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Retention versus recruitment

A Scottish Labour Party proposal has sparked a debate around the use of golden handcuffs

The corridors of our dental schools have always been filled with a palpable sense of ambition, but lately that ambition is tinged with a new kind of anxiety. As we navigate the early months of 2026, the Scottish dental landscape finds itself at a philosophical crossroads.

The Scottish Labour Party's proposed Train Here, Stay Here initiative has moved from a campaign talking point to the centre of a fierce professional debate (see page 14). The proposition is simple, yet provocative: in exchange for a funded Bachelor of Dental Surgery (BDS) place, graduates must commit to five years of NHS service or face the prospect of 'buying out' their degree.

On the surface, the logic is seductive. For a Scottish Government grappling with 'dental deserts' in the Highlands and an under-pressure NHS infrastructure in the Central Belt, a guaranteed pipeline of young clinicians feels like a silver bullet. It addresses the optics of recruitment; a metric that politicians love to cite. However, for those of who have spent decades in the surgery, it is well known that recruitment is merely the opening gambit. The real endgame is retention, and you cannot mandate loyalty.

The 'golden handcuffs' strategy risks fundamentally altering the social contract between the state and the profession. Traditionally, that contract has been built on mutual investment; the state provides the education, and the professional provides the service because it is a viable, respected and sustainable career path. By shifting this to a mandatory 'term of service', we risk shifting the NHS from being a choice to being a chore.

We must ask ourselves: what kind of workforce are we creating if the primary reason a young dentist stays in an NHS practice is to avoid the debt collector? A dentist who is 'clocking in' their five years while eyeing the door is a dentist at risk of burnout. They are also less likely to invest in the long-term community ties that are the bedrock of Scottish primary care. We do not just need bodies in surgeries; we need clinicians who are professionally and mentally engaged.

Furthermore, the timing of this proposal coincides with a 7% increase in BDS intake across the Glasgow, Dundee and Aberdeen hubs. While more graduates are welcome, the handcuff model ignores the 'leaky bucket' at the other end of the career spectrum. If we force 23-year-olds into a system that is currently driving 45-year-olds into early retirement or 100% private practice, we have not fixed the bucket, we have just turned the tap on harder.

> "IF THE SCOTTISH GOVERNMENT WANTS TO KEEP ITS GRADUATES, IT MUST MAKE THE NHS AN ENVIRONMENT WHERE THEY CAN THRIVE"

The solution to our workforce crisis is not to be found in restrictive legislation, but in environmental reform. If the Scottish Government (of whatever political hue) wants to keep its graduates, it must make the NHS an environment where they can thrive. This means continuing to build on the payment reforms introduced in 2023 and, more recently, the change to prior approval this year.

Golden handcuffs might provide a temporary reprieve for the statistics, but it offers no long-term cure for the profession's morale. We should be courting our graduates, not capturing them. We need to create a system so robust, so rewarding and so clinically fulfilling that the idea of leaving for the private sector feels like a loss, not an escape. As we look toward the next parliamentary session, there needs to be a shift in focus. Let us stop debating how to tether our young dentists to a – not so much sinking, but perhaps – listing ship and start discussing how to make the ship seaworthy again.

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Arthur Dent is a practising NHS dentist in Scotland
Got a comment or question for Arthur? Email **arthurdent@sdmag.co.uk**

What's in a number?

Figures surrounding the number of dentists entering the profession must be scrutinised

I read, with interest, the British Dental Association's (BDA) recent statement regarding the UK Government's decision to increase the numbers of potential dentists joining the register from 2,100 to 4,200 per year from 2028. There has also been a commitment to increase the LDS and ORE examination processes to accommodate overseas dentists who do not automatically qualify for UK registration. The BDA says this process is a "quick fix" and may not lead to more NHS provision, as those entering have no requirement to work in the health service. They blame the underfunded NHS system.

The statement is primarily about the English system of NHS care and, based on the usual pattern of immigration, most will end up in England. However, there is likely to be migration into the Scottish system too. Perhaps the NHS system up here may be more appealing, even if the weather is less so? The Scottish Government has also looked at the entry or return-to-work process, with the introduction of Mandatory Testing, use of Test of Knowledge and the ability for dentists to register in areas and work for up to six months before fully demonstrating their competence through that testing.

There are potential issues, however, it appears clear that governments are taking the lack of dentists seriously. They are targeting foreign-trained individuals as a ready source of workforce to address our lack of whole-time equivalents (WTE). I am glad they are paying attention. Arguably, it is very little too late and does not easily sort the real issues surrounding the lack of dental availability. But it is a start.

After doing some basic maths, if you consider 2,100 being the historic norm based on mostly full-time working, i.e. five days as a WTE, that results in around 2,000 full-time dentists entering the system annually. Based on rudimentary assumptions, let us say those 2,000 dentists now work three-and-a-half days as a WTE. It would need 3,000 registrants a year to keep the status quo.

There is also a commitment to a 'modest' increase in UK-based graduates being allowed too. Universities may have to put in place more resource to accommodate this commitment. This brings its own problems in terms of staffing and adaptation to larger numbers of students. The universities certainly do not have capacity to train many more people and I would say that the governments do not have the cash to train that many homegrown graduates.

The rise to 4,200 registrants would mean that, in less than 10 years, the change in working patterns could be entirely reversed. These assumptions are rough, but that is a very compressed timeline and could result in a huge shift in the availability of care to the people of the UK. The BDA's assertion that those new registrants do not have to work in the NHS, and may not want to, is entirely true. This weight of numbers would be a paradigm shift in supply and demand. It is unlikely that a mostly private model could support that many more dentists without a significant reduction in fees and earnings.

What is more, the UK culture across professions leading to working a four-day week or less may not be replicated by those migrating. The shift could be even greater and clinics, especially corporate ones, may look at the benefit of a five-day worker in terms of consistency and availability and start to hire more overseas dentists than UK graduates. The BDA says these overseas dentists could be exploited. However, if they were willing to work five days, that availability could be a premium.

An increase of dentists by that many would almost certainly lead to more NHS care whether the system is as broken as the BDA claims, or not. Perhaps the UK Government is betting on attracting migrant dentists over any need to change the system at all? Even if it is broke, do not fix it? Just get more people? If dental availability increases and tax receipts go up, very few MPs will be complaining about more dentists.

In Scotland, the tax system may not help but the NHS fee system might. If we have a more considered Mandatory Training system and VT equivalence, then we may be the most attractive UK area. A mentoring system to ensure that VT equivalence and quality would reassure patients and clinic owners and manage the governance requirements for health boards. Surely that would be the next step to manage the process and maintain dental quality? If that were to be organised and paid for by the Scottish Government and the NHS, then it would only be reasonable to create tie-ins. At approaching £100,000 per VDP, a pretty long tie-in would be reasonable. Possibly up to the seven-year tie-in associated with Simplified Disease Activity Index (SDAI) grants?

There are ethical concerns with taking highly trained professionals from other nations. This is something to be debated, but if we have need then are our own interests paramount? There are questions about quality control, governance and whether migrants stay in the long term. It certainly is not the case for most of the foreign students currently being taught in UK dental schools. Perhaps that offsets this process? Public opinion around immigration and the whole Brexit process is making it more difficult to come to our shores. It will be interesting to see if professionals feel that process insurmountable.

