass the training within six months of their initial listing, they will be delisted.

CDO Q&A, page 41

Dentistry student numbers increase

THE number of Scottish students starting Bachelor of Dental Surgery (BDS) courses has increased by 7%, the highest increase in a decade.

The Scottish Government said that the boost in student numbers fulfils its pledge to deliver an expanded pipeline of new dentists joining the workforce from 2029. The number of Scottish students starting BDS courses has risen by 10 places, up from 135 in September 2024 to 145 from September 2025.

Jenni Minto, the Public Health Minister, said: "We have a programme of targeted investment to boost the NHS dental workforce and this increase to the number

of domestic dental students will ensure a larger pool of new dentists entering the workforce from 2029.

"We now have more high-street dentists working in Scotland than pre-pandemic and our draft Budget 2026-27 underlines our commitment to NHS dentistry, with record funding of over £526 million set aside for the sector.

"This represents a nearly 40% increase in funding, on a cash-basis, over the lifetime of this Parliament. We will continue pushing the UK Government to reverse their damaging immigration approach and the impact it's having on the dentistry sector."

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Show preview, page 44



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Researchers create detailed map of periodontitis

It opens the door to more targeted and transformative treatments

RESEARCHERS are using cutting-edge technology to map every cell in the gums, opening the door to more targeted and transformative treatments.

The research was led by Vitor C. M. Neves, Senior Clinical Lecturer at the University of Sheffield, in collaboration with Wentan Zhu from the Karolinska Institute and Cheng Zhang from King's College London. Their paper is published in the *Journal of Clinical Periodontology*.

To understand how diseases develop, researchers looked for the biological changes that occur as tissue moves from healthy to diseased. This new research focuses on the periodontium, the tissues that support the teeth, including the gums and ligaments.

In their study, the team used an advanced

computer-based approach known as single-cell RNA sequencing (scRNA-seq). It allows researchers to map every individual cell in a tissue and identify which genes are switched on inside each one, providing a detailed picture of how gum tissues change as periodontitis becomes established.

By applying this approach to both healthy and diseased human periodontal tissues, the researchers generated a high-resolution cellular map of gum disease. The findings show that the gingiva, or gums, contribute the largest number of cells in an intermediate state between healthy tissue and diseased granulation tissue. This suggests that targeting specific gum cell populations could help slow or prevent disease progression.

The team also identified a previously unknown vascular stem cell population marked by the gene NOTCH3, found exclusively in diseased tissue. These cells appear to be attempting to regenerate bone in areas where it has been lost. However, the study suggests that fibroblasts, cells normally involved in tissue repair, may disrupt this regenerative process, redirecting healing responses towards the formation of diseased tissue rather than bone.

In the long term, therapies based on targeting specific cell populations or pathways, such as the Notch signalling pathway, could significantly advance periodontal disease management.

onlinelibrary.wiley.com/doi/10.1111/jcpe.70048

FDS launches manifesto for Scottish Parliament election

THE Faculty of Dental Surgery of The Royal College of Surgeons of Edinburgh has launched its manifesto for the 2026 Scottish Parliament election. The manifesto sets out five key proposals, and includes evidence-based recommendations and the potential impact on the public – particularly those from lower socio-economic backgrounds.

The manifesto's proposals are to:

1 Progress Dental International Medical Graduates (IMGs) from being Dental Therapists to Dentists. It asks the Scottish Government to provide funding to support alternative routes for IMG registration, increase capacity and frequency of qualifying examinations, offer provisional registration and alternative pathways that allow IMGs to work under supervision sooner and streamline NHS Dental List Number inclusion, ensuring that the process of registering with the GDC and being added to the list is done promptly and smoothly.

2 Go further on tobacco and vaping. It asks the Government to ensure that the Tobacco and Vapes Bill is not watered down and to educate children and young people of the dangers and harms of vaping.

3 Prioritise health inequalities. It asks the Government to invest in prevention: re-orient healthcare systems to focus on preventative programmes and early intervention, ensure equitable access to care,

target interventions proportionately – providing universal services but with more resources and support for populations with higher needs. To improve access to dentistry: despite having 94.6% of the population registered with a dentist, getting an appointment is extremely difficult particularly in areas of under-provision and in low socio-economic areas. To increase targeted supervised-tooth brushing in childhood settings.

4 Take action on obesity and sugar. It asks for further restrictions on the marketing and advertising of unhealthy foods, the Government to work with food producers to encourage them to reformulate their products to reduce fat, sugar and salt quantities, a national campaign to highlight the importance of diet and exercise for both physical and mental health and an improvement in the healthiness of food served in schools, hospitals and workplaces.

5 Increase awareness around head and neck cancers. It asks for the Government to carry out a specific version of their 'Be the Early Bird – Detect Cancer Earlier' campaign targeting head and neck cancers, to increase education around human papillomavirus and its connection to head and neck cancers, to ensure parents are provided with the necessary information about the vaccine, and make it clear that is not only for female students, and to reduce the disparity in vaccine uptake among pupils in the most deprived areas and those in the least deprived areas.



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Impact of fluoridation on caries in Scotland

Reintroduction could offer important public health benefits, according to study



THE reintroduction of water fluoridation in Scotland could offer important public health benefits, according to a study by Dundee University. Dental caries remains a significant public health issue in Scotland, said the study's authors. "While the Childsmile programme has improved

children's oral health, recent data suggest that improvement has plateaued and inequalities persist," said the researchers.

Despite strong evidence for its effectiveness, there are currently no active water fluoridation schemes in Scotland.

The aim of the study¹ was to estimate the potential impact of water fluoridation on dental caries among Scottish children using data from the National Dental Inspection Programme (NDIP) and published effect sizes, with a focus on socioeconomic variation.

Data was obtained from the 2023 and 2024 NDIP reports and effect sizes were sourced from the 2024 Cochrane Review. Predicted post-fluoridation values were calculated by subtracting effect sizes from baseline dmft/DMFT (decayed, missing, and filled primary and permanent teeth) values and caries-free proportions.

The results of the study showed that overall mean dmft/DMFT were reduced

Key points

- › Water fluoridation may lead to improvements in children's dental health.
- › The study provides early evidence that could support renewed public health discussions around fluoridation in Scotland.
- › The paper offers a practical tool for policymakers to visualise the impact of fluoridation using existing national data.

and caries-free proportions were increased among Primary 1 and Primary 7 children.

All Scottish Index of Multiple Deprivation quintiles showed predicted improvements in dental caries outcomes across both age groups. Greater absolute improvements were seen in the least deprived groups.

¹www.nature.com/articles/s41415-025-9109-1

Practice sales announced

SPECIALIST business property adviser, Christie & Co, has announced the sale of Pollok Health Centre Dental Practice in Glasgow. The two-surgery practice has more than 5,000 registered patients.

The exiting owner, Steven Connelly, joined the practice as an Associate in 1999, followed by Michael McLaughlin in 2003. They built a reputation for providing high-quality dental care in a friendly and personal environment, establishing the practice as a stable and steadfast provider of reliable dental services.

The practice has been purchased by Ahmed Shaikh, an independent multi-site operator.

Christie & Co also detailed the sale of Kirkliston Dental Surgery near Edinburgh. Founded in 1990 by Elizabeth and Graeme Lithgow, it is a four-surgery mixed-income dental practice with 7,720 registered patients. They recently decided to sell because they wanted to retire from practice ownership, but they will both remain working at the practice post-sale.

It has been bought by Vineeth Balachandran, the owner of Seven Hills



Dental Practice, Bankton Dental Practice and Midlothian Dental Practice.

Marcuccilli Dental Care in Airdrie has also been sold. The three-surgery, mixed income practice has been serving the local community for more than 50 years. The practice was sold by Lisa Marcuccilli, who has successfully run and grown the business since 2010.

Ms Marcuccilli will remain part of the clinical team but has chosen to step back from the day-to-day responsibilities of managing the practice.

Marcuccilli Dental has been bought by experienced practice operator, Lesley Struthers.

Faculty of Dental Surgery RCPSG welcomes new Dean

THE Royal College of Physicians and Surgeons of Glasgow has welcomed Vicki Greig as the new Dean and Vice President of Dental Surgery. She will be joined by Craig Mather and Albert Yeung who were elected Vice Deans.



Ms Greig is a Consultant Oral Surgeon currently working within NHS Lothian. She previously worked in NHS Grampian where she chaired the health board's Managed Clinical Network (MCN) in Oral Surgery.

She was the first dental trainee in Scotland to be awarded a Scottish Clinical Leadership Fellowship, providing the opportunity to work between the office of the Chief Dental Officer for Scotland and the Dental Directorate within NHS Education for Scotland.

Ms Greig has already held several roles within the College, including exam convener, Director of the MFDS exam preparation course, Ordinary Member of the Dental Executive and Education Boards, before serving as Vice Dean and then Dean Elect over the last year.

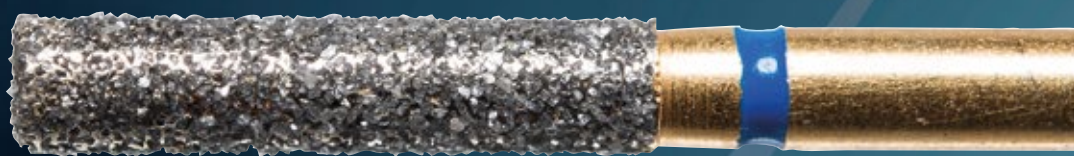
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Perio federation welcomes WHO declaration

For the first time, oral health is embedded within a global political declaration on NCDs and mental health



THE European Federation of Periodontology (EFP) has welcomed the adoption of the World Health Organization (WHO) declaration on noncommunicable diseases (NCDs) and mental health.

For the first time, oral health is explicitly embedded within a global political declaration on NCDs and mental health. The declaration reinforces the urgent need to move beyond siloed approaches to healthcare.

It reflects growing recognition that oral diseases affect billions of people worldwide, remain largely preventable, and are closely linked to other

chronic conditions, including cardiovascular disease, diabetes and mental health disorders, through shared risk factors and social determinants.

Periodontal diseases, tooth loss and untreated oral infections continue to place a substantial burden on individuals, health systems and economies across Europe, particularly among older adults and socially disadvantaged populations.

The federation said that integrating oral health into primary health care, prevention strategies and universal health coverage is essential to achieving

healthier ageing, reducing inequalities and improving quality of life.

"The WHO declaration sends a powerful political signal that oral health can no longer be treated as an afterthought," said Spyros Vassilopoulos, the EFP's President.

"By placing oral health firmly within the global NCD and mental health agenda, governments acknowledge that healthy mouths are fundamental to healthy lives, healthy ageing and social inclusion. For Europe, this is an opportunity to accelerate integrated, prevention-oriented

care that truly puts people at the centre."

"The challenge now is implementation," said Anton Sculean, the EFP's Secretary General. "European health systems must ensure that oral health is meaningfully integrated into primary care, NCD pathways and universal health coverage, supported by prevention, early detection and equitable access to care."

"The EFP stands ready to facilitate dialogue, share best practices and support stakeholders in turning these commitments into measurable improvements for patients."

GDC updates practice committee guidance

THE General Dental Council (GDC) has published its updated decision-making guidance for practice committees, as part of its effort to improve fitness to practise processes and increase transparency.

The regulator said the guidance will contribute to its efforts to reduce the fear and stress that regulation can create for professionals, a priority in its new strategy for trusted and effective regulation. It also places greater emphasis on the seriousness of sexual misconduct and discrimination cases and makes clear that sexual misconduct involving members of the dental team is as serious as cases involving patients.

Independent panellists on practice committees, which include the Professional Conduct Committee, Professional Performance Committee and Health Committee, decide whether a dental professional's fitness to practise is currently impaired.

Tom Whiting, Chief Executive and Registrar at the GDC, said: "We know that fitness to practise investigations can take too long and feel overly complex, often leading to a fear of the process and of the GDC. As a result, it can negatively impact the mental health and wellbeing of those involved."

"By supporting consistent, transparent and proportionate decision-making through this updated guidance, we aim to reduce some of the negative impacts of fitness to practise investigations."

tinyurl.com/45sdfjd

Raj Rattan appointed Global Adviser to MPS

THE Medical Protection Society (MPS) has announced the appointment of Professor Raj Rattan MBE as Global Adviser.

A highly respected leader in dentistry, Professor Rattan has served as a senior dentolegal consultant and, for the past decade, as Dental Director of Dental Protection, part of MPS.

Over this period, he has authored numerous textbooks and articles, lectured extensively around the world, advised governments, built strong relationships with professional bodies and driven significant improvements in member engagement.

In his new role, Professor Rattan will act as a senior global ambassador for MPS, drawing on his extensive clinical background and his ongoing clinical work, alongside more than three decades of experience in dentolegal work and risk management.

"This continued, first-hand involvement in patient care ensures his focus on education, risk management and member support remains firmly grounded in the realities of modern clinical practice," said a spokesperson for MPS.

“

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(RCS Edin, 2011)

Abid is a graduate of the Glasgow Dental School.
He has a master's degree at Glasgow University
and a Diploma in Implant Dentistry from The Royal
College of Surgeons in Edinburgh. He is a member
of their Faculty of Dental Surgery, and he is the

immediate past president of the Association of Dental Implantology.
Abid limits his practice to implants and the management of complex
restorative cases with a special focus on immediate loading – having placed
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New policy to support refugee and displaced dental professionals

Aimed at removing unnecessary barriers for those unable to provide standard documentation

THE General Dental Council (GDC) has launched a policy aimed at supporting refugee and displaced dental professionals by accepting alternative forms of evidence for registration. It will remove significant bureaucratic hurdles for those unable to provide standard documentation due to conflict, displacement or fear of reprisal.

The policy applies to international dentists pursuing the exam-based route and dental care professionals undergoing assessment. It addresses the reality that many displaced individuals cannot access original certificates or letters of good standing from institutions in high-risk zones.

Under the updated guidelines, the GDC will review applications on a case-by-case basis. For candidates with protected status in the UK, acceptable alternative evidence may include:

- Official UK Government documents (e.g., e-visas or refugee status papers)
- Affidavits or character declarations from current employers or GDC registrants
- Letters from educational institutions confirming the completion of training.

The move expands on a January 2024 initiative that granted refugee dental professionals priority access to the Overseas Registration Exam (ORE) booking system. To date, 167 professionals have benefited from this priority access. Most recently, 44 candidates utilised the system for the January 2026 Part 1 exam.

Crucially, the GDC noted that while this supports displaced professionals, it does not significantly impact the wider pool of

applicants, as 93% of exam places remain available for general booking.

The policy covers those with Home Office-granted protection, including individuals from Afghan and Ukrainian resettlement schemes. Stefan Czerniawski, the GDC's Executive Director of Strategy, emphasised the regulator's commitment to being inclusive, stating that the goal is to reduce the "disproportionate difficulties" faced by those who have lost access to their records through no fault of their own.



A new voice

THE British Society of Dental Hygiene and Therapy (BSDHT) has launched Dental Health Matters, a podcast created to support, inform and connect dental hygienists and dental therapists across the UK.

Hosted by BSDHT President Rhiannon Jones, with guest hosts and contributors joining throughout the series, it will be available in both video and audio format on Spotify, Apple Podcasts, Google Podcasts, Amazon Music and YouTube.

Commenting on the launch, Ms Jones said: "Our profession thrives on shared learning, connection and support."

"This podcast creates a space for open, practical and uplifting conversations that reflect real life in practice. I am excited to share stories, ideas and insights that inspire confidence and pride in the amazing work dental hygienists and dental therapists do every day."

The first three episodes were released together on 20 January featuring:

- Dr Mahrukh Khwaja, founder of Mind Ninja, who explores practical, evidence-informed approaches to prioritising self-care and supporting emotional resilience in the dental profession
- Rhiannon Jones and BSDHT President Elect Simone Ruzario reflecting on 2025 and looking ahead to 2026 in conversation with James Cooke, Editor of *The Probe*
- Professor Mike Lewis and Jocelyn Harding who led a conversation on early detection of mouth cancer and clear, confident patient communication.



College members appointed to senior BADN roles

MEMBERS of the College of General Dentistry (CGDent) have been appointed to the Executive Committee of the British Association of Dental Nurses (BADN).

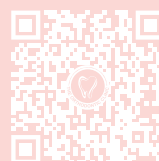
Carolyn Roberts, an Associate Member of the College and Board Member of its Faculty of Dental Nursing & Orthodontic Therapy, is the BADN's new President-elect.

Preetee Hylton, also an Associate Member of the College, became BADN President last year. Rebecca Silver AssocFCGDent has become the BADN's Treasurer.

College membership is open to dental professionals in all team roles. Associate Membership is open to all registered dental professionals, with Full Membership, Associate Fellowship and Fellowship available based on further eligibility criteria.



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Higher maternal vitamin D linked to lower childhood tooth decay

Mid-to-late pregnancy stands out as a window where higher of levels supplement have strongest correlation

MOTHERS with higher levels of vitamin D align with lower odds of early childhood caries in their children, according to a study.

The findings suggest that vitamin D supplementation before conception or during pregnancy has the potential to lower the risk and severity of childhood tooth decay.

In the study, *Vitamin D Levels During Pregnancy and Dental Caries in Offspring*, published in *JAMA Network Open*, researchers tracked maternal 25-hydroxyvitamin D across pregnancy to evaluate links with early childhood

caries in children. They analysed data from 4,109 mother-child pairs enrolled in the long-running Zhoushan Pregnant Women Cohort between 2011 and 2021.