In the end, the 4,200 per year is not a guarantee, merely a possibility. Does the UK dental profession hold enough of a draw for overseas dentists? I suspect any difficulties of opinion or fact, NHS or private, will not stop a huge number trying. The reality of the system's ability to test, register and monitor is probably a much greater barrier than the rest.

Achieving sustainable performance under pressure

Former Royal Marines Commando to speak at Scottish Dental Show on managing stress

SAM WONES, a former Royal Marines Commando and co-founder of The Adaptable Human Project, will be speaking at the Scottish Dental Show in June.

Sam will deliver a lecture, *Sustainable Performance Under Pressure: understanding and practical applications*, during which delegates will learn practical psychological skills that can help prepare them for imminent stressful moments.

With a background in sports and a career of more than a decade in the Royal Marines, Sam is well-placed to talk about stress, resilience and performance. His list of qualifications includes Sport and PE (Hons) BSc, Level 5 Coaching and Mentoring, Resilience Practitioner, Positive Psychology Practitioner, Sleep Ambassador, Level 2 Counselling Diploma, Fitness Instructor, Trauma Risk Management Practitioner and Sleep, Stress Management and Recovery Coach. Through his degree, he studied and worked with elite-level sportspeople and their coaches, looking into methods and practices used to develop and maintain high levels of performance. On graduating, he worked in the fitness industry, specifically in a performance training centre. He worked with athletes, sports teams, Special Forces soldiers and members of the public.

His proudest achievement in the Royal Marines was representing them and the wider Royal Navy as a competitive shooter. He won the title RM Champion At Arms; top shot for rifle and pistol in the Defence Operational Shooting Competition.

Also speaking at the show is Anita Hosty, a Registered Dental Hygienist, international speaker, fitness instructor and creator of Loose Hands, a specialised ergonomic and fitness programme designed to relieve strain in the wrists, shoulders, back and hips, empowering dental professionals to practise pain-free for years to come.

Alongside more than 130 exhibitors demonstrating the latest technology and developments in dentistry, the show's education programme (see p44-45) comprises lectures and workshops on the GDC's eight recommended and highly recommended topics:

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

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

The show is at Braehead Arena, Glasgow, on Friday 12 and Saturday 13 June. Visit ***sdshow.co.uk/register*** now for your free ticket.

Recruitment of Dean, Faculty of Dental Nursing and Orthodontic Therapy

THE College of General Dentistry (CGDent) is seeking the next Dean of its Faculty of Dental Nursing and Orthodontic Therapy, and all dental nurses and orthodontic therapists are invited to consider applying.

The four faculties of the College have been led by the Chairs of the Faculty Boards.

But to reflect their increasing responsibilities as CGDent continues its journey towards Royal Charter, the incumbent Chairs have recently been inaugurated as Deans.

The Deanships each have a three-year term of office, but the inaugural Deans are serving shorter terms as a sequential process of reappointment is implemented, with the Dean of the Faculty of Dental Nursing and Orthodontic Therapy the first to be reappointed.

The new Dean will be appointed for a non-renewable term from June 2026 to June 2029. During this time they will be expected to attend the three formal meetings of the Council each year, and to coordinate at least three meetings of the Faculty Board annually.

The Dean, who will work closely with the President and the other Deans in developing career and membership pathways, standard-setting, development of effective teams and other College priorities, will support the Council and advise it on the wider membership of the Faculty Board.

A role profile is available at **cgdent.uk/opportunities**.

The closing date for applications is Sunday 17 May. Interviews will be held online the week beginning 25 May, with a selection panel convened by Council, and the appointee should be available to attend the College Council meeting on Friday 12 June.

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Fifth of UK dentists work purely privately

Proportion remains consistent compared with last year after a slight increase in 2024

A FIFTH of dentists are providing private care only, data published by the General Dental Council (GDC) reveals.

The GDC's third annual set of dentists' working patterns data[1] shows that 20% were providing private care only and a further 14% said they worked predominantly – more than 75% of their time – in private care. The respective percentages were 19% and 14% in 2024 and 20% and 14% last year.

Since the working patterns questions were launched in November 2023, data has been collected from 35,474 dentists, representing three-quarters (75%) of the dentist register.

Of those who responded, 32,356 confirmed they were working in the dental sector in England, Scotland, Wales or Northern Ireland; 89% were working primarily as a dentist, 9% as a specialist and 1% as a clinical dental technician.

The data represents the single largest source of up-to-date working patterns information from individual dental professionals across the UK.

Theresa Thorp, Executive Director of Regulation at the GDC, said: "The data provides important insights into working hours, practice settings, employment arrangements and the balance between NHS and private provision. We are confident that these findings will support strategic planning by health services, governments and dental providers and, ultimately, help patients receive the care they need."

[1]*www.gdc-uk.org/about-us/our-organisation/reports/working-patterns-data*

Data highlights:

› Most dentists (80%) work in England, with just over one in ten (11%) working in Scotland, 5% in Wales and 4% in Northern Ireland.
› More than half (60%) are self-employed, agency workers or locums, a fifth (20%) are employees, and 15% are business owners or part-owners.
› Less than half (45%) work 30 hours per week or less, with the same proportion (45%) working between 30 and 40 hours per week.
› The majority (86%) work predominantly or fully in clinical roles, with a further 9% undertaking a mix of clinical and non-clinical work.
› Just over two-thirds (68%) work in general dental practice, with 6% in dental hospitals, 5% in community dental services and 4% in other hospital settings.
› More than half (60%) regularly work in one location, while more than a third (38%) regularly work across more than one location.
› More than two-fifths (41%) of dentists spend at least 75% of their time delivering NHS care, with 14% working exclusively in NHS settings. Conversely, a fifth (20%) provide only private care, with a further 14% working predominantly in private practice.

The potential of NFR for denture labelling

NEAR-FIELD communication (NFC), the technology used for contactless payments, has the potential to replace traditional denture marking, according to a study.

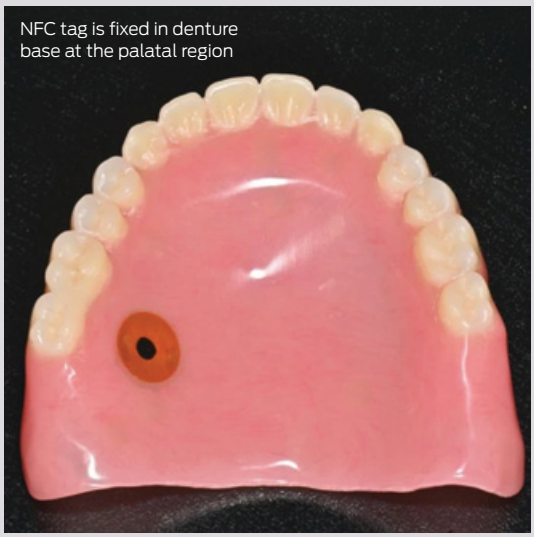
Traditionally, an identifying strip is placed within the denture base and sealed with clear acrylic. But the exact components of this method vary from country to country and in the UK, unlike some European countries and US states, there are no standard guidelines.