Participants were followed from early pregnancy through their children's early years, with maternal blood samples taken in all three trimesters to measure concentrations of 25-hydroxyvitamin D, the standard marker of vitamin D status. Children were monitored for signs of early childhood caries (ECC), including the number of decayed, missing or filled primary teeth.

Higher maternal vitamin D levels across pregnancy aligned with lower odds of early childhood caries in offspring, suggesting supplementation before conception or during pregnancy as a potential lever for lowering the risk and severity of childhood tooth decay.

The study said that mid-to-late pregnancy stood out as a window where higher vitamin D levels had the strongest correlation with fewer childhood caries and less decayed, missing, or filled primary teeth.

tinyurl.com/5n8cduds

BDA aiming to empower members

THE British Dental Association (BDA) is introducing new ways to help its members develop professionally, build their skills and make the most of their membership.

In an article on its website, Martin Woodrow, the BDA's Chief Executive, outlined how it intends to strengthen its offer across representation, advice, indemnity and learning.

"We are planning new ways to make your membership even more valuable, with practical resources, strategic guidance, and opportunities at every stage of your career," he said. "We will continue to drive the case for meaningful NHS reform across the UK, while representing both NHS and private dentistry," he added. "That balanced approach will be especially important if, as anticipated, the Competition and Markets Authority investigate the

private dental market. Our commitment is the same in every nation; we work with key stakeholders, including devolved governments to shape policy across the whole system."

In Scotland, the BDA will publish its 2026 manifesto ahead of the Scottish Parliamentary elections and will continue to engage closely with the Scottish Government and other stakeholders to influence policy across all parts of the system.

"None of these plans would be possible without the continued support of our members," said Woodrow. "Your commitment is the reason we can aim high and achieve more. Together, we can shape the future of dentistry and deliver lasting change. Thank you for being the driving force behind everything we will do in 2026."

BACD welcomes next President

DR Carol Somerville Roberts has been appointed President of the British Academy of Cosmetic Dentistry (BACD).

Inaugurated at the BACD 21st Annual Conference last November, Dr Somerville previously spent six years as a board member. "I am honoured to have been trusted with the role of President of the BACD," she said. "I plan to cement our position as the leading academy in Europe delivering world-class, cutting-edge dental education.

"Having practised for almost 30 years, holding the presidency position is the pinnacle of my career and I am very grateful for all the support and encouragement. The BACD is a real family that I believe sets us apart from others."

She said she will promote stability and community; putting in place a flexible approach that listens to how BACD members wish to receive their education and the areas that can be improved on.



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3D AI: the future of childhood tooth decay detection



It could pave the way for faster and more accessible treatment

CUTTING-EDGE 3D AI technology can identify early childhood tooth decay as accurately as visual exams, paving the way for significantly faster and more accessible care, according to a new study.

The research, led by the Murdoch Children's Research Institute (MCRI) and the University of Melbourne, has shown how a scanner – resembling an enlarged electric toothbrush – paired with AI-assisted software, provides a thorough picture of children's dental health within minutes.

The hand-held, wireless intraoral scanner (IOS) shines a fluorescence light onto the teeth and gums and a tiny camera records how that light reflects. AI software then

pieces the images together to create a detailed 3D model of the mouth.

The study involved 216 children, aged five, recruited from the Melbourne Infant Study: BCG for Allergy and Infection Reduction (MIS BAIR). The researchers compared their traditional dental exams against the enhanced technology. The research, published in *JMIR Public Health and Surveillance*, found 38% of children showed signs of dental decay and 18% had enamel defects in both visual and digital scans.

Associate Professor Mihiri Silva said the findings would fill a significant knowledge gap in paediatric dentistry. "It's crucial to examine baby teeth as they are a key

predicator of future health outcomes.

"Visual examinations are the gold standard in dental care, but we need to find new ways to better detect tooth decay as soon as early signs of decay occur. We wanted to test this 3D technology in children because digital images can open up more tools to prevent decay and monitor changes in plaque buildup."

MCRI researcher Dr Bree Jones said the team found the digital technology was just as precise at detecting early signs of dental damage as visual check-ups and could complement current tools.

"The technology could provide more comprehensive dental assessments for children who are only able to tolerate a brief or limited time at the dentist, helping to avoid fillings."

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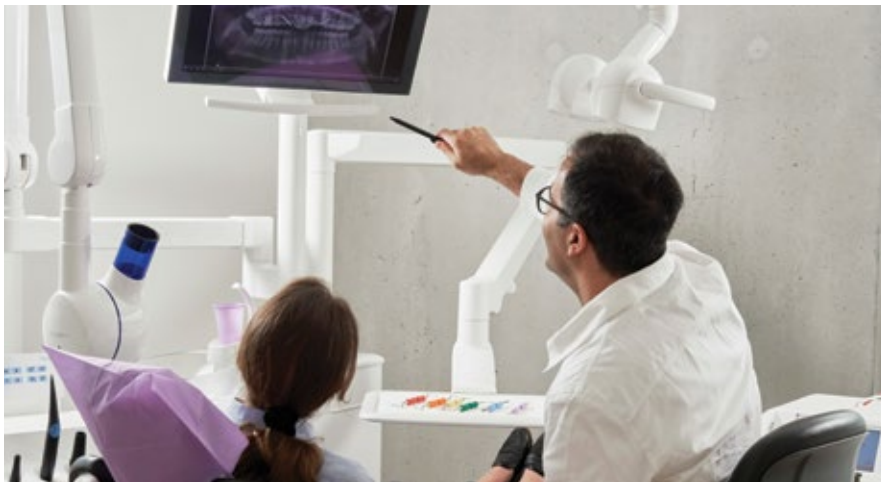
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GDC publishes strategy aimed at building trust

Regulator undertakes to support professionalism, enable learning and resolve issues quickly and proportionately



THE General Dental Council (GDC) has published its new strategy 2026-2028, committing to significant change and improvement over the next three years.

The GDC's vision is to be a trusted and effective regulator, supporting dental professionals to provide safe and effective care for their patients. To do this, the regulator said it will champion a model of regulation that supports professionalism, enables learning and resolves issues quickly and proportionately.

Central to the new approach is a commitment to tackling the climate of fear in dentistry. The GDC recognises that fear of fitness to practise proceedings can impact dental professionals' mental health and wellbeing; ultimately impacting patient access and care.

Tom Whiting, Chief Executive and Registrar at the GDC, said: "We want to regulate in a way that promotes learning over fear – supporting the dental team to demonstrate professionalism. We want to provide regulation that fits the times we're in, anticipates future changes, and tackles shared challenges.

"We want people to feel that we are easy to deal with, approachable and ready to listen and support. We will be transparent about our progress and performance, reporting regularly and keeping an open dialogue about what we are doing to build trust and effectiveness."

A key aspect of the new strategy is to build an organisation that acts in line with the GDC's values – respectful, transparent, inclusive and purposeful. The strategy responds to real challenges facing dentistry including the strain on dental services, growing demand for international registration routes and outdated legislation.

Dr Helen Phillips, Chair of the GDC, said: "Our strategy is very consciously titled 'trusted and effective' – this is what we aim to be and how we want your experience of us to feel. It is different and ambitious.

"The Council is determined to be recognised as a regulator that operates with greater effectiveness and works collaboratively as a valued partner. I am committed to nurturing relationships built on trust, using these to listen and learn so we support dental professionals to provide safe and effective care to patients."

Equality, diversity and inclusion are at the heart of the strategy, which has five strategic objectives: Support dental professionals to provide safe and effective care for their patients; maintain high standards for registration, and register those who meet them in a timely and effective way; improve fitness to practise, maximising patient safety and reducing unintended impacts; work collaboratively to speak up on, influence and address issues that affect patients and the public; and maximise the effectiveness of the GDC's people, culture and systems.

Key initiatives include:

- Doubling the number of dentists joining the register each year via the Overseas Registration Examination (ORE) and developing new frameworks for international registration, including exploring mutual recognition of qualifications.
- Closing FtP cases earlier through less adversarial methods, such as remediation, to reduce the punitive effect and stress on all parties involved.
- Launching a digital-first registration service in early 2026 to simplify applications and tracking progress.



MDDUS announces new Head of Dental

MDDUS, which represents 70,000 dentists and doctors across the UK, has appointed Helen Kaney to the role of Head of Dental Division. It comes as Rachael Bell retires after 16 years with the defence union.

Ms Kaney joined MDDUS in 2023 after spending 14 years working for another UK based indemnity provider, latterly as Head of Dental Services, Scotland. Dually qualified as a dentist and a solicitor, she has significant experience in advising dentists in the UK, Ireland and in several international jurisdictions.

Emma Parfitt, Deputy Chief Executive and General Counsel at MDDUS, said: "I am delighted to congratulate Helen on her appointment. Since joining MDDUS she has become a valued member of the team, and with her extensive knowledge and experience, I know the dental division is in safe hands.

"MDDUS is grateful to Rachael Bell for all of her hard work and dedication over the years and wish her a happy retirement."



SINCE JOINING MDDUS SHE HAS BECOME A VALUED MEMBER OF THE TEAM, AND WITH HER EXTENSIVE KNOWLEDGE AND EXPERIENCE, I KNOW THE DENTAL DIVISION IS IN SAFE HANDS



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Dentists call time on year-long waits for child tooth extractions

The longest waiting times exceeded three years

THE British Dental Association (BDA) has urged politicians, policymakers and health practitioners to refocus their efforts on bringing down waiting times for tooth extractions among children, currently the most common reason for their hospital admission.

According to evidence gathered in a report shared with MSPs, in the quarter ending March 2025 around one in four patients were waiting more than a year to receive their dental treatment under a general anaesthetic (GA), often experiencing pain and dental infections during this time. The longest waiting times exceeded three years.

The BDA said the patients are falling victim to a failed recovery in elective care. Fewer patients are being admitted every quarter than before the pandemic, at a time when the number of patients with ongoing waits has more than doubled.

In 2022, the Cabinet Secretary for Health and Social Care set out key targets for NHS Scotland, which included a target to treat patients waiting longer than one year for inpatient/day cases in most specialties by the end of September 2024. At a national level this target has not been met for these dental GA waiting lists.

The BDA said there needs to be a “shared responsibility” in relation to tackling these waiting lists, requiring a cross sectoral engagement within both dentistry and medicine, in collaboration with Health Boards and the Scottish Government.

It says that enduring challenges associated with dental GA waiting times in Scotland underscores the urgent need for comprehensive reforms in dental workforce



WE SHOULDN'T ACCEPT THAT TOOTH DECAY REMAINS THE NUMBER ONE REASON FOR HOSPITAL ADMISSIONS AMONG CHILDREN IN SCOTLAND

planning, appropriate funding, and service delivery development, to ensure timely and equitable access to these GA services for all of these patients.

Albert Yeung, Chair of the BDA's Scottish Council, said: “We shouldn't accept that tooth decay remains the number one reason for hospital admissions among children in Scotland.

“Solving this problem will require

politicians, policymakers and practitioners to take shared responsibility. They each have a moral duty to put prevention first, to keep NHS services afloat, and to ensure dentists in our hospitals aren't left fighting for priority and theatre space.

“Failure to act here will come at a terrible price – a multi-million-pound cost for our NHS, and more year-long waits for thousands of our children.”

BOS announces new honorary patron

THE British Orthodontic Society (BOS) has announced its new Honorary Patron – Consultant Orthodontist and previous BOS President and Chair, Alison Murray.

Ms Murray qualified from the University of Birmingham in 1979 and was awarded her DOrth from the Eastman Dental Hospital in 1985 where she stayed until 1993 having become a Consultant Orthodontist. She then moved to University Hospital Derby in 1994 where she continues her work as a consultant.

The BOS has been a constant in her career and among other roles, she has been Treasurer of the Consultant Orthodontist Group,

Treasurer of the Society, Chair and President before demitting in 2017, and Chair of Ethics until 2019. A well-known international speaker, Ms Murray has a particular interest in orthognathic surgery and has undertaken extensive research.

“I feel privileged and humbled to be made Honorary Patron for 2026 and will aim to represent the Society with the respect and gravitas it deserves,” she said. “I would like to work with all my orthodontic colleagues and the entire team on delivering the best possible results for the most important people – our patients. As a specialty, it is vital that we support research and always follow evidence-based practice.”

Making dental drills less anxiety inducing

A supercomputer has been used to improve their sound quality

ODONTOPHOBIA, the irrational fear of dentists and dental procedures, is a well-known cause of people avoiding treatment and one cause of their anxiety is the sound of the dental drill.

Tomomi Yamada, an Assistant Professor at the University of Osaka's Graduate School of Dentistry, has witnessed discomfort and fear in her patients firsthand.

"Originally, I was doing research on dental materials, but I realised that almost no one, not even dentists, was tackling this sound problem scientifically," she said.

Professor Yamada presented her research¹ at the Sixth Joint Meeting of the Acoustical Society of America and Acoustical Society of Japan last December.

To understand the aerodynamics of the drill,

Yamada and her collaborators from the University of Osaka, Kobe University and National Cheng Kung University used Japan's flagship supercomputer to conduct large-scale aeroacoustic simulations.

They were able to visualise how air moves through and around the drill to create its noise.

"Our research showed that just making the drill quieter isn't enough to make the sound less unpleasant," said Professor Yamada. "What really matters is improving its sound quality."

The researchers also tested the psychological effects of the dental drill, which can generate high-pitched sounds reaching nearly 20 kilohertz, with children and adults.

They found that younger listeners had different reactions



to the drill, perceiving the sounds as louder and more unpleasant.

"This indicates that children's fear of dental sounds is not merely psychological but also physiological in nature," said Yamada.

"Children truly hear these sounds differently, so their fear of dental treatment is a genuine sensory response, not just imagination."

To address this, Yamada and her colleagues are working on optimising the blade geometry and exhaust port of the drill to minimise the noise while maintaining the performance. "Our framework provides a

foundation for aero-acoustic optimisation for air-turbine handpieces, thereby supporting the development of quieter dental devices that can enhance patient comfort and reduce anxiety in clinical settings," said Professor Yamada.

"Moving forward, we hope to work with dental manufacturers through industry-academia partnerships, progressing toward commercialisation after completing the necessary regulatory and durability testing."

¹ www.mdpi.com/2076-3417/15/15/8187

Root canal treatment reduces heart disease and diabetes risk

A King's College London team tracked changes in blood chemistry following root canal treatment for apical periodontitis

SUCCESSFUL root canal treatment could reduce inflammation linked to heart disease and improve levels of blood sugar and cholesterol.

In the first of its kind research, a clinical study by King's College London tracked changes in blood chemistry following root canal treatment for a common dental infection (apical periodontitis). The infection can cause bacteria to enter the bloodstream and increase inflammation, associated with risks to cardiac health and reduced ability to control blood sugar levels. Despite the link between the infection and wider health impacts, the association between successful root canal treatment and the benefits to heart and metabolic health had not been investigated until now.

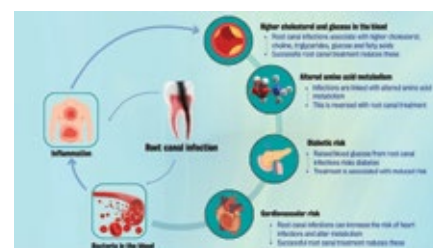
The team discovered that successful root canal treatment was associated with improved glucose metabolism, better lipid

profiles, reduced inflammation and oral bacteria linked to body-wide effects.

The study followed the health of 65 patients from Guy's and St Thomas' NHS Foundation Trust over two years after root canal treatment.

Scientists analysed molecules in the blood of patients to reveal how the body processes sugar, fat, other key substances, and responds to disease and treatment. They used a technique known as nuclear magnetic resonance (NMR) spectroscopy, used to analyse proteins in the body. The findings suggest that monitoring blood metabolic markers, such as glucose, fats known as triglycerides, and the protein tryptophan, could help assess recovery and risk after dental treatment.

Lead Author Dr Sadia Niazi, Senior Clinical Lecturer in Endodontology, King's College London, said: "Our findings show



that root canal treatment doesn't just improve oral health – it may also help reduce the risk of serious health conditions like diabetes and heart disease. It's a powerful reminder that oral health is deeply connected to overall health.

"Long-standing root canal infections can allow bacteria to enter the bloodstream, trigger inflammation, and increase blood glucose and fats levels – raising the risk of serious health issues like heart disease and diabetes. It is vital that dental professionals recognise the wider impact of these root canal infections and advocate for early diagnosis and treatment."

Supporting micro-group growth

ADG in partnership with Agilio launches business mentoring

AN initiative to support the growth of emerging dental groups across the UK has been launched by the Association of Dental Groups (ADG) in partnership with Agilio, the healthcare software provider.

The 12-month programme will pair senior dental business leaders with 'micro-groups' – defined as groups with two to five practices – to provide informal strategic guidance.

Six selected micro-groups will be paired with a dedicated mentor to help navigate the complexities of scaling a dental business. The programme begins with an initial face-to-face meeting, followed by a series of scheduled virtual sessions.

The 2026 mentor lineup features prominent industry figures:

• Anushika Brogan (Damira Dental Studios)

- Ian Gordon (Riverdale Healthcare)
- Jimmey Palahey (Treeline Dental Group)
- Mark Allan (Bupa Dental Care)
- Pip Dhariwal (Smile Dental Care)
- Shalin Mehra (Rodericks Dental Partners)

The initiative is designed for clinicians moving into chief executive roles and who are looking for guidance on transitioning from clinical work to business management.

As the trade body for the UK's mixed economy dentistry, covering NHS, Private and Community-based dentistry, the Association is keen to support the next generation of dental practice groups.

Neil Carmichael, the ADG's Executive Chair said that providing "informal guidance" to smaller groups is essential for ensuring the dental industry continues to thrive. Andy Sloan, Managing Director (Dental) at Agilio added that the programme will help leaders "scale well and realise their potential".

To apply, micro-groups must be ADG members and submit a form explaining their goals for the programme. A panel of ADG leaders and mentors will choose the final six participants and successful matches will be announced on 4 March.



Time to shift the clinical journey, says Ben Atkins

IT is time to champion ethically staged treatment and show all dental health team members that prevention is not only safe, but sustainable, profitable and rewarding, said Dr Ben Atkins, Past President of the Oral Health Foundation.

In a blog post for the General Dental Council, Dr Atkins said: "Dentistry is changing. For years, the conversation has centred on techniques, materials and aesthetic revolutions. But the real transformation isn't just about what we do; it's about where we place our focus, and whether we act on what we should do versus what we realistically could do."

Dr Atkins said that he explains prevention to patients using a simple metaphor: the 'staircase of a tooth'. He said: "Imagine a tooth born at the top of a staircase. Every intervention, no matter how precise, moves it one step down. Our role? To keep that tooth as close to the top as possible.

"Yes, restorations can be beautiful. The anatomy, occlusion and morphology may be textbook-perfect. But biology is relentless; every filling will eventually need replacing, often with something more complex."

Dr Atkins issued a call to action: "This philosophy must be embedded across systems, teams, and patient conversations. Champion ethically staged treatment. Show all dental health team members that prevention is not only safe, but sustainable, profitable, and rewarding. Build partnerships that communicate clearly, train effectively, and empower clinicians to act with confidence."

Uist dental service in crisis

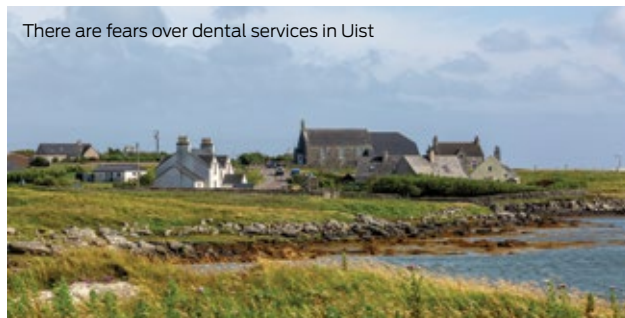
TWO long-serving dentists in Uist have quit within weeks of each other, raising questions about the management by NHS Western Isles of the islands' dental service.

The resignations are understood to have stemmed from contractual problems, reports the *Stornoway Gazette*.

There are currently five vacancies in the Outer Hebrides, three of which are for Uist and Barra, including a senior dental officer role at Uist and Barra Hospital. There are two vacancies for dental receptionists at the Western Isles dental centre.

The *Gazette* quotes an NHS source as saying: "Anyone in their right mind coming from the mainland is going to look at that and say, 'something's wrong there.'" The source said dental services in the Southern Isles were "at crisis point". They called the double resignations a "devastating blow" and asked: "Why have the Southern Isles gone from having four clinicians a few years ago to none?"

There are fears over dental services in Uist



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BDS (Glas)



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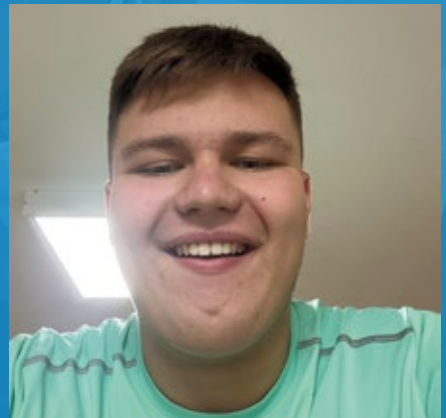
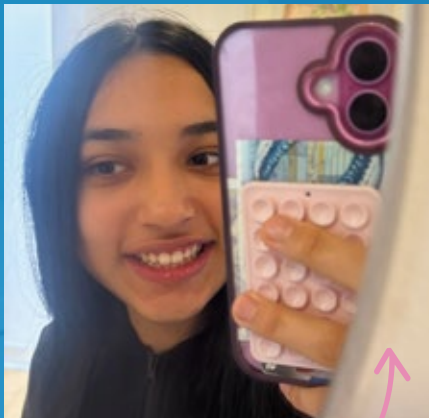
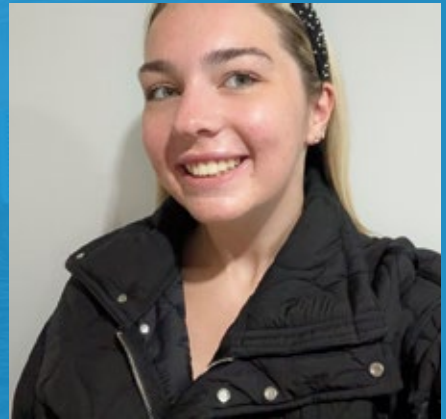
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App to manage TMD disorders

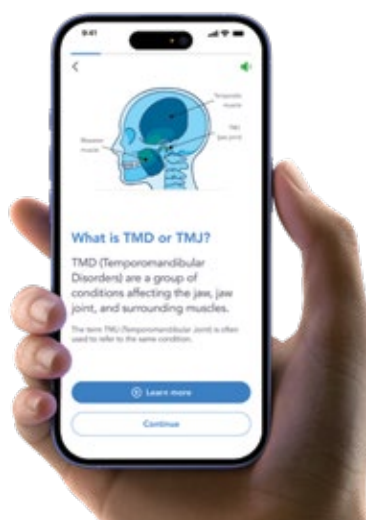
AN application has been developed that allows people suffering from temporomandibular disorders (TMDs) to explore the symptoms, and contributing factors, and receive a tailored self-management plan.

A team at Newcastle University has helped develop JawSpace (www.jawspace.com), an app that provides research-based self-management guidance to help users understand jaw and facial discomfort, including common symptoms such as jaw clicking or headaches.

Justin Durham, Professor of Orofacial Pain at Newcastle University, said: "TMDs affect millions of people worldwide, yet for decades patients have faced a frustrating reality; fragmented care, inconsistent advice and a lack of practical support between clinic visits.

"Our research has shown time and again that self-management is not just helpful, it is the cornerstone of effective treatment. But evidence alone isn't enough. Patients need tools that translate that science into something usable, accessible and empowering in their daily lives.

"That's why JawSpace is so exciting as it represents a genuine step change in how we support self-management."



DATES FOR YOUR DIARY

2026

25-27 MARCH

BAOS Annual Scientific Conference
Hilton Birmingham Metropole
www.baos.org.uk/baos-annual-scientific-conference

15-16 MAY

BDCDS
NEC, Birmingham
dentistryshow.co.uk

12-13 JUNE

The Scottish Dental Show
Braehead Arena, Glasgow
sdshow.co.uk

4-7 SEPTEMBER

FDI World Dental Congress
O2 universum, Prague

2026.world-dental-congress.org

22-23 OCTOBER

Dental Triennial Conference
RCSEd, Edinburgh
tinyurl.com/56sm5p84

6-7 NOVEMBER

ADG Annual Conference
De Vere Cotswold Water Park Hotel, South Cerney
www.theadg.co.uk/what-we-do/annual-conference

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

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BRIDGING LANGUAGE BARRIERS IN HEALTHCARE



A communication workshop for medical and dental students

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ental Connect is a collaborative student and staff initiative within Dundee Dental Hospital and School, which endeavours to reduce oral health inequity and improve access to oral health education in Tayside. The ESOL (English Speakers of Other Languages) subgroup within Dental Connect collaborates with Dundee City Council to improve the oral health literacy amongst those with limited English proficiency, by embedding oral health education into ESOL classes and thereby improving access to dental care.

This initiative has highlighted the pivotal role of clear communication when engaging with those with limited English proficiency. Through communication and interaction with attendees of ESOL classes, Dental Connect members have developed a deeper appreciation of the challenges faced by these patients, such as understanding information presented or reading resources, and have developed skills to enhance communication. Effective communication forms the foundation of patient-centred care and is paramount in obtaining valid consent and ensuring compliance with Standard 2 of the GDC's *Standards for the Dental Team*¹.

We have organised two interactive communication workshops led by the ESOL teachers, involving dental and medical students at the University of Dundee, to increase awareness of the barriers faced by those with limited

English proficiency. The most recent event was held in November last year and was run in collaboration with the Dundee Social Medicine Society (DUSMS).

The session began with the ESOL teachers speaking in a different language, then proceeding to ask attendees a series of questions. Initially the attendees were unable to understand what was said and asked. However, after the teachers repeated it, spoke more slowly and utilised body language, the audience understood and were able to respond. The audience was subsequently made to recite phrases in different languages, many of which found challenging. These activities allowed participants to place themselves in the perspective of a patient with limited English proficiency. It provided them with a small insight into the multitude of challenges these patients face, including difficulties understanding and communicating in a different language.

The next activity was centred around these patients' experience of translating written information. The audience was tasked with writing down a phrase in a different language, for which they were provided an alphabet. Participants found this aspect of the workshop particularly difficult as it took time to process, translate and write in a different language. This exemplified how language barriers extend beyond the face-to-face clinical interaction, demonstrating the added complexity of translating written information, such as appointment letters and forms.

The event received positive feedback, following feedback questionnaires. The interactive format of the workshop improved participants' confidence and was helpful in practising and applying communication skills learned.

WORDS
RANIYAH SAEED

The main learning points participants took away from this experience included:

- Patients with limited English proficiency may feel stressed and overwhelmed in an unfamiliar environment where they may not fully understand what is being said/written.
- The importance of repetition, smaller sentences and non-verbal communication (such as body language) to facilitate understanding.
- Importance of patience and giving the patient time to process and respond.

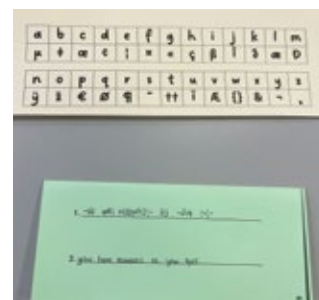
Attendees gained a deeper appreciation of the challenges faced by patients with limited English proficiency and were equipped with strategies to mitigate some of these barriers and enhance communication. This helps to facilitate an environment of understanding, empathy and effective delivery of information.

We aim to continue improving oral health literacy within the Dundee ESOL community and bridge the gap in dental inequity. Looking forward, we hope to plan similar events and continue this collaboration with healthcare students.

Raniyah Saeed is an ESOL Coordinator with Dental Connect.

References

¹tinyurl.com/ynec5pj2



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FELLOWSHIP CRITERIA REVISED

The College of General Dentistry encourages experienced dental professionals to review the revised criteria with a view to applying



Our landmark experience-based route to Fellowship, launched in 2022, offers recognition of the skills, knowledge and experience accrued by committed general dental professionals over the course of their careers. The revision, four years on, is designed to widen relevance across different aspects of professional achievement, and to further recognise, within the College's community of practice, the diversity of contributions made to the profession in the service of patients.

As before, all those with at least 10 years' practice as a registered dental professional can apply. Applicants will need to provide evidence of meeting the criteria in at least three of the College's five Fellowship domains, which are published openly and transparently so that prospective Fellows can easily check their eligibility and be confident in their application.

The previous distinction between 'standard' and 'gateway' criteria in each domain has been removed, and the application process has been further streamlined to suit the busy modern dental professional, with the submission of reflective statements and CVs no longer required in most cases.

Satisfying the **Clinical & Technical** (previously Clinical) domain of Fellowship now requires the applicant either to hold a recognised and eligible postgraduate qualification or diploma of membership, or to submit a clinical portfolio demonstrating equivalent training and capability. The **Teaching & Assessment** domain now requires applicants to either be recognised by an authoritative body in this field, to have a relevant postgraduate certificate together with three years' qualifying experience, or to have eight years' qualifying experience plus verified training.

The Leadership and Management domain, now called **Leadership, Management & Clinical Governance**, requires applicants either to hold an eligible diploma-level leadership qualification, to hold a certificate-level leadership qualification together with three years' service in a relevant leadership role, or to have three years' experience in a defined senior

leadership role together with 10 hours' relevant and recent CPD.

The **Research & Publications** domain requires applicants either to have had at least five peer-reviewed articles published in relevant and recognised publications, or to have completed a relevant doctorate or master's degree with a research dissertation. The **Law & Ethics** domain requires applicants to have either five years' experience in a qualifying role together with 10 hours' relevant and recent CPD, or to have a law degree or relevant postgraduate qualification together with a year's experience in a relevant role.

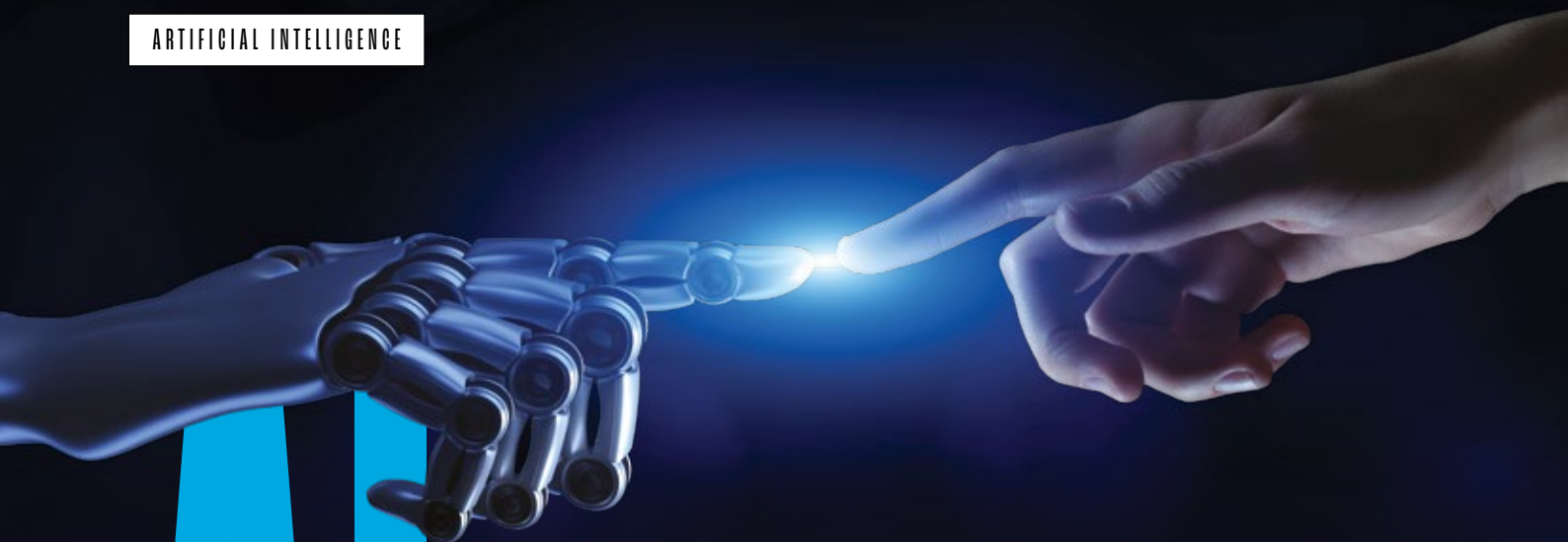
Anyone previously admitted as a Fellow of the former FGDP, of one of the surgical Royal Colleges in the UK or Ireland or their faculties of dental surgery or dentistry, of the Royal Australasian College of Dental Surgery, Royal College of Dentists of Canada or College of Dentistry of South Africa, or who holds Certification by the American Board of General Dentistry, is automatically eligible for Fellowship by equivalence without reference to the above domains.

Marking professional accomplishment, Fellowship celebrates both excellence in dental practice and commitment to the art and science of improving patients' oral health. The community of Fellows lies at the heart of the College, providing leadership and collectively supporting the development of dentistry, as well as reflecting the values of the organisation and its focus on professionalism.

Those successfully admitted to Fellowship can use the postnominal designation 'FCGDent', and are eligible to attend our regular Fellows' Receptions, where they can have their Fellowship formally presented by the President. As members of the College, they also receive quarterly print copies of the Primary Dental Journal and free or heavily discounted access to live CPD events, study days and other local and national networking opportunities.

Full details: cgdent.uk/fellowship-domains

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AI IN DENTISTRY

Why supporting humans is the real opportunity and replacing them is still hype

Artificial intelligence (AI) is no longer new to dentistry. What is new is the growing pressure to use AI as a replacement for people, front desks, phones and even parts of clinical communication. In an industry facing staffing shortages, burnout, and rising operational demands, this narrative can sound appealing.

But after working directly with dental teams to implement AI in real practices, one thing has become clear; replacing humans with AI is still hype. Supporting humans with AI is where the real opportunity lies. The practices

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ALDERMAN

seeing real, sustainable results today are not removing people; they are protecting them. Dentistry is, and will remain, a human profession. Right now, the hype is centred on replacement. The reality, and the opportunity, is support.

The real problem AI should be solving

Dental teams are not struggling because they lack skill, compassion or commitment. They are struggling because they are overloaded. Front desks manage non-stop calls, insurance questions, scheduling complexities and patient emotions. Clinical teams balance diagnosis, documentation, patient education and time pressure. Dentists carry both clinical responsibility and leadership stress.

AI should not be viewed as a substitute for these roles. It should be viewed as infrastructure support—quietly absorbing repetitive, high-friction tasks so humans can focus on what only humans can do.