The researchers said that NFC tags are passive, compact, inexpensive and readable using most modern smartphones without specialised equipment. They set out to demonstrate their applicability in removable prostheses subjected to chemical and thermal exposure.

They tested 64 tags: 32 pre-embedded in polymethyl methacrylate dentures and 32 post-embedded. Both groups were assessed at 24 hours and 14 days using an NFC Forum-certified reader and software.

The researchers said 100% readability and 100% writability were achieved in both groups and timepoints.

"Within short-term evaluation, NFC tags remained fully functional following post-processing embedding," they said, "which highlighted the technical feasibility of incorporating NFC tags into the denture base without compromising communication performance."



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GDC launches new user-friendly online registration portal

The General Dental Council's new online registration service has gone live

The site modernises how dental professionals apply for and manage registration

THE General Dental Council's (GDC) new online registration service has gone live.

MyGDC replaces eGDC and marks a significant step forward in the GDC's commitment to modernising its services and improving the experience for the thousands of dental professionals who join or manage their registration each year. In 2024 alone, the GDC received around 13,000 new applications to join the register.

The new service allows applicants to complete their application entirely online, upload supporting documents securely, verify their identity using facial recognition technology and track the progress of their application in real time, removing the need to send documents by post.

Existing dental professionals can use MyGDC to manage their registration, pay registration fees, complete their annual renewal and declare their continuing professional development (CPD) hours.

Theresa Thorp, Executive Director of Regulation at the GDC, said: "Joining the register is a significant moment in every dental professional's career. MyGDC gives applicants and dental professionals a faster, user-friendly and more transparent and accessible way to interact with us. This is part of our wider commitment in our 2026-2028 strategy to ensure our registration processes are efficient and effective."

> "THE NEW SERVICE ALLOWS APPLICANTS TO COMPLETE THEIR APPLICATION ENTIRELY ONLINE"

The shift to an online system follows user research that found the existing registration process was often seen as lengthy and difficult to navigate, particularly for new and international applicants. The lack of real-time status updates and the reliance on paper documents created unnecessary delays and frustration.

Applicants will receive notifications when action is required and can respond to requests for information directly through their online account. The underlying registration requirements and assessment standards remain unchanged. MyGDC changes how applications are submitted, rather than what is required.

Future dental professionals who started their registration application in eGDC on or before 24 March should send the required supporting documentation within three months of the application date. If their application is not completed by this date, they will need to submit a new application through MyGDC.

BSPD's mission statement refresh includes first children's version

THE British Society of Paediatric Dentistry (BSPD) has refreshed its Mission Statement & Strategy for 2026 to 2029 – issuing for the first time a version for children and young people.

The three-year plan[1] is based on eight core aims focusing on the society's priorities and keeping the most vulnerable young people at its heart. The society said the principle of creating a version for children, co-created with feedback from children, is fundamental to ensuring that BSPD delivers advice and materials that are relevant to and can be understood by every child, including those who are neurodivergent.

The BSPD's overarching mission statement is: "To improve paediatric oral health, reduce oral health inequalities and support the development and delivery of high-quality, accessible oral health care for all children and young people in the United Kingdom."

The mission statement version for children and young people is a bright and modern one-page infographic using fun icons and simple language. The Society lays out for children the purpose of BSPD, introducing who they are and what they want to do.

It says: "Paediatric dentistry means the dentists and their teams who help keep children and young people's teeth and gums healthy.

"Having a healthy mouth is important. If your mouth is sore, it can stop you from eating and sleeping and make it hard to concentrate at school or college. We want every child and young person to have a healthy start in life and to get really good care for their teeth."

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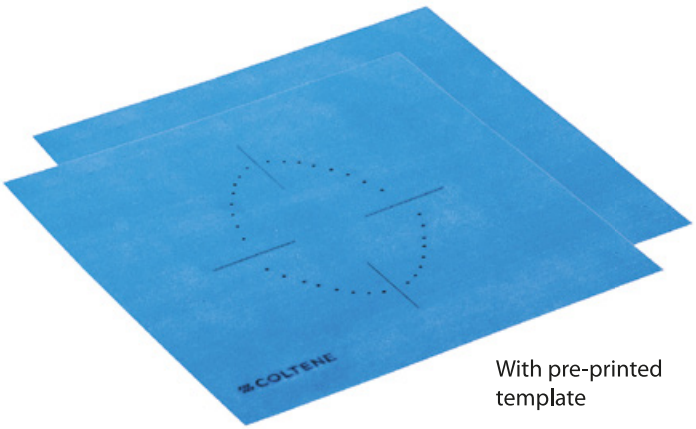

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Dentists challenge Scottish political parties

BDA says voters are looking to the next Scottish Government to guarantee the future of NHS dentistry

ONE in five adults in Scotland say they have been unable to access NHS dental care, according to a survey commissioned by the British Dental Association (BDA).

Data collated by YouGov involving 1,075 adults aged 16 and older found that 12% of adults said they had been unable to secure an NHS dental appointment in the past two years, while a further 7% said they had not attempted to book because they assumed they would be unable to get one.

The BDA said that voters are looking to the next Scottish Government to "go further and faster to guarantee the future of NHS dentistry".

Taking into account the different priorities facing the country, 65% of Scots say the Scottish Government should be doing more on dentistry. Only 20% believe they are doing all they reasonably can. Dentistry is now a major doorstep issue in Scotland, with 15% ranking it as the most important issue in their local area, on a par with crime (16%).

The BDA has published its own manifesto[1] stressing a new administration must act to future-proof the service. While the current Scottish Government took forward payment reform of NHS dentistry in 2023, the professional body said this cannot be viewed as "mission accomplished".

It said that concerted action is required to improve access and reduce inequalities that are already widening and create the dental workforce Scotland needs via a fully funded workforce plan.

The BDA is encouraging parties to double down on prevention, expand the pioneering Childsmile programme, and adopt policies to encourage families to make healthier choices. It said practices need to be protected from surging costs, including rises in National Insurance from the UK Government which have already been mitigated in Northern Ireland, but not in Scotland.

Albert Yeung, Chair of the BDA's Scottish Council, said: "If we want NHS dentistry in Scotland to remain a going concern in the 21st century, it will require a sustained plan of action.

"The public are clear the next Scottish Government needs to go further, and faster. We must future-proof dentistry in Scotland, because failure to do so will come at a steep financial, human and ultimately a political cost. This is already an issue on the doorstep. It will remain one until voters see real change."

[1] ***www.bda.org/media/loafwhzg/bda-scotland-manifesto-2026.pdf***

Scottish Labour's dental tie-in plan criticised

THE Scottish Labour Party has said that medical, nursing and dental students who take up a funded place at a Scottish university should work in either the NHS or social care for five years after their training.

Anas Sarwar, the Scottish Labour leader, said that a Scottish Labour government would introduce a new 'Train Here, Stay Here' policy to tackle staffing shortages across the NHS and social care system.

Under the plans, any Scottish medical, nursing or dental student who takes a funded place at a Scottish university would, after graduating, be expected to work in Scotland's NHS or social care system for at least five years or they would have to repay their tuition support and bursaries.

Mr Sawar said the policy is part of a wider effort to "fix the SNP's failure on workforce planning, which has left Scotland with high vacancy rates while too many nurses and doctors struggle to get training places and clear career pathways."

But the proposal has been criticised by the British Dental Association (BDA). Charlotte Waite, Director of BDA Scotland, said: "Whoever forms the next government of Scotland should focus on making the NHS a place dentists would choose to build a career.

"The risk is this policy won't keep a single experienced dentist in the NHS, and it just turns the service into a place you serve time before moving on. Ensuring everyone in Scotland can access the dental care they need requires a fully funded and fully costed NHS dental workforce plan."

As part of the wider plan, Mr Sarwar said he would also commit to a new 10-year NHS workforce strategy, designed with the professions, to properly link university places, training posts and long-term career development.

He said a Scottish Labour government will:

- Introduce a new 10-year NHS workforce plan, designed with the professions, to align university places, training posts and long-term workforce need.
- Change the rules so publicly funded Scottish medical, nursing and dental graduates are expected to work in Scotland's NHS or social care system for at least five years, or repay tuition support and bursaries.
- Improve retention through flexible working arrangements, helping staff balance work and family life and supporting experienced professionals to stay in work longer.
- End the sticking plaster approach to NHS staffing by properly linking training, recruitment and career progression.

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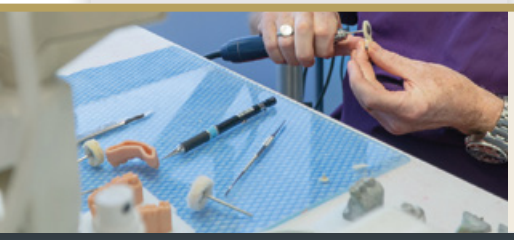
Abid is a graduate of the Glasgow Dental School. He has a master's degree at Glasgow University and a Diploma in Implant Dentistry from The Royal College of Surgeons in Edinburgh. He is a member of their Faculty of Dental Surgery, and he is the immediate past president of the Association of Dental Implantology. Abid limits his practice to implants and the management of complex restorative cases with a special focus on immediate loading – having placed in excess of 5,000 implants. He utilises digital dentistry, implants and smile design for the management of complex restorative cases.



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GDC shares more details on new ORE contract

It paves the way for a five-fold increase in the number of internationally qualified dentists joining the register

UCL Consultants is a wholly owned subsidiary of University College London ©Julie Parkes McClean / Shutterstock.com

THE General Dental Council (GDC) has announced further changes to the Overseas Registration Examination (ORE).

It could result in a five-fold increase in the number of internationally qualified dentists joining the register via the ORE route, said the regulator.

The new contract with UCL Consultants (UCLC) will provide a more consistent and predictable framework for candidates planning their route to registration, said the regulator.

Part 1 places will increase from 1,800 in 2025 to 2,400 per year under the new contract.

Part 2 places will rise from 720 to 944 in the first year of the new contract, increasing further to reach 1,500 by the third year.

The first exam sittings under the new contract will be offered from September this year. The contract includes flexibility to manage capacity on an annual basis. This allows the exams to run at a larger and more planned scale, increasing capacity in a controlled way rather than reacting to pressure year on year.

The GDC said that it was essential that exam sittings are set at a level that can be delivered safely and to the required standards. The regulator said it will not compromise on either the candidate experience or patient safety.

The GDC will work closely with UCLC to ensure a smooth transition for both parts of the examination and will provide regular updates to candidates and stakeholders throughout the implementation period.

Tom Whiting, Chief Executive and Registrar at the GDC, said: "Our top priority has been to increase the capacity of the ORE, and I'm pleased that we can offer greater certainty and scale through this new contract. This is good news for candidates.

"More ORE places, along with more students at dental schools, and the increase in capacity for the LDS, is great news for the dental workforce and, in turn, patients and the public.

"Sustainable change requires a long-term plan and, working with others, we are committed to playing our part, to support any workforce strategy, including building a comprehensive framework to support international recruitment."

MPS Foundation's research grants open for applications

DENTAL professionals, practices and academic researchers across the UK are being invited to apply for funding through the MPS Foundation's 2026 grant programme.

Launched in 2022, the MPS Foundation sits alongside Dental Protection as part of the wider Medical Protection Society.

The global not-for-profit research initiative funds research addressing key challenges facing dentistry, including workforce pressures, mental wellbeing, human factors in practice, digital innovation and improvements in dental education and training.

The MPS Foundation has supported more than 60 medical and dental research projects worldwide. Funded initiatives include a project examining the potential for an AI-supported dental record self-auditing process.

The foundation is inviting applications for research that strengthens the wellbeing of dental professionals and teams, enhances patient safety in dental care settings and supports evidence-based improvements in clinical practice.

Grants of up to £200,000 are available, depending on the ambition, scope and duration of the proposal. Smaller, practice-based studies are also encouraged.

Joint applications between UK-based researchers and international partners are welcomed, particularly where shared learning can enhance patient safety and clinician wellbeing across healthcare systems.

Research projects should be academically robust, evidence-based and focused on at least one of the MPS Foundation's four strategic priorities:

- The impact of human factors on patient safety, outcomes and risk
- The personal and professional wellbeing of healthcare professionals and teams
- The impact of digital integration and technology on patient safety, outcomes and risk
- Evaluation of the effectiveness of teaching and learning innovations

Applicants can register their interest and apply by visiting **www.thempsfoundation.org/our-grants**. Calls for expressions of interest close at 5pm on Friday 1 May 2026.

The MPS Foundation will also run a series of online Q&A clinics to explain the application process and provide tips on what makes a successful application. The MPS Foundation will also run a series of online Q&A clinics to explain the application process.

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Sensor for real-time oral health monitoring developed

It detects inflammation biomarkers with molecular precision

A TISSUE-ADHESIVE biosensor that detects inflammation biomarkers in the mouth with molecular precision has been developed by researchers at Texas A&M University.

Dr. Chenglin Wu, Associate Professor of Civil and Environmental Engineering, has created and tested a multi-layer sensor that can function in the wet oral environment and remain attached while talking and eating.

The specialised sensing layer of the patch targets the tumour necrosis factor-alpha (TNF-α) protein, a key biomarker for inflammation. The graphene-MXene layer can bind specific probes that attach only to the target protein. The layer has an inherent conductivity, and when molecules such as the targeted protein bind, the change in charge can be measured. This enables highly sensitive detection at the femtogram-per-milliliter (fg/mL) level.

"For context, a patient with a viral infection might show symptoms at 10 million or 1 billion virus copies per milliliter," said Dr Wu. "Our sensor could detect 100 to 150 per milliliter."

The study[1] indicates detection at just 18.2 fg/mL. To put this in perspective, one quadrillion femtograms — that is a one followed by 15 zeros — equals just one gram. Achieving this sensitivity can be challenging, especially if unwanted biomarkers are also detected. However, the outer layers help improve the patch's selectivity. The tissue-adhesive hydrogel also features a selective-permeable hydrogel layer that helps filter out unwanted molecules.

"My collaborator at Michigan State University engineered a very small opening that will only allow the smaller biomarkers through," said Dr Wu. "Combining that with the highly selective probe attached to the sensing layer makes for accurate selectivity."