Where AI truly works in dentistry today

The most successful AI implementations focus on clarity, consistency and capacity; not replacement. Take diagnostic AI in supporting clinical judgement. Clinical teams often do not have the time to educate patients as thoroughly as patients need, especially in fast-paced practice environments. AI-assisted imaging tools help bridge this gap by visually highlighting findings such as caries, bone loss and periodontal changes; saving time while improving clarity and communication.

Diagnostic AI improves consistency, reduces missed findings and makes problems easier for patients to understand by clearly showing what is wrong and what needs to be addressed. Practices using AI-assisted diagnostics see higher case acceptance because patients are more likely to trust – and act on – what they can clearly see.





When used correctly, diagnostic AI strengthens trust both within the clinical team and with patients by aligning everyone around the same, objective information.

AI for patient communication and case acceptance

Patients do not decline treatment because they do not care. They decline it because they do not fully understand it. AI tools, such as diagnostic AI, support visual explanations and standardised messaging helps to improve clarity and, most importantly, trust. This benefits dentists, assistants and coordinators alike by creating alignment and reducing repetitive explanations. AI simply helps to explain dentistry.

Administrative support: the supportive impact of AI

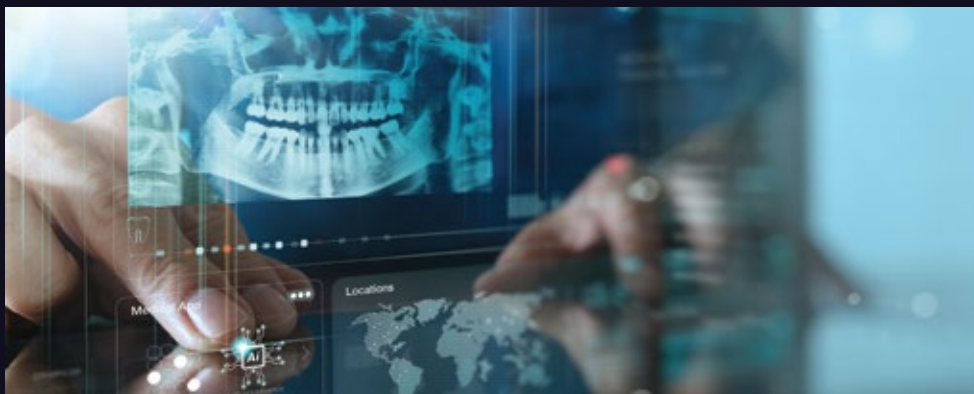
Beyond diagnostics, one of the most meaningful ways AI supports dental teams is by relieving pressure around treatment planning and financial communication. Human teams often understand what needs to be done clinically, but time constraints can make it difficult to create clear, customised treatment plans and fee explanations at the pace patients need. AI provides a supportive structure by helping teams generate treatment plans more efficiently, calculate fees accurately and present information in a way that is easier for patients to follow.

Just as diagnostic AI supports patient understanding on the clinical side, financial conversations deserve the same level of care and clarity. Money and insurance details can be just as overwhelming, and emotionally charged, as clinical findings. AI helps by organising information, reducing errors and outlining next steps clearly; allowing the human team to stay focused on empathy, reassurance and trust.

When clinical education and financial communication are aligned, patients feel supported rather than rushed or pressured. Used thoughtfully, AI strengthens both sides of the conversation, helping patients understand their condition and their investment while keeping humans firmly at the centre of decision-making and relationships.

AI receptionists: where the line must be drawn

AI receptionists are among the most overpromised tools in dentistry today, and when implemented incorrectly they can backfire



quickly; leading to frustrated patients, missed opportunities and dropped calls. At this stage, AI should not replace the front desk or serve as the primary handler of inbound calls during normal business hours. Patients expect a human connection when they call a dental office and the risk of dropped calls, poor handoffs or misunderstood requests remains too high.

The right way to use AI receptionists

When used thoughtfully, AI receptionists can provide supportive coverage; not substitution. They work best if five things are followed:

- AI is used as an after-hours or non-business-hours coverage
- AI is used as an overflow support during unexpected call spikes
- AI is used as a safety net for missed calls
- AI identifies itself as an AI assistant when answering each call
- AI receptionist gives options to transfer to a human when available, leave a message or request a callback.

Burnout reduction: the hidden win of AI

Burnout is not just about long hours; it is about constant interruptions, task-switching and the feeling of always being behind. AI helps reduce this strain by taking on repetitive tasks, improving workflow organisation and creating more predictability in daily operations. When teams feel supported rather than monitored, adoption increases and resistance fades. The most successful practices introduce AI with one clear message: "This is here to help you, not replace you."

How practices should implement AI

I do not recommend adding AI everywhere, or all at once. Successful implementation

starts with clearly identifying the problem first. Begin by defining the specific pain point you are trying to solve and establish clear KPIs that allow you to say: "This is the problem." Whether it is time spent on treatment planning, patient understanding, call handling or workflow bottlenecks, you need measurable baselines before introducing any AI.

From there:

- Start where the team feels the most pressure
- Implement one AI solution at a time
- Give your team the time, training and support needed to adopt and adjust
- Re-measure the same KPIs to confirm whether the solution is delivering real results.

Only after a tool is fully adopted, understood and providing measurable value should you consider adding another AI solution. Throughout the process, keep humans in control of decisions and relationships. Measure time saved, clarity gained and stress reduced.

About the author

Dr Kathryn Alderman, DDS, EMBA is a practising dentist, AI implementation expert and founder and CEO of Intelligent Care Alliance, where she helps dental practices integrate AI in practical, human-centred ways. With more than 20 years of experience spanning dentistry, business leadership and technology strategy, Dr Alderman focuses on moving practices beyond AI hype to real-world implementation that improves patient care, team satisfaction and operational clarity. She is also the author of *AI Advantage in Dentistry*, a practical guide for dental leaders seeking to understand how AI can strengthen – not replace – the human foundation of their practices. The book emphasises ethical adoption, strategic implementation and measurable outcomes, reinforcing a central belief: when AI is used to support people first, trust grows – and profitability follows.

www.intelligentcarealliance.com

BDIA AND ADI IN PARTNERSHIP

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WILL PEAKIN

Organisations are aiming to support and strengthen the dental industry



About the BDIA and the ADI

THE British Dental Industry Association (BDIA) is the UK's trade association representing and supporting the collective interests of manufacturers and suppliers of dental products, services and technologies. The BDIA has a member community of more than 100 companies, employing 3,000 staff with a combined turnover of more than £900 million.

The BDIA advances the dental industry through its four core pillars of the BDIA vision, ACES: Advocacy, Communication, Education and Support. Members range from SMEs all the way through to international businesses within the sector, manufacturing and supplying innovative products, services and technologies to develop dentistry.

It facilitates members to help shape the future of dentistry, by sharing knowledge, building business, networking and engaging in initiatives to develop the sector.

The ADI is UK's independent network and membership organisation for implant dentistry, connecting members to expert education, mentoring and research to support them at all stages of your career. Founded in 1986 as a professional, non-profit organisation, it has developed into one of the largest dental bodies in the UK with over 2,400 members.

The British Dental Industry Association (BDIA) and the Association of Dental Implantology (ADI) have announced a new partnership aimed at bringing the profession and the

dental industry closer together, with a shared focus on supporting best practice, education and long-term progress across UK dentistry.

The collaboration reflects a mutual commitment to improving standards, encouraging collaboration, and ensuring the dental sector continues to evolve in a way that benefits clinicians, businesses, and patients alike. By working together, the BDIA and ADI will help shine a light on the important role both organisations play in supporting the profession and the wider industry.

A key aim of the partnership is to strengthen the link between clinicians working in dental implantology and the companies that develop and supply the products, technologies, and services they rely on every day. The two organisations will work together to promote shared learning, raise awareness of best practice, and support informed decision-making across the sector.

Through the partnership, BDIA and ADI will collaborate on:

- Educational activity that supports both clinicians and industry professionals
- Joint events and initiatives that encourage open discussion and knowledge sharing
- Raising awareness of standards, compliance, and ethical practice in implant dentistry
- Stronger engagement between the profession and the dental supply chain.

Commenting on the partnership, Edmund Proffitt, Chief Executive, BDIA said: "This partnership is about working together to support a strong and sustainable dental sector. By collaborating with the ADI, we can help ensure that innovation is matched with education and best practice, creating real value for the profession and the industry."

Richard Cantillon, Executive Director of the ADI, said: "Working with the BDIA allows us to build closer relationships with the wider dental industry. Together, we can share knowledge, raise awareness, and continue to support high standards in implant dentistry for the benefit of clinicians and patients."

The partnership will see both organisations working closely throughout the year across communications, events, and shared initiatives, reinforcing their shared commitment to supporting the dental community and helping the industry move forward together.

Introducing Dr Lyall Dominick



Dentist with an interest in endodontics

BDS MFDS RCPSG MSc | GDC No. 243639



Lyall graduated from the University of Glasgow in 2013 and spent many years in general dental practice in the West of Scotland, building a strong base in general dentistry skills.

He became a member of the Royal College of Physicians and Surgeons of Glasgow in 2018 and gained a Master of Science degree with Distinction in Restorative Dentistry from the University of Birmingham in 2024.

Since 2022, he has worked part time as a Specialty Dentist in restorative dentistry at the Glasgow Dental Hospital providing complex endodontic treatment for patients referred by their general dental practitioners.

Lyall accepts referrals for most aspects of non-surgical endodontics at Clifton Dental & Implant Clinic including:

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- Assessment of teeth with questionable restorability
- Re-root canal treatments
- Crown and post removal
- Location of canals

Lyall aims to treat all referred patients in a timely manner and we have a short waiting time for patients who are in pain from their endodontic issue.

Lyall prides himself on providing the highest standard of care in a relaxed and friendly environment and all endodontic treatment is carried out under rubber dam and with the aid of a dental operating microscope.

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



PROVIDING ACTIONABLE INSIGHTS

The Oral Health Summit in Edinburgh reinforced the importance of evidence-based practice

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he Oral Health Summit, held in Edinburgh last November, combined the perspectives of the British Society of Periodontology (BSP), the British Society of Dental Hygiene and Therapy (BSDHT) and the British Society for Oral and Dental Research (BSODR), successfully fostering a holistic approach to oral health.

The summit reinforced the importance of evidence-based practice and provided dental professionals with actionable insights to improve patient

“

THE SUMMIT FOCUSED ON BRIDGING THE GAP BETWEEN CUTTING-EDGE LABORATORY RESEARCH AND DAILY CLINICAL PRACTICE”

outcomes in periodontics and beyond. Led by the BSP President Professor Nicola West, the event was designed as a multidisciplinary ‘super-meeting’, bringing together periodontists, dental hygienists, therapists and researchers.

The summit focused on bridging the gap between cutting-edge laboratory research and daily clinical practice, with a specific emphasis on periodontology and implant dentistry.

Its programme was structured around the latest innovations in oral health. Themes included the

perio-systemic connection exploring the link between gum disease and wider systemic health, regenerative techniques, advanced surgical methods to restore lost periodontal tissue and the microbiome and biofilms in terms of understanding the bacterial ecosystems of the mouth and how they influence disease management.

Additional themes covered innovations in implant dentistry (assessing how material choices and biological factors affect long-term implant success) and risk profiling (moving toward personalised



→ patient care based on individual risk factors).

Professor West told the audience: “I am so excited to welcome you all to Edinburgh and truly grateful that so many of our members are supporting this special conference.

“Conferences are a wonderful opportunity to reconnect, share knowledge and learn together. Life gets very busy and it’s essential that we take time to pause, reflect and consider how we can continue to grow, both personally and professionally.

“No matter what stage we are at in our careers, there is always something new to learn, and I’m confident you will take away valuable insights and skills to bring back to your practice.”

Among the speakers was Iain Chapple, Professor of Periodontology at the University of Birmingham. Professor Chapple presented the first lecture of the summit, *The global burden of oral diseases – what’s the fuss?*

He started by pointing out that more than 3.65bn people worldwide suffer from caries and severe periodontitis, according to the *Global Burden of Disease Study 2021*.

That is one billion more than that suffer from cardiovascular disease, diabetes, chronic respiratory diseases, cancer and mental health disorders combined. Professor Chapple said: “This somewhat embarrassing statistic was, in part, a major driver of the World Health Assembly’s *Global Resolution on Oral Health in 2021*, followed by the World Health Organization’s *Global Oral Health Status Report in 2022* and the *Global Strategy and Action Plan on Oral Health 2023-2030*, which informed the WHO *Bangkok Declaration in 2024* that declared: “There is no health without oral health”.

On 28 November 2024 the United Nations 4th High-Level Meeting was held on non-communicable diseases (NCDs) and included oral diseases for the first time and “just this week,” said Professor Chapple, “the UN General Assembly adopted the UN political declaration on NCDs and mental health disorders and explicitly and robustly included oral health throughout the declaration.”

The UN member states recognise that oral diseases impose a major health and economic burden across the course of people’s lives; causing pain, disability and death, while being largely preventable and closely linked with other NCDs, he said. Professor Chapple urged members to advocate for oral diseases at every possible opportunity, stating that “now is the time to start ‘walking the walk and not just talking the talk’.

“This call to action appears well founded, as the European Commission Safe Hearts Plan, was published yesterday and flags oral health within the context of healthy dietary habits. It states that dietary habits also influence oral health which is in turn vital element of cardiovascular health.”

Professor Chapple went on to explain the modelling behind the article *Time to take gum disease seriously: The societal and economic impact of periodontitis* published by *The Economist* which demonstrated that enacting preventative care models for periodontitis could save between €7.8Bn and €36Bn over a decade across a range of European economies. He presented data from the most recent *Economist Impact* modelling of diabetes related healthcare costs in periodontitis patients across 40 countries of the world, amounting to \$1 trillion



The summit featured global leaders in periodontics and implantology

over the next decade. Treating periodontitis could help prevent 57 million cases of type-2 diabetes (T2D) over a decade and yield an estimated economic benefit of US\$162.8bn, arising from both reduced healthcare expenditure and increased productivity, with the greatest benefit for the lowest income groups within each country.

The remainder of his presentation discussed health inequalities and greater linkage between oral healthcare and medical teams in collaboratively managing NCDs. He showed pilot data demonstrating models for early case detection of hypertension in high street dental practices, and for T2D, successfully undertaken by dental teams. He called for an end to the 1960s ‘repair model’ of dental funding based upon ‘widget counting’ to one that focuses on prevention and patient reported outcomes of health and wellbeing.

Tim Newton, Professor of Psychology as Applied to Dentistry, King’s College London, told the summit: “The maintenance of good oral health is critically dependent on behaviour. Often, for many reasons, our patients’ oral health behaviours are not optimal for their individual health needs. Patients can ensure good oral health by changing their own behaviour to ensure that they are keeping their teeth clean, preventing the harm from tobacco use, and reducing their sugar intake.

“Dental healthcare practitioners should consider their own behaviour



The future of oral hygiene was under discussion



in terms of whether they are using the best possible approach to supporting their patients to change and maintain their good oral health related behaviours. In my work, I have explored an approach to working with patients to modify their oral health behaviours building on psychological theories of behaviour change,” said Professor Newton.

“Underpinning the approach is a foundation of a mutually respectful ongoing relationship between the patient and healthcare team. The approach has four stages, described in turn: Goal Setting, Planning, Self-Monitoring and Perseverance (GPS-P). This approach can also be used by healthcare professionals to consider adapting their own behaviour,” he said.

Professor Newton said that goal setting involves agreeing a goal, preferably one that is achievable in the short term and can build to a bigger goal over time; for example, agreeing a goal of using interdental brushes once a week, that can then grow to more times per week. Planning, he said, is the process where a person decides how, when and where the behaviour will occur.

“It helps if you form a mental image of yourself doing the behaviour and think about what you will need, in terms of resources and time,” he said. “We can give ourselves feedback about how well behaviour change is going through monitoring our own behaviour –

keeping a record of how often we have managed to fulfil our goal.

“This might also highlight challenges, like busy days or times when you are just too tired for the behaviour. Finally, by repeating a behaviour, eventually it will become habitual through perseverance. On average, it takes 66 days of a repeated behaviour before it becomes habitual.

“It is important not to forget that behaviour occurs within a societal and cultural context which may make healthy behaviours more, or less, easy to adopt. Dental healthcare professionals should consider advocating for changes – legislation, taxation, provision of services – which make healthy choices easier. For example, outlawing smoking in public



**IN MY WORK, I HAVE EXPLORED
AN APPROACH TO WORKING WITH
PATIENTS TO MODIFY THEIR ORAL
HEALTH BEHAVIOURS BUILDING
ON PSYCHOLOGICAL THEORIES OF
BEHAVIOUR CHANGE”**

THE SUMMIT IN SUMMARY

The opening day focused on the synergy between academia and the clinic.

› **Innovations in Periodontology:** A joint session with the British Society for Oral and Dental Research where Professor Nick Jakubovics (Editor of the *Journal of Dental Research*) discussed oral biofilms.

› **Clinical Applications:** Dr Jeanie Suvan presented on the evolution of non-surgical periodontal therapy, while Professor Robert Hill provided critical insights into the efficacy of modern toothpastes.

› **Sir Wilfred Fish Research Prize:** The afternoon featured presentations of high-level research, alongside practical lectures for Dental Care Professionals (DCPs). Dr. Ian Dunn's session on “managing the non-responding patient” was a particular highlight for clinicians dealing with complex cases.

Days two and three featured global leaders in periodontics and implantology:

› **Keynote speakers:** The event secured world-class clinicians including Otto Zuhr, Giulio Rasperini, István Urban, and Anton Sculean, who presented on advanced surgical and regenerative strategies.

› **A Pint of Science:** A unique, interactive debate format featuring Professors Mike Curtis, Phil Marsh and Iain Chapple. This session delved into the complexities of the oral microbiome in a lively, conversational setting.

› **Perio-Ortho Interface:** Discussions led by Professor Virginie Monnet-Corti and Dr Alex Pollard focused on optimising outcomes when periodontal and orthodontic treatments overlap.

The summit also offered hands-on learning opportunities sponsored by major industry partners (EMS, NSK, Geistlich, Straumann and Hu-Friedly):

- › Advanced instrumentation techniques.
- › Use of regenerative materials in practice.
- › Guided Biofilm Therapy (GBT) and modern airflow technologies.

spaces, a sugar tax and subsidising toothpaste and other oral health essentials. Every voice counts.”

Beyond lectures, the summit offered hands-on learning opportunities sponsored by major industry partners, including EMS, NSK, Geistlich, Straumann and Hu-Friedly). These sessions allowed delegates to practice:

- Advanced instrumentation techniques.
- Use of regenerative materials in practice.
- Guided Biofilm Therapy (GBT) and modern airflow technologies.

Post-summit, Professor West said: “It was wonderful to bring our community together under one roof, to enjoy the scientific programme and to share our collective passion for periodontology. We have been overwhelmed by the amount of positive feedback received.”



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



Dr Duncan Weir

Implant Surgeon
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SCOTLAND'S NEW CDO LOOKS TO THE FUTURE

In a Q&A with Scottish Dental, Gillian Leslie says she wants to see improved pathways for dentists and to make it possible for patients to have direct access to dental therapists

Why did you choose to study dentistry?

I always wanted to do something in healthcare and when I looked at the options, dentistry seemed like a career which offered a degree of flexibility. I was keen to travel, and it was a career I thought I could travel with.

After graduating, you joined the Royal Navy. How did that come about? And can you tell us about your experience of the second Gulf War?

There was a day in final year when a group of dentists came to discuss different careers in dentistry. A Royal Navy (RN) officer from Faslane talked about the Navy and I thought it looked like a fun thing to do. I decided to apply and was very surprised when I passed the Admiralty Interview Board. I completed basic training, my Vocational Training, and was then appointed as a fleet dental officer in Plymouth. During this time, I was the



Gillian Leslie

dentist for a fleet of ships travelling around the world – which was an incredible experience.

Following this, I was appointed to the Royal Marines, which was highly unusual for a woman at the time. I was one of the first female officers to be appointed to a marine unit and, indeed, was the first RN female dentist at the front line during a war.

My time away at war was a formative period in my life where I experienced the best and worst of human life. You see and experience things that you shouldn't in life and that can stay with you for a long time, but equally the comradeship is second to none. I loved my time in the RN; I would thoroughly recommend it.

Talk us through your subsequent postings; what kind of practice did they entail?

Following my time with the Marines, I was posted to the US Navy for a year at USS Osborne, north of Chicago,



“

MY TIME AWAY AT WAR WAS A FORMATIVE PERIOD IN MY LIFE WHERE I EXPERIENCED THE BEST AND WORST OF HUMAN LIFE”

→ to complete an internship in exodontia. I took out more than 4,000 teeth, mainly 8s as the US Navy required all wisdom teeth to be removed prior to graduation from training. From there, I went to Germany to set up a referral service for extractions, minor oral surgery and sedations. After this, I decided to complete my Membership of the Faculty of Dental Surgery (MFDS) and moved to Queen Alexandra Hospital in Portsmouth. From there, I served at Faslane Naval Base twice and with the Loan Service in Brunei.

And your time in the Maxillofacial Unit at Queen Alexandra Hospital in Portsmouth?

This was a fantastic experience. It was when dentists were allowed to be medical senior house officers. It was



rather scary at times, dealing with often serious medical complications but it was a real challenge which I loved.

We mainly dealt with trauma and oncology and were often in surgeries lasting 15 hours. It was incredibly interesting but also taught me so much about cancer and how, as dentists, we have a huge part to play in the education of patients and in the early detection of head and neck cancers.

Tell us about Bridge Dental Care, establishing and developing the practice.

I left the Navy after I had my eldest daughter. It was a huge decision for me to make but it was the right one for us as a family. I worked as an associate for a year or two, then decided I wanted to open my own practice.

I bought the practice which is now Bridge Dental Care. It was very run down and needed significant building work and modernisation. I had to close it for two weeks and it was like an episode of *DIY SOS*; at one point I counted 17 builders in a room.

The practice, like many others, is thriving. It is a mixed economy practice which offers both NHS and private. It has, as many practice owners will understand, been a labour of love. It has not always been easy, and there have been some very challenging times over the years, but the hard work has been worth it. I have an incredible team of dentists and nurses and when I am not in St Andrew's House with the Scottish Government, I continue to work from my office in the practice.

What led to your appointment as one of the three Deputy Chief Dental Officers?

I have always been interested in how government works and how individuals can influence policy, particularly those that affect healthcare. Prior to the pandemic, I was part of a Scottish Government group that was working on the reform of Determination 1. Covid halted that work and we entered a very uncertain time; it was very stressful for all in the dental team. As a member of the Lothian Local Dental Committee, I worked hard with other members, committees and



associations to help the profession inform the CDO team of what was happening in practices and how Covid was impacting us. I liked the idea that you could effect change. I applied for the position and was delighted to be appointed.

What has that experience been like and what progress do you think has been achieved by you and your colleagues in the office?

I have been Deputy CDO alongside Gavin McLellan for the past three years, and I think as part of the CDO team we have achieved a significant amount under Tom Ferris's leadership.

The post-pandemic years have been fiscally challenging within all four nations and for the team to be able to develop and deliver on payment reform, that cannot be underestimated. I'm not saying it is perfect, but I believe we have made a positive step in the reform of the NHS dental offer.

Being part of the Scottish Government and being embedded within the civil service has been a steep learning curve. We have a language and they have a language and it was difficult to navigate initially, but I feel confident in my ability now to perform as the Deputy Director of Primary Care and the Chief Dental Officer within the civil service structure.

What do you think are the main challenges for the profession and policymakers in Scotland?

As previously mentioned, fiscal challenges are always going to be the main issue for both. Workforce is improving but many practices, particularly in rural areas are still struggling to recruit associates and dental nurses.

Oral health is still a problem in our most deprived areas and inequalities remain for certain groups. This has a knock-on effect on waiting lists in the Public Dental Service (PDS) and the Hospital Dental Service (HDS), particularly concerning general anaesthesia for paediatric patients. Skill mix is also a key issue which requires further development.



I WOULD LIKE TO SEE IMPROVED PATHWAYS FOR DENTISTS TO DEVELOP ENHANCED SKILLS AND DELIVER MORE SERVICES WITHIN PRIMARY CARE"

What do you hope to achieve while in office?

As you will be aware, the Scottish elections are in May and the incoming government, whatever the colour, will determine the majority of the policy during my time in office.

I would, however, like to see improved pathways for dentists to develop enhanced skills and deliver more services within primary care. I want to make changes to regulations to allow direct access for therapists, to work at their full scope of practice; further developing that important skill mix.

By bringing more services into the community I would like to see an improved offer for patients which, in turn, would reduce inequalities and waiting lists. By offering improved professional pathways I would hope to retain dentists and nurses within the NHS.

I also want to see the development of a more accessible training pathway for our dental technicians who are so important to our everyday working lives.

Are there any upcoming initiatives you would like to flag to our readers?

We have just laid down secondary legislation for changes to Prior Approval and Mandatory Training.

Both are still in development and negotiation with the BDA, but the intent with Prior Approval is that we will move away from the financial limit and it will be about clinical treatment, particularly those items such as crowns/bridges/endo and/or a combination of these items. Certain items which are causing the financial limit to be reached such as dentures, sedation and multiple extractions will be removed.

For Mandatory Training, all dentists entering Scotland will still be required to complete it, however, if they fall between the quarterly courses they will be allowed to provisionally list. If they do not complete or pass the training within six months they will be delisted. This is only for dentists who are registered with the GDC.

What are you working on in your first days in office?

My first days in office are like starting any other job. I am becoming acquainted with a new way of working and the teams across my division. It's about learning about what works and what doesn't work, then going from there.

When not working, what are your interests and how do you unwind?

I enjoy meeting friends and family and unwinding over a good meal. Exercising is key for me to switch off, whether that be going for a walk, a run or a swim. My daughters are the most important thing in my life; being with them when not at work is the highlight.

LOOKING FORWARD TO SEEING YOU



Registration for the Scottish Dental Show is open – get your free ticket now

Registration for the Scottish Dental Show 2026 is now open. You can get your free ticket for the show – at Braehead Arena, Glasgow, on Friday 12 and Saturday 13 June – by registering at sdshow.co.uk. With an education programme filled with GDC-recommended topics and an opportunity to earn up to 10 hours of verifiable CPD, plus demonstrations of hundreds of innovative products and services from our exhibitors, the Scottish Dental Show is an event not to be missed.

The wide-ranging education programme will feature engaging lectures and hands-on workshops. Sessions will cover GDC-recommended and highly recommended areas:

- Medical emergencies
- Disinfection and decontamination
- Radiography and radiation protection
- Legal and ethical issues
- Complaints handling
- Oral cancer: early detection
- Safeguarding children and vulnerable adults.

Other sessions will cover clinical expertise, wellbeing, sustainability and the business and finances of dentistry.

A selection of confirmed speakers and topics

Laura Wilson

Dental Educator, NHS Greater Glasgow & Clyde
Infection Prevention and Control: an update on current guidance in practice

Dr Christine Park

Professor of Clinical Paediatric Dentistry, Glasgow Dental Hospital and School
Safeguarding and child protection for dental teams

Emma O'Donnell

Clinical Senior Lecturer and Honorary Consultant in Special Care Dentistry, NHS Greater Glasgow and Clyde
Safeguarding vulnerable adults

Kirstyn Donaldson

Senior Clinical University

Lecturer and Honorary Consultant in Paediatric Dentistry, NHS Greater Glasgow and Clyde
Radiology: radiation protection update

Dr Lewis Olsson

Lead Trainer Glasgow Dental School
Oral Cancer: early detection

James Elliott

Regional Sales Director, Clark Dental
Six ways to improve your x-rays constantly

Simon Kidd

General Dental Practitioner, DDU
Intelligence without error? Navigating the risks of AI

Jenny Walker

Specialist in Restorative Dentistry and Prosthodontics, Glencairn Dental Group Practice
Team-Based Periodontal Management: from evidence to implementation

Agnieszka Nohawica

Breez by Bosco AI
Beyond the Notes: How AI can transform the dental workplace today

Dr Navid Saberi

Principal, Edinburgh Endodontist
Inside Out: the mysterious dental resorption

Joycee Rebelo

Committee Member, Orthodontic National Group
Improving Mouth Cancer

Management: the role of Orthodontic Therapists in detecting mouth cancer

Andrew McAllister

Photography Team Manager, NHS Greater Glasgow and Clyde

Kirstie Walker

Medical Photographer, NHS Greater Glasgow and Clyde
Clinical Photography Training

Lauren Long

Hygienist and Therapist Clinical Director, Pain Free Dentistry Group
Air Polishing Essentials: powders, principles and practice

Dr Andrew McGregor

Principal, Park

Orthodontics
Introducing A Simple, Cost-Effective Bonded Retainer Technique

Other speakers include Tariq Ali, Principal, The Centre for Implant Dentistry; Professor Marie Thérèse Hosey, Head of Paediatric Dentistry, King's College London; Dr Varkha Rattu, Clinical Director, The Grove Practice; Tom Reason, Education and Marketing, Director, The Campbell Clinic & Academy; Lee Savarrio, Dental Director and Postgraduate Dean, NHS Education Scotland; Mohammed Tiba, Clinical Lecturer in Endodontology, Glasgow Dental School, Omayma Siddig, Clinical Teaching Fellow, Institute of Dentistry Aberdeen, Sam Wones, Founder, The Adaptable Human Project, and Anita Hosty, Creator, Loose Hands.

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Founder & CEO



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Taking supported steps into full arch rehabilitation

Dr Anthony James shares a recent full mouth rehabilitation case, for which he sought mentorship and guidance from an experienced clinician as part of his professional development

Treating your first full arch case can be a daunting experience, as it presents many more challenges than single-unit or shorter implant-retained bridge cases. In these instances, it is invaluable to have an experienced clinician who can help with the many stages this type of treatment entails.

Mentoring for this case was provided by Dr Callum Graham. From the treatment planning and case assessment stage through to the surgical phase, having someone else there to offer reassurance and guidance was essential. It afforded the confidence needed to successfully approach many more similar cases once this one was complete.

Case presentation

The patient, a 78-year-old female, had previously been advised by another dentist that she was not suitable for

full-arch implant treatment without complex surgical solutions such as zygomatic implants and extensive sinus lifts. This was due to poor bone availability.

While this had not been attractive to the patient at the time, she had become fed up with wearing a denture and was very keen to see if any other implant treatment was possible.

Assessment and treatment planning

A new CBCT scan was taken to reassess whether this was an appropriate case



Figure 1: Pre-op anterior view



Figure 2: Pre-op left lateral view



Figure 3: Pre-op right lateral view



for full-arch rehabilitation using the latest techniques and technologies available today. The results were analysed and shared with the mentor to discuss options; the outcome was positive and it was decided to see if a guided surgical approach would be possible.

The initial intention was to use Chrome GuidedSMILE to carry out this treatment, as it has the advantage of giving the patient a reasonably comfortable set of teeth straight away. This technology is made available across the Clyde Munro group as part of their commitment to innovation. The scans and photos were sent to the lab (Quoris) for design of the initial digital treatment plan.

However, the returned plan was not ideal. It included a large amount of bone reduction which was of concern. After consulting the mentor, the author decided that a freehand surgical approach would be more appropriate, using a staged loading approach. This would allow the flexibility to adapt during the surgical phase in order to deliver the best outcome despite the complexity of the case.

This was all explained to the patient in detail. Although the patient was a little disappointed that this would require a lengthier treatment time, with a denture to be worn during the healing phase, she was very understanding and happy to proceed. Informed consent was recorded.

A plan was created digitally by the mentor and mentee in collaboration to provide a blueprint for the freehand surgery. This made clear the clinical sequence to be followed,



A PLAN WAS CREATED DIGITALLY BY MENTOR AND MENTEE IN COLLABORATION TO PROVIDE A BLUEPRINT FOR THE FREEHAND SURGERY"

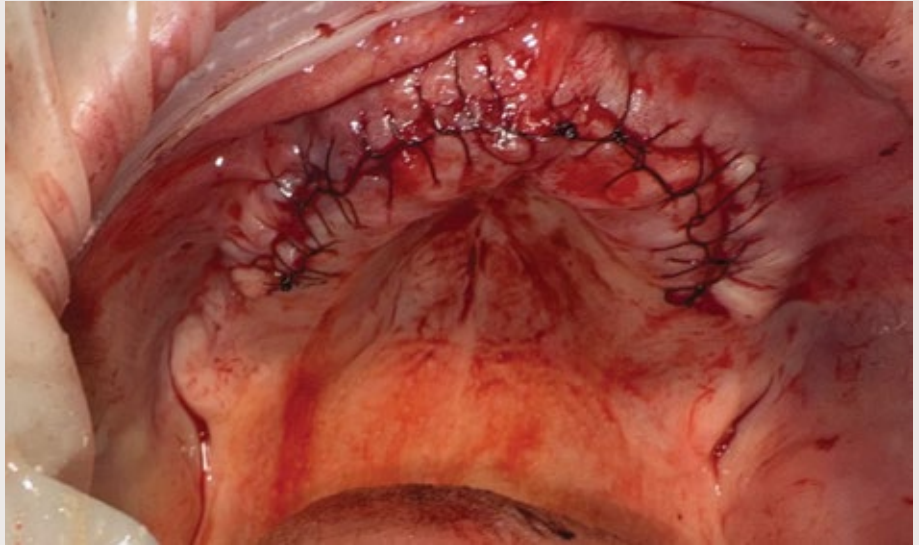


Figure 4: Immediately post-op, site sutured closed



THE PATIENT WAS BOOKED IN FOR THE WHOLE MORNING TO ALLOW ABSOLUTE FOCUS ON THE TREATMENT TO ENSURE EVERYTHING WENT AS SMOOTHLY AS POSSIBLE"

from extractions to the placement of five implants. It also detailed the ideal implant positions to allow for the desired restorative outcome. The assessment revealed resorption of the alveolar ridge, which also indicated the potential need for bone augmentation.

Surgical intervention

The patient was booked in for the whole morning to allow absolute focus on the treatment to ensure everything went as smoothly as possible.

A full thickness flap was raised and the bone volume visually analysed. The alveolar ridge seemed in better shape than initially thought, so it was decided to place an additional implant in this region. Six implants were, therefore, placed, with the mentor helping to position the initial drill sites on the narrow ridge for optimal outcomes.

A bone graft was also required. For this, it was particularly useful to have

the mentor in the room on the day of surgery. Dr Graham provided the equipment and expertise to facilitate the placement of a Puros Allograft blend. The patient's blood was drawn, placed in the centrifuge and mixed with PRGF to create the membrane.

The site was then sutured closed, tension-free. The patient was given standard post-operative instructions to care for the surgical site and encourage uninterrupted healing.

A new provisional denture was provided as a temporary restoration. She returned to the practice after one week for review of the site and reported no issues. The final restoration will be provided after approximately six months of bone healing.