© Rachel Barton/Texas A&M Engineering

Dr Shaoting Lin, an Assistant Professor of Mechanical Engineering at Michigan State, helped develop the tissue-adhesive hydrogel and the selective-permeable hydrogel. The robust tissue adhesion also helps the accuracy of the sensing layer. "Sensing measurements can be significantly influenced by the dynamic movement of tissues," said Dr Lin said. "A more robust tissue bond allows for a more reliable sensing performance independent of the strain." The researchers underlined that oral infections can cause serious health problems, such as gum disease and tooth loss, and can become more severe if left untreated. They said ability to quickly diagnose infections before symptoms appear could shift oral healthcare from reactive responses to anticipatory action.

[1]*www.science.org/doi/10.1126/sciadv.ady9180*

Boutique private practice sold to first-time buyer couple

THE sale of Anderson Dentistry inAberfeldy, Perth and Kinross, has been announced.

Founded in 2008 by husband-and-wife team, Morag and Ross Anderson, Anderson Dentistry is a three-surgery, predominantly private practice with more than 2,100 patients. It occupies a modern, attractive property on Bank Street in the beautiful village of Aberfeldy, about 30 miles from Perth.

After 17 years of ownership, Morag and Ross decided to sell to step back from practice ownership. Following a confidential sales process with Kevin Strain and Joel Mannix at Christie & Co, Anderson Dentistry has been purchased by husband-and-wife team, Chris and Iona Cairns. This is their first practice purchase.

In a joint statement the former owners said: "Since its creation in 2008, developing Anderson Dentistry into a boutique private practice has been an incredible journey. Growth came by downsizing from four surgeries in a tired commercial let, to three surgeries in a building we bought and renovated from the bricks up, with a focus on quality, not quantity.

"It has been a privilege to care for our patients, working alongside the most dedicated and professional team. After 32 years as clinicians, it's time to pass the baton to a younger husband-and-wife team, and we couldn't have found a better couple than Chris and Iona Cairns. They share our ethics, values, and commitment to excellent care. We look forward to seeing the practice continue to thrive and grow in their good hands."

The new owners said in a joint statement: "We were attracted to Anderson Dentistry because of its excellent reputation and the strong relationships the team has built within the community. Morag and Ross have created a practice that patients clearly value and trust, and that was very important to us."

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National award for Clyde Munro dental therapist

Author of An insight into Childsmile selected a Undergraduate Winner

A GLASGOW dental therapist is celebrating after being recognised with a prestigious national award.

Jennifer Rae, a dental therapist with Clyde Munro at Diamond Dental practice, was named the Undergraduate Winner in the New Communicator of the Year Awards 2025 following publication of one of her articles in *Dental Health Journal*, part of the BDJ portfolio of titles.

The British and Irish Dental Editors and Writers Forum (BIDEWF) present awards to two new communicators each year in graduate and undergraduate categories, sponsored by the British Dental Industry Association (BDIA).

Jennifer's article, An insight into Childsmile – the preventive programme improving the oral health of children in Scotland was initially completed as part of her undergraduate coursework and was first published while she was in her final year studying Oral Health Sciences at the University of Edinburgh.

The presentation of the awards took place at the Royal Air Force Club in London, a prestigious ceremony which was followed by the BIDEWF annual dinner.

Jennifer developed her award-winning paper around an issue which she has grown to become deeply passionate about during her dental training – the emotional and social impact of dental inequality in children, particularly those living in Scotland's most deprived communities.

"Paediatric dentistry wasn't an area I initially felt the most fluent in, but throughout my time with Clyde Munro I've been surrounded by constant support to help build my confidence in this area," she said. "Through my research, I explored how inequalities between wealthier and less affluent areas can translate into dental neglect, higher rates of tooth decay, and significant economic and environmental impacts."

Charlie Evans, head of clinical at Clyde Munro, said: "Jennifer's award highlights the growing importance of tackling health inequalities at a national level and shines a spotlight on the dedicated professionals here at Clyde Munro who work every day to improve outcomes for children across Scotland."

Gum disease and rheumatoid arthritis: circular link revealed

Treating gum disease can significantly reduce inflammation and its effects

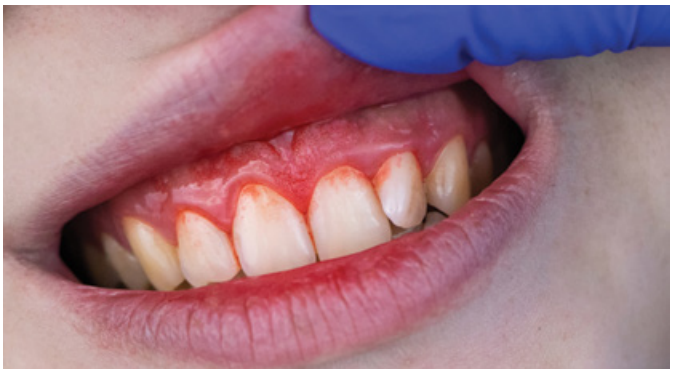
RESEARCHERS have uncovered compelling evidence of a two-way relationship between rheumatoid arthritis (RA) and periodontitis, showing that treating gum disease can significantly reduce inflammation and improve RA symptoms for patients.

The study[1], published in the *Journal of Clinical Periodontology*, examined how microbial imbalances in the mouth, known as dysbiosis, contribute to systemic inflammation in RA patients.

It investigated the interactions between oral bacteria and immune molecules – and correlated the molecular interactions with clinical outcomes in 159 participants, including RA patients with and without gum disease, individuals with gum disease alone, and healthy controls.

The key findings were:

• RA patients exhibited distinct oral microbiomes, even before gum disease developed. These microbial communities were



richer and more diverse than those in healthy individuals and formed dense interaction networks.

• Certain bacteria, such as Cryptobacterium curtum and Prevotella species, were strongly associated with RA and correlated with pro-inflammatory cytokines.

• RA patients had higher levels of antibodies against oral pathogens, particularly Porphyromonas gingivalis, a bacterium linked to protein citrullination – a process implicated in RA autoimmunity.

• Severity of gum disease strongly correlated with RA activity scores, including joint swelling and pain.

The work was undertaken by University of Birmingham researchers from the Periodontal Research Group and the National Institute for Health and Care Research (NIHR), Birmingham Biomedical Research Centre, the University of Michigan and Queen Mary University of London.

Professor Iain Chapple, co-lead for the oral, intestinal and systemic health theme of Birmingham's NIHR Biomedical Research Centre, said: "These findings are extremely significant, as it's the first time that rheumatoid arthritis and periodontitis have been shown to be linked in a circular relationship, creating a vicious cycle of inflammation.

"RA-driven systemic inflammation disrupts the oral microbiome, fostering harmful bacteria that trigger gum disease; in turn, these bacteria worsen oral inflammation and impair immune responses, which in turn fuel RA by generating antibodies linked to joint damage.

"We found that treating gum disease through intensive periodontal therapy broke this cycle; it improved RA activity scores, reduced antibodies to oral pathogens and re-established a balanced interaction between oral microbes and the immune system within three months."

[1]***onlinelibrary.wiley.com/doi/10.1111/jcpe.70063***

Glasgow dental practice sold to Scottish group

THE sale of Springburn Dental Care in Glasgow, a four-surgery mixed-income dental business, by owner David Kennedy has been announced by specialist business property adviser Christie & Co.