Debrief

The opportunity to discuss the above case with a mentor throughout the process, to have his support on the





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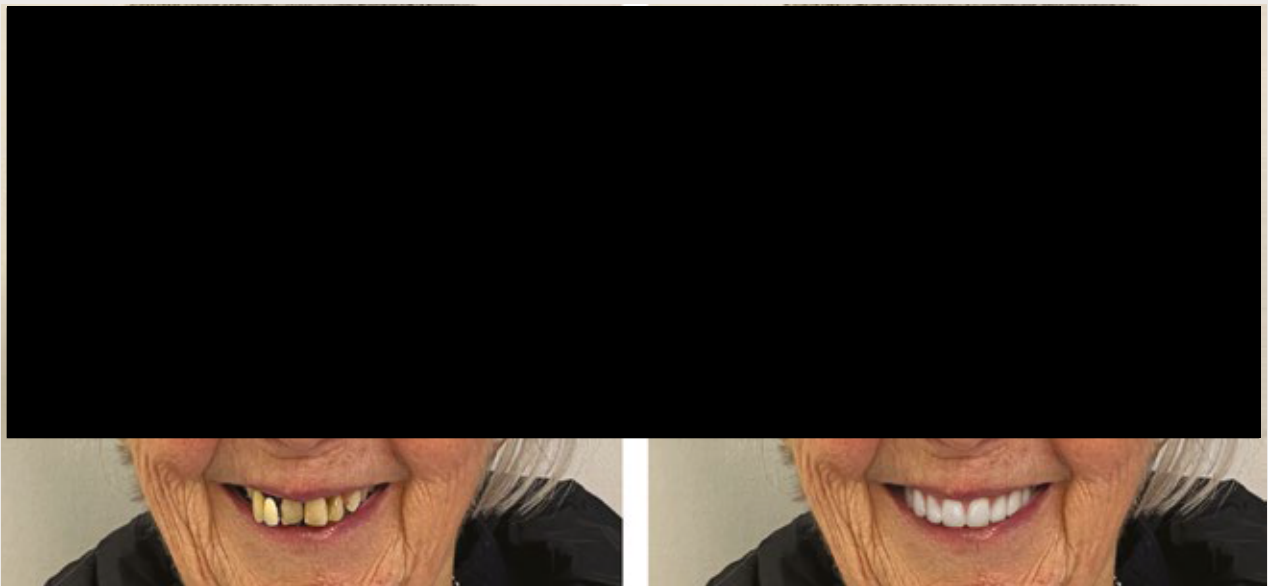


Figure 5: Before and simulated after



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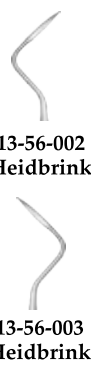
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DR GRAHAM WAS ALWAYS EASY TO COMMUNICATE WITH AND HE ENSURED A CALM AND REASSURING ENVIRONMENT”

day and to debrief post-operatively was invaluable for me. I appreciate Dr Graham making himself readily available for any further help with this or any other cases in the future to help me deliver better outcomes for my patients as I progress in my implant surgery career.

Dr Graham was always easy to communicate with and he ensured a calm and reassuring environment for my first full arch surgery. With his clear advice and guidance, I never felt out of my depth or stressed.

About the author

Dr Anthony James has been practising in Edinburgh for more than 15 years and joined Gilmore Dental Practice in 2017.

With a masters in aesthetic dentistry from King's College London, he offers treatments including composite bonding, crowns, veneers, Invisalign and dental implants, catering to cases of all complexities. To offer the most advanced implant treatments for patients, he is currently enrolled in the prestigious European EAO Masters diploma programme.

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Dr Anthony James with Dr Callum Graham, left, and colleagues Carol Coyle and Alicia Chirara



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Causal relationship between gut microbiota and dental caries: a two-sample mendelian randomisation study

Ninghan Feng, Jiangnan University Medical Center

Dental caries remains one of the most prevalent chronic diseases globally, traditionally attributed to oral bacteria such as *Streptococcus mutans* and dietary habits. However, emerging research has begun to explore the 'gut-oral microbiota axis,' suggesting that the trillions of microorganisms residing in the human digestive tract may influence health outcomes far beyond the intestines.

While previous studies established that oral dysbiosis (an imbalance of oral bacteria) could lead to gut issues, this study sought to investigate the reverse: whether the composition of the gut microbiota plays a causal role in the development and progression of dental caries. By understanding this relationship, researchers hope to identify new systemic pathways for preventing and treating tooth decay.

To determine causality rather than simple correlation, we employed a Two-Sample Mendelian Randomization (MR) analysis. This is a high-level statistical method that uses genetic variants (specifically Single Nucleotide Polymorphisms, or SNPs) as 'instruments' to represent environmental exposures, in this case the presence of specific gut bacteria.

We utilised data from large-scale Genome-Wide Association Studies (GWAS):

- **Exposure Data:** Genetic information regarding gut microbiota composition from the MiBioGen consortium.
- **Outcome Data:** Genetic data related to dental caries.

By using genetic proxies, we could bypass the 'confounding factors' (like sugar intake or socioeconomic status) that often plague traditional observational studies, allowing us to isolate the specific biological effect of the gut microbiome on dental health.

Key findings

The study identified several specific bacterial groups in the gut that significantly influenced the risk of developing dental caries. These were categorised into those that increased risk (positive correlation) and those that appeared to offer protection (negative correlation).

Bacteria Associated with Increased Risk:

- *Eubacterium brachy* group: Found to be

positively correlated with the incidence of dental caries.

- *Terrisporobacter*: This genus also showed a positive correlation, suggesting that higher concentrations of these bacteria in the gut may predispose individuals to more frequent or severe tooth decay.

Bacteria Associated with Decreased Risk (Protective):

- *Escherichia/Shigella*: Surprisingly, these showed a negative correlation, meaning their presence was linked to a lower risk of caries.
- *Oscillibacter* and *Oscillospira*: Both genera were identified as protective factors.
- *Ruminococcaceae* UCG014: Higher concentrations of this group were associated with a reduced likelihood of dental caries.

The study suggests that the gut microbiome influences the mouth through several systemic pathways:

- **Inflammatory Response:** Certain gut bacteria can trigger or suppress systemic inflammation. Since dental caries involves an inflammatory component in the dental pulp and surrounding tissues, a gut-driven systemic immune response may alter how the body defends against decay-causing oral bacteria.
- **Metabolic Signaling:** Gut bacteria produce metabolites (such as short-chain fatty acids) that enter the bloodstream and can influence the pH levels and mineral content of saliva, which are critical factors in the demineralization and remineralization of tooth enamel.
- **The Second Brain:** The researchers refer to the gut microbiome as the "second brain" due to its role in regulating the host's overall health, suggesting that a healthy gut creates a systemic environment that makes the oral cavity less hospitable to pathogenic bacteria.

Clinical implications and future directions

The confirmation of a causal link between gut health and dental health has significant



implications for both general medicine and dentistry:

- **Probiotic Interventions:** The findings suggest that specific probiotics designed to bolster "protective" gut bacteria (like *Oscillibacter*) could potentially be used as a supplementary treatment to prevent cavities in high-risk patients.
- **Holistic Diagnostics:** Dentists may eventually look toward gut health markers to predict a patient's susceptibility to caries, moving beyond traditional dietary advice.
- **Personalized Medicine:** Understanding a patient's genetic predisposition to certain gut microbiota could allow for personalized preventative strategies.

Conclusion

The study concludes that the gut microbiota is not merely a passive observer in oral health but an active participant. By identifying specific bacterial genera that influence the development of dental caries, this research provides a foundation for the "gut-oral microbiota axis" theory. It shifts the focus of dental health from a localized perspective (just the mouth) to a systemic one, highlighting that the secret to a healthy smile may partially reside in the health of the digestive system.

While further clinical trials are needed to see how dietary or probiotic changes to the gut directly impact the mouth, this Mendelian Randomisation study provides the strongest evidence to date that our internal microbial balance is a key determinant of dental longevity.

COPING WITH YOUR CAREER

Work doesn't always go to plan, but there are things you can do to deal with the highs and lows of life as a dental professional



THE New Year had started poorly for Trudy. “The start of another year? What is it now ‘24, ‘25, ‘26!? Really?” Sighs. “By now I was going to have my own practice and would have liberated myself from any reliance on state-controlled and cash limited treatments.

“I wanted to be free. Away from any principal or interfering practice manager, inspecting my book, commenting on my treatment planning and limiting my well-earned holidays. They just don’t understand how hard I work, how restricting the staff they provide are, and how much better things could be.”

“Wait! I have just read this great book. Well, when I say read, I bought it and it’s on the way from Amazon. I saw an advert for it, a review in one of the Sundays and an interview in Forbes and another website of one of those business magazines. This is *definitely* the year I’m going to make it happen. For me! Blast, it’s raining, where are my car keys? I’m going to be late again, never mind reception are great at excuses for me, they know how good I am.”

In case you have anything in common with the above, not Trudy’s somewhat over-the-top attitude, but genuine dissatisfaction with your lot, then Stefanie Sword-Williams’ (not a name I would dare invent) second book, *Career Comedown*, may be worth a read. It does not have all the answers, but it poses plenty of questions and it might act as something of a catalyst. At least you can say you have read a practical business book, which is more than many dentists can boast.

If you are feeling lost or unfulfilled in your professional life and suffering from the previously mentioned, in *Career Comedown*, the author presents for your consideration three distinct pathways. Let me share, briefly, my take on the practicality of her ideas, collected through interviews with people who

WORDS
ALUN K REES



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

have successfully redefined their relationships with work.

The pathways are:

- Stay in your present job and reshape it to suit your needs: **Stick**.
- Change direction and reinvent yourself professionally: **Twist**.
- Step back from work as a central part of your identity: **Tap Out**.

My hint would be to take a few days, add a pen and notebook and, using every spare moment, examine where you are now. Then write the story of what has led you to being in this place and space. What could and should you have done differently? What clear mistakes have you made? Why did you make them?

This could be a very long list, but it is not meant to be a ‘whinge-athon’ nor a ‘pity-poor-me’. It should be an honest self-examination; if you are not used to be honest with yourself then you are in the company of many others. Who knows? You might find it revealing.

The catalyst that often leads to someone seeking my help is to assist them to answer the one apparently simple question: “Is that all there is?” They know something has to change; but they need help to find it for themselves.

For many, a radical change and reinvention is just not possible, or the necessary alterations can be made without massive disruption. Perhaps some self-honesty, acceptance of your position and making allowances for others and their positions will be sufficient. Live and let live isn’t too bad an attitude to adopt.

Like me, Stefanie suggests an audit of your current situation, your wants and your future plans. Are your dreams just that? Are they practical? Or are they ways of allowing yourself to revel in the discomfort that you are choosing?

Sticking is not a failure. Discovering, defining and

maintaining your core values can be a liberating experience. Not compromising on your standards of professionalism and behaviour is something to be proud of and makes you an asset. Being realistic and dealing with your challenges deserves praise and reward.

If on the other hand you decide that **Twisting** is the only way for you, then go for it, because if you do not you will always wonder what you might have done. It’s never the easy way, but if, for you, it is the right thing then embrace it wholeheartedly. William Murray, writing in *The Scottish Himalayan Expedition* said: “Until one is committed there is hesitancy, the chance to draw back, always ineffectiveness.” He also quotes Johann Wolfgang von Goethe: “Whatever you can do or dream you can, begin it. Boldness has genius, power and magic in it. Begin it now.” Go for it, indeed.

The final choice is to **Tap Out** and accept that work is not a central part of your identity. Not everyone has a ‘vocation’ for their profession; indeed, I believe that expecting the decision to become a dentist, a doctor or a vet at the age of perhaps 15 or 16 to be the right one is unreasonable and we should not be surprised when people decide to either leave the profession or choose simpler ways to make a living.

It is not my place to tell anyone what to do with their life. But my experience, and that of many others, has proved that punishing oneself by doggedly persisting with something that causes unhappiness benefits no-one. You only have one life; you deserve to enjoy it.

***Career Comedown* by Stefanie Sword-Williams is published by Fourth Estate. ISBN: 9780008706340.**

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NICOLE McKee is a Wellness Ambassador and Account Manager for BTL Aesthetics in Scotland, supporting dental practices that are curious about the next evolution of patient care; where clinical excellence meets wellness, performance and longevity.

With a professional background spanning psychology, nutrition, behaviour change and modern wellness, Nicole brings a unique perspective to dentistry. She works with practices who are beginning to explore how EMFACE, BTL's needle-free facial treatment, could sit alongside dentistry to support facial muscle function, facial

balance and patient confidence – without injections or downtime.

At the Scottish Dental Show, Nicole is looking forward to conversations with dentists and practice owners who are open to innovation, curious about diversification, and keen to understand how EMFACE could complement their existing services – whether to enhance patient experience, offer a needle-free facial treatment option, or support the long-term evolution and growth of their practice.

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With a deep understanding of both daily clinical pressures and long-term strategic needs, Ross continues to support better dentistry through smarter, more efficient choices that ultimately improve patient care.

Outside of his profession, Ross likes to spend time with his partner and dog. He has a love for travelling, lots of food and fashion shows. He likes to stay active with country walks, the gym and when possible, skiing.

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SCOTT LAWRIE • MEGAGEN IMPLANTS UK

MEGAGEN IMPLANTS
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Hi, I'm Scott, the Megagen Implants representative for Scotland. I have been in the dental industry for more than 10 years now. I love travelling to all corners of our beautiful country to support my customers and meet potential new ones. This really is an exciting time to be part of Megagen, with so many game-changing innovations on the table and in the pipeline for 2026. From full arch solutions to soft and hard tissue lasers to magnesium membranes, and so much more. I really look forward discussing these with you at the Scottish Dental Show and in practice.

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ROSIE HANNAH AND SONIA BRANCO • TRYCARE

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Rosie Hannah – Dentistry has been a huge part of my life from a young age. I started as a Dental Nurse at 17 and spent nine years chairside before moving into sales. I am now one of the Area Sales Managers for Trycare in Scotland, and I love meeting the brilliant teams who make dentistry happen every day. My favourite product is Tokuyama composite. I have seen the incredible results clinicians achieve with it; beautiful, confident smiles that change how people feel about themselves. I am all about supporting clinicians, sharing what I have learned and championing products that genuinely make a difference.

Sonia Branco – I have extensive experience as a Dental Nurse and Practice Manager. My passion for dentistry is reflected in my commitment to providing the best care for my customers. One of my favourite products is OsteoBiol® GTO® Bone Mix. It has all the benefits of Tecnon dual-phase biomaterials, with the added benefit of being thermos-sensitive. It can be shaped, moulded and packed in the site for immediate use! Outside of work, I stay active and focused through Brazilian Jiu-Jitsu. And I'm a mum with two kids; always busy.

www.trycare.co.uk
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DEBBIE SNEDDON • MERZ AESTHETICS

AESTHETIC ACCOUNT MANAGER SCOTLAND



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I HAVE been part of Merz Aesthetics since 2023 and am passionate about the field of aesthetics, with a strong belief in maintaining a medical approach within the industry. My role focuses on supporting clinicians in developing their services and building sustainable aesthetic practices. I aim to help clinicians grow their businesses while enhancing their knowledge, confidence, and clinical skills. Merz Aesthetics provides a variety of educational platforms and resources, and I work closely with clinicians

to ensure they can access and benefit from these opportunities. As a qualified dental therapist, I understand how dental practices operate, which enables me to assist practices in integrating aesthetics into their business in a way that complements existing services and maintains high professional standards. We host training days throughout the year, and I would be delighted to connect with you if you'd like to learn more.

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

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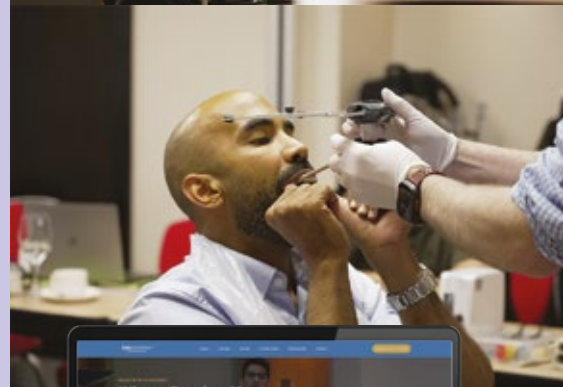


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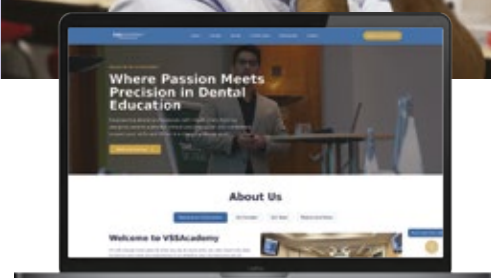
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PREPARING FOR LIFE AS A DENTAL ASSOCIATE

Jayne Clifford outlines the importance of financial awareness for a successful career

Starting your journey as a dental associate is exciting, but success requires more than just clinical skills; managing your finances effectively is vital. Early planning helps avoid stress and sets a strong foundation for your future.

REGISTER WITH HMRC

Within three months of starting work, you must register as self-employed with HMRC to ensure you pay correct taxes and avoid penalties. Tax deadlines fall on 31 January and 31 July. It is wise to save approximately 30% of your annual income to cover income tax, National Insurance and student loan repayments.

MAKING TAX DIGITAL (MTD)

From April 2026, HMRC is introducing MTD for self-employed individuals. Those earning £50,000 or more must keep digital records and submit quarterly updates using compatible software. This threshold drops to £30,000 in 2027. Using software like Xero or QuickBooks now builds good habits before it becomes mandatory.

STAY ORGANISED

Managing accounts is essential. Digital software allows you to track income and expenses from your phone, linking directly to your bank account. Specialist accountants can assist with tax returns and claiming deductions for professional expenses such as course fees.

SEPARATE YOUR FINANCES

Open a dedicated business bank account to separate professional and personal finances. This simplifies tracking and assists with mortgage applications, as lenders typically require two years of self-employed income proof. Consider Cash or Lifetime ISAs for tax-free savings and home deposits.

PROTECT YOUR INCOME

Review your income protection policy to ensure it reflects your increasing salary. Since self-employed associates have no sick pay entitlement, this cover is vital if illness or injury prevents you from working.



Jayne Clifford,
Partner
Armstrong Watson
E: jayne.clifford@armstrongwatson.co.uk
T: 0141 233 0846

BUYING A PRACTICE?

Owning a practice requires careful planning. Seek expert advice on valuations, purchase structures and financial projections to secure funding.

UNDERSTANDING YOUR ASSOCIATE STATUS

HMRC is increasingly scrutinising employment status. Ensure your working arrangements support a self-employed status to avoid backdated tax bills. Staying informed and working with specialist advisers will help you navigate these changes confidently.

Smart financial planning today will give you the freedom to focus on what matters most, your patients and your career. The landscape is changing with MTD and other regulatory updates, so staying informed and working with specialist advisers will help you navigate these changes confidently.

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TIPTON TRAINING TRANSFORMED MY EARLY CAREER

Dr Conall Strickland on how postgraduate training with Tipton Training shaped his professional life

When I graduated from the University of Glasgow Dental School in 2023, I was excited to begin practising dentistry.

I quickly found my feet during vocational training and began the journey towards becoming an associate.

While I was enthusiastic about treating patients independently, it soon became clear that dental school had prepared me primarily to be a safe beginner. From that point on, it was my responsibility to carve my own path toward clinical excellence and a higher standard of care than what is typically expected within NHS dentistry.

I quickly noticed that the nature of NHS dentistry places less emphasis on preventative and comprehensive care, often prioritising speed and efficiency over long-term outcomes. Treatments can feel rushed, and this approach did not align with the kind of dentist I aspired to be. I struggled with the idea that this might define the rest of my career. I wanted to offer my patients the highest standard of care, both clinically and through meaningful, patient-centred interactions.

Throughout university, Professor Paul Tipton's name frequently surfaced in conversations. He is widely recognised as one of the most respected clinicians in the UK, so when I discovered that he offered structured postgraduate training across the country, I was eager to learn more. I eventually enrolled in the Restorative Postgraduate Certificate programme in Crieff, Perthshire.

Rather than attending a short weekend course focused on a single topic, I was looking for a comprehensive and structured pathway to strengthen my understanding of restorative dentistry as a whole. The Tipton Training programme delivered exactly that. Over 12 modules, we explored key clinical areas – from

Above: Conall Strickland, right, during his training

direct composite restorations to veneers, crowns, root canal therapy, and implants – all underpinned by a strong and consistent focus on occlusion.

Completing the programme within a year and achieving my Postgraduate Certificate has made a profound difference to both my clinical confidence and my ability to provide higher-value dentistry. This, in turn, has significantly improved my earning potential. I now have a far stronger understanding of diagnosing and addressing the underlying causes of failure, rather than simply replacing failed restorations. This approach has enabled me to better educate patients about why problems occur, which builds trust; an essential element that is often overlooked in general dentistry.

One of the standout elements of Professor Tipton's teaching is his emphasis on occlusion. More often than not, occlusion is a major contributor to treatment failure, yet it remains one of the least clearly taught areas in dental school. After the very first day of the course, I turned to Paul and said: "That was better than any training I had in dental school – better than all of it put together." His teaching was clear, logical, and immediately applicable in practice. From that moment on, I began to see tangible improvements in both my clinical outcomes and patient trust.

As the course progressed, my confidence grew substantially. I found myself taking on more complex cases that I would previously have avoided. Now, I approach everything – from simple restorations to advanced crown, bridge, and implant work – with a far stronger foundation and greater confidence in my clinical decision-making.

Tipton Training has not only accelerated my clinical development but has also expanded my professional network. I am now part of a

community of peers and mentors whom I can turn to for advice, support, and collaboration. This is not a one-off course; it is an entry into an ongoing alumni network of clinicians who share the same goal: delivering high-quality, long-lasting dentistry.

I have already enrolled in the Aesthetic Dentistry programme and look forward to continuing this journey. I can confidently say that every new graduate would benefit enormously from these courses. Tipton Training has shaped my early career in ways I never imagined were possible and I am genuinely excited to see where it leads next.

TIPTON TRAINING COURSES IN GLASGOW

For dentists inspired to follow a similar postgraduate pathway, Tipton Training will be running two year-long programmes in Glasgow this year, offering structured, comprehensive training supported by experienced clinicians and a strong peer network.

The Restorative Dentistry programme will run from March 2026 to February 2027, providing an in-depth foundation in restorative principles, occlusion, and predictable treatment planning across a wide range of clinical scenarios. Alongside this, the Aesthetic Dentistry programme will take place throughout this year focusing on contemporary aesthetic techniques and delivering confident, long-lasting outcomes for patients.

For full course details, entry requirements, and application information, visit the Tipton Training website: www.tiptontraining.co.uk

Dr Conall Strickland is a Tipton Training alumnus and Junior Tutor on the Restorative and Aesthetic courses.

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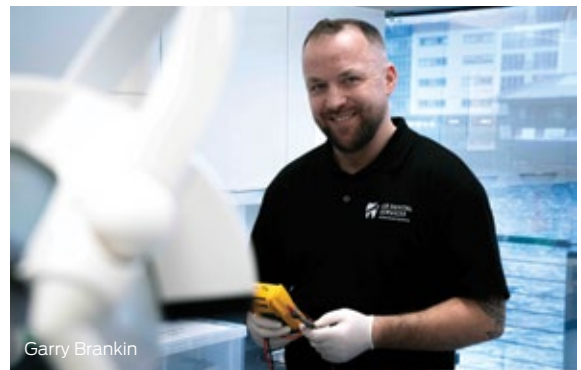
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With a career foundation in engineering, electrical systems and plumbing, Gary moved into dental engineering aged 26, working for Dental Directory. Already nursing thoughts of starting his own business, Gary then worked for Wrights and then, in 2024, took the plunge and established GB Dental Services. "We cover the whole of Scotland

repairing, servicing and installing various types of dental equipment," said Gary. "GB Dental Services delivers fast reactive repairs alongside structured planned preventative maintenance (PPM) to maximise equipment reliability and reduce downtime. Coverage includes dental chairs, suction systems, X-ray units, compressors, and supporting installations, including local decontamination units if required."

Garry added: "Being a new business, and a family business, I really appreciate the work that I get so I will strive to make sure equipment is attended to quickly and first time repairs are carried out whenever possible. I also carry a lot of stock to help me achieve that. Practice uptime is your priority. Let me handle the engineering so you can focus on your patients."






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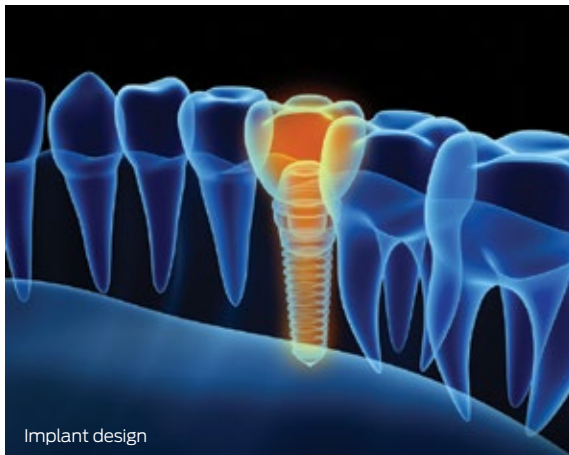
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BEYOND SURGERY: RESTORING IMPLANTS WITH CONFIDENCE

Embracing a prosthetically-driven approach and working with trusted solutions can deliver exceptional implant-retained smiles for your patients, writes Nicolas Coomber

Dental implantology remains an area of rapid growth in UK dentistry. Offering a permanent solution to partial or complete edentulism, it appeals to patients of all ages and backgrounds. Modern technologies, techniques and materials are also making the treatment modality more predictable and accessible than ever before, elevating outcomes and enabling more individuals to take advantage of the solutions available.



For clinicians offering the surgical and/or restorative stage of implantology, it is crucial to be aware of all the factors influencing success. With comprehensive training and experience, alongside meticulous treatment planning and delivery, any dentist can build a thriving dental implant business. Though much emphasis is often placed on the surgical phase of the workflow, properly preparing for and executing the restorative aspect is just as important for success.

A SUCCESSFUL TREATMENT OPTION

With many tools in the armamentarium, today's clinicians have the opportunity to consistently achieve success in the field. A systematic review found the average five-year survival of single-unit implant-retained prosthetics to be 95.6%. Specific papers reviewed found the prosthetic survival rate to be as high as 95.2% at 10 years¹. This provides confidence that implants can be restored in a predictable and long-lasting way, when approached with sufficient planning, products and techniques. All of these are essential to mitigating potential complications and increasing the chance of treatment success.



Nicolas Coomber
National Account
and Marketing
Manager, Coltene

OVERCOMING BIOLOGICAL COMPLICATIONS

As with any area of dentistry, complications can occur when restoring implants. Some of the factors affecting implant success and survival are the number of implants placed in the mouth² and the location of the implants³.

Peri-implantitis is another leading cause of implant complications, with a prevalence of 20% at patient-level and 13% at implant-level⁴. Research has found several links between the development of the disease and prosthetic considerations. For example, residual cement around the restoration can induce marginal bone loss and increase the risk of peri-implantitis. A poorly designed implant-abutment interface can also increase bacterial infiltration and disease risk⁵.

This highlights the importance of creating an effective emergence profile when designing the implant-abutment-crown connections. Though more studies are needed to determine the impact of the emergence angle on aspects like marginal bone loss⁶, evidence so far suggests that the right angle increases will support peri-implant tissue health and stability. For instance, emergence angles of <30 degrees and of a concave or straight design are associated with a decreased peri-implantitis risk⁷. An effective prosthetic design is also critical in ensuring the cleansability of the restoration and implant site, further minimising the risk of peri-implant disease⁸.

A MECHANICAL ISSUE, TOO

In addition to biological factors, there are various mechanical complications relating to implant-supported prosthetics reported in the literature as well. Some of the most common include fractures in the veneering material, loss of access hole, abutment or screw loosening and loss of retention of cemented fixed prosthetics⁹. There is also evidence of fracturing screws, frameworks, and abutments, where the restoration is not planned and executed correctly¹⁰.

Many of these challenges can be avoided with sufficient implant planning. A prosthetically-driven approach is often implemented as a way to identify the best position and angle to allow for a functional, aesthetic and durable restoration. Everything from bone quality and quantity to occlusal forces, surgical technique and prosthetic design should be taken into consideration, working together to optimise the treatment outcome¹¹.

TIME TO BE MATERIALISTIC

With all of this in mind, the restorative material must also be chosen carefully to ensure that aesthetics and longevity can be achieved. Any implant-retained restorations should be created with confidence that they will reliably withstand masticatory forces, blend with the natural dentition and facilitate a good marginal seal to keep bacteria at bay for a reduced risk of peri-implant disease.



The BRILLIANT Crios from COLTENE offers such a solution for single-unit implant restorations. Its outstanding bonding values, excellent marginal seal and high wear resistance all afford peace of mind in the quality and durability of the restoration it creates. Particularly important for implant-retained restorations, the material also exhibits a dentine-like modulus of elasticity, minimising stress from chewing and the risk of material fatigue.

BE PREDICTABLE

Success in implantology relies on a number of factors, with the restorative phase having a significant impact on the long-term outcome. Prosthetic design, and material selection must be deliberate in order to reduce the risk of both biological and mechanical complications. By embracing a prosthetically-driven approach and working with trusted solutions, you too can deliver exceptional implant-retained smiles for your patients.

Nicolas Coomber is the COLTENE National Account and Marketing Manager. For more information, visit www.colteneuk.com/CRIOS or email info.uk@coltene.com or call 0800 2545115. Read online with references at www.sdmag.co.uk/restoring-implants-with-confidence

COLTENE

OUR NEXT STEP IN SUSTAINABILITY

Revealing the new MC Repairs FREEPost Box!



INTRODUCTION

Just over a year ago, we proudly achieved ISO 140001 for our Environmental Management Systems, a milestone that underlines our commitment to becoming the UK's most sustainable, independent repair centre. Since then, we have continued to place sustainability at the heart of our business. We know how important it is for dental professionals to work with suppliers who share the same commitment to reducing environmental impact. That is why we are delighted to unveil the latest step in our green initiative: the launch of our new reusable MC Repairs FREEPost Box. This innovation will gradually replace our current plastic FREEPost Packs, helping us cut down on unnecessary waste while still providing the same fast, first-class service you rely on.

WHY THE MC REPAIRS FREEPOST BOX MATTERS TO US

For years, our FREEPost Packs have been a convenient way for practices to send us equipment in need of repair. While these packs already contained 30% recycled content, there was a high number of plastics that were not reusable.

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- **Fully recyclable:** At the end of its life, the box is recycled responsibly by us.



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Carl Wise,
Managing Director
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- **Circular system:** We return your repaired equipment in the same box, ready to use again. If it becomes worn, we replace it with a fresh one; no hassle, no waste. In short: less plastic, less waste, more responsibility.

WHAT'S NEW AND IMPROVED

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- **Two convenient sizes:** Practices can choose the right fit, avoiding unnecessary bulk or waste.
- **Durable by design:** Strong enough to withstand repeated use and handling.
- **Refreshed look:** Professional new branding that reflects our commitment to



sustainability as well as our reputation for reliability.

THE BIGGER IMPACT

Every FREEPost Box reused means one less plastic pack in circulation. Over the course of a year, this simple switch will help eliminate thousands of single-use packs from the dental waste stream – supporting practices that want to meet their own sustainability goals.

This launch is also part of a much wider journey. Alongside packaging innovation, we continue to focus on:

- Reducing waste across our workshops.
- Improving energy efficiency in our operations.
- Expanding digital resources to cut down on printed materials.

CONCLUSION

The MC Repairs FREEPost Box is more than just packaging – it's another step forward in building a more sustainable future for dentistry. We're proud to make it easier for practices across the UK to reduce their environmental footprint, while still enjoying the reliable, fast-turnaround service you expect from us.

Together, one repair at a time, we can make a measurable difference.

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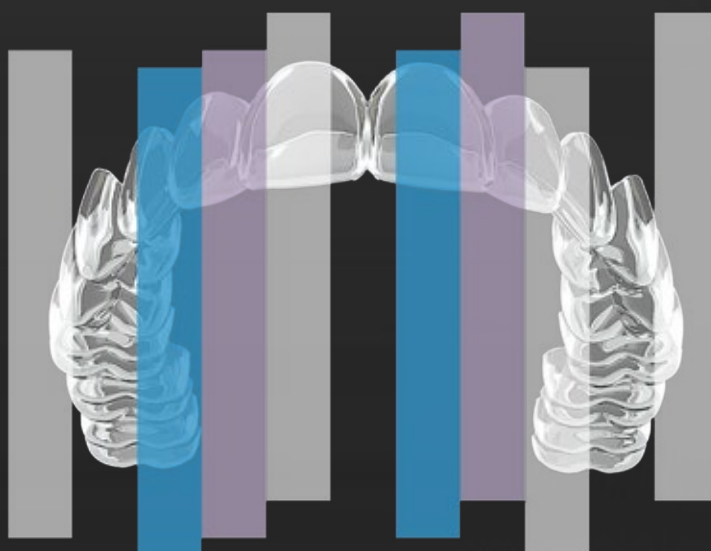


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TURNKEY SURGERY DESIGN

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

IWT Dental Services was the obvious choice, says Kay MacMillan, General Manager at Vermilion – The Smile Experts. "I have worked with 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 was 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 AV 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 practice's needs."



Surgery >



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

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

WHAT QUALITIES DO IWT BRING TO A PROJECT?

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

< Reception area

ABOUT IWT

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

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

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

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

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

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

www.iwtech.co.uk

HAS THERE EVER BEEN A SAFER TIME TO LEAVE NHS DENTISTRY?

Practice Plan Regional Support Manager Richard O'Brien explains why conditions are ripe for a move to private dentistry

There is no disputing the fact that handing back all, or most, of an NHS dental contract can be a scary prospect. How will patients react to such a change? Will they remain with the practice in sufficient numbers for it to be viable? Will the team stage a revolt? Will the local media and keyboard warriors rain down fire and brimstone on your head? All legitimate concerns. However, the dental landscape has continued to change since the pandemic. So, now converting from NHS to private dentistry no longer carries the same element of risk or worry as it used to. Here's why.

PATIENTS WILL STAY WITH YOU

More and more dentists have chosen to prioritise their own wellbeing over the demands of fulfilling an NHS contract and handed back or rebased their contract. When converting, to be able to offer private patients the extended appointment times they deserve, practices need to see fewer patients. Each NHS conversion will, once they have reached capacity, leave some NHS patients looking for a new dentist. This means practices in the same area as the newly converted one will have a larger number of patients who may want to join their practice. In turn, this means that there will still be plenty of patients looking for a dentist should they then decide to become a private practice and so on. In short, every dentist who does this makes it easier for subsequent dentists to do the same.