Following a confidential sales process, the practice has been purchased by Gareth McMorrow and Paul McAllister, experienced multi-site operators who own Lansdowne Dental Care in the west end of Glasgow, tooth+ in Stirling and Machan Dental Care in Larkhall.

"I'm incredibly proud of what Springburn Dental Care has become since starting the practice as a squat in 2019," said David. "Building it from the ground up has been a hugely rewarding journey, and I'm delighted to be handing it over to Gareth and Paul. They share the same values around patient care and team culture, and I have no doubt they'll continue to grow the practice and take it to the next level."

In a joint statement, the new owners said: "The practice has an excellent reputation within the local community and offers a strong mixed-income model that aligns well with our existing portfolio.

"Springburn represents a great opportunity to build on solid foundations, support the existing team, and continue delivering high-quality patient care. We look forward to investing in the practice and becoming part of the Springburn community."

Kevin Strain, Senior Business Agent - Dental at Christie & Co, who handled the sale, said: "What was once a price point typically accessible only to corporates is now within reach of independent buyers, and it was truly encouraging to see such robust interest, as we received five bids at the closing date with four coming from independent buyers."

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Scottish Government is suing hundreds of dentists

THE Scottish Government is suing hundreds of dentists for failing to carry out a sufficient level of work on the NHS after receiving bursaries. More than 250 dentists are understood to be facing legal action as ministers look to reclaim funding.

At the heart of the dispute is a bursary scheme that offered dental students £4,000 per year during their studies. In return, recipients agreed to devote the majority of their professional work to NHS Scotland once qualified. Ministers now argue that a significant number failed to meet that obligation.

Earlier this month, a judge at the Court of Session ruled in the Government's favour against two dentists, saying too much of their earnings were accrued in the private sector; above the 20% threshold permitted to avoid repayment. Lord Sandison said they were "test cases" for a much larger cohort that the Government is suing.

His ruling said: "The ministers maintain that many dentists who entered into the bursary contracts did not fulfil the conditions and seek repayment from those dentists of some of the sums which they received as bursaries."

John Swinney, the First Minister, said the Government would "look at the implications" of the court ruling and the issues involved. He said: "It's vital that we work to make sure we've got a well-staffed and well-resourced National Health Service, and that's exactly what the Government will be doing."

A Scottish Government spokesperson added: "We welcome that the court has upheld the Government's position that individuals who received public funding through the dental bursary scheme are required to repay where they have not met their contractual obligations to work in NHS Scotland following completion of their studies. We are now considering the judgment in full and the next steps required."

Law firm Levy and McRae said they are representing more than 250 dentists who are facing claims for repayment of bursaries. A spokesman for the firm told *The Scotsman*[1]: "The judgment covers a substantial number of issues, and we are currently considering the detail of it with our clients. This has been a complicated and lengthy case.

"The two dentists who defended the test cases have undoubtedly assisted many of their colleagues. We are confident that many dentists who have had claims advanced against them will not have to make any repayment, and others will have to repay only a small fraction of the sums that have been claimed."

[1]www.scotsman.com/news/politics/snp-nhs-dentists-legal-action-5598193

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Financial threshold for general dentistry to be removed

It will be replaced with a new prior approval system that focuses on clinical considerations

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THE Scottish Government has announced that the current financial threshold for general dentistry will be removed and replaced with a new prior approval system that focuses on clinical considerations.

In 2023, the Government introduced significant reforms to the NHS dental payment system, moving to a 'high-trust, low bureaucracy' model, which focuses on modernised service provision through clinical discretion and patient-centred care based on need.

Changes were made to the fee structure, designed to incentivise dentists to provide more NHS care and, in turn, improve patient access to services. At the time, the Government said that payment reform was intended as a first step in ensuring sustainability of NHS dental services.

Currently, the system includes a requirement on dentists to submit for prior approval any course of treatment where the cost will exceed £660. But following the introduction of payment reform, there has been an increased volume of low clinical risk treatment plans being submitted for prior approval as they exceed the financial limit.

As well as creating a higher workload for NSS clinical advisers, it has also made it more laborious for dentists to undertake treatment plans and can result in delays to necessary treatment for patients due to a financial limit rather than for any clinical considerations.

In a letter[1] to NHS Board Chief Executives and Directors of Dentistry, Gillian Leslie, Scotland's Chief Dental Officer (CDO), said that from 1 November, the Government will remove the current financial threshold for general dentistry, as set out in Schedule 4 of the Regulations. It will be replaced with a new prior approval system that focuses on clinical considerations. Other methods of prior approval, such as the requirement for prior approval based on a practitioner's patterns of treatment, will still remain in place.

"We have consulted the British Dental Association Scottish Dental Practice Committee on the amendments to the regulations, and we will continue to engage with them during the implementation phase," said the CDO.

The changes to prior approval do not apply to orthodontic services, and orthodontic courses of treatment will continue to be subject to the current financial threshold of £660. The new system will require prior approval for courses of treatment which contain those treatments, or combinations of treatment, which are considered to be higher clinical risk.

[1]www.scottishdental.nhs.scot/wp-content/uploads/2026/02/PCAD20262-Amendment-Regulations-11-February-2026.pdf

What makes tomatoes red may also influence risk of gum disease

NOT getting enough lycopene, the antioxidant that gives tomatoes their red colour, may raise the risk of severe gum disease in older adults, a US study[1] has found.

Researchers found that older people with adequate lycopene intake had about one-third the risk of severe periodontitis compared with those who fell short.

They examined health and nutrition data from 1,227 participants in the country's National Health and Nutrition Examination Survey (2009-2014). Nearly half of the older adults included in the study – 48.7% – showed signs of periodontitis. At the same time, more than three quarters, or 77.9%, were not consuming enough lycopene. Lycopene is a carotenoid found mainly in tomatoes and other red fruits.

After accounting for factors such as age, sex, race, smoking habits and education level, the researchers found a strong association between lycopene intake and gum health. Older adults who met recommended lycopene intake levels had roughly one third the odds of severe periodontitis compared with those whose intake was insufficient.

According to the authors, the results suggest that dietary lycopene could be an important factor that can be changed to help prevent severe gum disease in older adults. However, they caution that the study design was cross-sectional, meaning it cannot prove that low lycopene intake directly causes gum disease.

[1]www.sciencedirect.com/science/article/pii/S1279770725002842

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NHS Lanarkshire welcomes new dentistry director

A key focus will be to reduce oral health inequalities

NHS Lanarkshire has welcomed the appointment of Geraldeen Irving as its new Director of Dentistry. Ms Irving will provide strategic and clinical leadership across all areas of dentistry in the county, supporting the delivery of high quality, safe and effective oral healthcare for local communities.

A key focus of the role will be to reduce oral health inequalities, helping to ensure that people across Lanarkshire can access dental services that meet their needs.

"As the current Clinical Director of Public Dental Services, I take on this additional role building on the strength, commitment and expertise of a highly skilled dental workforce that delivers high quality, patient centred care across Lanarkshire," said Ms Irving.

"My focus will be on strengthening collaboration across all areas of dentistry, supporting shared learning and innovation and working together to deliver accessible and sustainable services that meet the needs of our communities now and in the future."