TEAMS WANT TO CHANGE

Dentists are not the only ones who want a better work/life balance. Their teams want that too. We have helped quite a number of practices convert from NHS to private where the associates are the ones who are driving the change. Tired of chasing UDA targets, they have told the practice owner that they want the slower, more relaxed pace of life that private dentistry offers. What is more, if the owner declines to make the change, then they are

“

MANY DENTISTS REPORT THAT SOME PATIENTS EVEN EXPRESS SURPRISE THAT THE PRACTICE HAD NOT CONVERTED SOONER”

prepared to leave. Recruitment remains a problem, especially for NHS posts. According to a statement issued by the Association of Dental Groups (ADG) following the publication of the Dental Workforce Data earlier last year, there were 2,700 dental vacancies and only around 250 dentists actively looking for work. So, the prospect of having to try to recruit new dentists (and failing) forces the owner's hand.

HEALTH BOARDS ARE MORE OPEN TO CONVERSATIONS

It is important to stress that every health board is different and responds to the idea of rebasing or handing back an NHS contract according to its own needs. However, far from the frosty reception that could have been expected in the past, we have noticed a softening of the attitudes of some health boards. Fewer have tried to make life difficult for the practice handing back the contract.

This has especially been the case since the end of the pandemic.

TIMESCALES HAVE REDUCED

Previously, we would have advised that a practice should expect to allow around a year for it to reach its target for patients on plan. The widely publicised issues with patient access

now mean that some practices are hitting their required patient

numbers in a matter of weeks, rather than months. A colleague mentioned that one of their practices had gone from having around 440 patients on plan to more than 2,000 in just six months.

ONLINE CRITICISM FADES

There have been occasions in the past where dental practices have received stinging criticism from the local media and online. However, these appear to be happening less frequently as the media and the general public now appreciate that underinvestment by government is the root cause of NHS dentistry's problems.

Patients have a greater understanding of the issues facing NHS dentistry. Many dentists report that some patients express surprise that the practice had not converted sooner. As long as the practice team is behind the move (which is essential for a smooth transition) then weathering any potential storms becomes easier. If you work with an experienced plan provider like Practice Plan, then they can help you overcome any lingering misgivings you may have about making the move to private dentistry. From crunching the numbers to give an idea of how many patients you need to lose, to helping with a script to counter objections, they will be by your side through the whole process.

Change of any kind can be scary. It is understandable to have concerns. However, the conditions for making a move from NHS to private dentistry have possibly never been better than they are now. Since 1995, Practice Plan has been welcoming practices into the family, helping them to grow profitable businesses through the introduction of practice-branded membership plans. So, if you are looking to switch provider or are considering a full or partial move away from the NHS and would like a provider who will hold your hand through the process while moving at a pace that's right for you, why not start the conversation with Practice Plan on 01691 684165, or for more information visit: www.practiceplan.co.uk



There has never been
a **safer time** to move
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Ant Davies : Dentist and Practice Owner

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TIMING YOUR DENTAL PRACTICE SALE

At present, we are seeing most dental practice sales in Scotland selling to individuals who will work in the practice as new principals, with a bit of a slowdown from corporate interest. The activity from private buyers saw a significant increase in 2025 and we expect the levels to continue, especially with the reduction of finance rates. It is important when discussing the sale of your practice to understand the likely types of buyers and the timescales that will go alongside.

OWNER OCCUPIERS

Finding a suitable buyer can be the biggest unknown timescale. It can range from as little as a few weeks to several months and, in some instances, more than a year. The timescale will depend on the location of the practice (and the demand) as well as the type of practice and profit levels. The legal process can often take four to eight months, depending on the efficiency of all parties involved. Typically, with an owner occupier

entering the practice the principal is free to leave post-sale, although they may wish to stay as an associate, usually without any legal tie-ins. Having a good dental agent who has access to thousands of buyers is likely to give you more options and a quicker sale.

CORPORATES

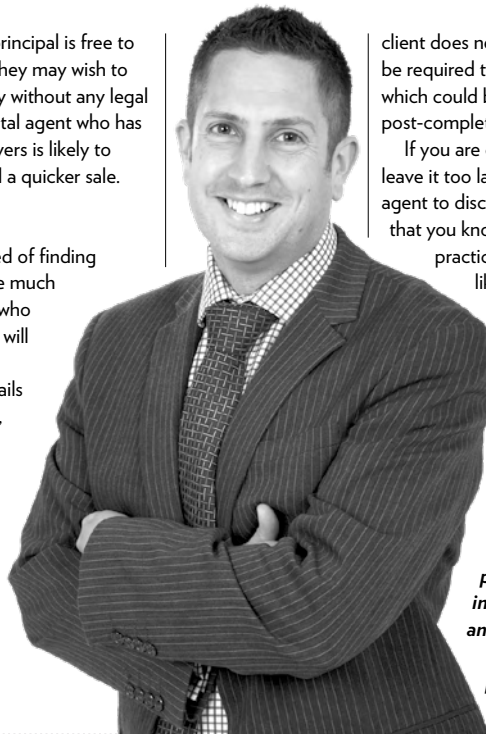
With a corporate, the speed of finding a suitable purchaser can be much quicker, as the corporates who are currently in the market will be ready to invest time in reviewing the financial details and undertaking a viewing, as well as making an offer with speed. As they often have teams of people undertaking the acquisition work the timescales of the legal work is again much improved, often taking less than six months. However, the selling

client does need to consider that they may be required to tie in for a period of time, which could be as much as three years post-completion.

If you are considering a sale, then do not leave it too late. It is important to contact an agent to discuss your practice and make sure that you know the likely buyers for your practice and the timescales that are likely to be involved.

Martyn Bradshaw is a Director of PFM Dental Sales & Valuations and has been undertaking valuations and the sales of dental practices for more than 20 years. PFM Dental is a professional advisory firm, providing dental practice valuations and sales, independent financial advice and accountancy.

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MAKING INCOME TAX DIGITAL

What dentists in Scotland need to know

The way HM Revenue & Customs (HMRC) collects income tax information is undergoing its most significant change in a generation. For many dentists across Scotland, particularly associates and those with property income, Making Tax Digital for Income Tax (MTD for IT) will soon move from an abstract future concept to a practical, day-to-day reality.

MTD for IT is a new digital reporting regime being introduced by HMRC for self-employed individuals and landlords. Most dental associates are classed as self-employed for income tax purposes, meaning they fall squarely within its scope. While limited companies and partnerships are not currently required to register, it is worth noting that dentists operating through limited companies may still have elements of NHS income that are treated as self-employed, which could bring them into the regime.

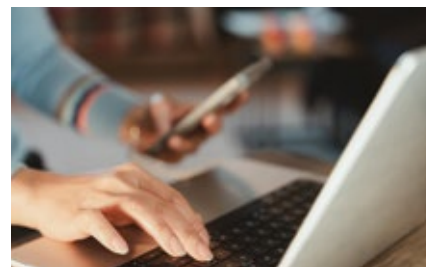
From 6 April 2026, any individual with combined qualifying income from self-employment and/or rental property exceeding £50,000 will be required to comply. This includes maintaining digital records and submitting updates to HMRC using MTD-

compatible software. For those affected, this marks a clear shift away from the traditional annual tax return as the primary reporting point.

Under MTD for IT, you will be required to submit quarterly updates to HMRC, reporting your income and expenses for each relevant source. These updates are not tax bills, but summaries that allow HMRC to build a more up-to-date picture of your tax position throughout the year.

Separate submissions are required for each income stream, such as self-employment, UK property or foreign property. Despite this increased reporting frequency, an end-of-year return will still be required by 31 January following the end of the tax year to finalise your tax position.

The first step towards compliance is registering for MTD for IT with HMRC. This can be done personally, or through an adviser acting on your behalf. Once registered, you will need to choose how you keep your digital records. Broadly, there are two main options: using fully MTD-compatible accounting software, or maintaining compliant spreadsheets supported by approved bridging software that links directly to HMRC.



While the new requirements may feel daunting, they also present an opportunity to gain clearer, more timely insight into your finances. With the right systems in place, quarterly reporting can become a manageable part of your routine rather than an administrative burden.

As April 2026 approaches, early preparation will be key. Understanding whether you are affected, choosing suitable software and putting support in place now can help ensure a smooth transition and avoid unnecessary stress later.

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BUSINESS RESTRUCTURING

There are some simple steps you can take to avoid unintended consequences, says Jennifer Gallagher

When thinking about setting up your practice or restructuring it, first and foremost most principals will have in mind the significant tax and business advantages involved. However, if you are married or intend getting married, the most common business planning advice can have unintended consequences for you if the marriage comes to an end at a later date.

SETTING UP A LIMITED COMPANY

If you currently operate as a sole trader or if you are about to go into practice on your own account, there can be business and tax benefits to setting up a limited company instead.

As part of the process you will most likely take shares and if you are married you may be advised to allocate some shares to your spouse. From a tax planning point of view, all of this makes perfect sense.

UNINTENDED CONSEQUENCES

Bear in mind the following points:

- If you are already trading as a sole trader or as a partner and you had already set your business up before getting married, then your interest in the business is not currently matrimonial property. This means if you were to separate, the value of your business would not form part of



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the pot to be divided with your spouse.

- By setting up a new company after marriage, you will convert the business interest into matrimonial property. The effect is that the value of the business will be part of the pot to be divided should you separate. You may have an argument that it would not be fair to include the full value, but the impact of that argument will depend on all of the circumstances, and it may prove costly to get that issue resolved.
- If you are advised to allocate some shares in your new company to your spouse, then those shares will be matrimonial property and your spouse may hold the shares to ransom when negotiating a financial settlement following a separation. The shares will likely need to be valued, which can prove costly, and the uncertainty can prove disruptive to your business.

PREVENTION IS BETTER THAN CURE

There are some simple steps you can take to avoid these unintended consequences:

- Ensure if allocating shares to a spouse that you put in place a shareholders agreement regulating arrangements including what happens with the shares in the event of a separation.
- If employing your spouse, make sure that you have written employment particulars. Don't rely on informal understandings.
- Consider a pre-nuptial agreement if you are getting married in future. This allows both you and your future spouse to ringfence and protect assets going into the marriage and can avoid costly disputes later.
- If you are already married, consider a post-nuptial agreement to ringfence and protect your new company.

PRE/POST-NUPTIAL AGREEMENTS

In Scotland these agreements are generally enforceable. They can be put in place to ringfence assets to avoid them becoming matrimonial property.

This means you can protect an existing business and avoid any unforeseen consequences should you restructure later.

Thinking about this and taking expert advice is important as it is far easier to address these matters at the planning stage. These agreements should be viewed as similar to insurance; should things go wrong, you are covered.



“BY SETTING UP A NEW COMPANY AFTER MARRIAGE, YOU WILL CONVERT THE BUSINESS INTEREST INTO MATRIMONIAL PROPERTY”

THINKING OF BUYING A DENTAL PRACTICE IN 2026?

Kevin Strain, Senior Business Agent – Dental at Christie & Co, provides an overview of the dental market in Scotland and shares some key tips for those looking to buy this year

Last year was another standout year for independent dental operators in Scotland, who accounted for 100% of the practices we sold, with around half of these acquisitions made by first-time buyers.

As we move through 2026, we expect to see interest from corporates as they renew their appetite in the Scottish market with vigour, as well as a continued rise in interest from first-time buyers who want to jump into practice ownership.

If you are considering purchasing a practice and want to position yourself as a strong buyer, here are some key things to consider:

- Decide what kind of practice you want – NHS, private, or mixed income – and how many surgeries you need. Consider location and whether you are willing to



commute. While it is good to have preferences, staying flexible will keep you open to more opportunities

- Register your interest with a reputable dental agent – avoid those who charge fees. A good agent will share practice details fairly with all interested buyers. Once registered, speak directly with the agent to clarify your goals and explore the options available



Kevin Strain
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- Plan your finances. Most purchases require between a 10% and 20% deposit (and in some cases, no deposit). The dental sector is considered a 'green-light' industry by lenders, generally making it easier to secure funding
- Engage a solicitor and accountant who specialise in dental practices. Their expertise will help you navigate legal and financial complexities and avoid common pitfalls
- Finally, be prepared for competition. The dental market in Scotland is strong and in demand. If you miss out on a practice, do not be discouraged – there are plenty of opportunities, and the right one will come along.

For a confidential chat about your business plans, contact Kevin Strain.



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A NEW NORMAL FOR WAGES?

By Victoria Forbes, Director, Dental Accountants Scotland

One of the most consistent themes in our conversations with practice owners over the last few years has been wage pressure. What initially felt like a short-term response to recruitment shortages and the cost-of-living crisis now appears to have settled into something more permanent.

In simple terms, wages in the Scottish dental sector have normalised at a higher level.

This brings both challenges and opportunities. On the one hand, rising payroll costs place very real pressure on already tight margins, particularly for NHS and mixed practices. On the other, competitive and fair remuneration remains essential if practices are to recruit, retain and motivate high-quality teams in an increasingly competitive employment market.

What we are seeing more clearly now is that pay alone is no longer the differentiator it once was. Career progression, clarity of role, leadership quality, flexibility and workplace culture all play an increasingly



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“CAREER PROGRESSION, CLARITY OF ROLE, LEADERSHIP QUALITY, FLEXIBILITY AND WORKPLACE CULTURE ALL PLAY AN INCREASINGLY IMPORTANT PART IN RETENTION”

important part in retention. Practices that take a more rounded, strategic approach to employment tend to feel far less reactive when annual pay reviews come around.

Each year, we run our Scottish Dental Sector Wages Survey to help practices understand where they sit within the wider market. The survey has grown to become the largest of its kind in Scotland and provides meaningful, real-world insight into pay rates, benefits and emerging trends across all practice types and regions.

This year's survey will help answer some important questions. Are wage increases finally stabilising? Where do regional differences remain most pronounced? And how are practices adapting their employment models in response to sustained cost pressures?

If you are a practice owner or manager, contributing to the survey not only gives you early access to the findings but also helps strengthen the quality of insight available to the profession as a whole.

As always, informed decisions are better decisions, and understanding the wider landscape is a powerful place to start.

You can complete the survey online at dentalaccountants.scotland.co.uk/wages2026 or by scanning the QR code.



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> AGILIO

AGILIO ACQUIRES PATIENT PLAN DIRECT



AGILIO Software, the healthcare software solutions provider, has announced the acquisition of Patient Plan Direct (PPD), a specialist dental membership plan provider.

The deal brings together Agilio's established dental compliance, workforce and marketing solutions with PPD's expertise in plan design, technology, training and support to nurture strong growth and retention.

PPD works with independent practices, regional groups and DSOs across the UK, providing end-to-end support from plan design and pricing through to onboarding, marketing, promotion and day-to-day administration.

Its teams in client services, operations and business development support thousands of dentists and hundreds of thousands of patients, with a strong track record in retention and proactive plan management.

Bringing Agilio and PPD together creates a platform that connects membership plans, compliance, practice operations and practice growth solutions. Agilio plans to combine PPD's plan expertise with its wider technology roadmap, including PMS integrations, single sign-on and enhanced AI automation. This will help practices reduce administrative burden, improve cash flow and gain deeper insight into plan performance.

Existing PPD and iPlan customers will continue to be supported as normal while a carefully managed migration and integration programme is delivered.

Ben Betts, Chief Executive of Agilio Software, said: "Acquiring PPD is an important step in Agilio's dental strategy, building on our existing products such as iTeam, iComply and iGrow, and giving us the opportunity to offer dental practices joined-up solutions that cover practice-branded membership plans, compliance, workforce management, and practice growth."

agiliosoftware.com, patientplandirect.com

> AGILIO

AGILIO LAUNCHES UNIFIED OPERATIONS PLATFORM



DEVELOPED in response to growing operational complexity across dentistry, newly launched Agilio One brings compliance, workforce management and learning together in one connected platform, giving dental practices and groups clearer oversight, inspection readiness and greater operational confidence. Agilio One has been created to address a challenge many practices recognise: managing essential operational requirements across multiple systems can be difficult to oversee and increasingly hard to scale, adding pressure to everyday practice operations. The launch of Agilio One follows Agilio's recent announcement that Patient Plan Direct (PPD) has joined the business as part of its iGrow proposition, bringing expertise in plan design, technology, training and support to nurture strong growth and retention. Together, Agilio One and iGrow form part of Agilio's connected approach to practice operations and growth, with compliance and operational excellence providing the foundation on which sustainable growth is built.

By bringing compliance, HR and learning into one connected network, Agilio One provides the conformity-led operational backbone of a modern dental practice, giving teams clearer oversight, inspection readiness and greater confidence in the foundations of their business. Information flows automatically into one dashboard, eliminating duplicate data entry while supporting inspection readiness and reducing reliance on manual processes. Automated alerts and one-click inspection reporting bring previously separate workflows into a single, connected system, ensuring critical information is always current and accessible. This depth of integration is the first of its kind in the dental sector, uniting compliance, workforce management and learning within one operational platform. Agilio One has been shaped by the day-to-day realities facing dental practices across the UK, from increasing regulatory scrutiny and complex onboarding requirements to the challenge of maintaining CPD compliance amid ongoing workforce pressures. By automating evidence collection, CPD tracking and HR documentation, Agilio One supports alignment with the expectations of the UK's independent healthcare regulators, alongside NHS and GDC standards. In doing so, it reduces manual oversight and duplicate data entry, allowing practice teams to reclaim valuable time and focus more fully on patient care. Dental practices and groups can discover how Agilio One brings compliance, workforce management and learning together by booking a discovery call at tinyurl.com/agilio-one

Learn more at www.agiliosoftware.com

> CARESTREAM

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Alastair Fraser, Principal Dentist, Greygables Dental



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