Professor Soumen Sengupta, Chief Officer for Health and Social Care, said: "Geraldeen's appointment represents a significant strengthening of dental leadership within NHS Lanarkshire and reflects the critical importance of our dental and oral health workforce, whose professionalism, skill and dedication are central to delivering high quality care for our communities.

"Her clinical expertise, leadership experience and strong commitment to reducing oral health inequalities will support our continued focus on delivering safe, effective and sustainable dental services for the people of Lanarkshire."

Ms Irving graduated from the University of Glasgow in 2006 and has been a Member of the Royal College of Physicians and Surgeons of Glasgow since 2010. She has worked across a range of hospital and primary care settings and has developed specialist interests in special care and paediatric dentistry.

Alongside her director responsibilities, she will continue in her clinical role, providing specialist dental services with a particular focus on children, people requiring general anaesthetic, those affected by head and neck cancer and other vulnerable groups.

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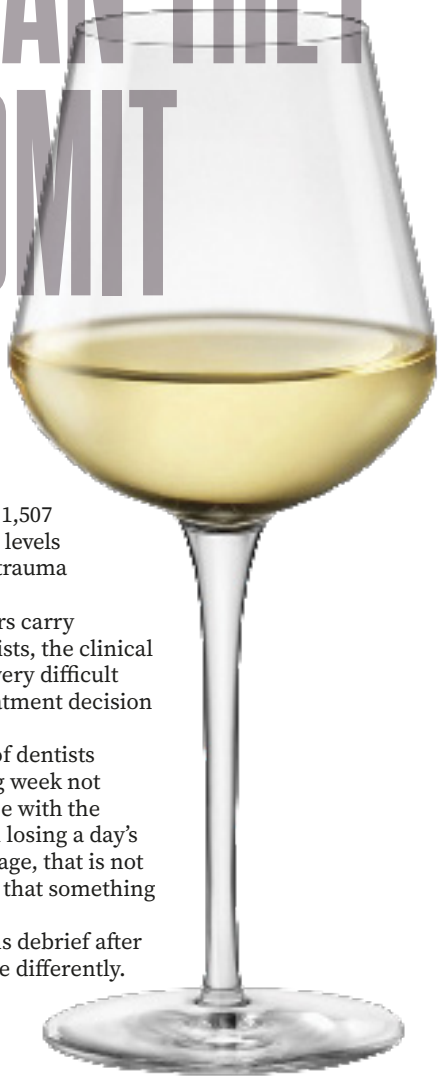
WHY SCOTTISH DENTISTS DRINK MORE THAN THEY ADMIT

WORDS
SANDRA PARKER

The profession celebrates clinical excellence but quietly ignores how dentists are coping with the weight of it



I work with high-achieving professionals who have lost control of their alcohol intake. Dentists represent a disproportionate number of my clients. Not because they lack discipline. Quite the opposite. It is precisely because of the standards the profession demands that alcohol becomes embedded in daily routines.

The story is consistent. Respected practitioners. Busy practices. Stable families. Yet every evening, consuming quantities that would concern them if a patient disclosed the same. A bottle of wine becomes as routine as the clinical procedures themselves.

The profession acknowledges stress. It discusses burnout. It rarely admits what is actually happening. Alcohol has become the default mechanism for managing work that demands excellence; without anyone teaching how to process the psychological toll.

The Scottish context

The Scottish Health Survey 2024[1] shows that the highest rates of hazardous or harmful drinking are not in the most deprived areas. They are in the most affluent – 26% compared to 15%. Professionals. High achievers. People succeeding in every other area of their lives.

Scotland's dental workforce is also under serious strain. A 2024 analysis[2] flagged a measurable decline in NHS dental practitioners, practice closures, and waiting lists at record lengths – the longest wait for an adult extraction in NHS Lothian reached 104 weeks. Those still in the system are carrying a heavier load than ever.

> "SCOTLAND'S DENTAL WORKFORCE IS ALSO UNDER SERIOUS STRAIN"

The unique pressure of dental practice

Dentists perform intricate procedures on anxious patients. Precision matters. Every decision carries consequences. The work is permanent. A 2023 UK-wide survey[3] of 1,507 dental workforce members found high levels of depressive symptoms, burnout and trauma across the profession.

Dental nurses and practice managers carry significant pressure too – but for dentists, the clinical responsibility sits with them alone. Every difficult case, every anxious patient, every treatment decision is theirs to carry.

It is telling that a growing number of dentists are dropping a day from their working week not for lifestyle reasons, but simply to cope with the psychological weight of the job. When losing a day's income feels like the only way to manage, that is not a scheduling decision. That is a signal that something needs to change.

Unlike hospital settings where teams debrief after difficult cases, dental practices operate differently. You carry accumulated tension alone into the next patient interaction. By evening, your nervous system has spent hours under pressure. Your mind replays challenging cases. You have absorbed patient anxiety while projecting calm confidence. Wine becomes the circuit breaker. The only thing that seems to genuinely switch off your professional brain.

Except it does not actually do what you think it is doing.

The 20-minute release

That first glass delivers exactly what you need. Mental chatter quietens. Physical tension releases. The day's pressure genuinely seems to lift. For roughly twenty minutes.

Then you need another glass to maintain the effect. And another. Before long, you have consumed the bottle. You have spent the evening in a fog rather than

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connecting with your family. Disrupted sleep follows. Morning brings fatigue and cognitive fog that takes longer to clear.

The precision your work demands means even minor reductions in clarity affect performance. Whether you are handling instruments or making clinical decisions, sharpness matters. Yet because you are conscientious and well-trained, you compensate. You push through. The practice continues to run. So surely it is not a real problem.

But here is what is actually happening. Each day you are running on less. Alcohol depletes energy reserves. You wake less resilient than the day before. So, you need the wine even more to cope with the same demands. The cycle tightens. Alcohol does not resolve stress. It defers and amplifies it. Your nervous system never gets to properly discharge the accumulated pressure of clinical practice. Instead, you are suppressing it – then experiencing rebound anxiety once alcohol leaves your system.

Why willpower strategies do not work

When drinking starts feeling problematic, people try the same things. Dry January. Rules about when they will start. A month off. It works for a while. Then the drinking returns.

These approaches share a fundamental flaw. They focus on controlling consumption without addressing why you are consuming in the first place. If alcohol is your primary tool for transitioning from work mode to home mode, simply stopping does not solve the underlying need. The pressure still exists. The emotions remain unprocessed. Eventually you return to drinking. Not because you lack discipline – your patients' safety depends on your discipline. You return because the core issue was never addressed.

What actually creates change

High-functioning professionals do not need traditional recovery programmes designed for people whose lives have fallen apart. You need an approach that recognises you are still excelling professionally while addressing why alcohol became necessary.

Real control comes from replacing alcohol's function. Not just removing the substance. That means learning to discharge professional pressure rather than suppress it. Processing emotions rather than accumulating them. Creating real boundaries between work and home that do not depend on a glass of wine.

> "DAILY DRINKING IS NOT A CHARACTER FLAW. IT IS EVIDENCE THAT PROFESSIONAL DEMANDS HAVE EXCEEDED CURRENT COPING STRATEGIES"

It requires examining the beliefs that keep you drinking. That you have earned it. That you need it to unwind. That everyone in the profession drinks this way. When these beliefs shift, the desire naturally diminishes. You are not forcing yourself to abstain. You are genuinely not interested. That is where real freedom exists.

The cost of waiting

Every dentist I work with wishes they had addressed this sooner. Not after health deteriorates. Not after relationships strain. Not after professional performance starts to suffer. You would never tell a patient to wait until a small problem becomes a large one. Yet that is what happens with drinking.

Daily drinking is not a character flaw. It is evidence that professional demands have exceeded current coping strategies. You do not need another willpower challenge. You do not need labels. You do not need to wait until things get worse.

You need a fundamental shift in how you relate to alcohol. Seeing it not as your reward or relaxation tool, but as the substance creating many of the problems it claims to solve.

With the right framework and support, you can reach a place where control is not about resisting. You are simply not interested anymore. That is achievable. And it is what dentists deserve.

References

[1]*Scottish Health Survey 2024 – Alcohol www.gov.scot/publications/scottish-health-survey-2024-volume-1-main-report/pages/9--alcohol/*

[2]*Scotland faces deepening dental crisis across primary and secondary care (DTA, 2024) www.dta-uk.org/news/scotland-faces-deepening-dental-crisis-across-primary-and-secondary-care*

[3]*Burnout and depression in the UK dental workforce: findings from a cross-sectional survey, British Dental Journal (2025) www.nature.com/articles/s41415-025-86*

About the author

Sandra Parker is an alcohol control coach and founder of Just the Tonic Coaching. A former chartered accountant, she has been alcohol-free for over seven years and has spent the last six years supporting hundreds of high-achieving professionals to take back control of their drinking – without labels, willpower battles or traditional recovery programmes.

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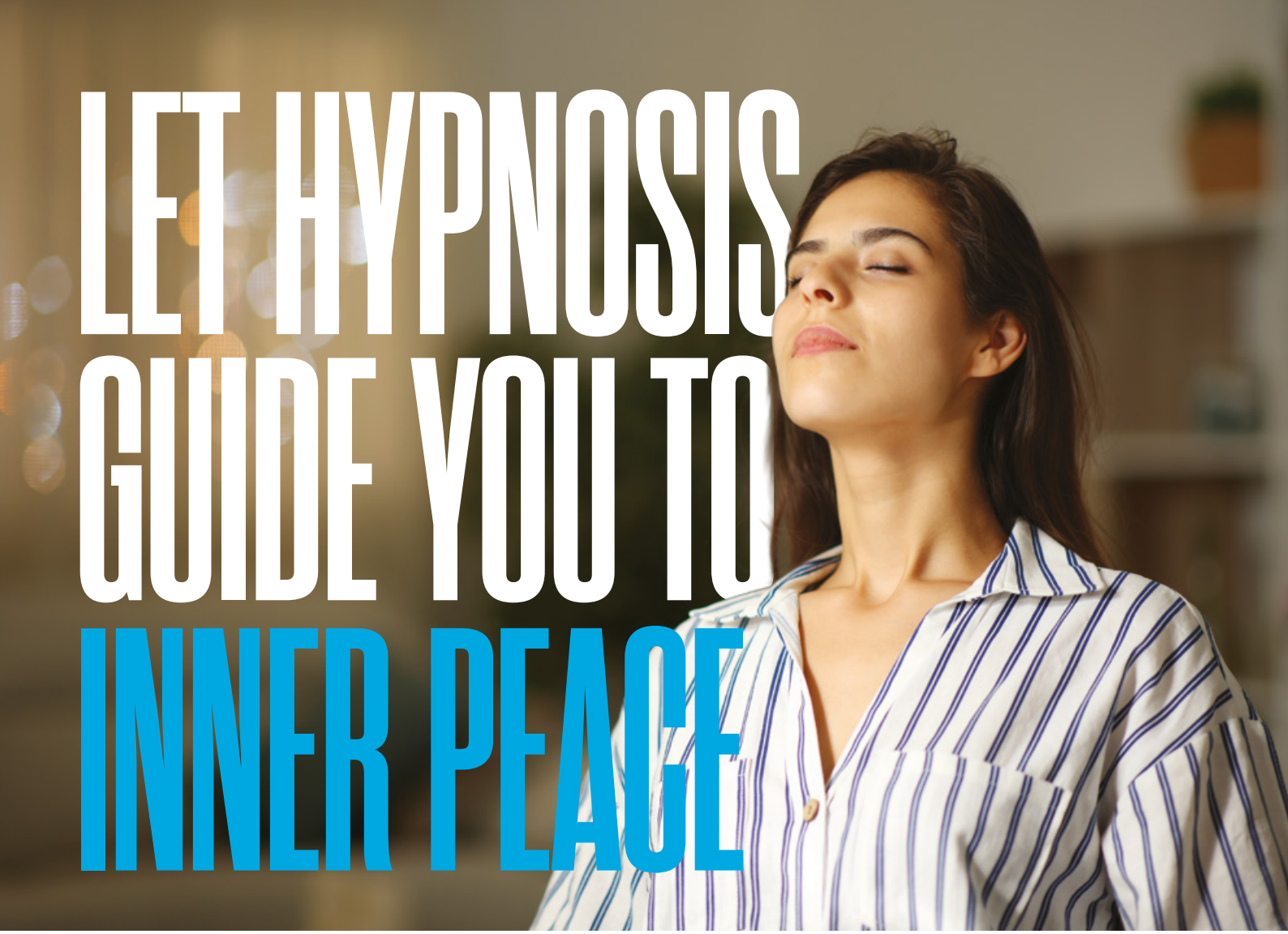

As Glasgow prepares to welcome delegates to the XVII European Society of Hypnosis Congress, Mike Gow provides a preview

WORDS
MIKE GOW

After choosing hypnosis as the topic for my elective as a dental student under the guidance of the late Jimmy Gall, I undertook a basic training course with the British Society of Medical and Dental Hypnosis (which I highly recommend; see **www.bsmdh.co.uk**) in 2000 and a few years later studied for a Master's in Hypnosis Applied to Dentistry at University College London.

Probably the greatest influence in my passion for dental hypnosis, however, was fuelled by my attendance at a European Society of Hypnosis (ESH) Congress. The ESH congresses are held every three years and cater for all levels of experience in hypnosis, ranging from newcomers to experts and I can guarantee that you will leave with new ideas and tools that will influence your treatment, management and interactions with patients, staff and even friends and family.

Part of this comes from the creative, interactive and enjoyable workshops that are steeped in evidence-based approaches, and part of it is down to the passion and experience of those who are involved in teaching at these congresses and their unique drive to share what is often a lifetime of knowledge and experience with those who attend.

For these reasons, to say that I am excited about the fact that next ESH Congress will be held, for the first time, in Scotland and the phenomenal opportunity for Scottish dental teams to attend and learn, is an understatement. I can confidently say that learning about hypnosis will change everything for you, both professionally and personally, and I encourage you to grasp this opportunity with both hands to find out for yourself and 'Let hypnosis guide you to inner peace'. A special discount has been arranged for readers of *Scottish Dental*; just mention the magazine when you register at **fitwise.eventsair.com/esh2026**

For dental professionals seeking effective, ethical and evidence-based ways to improve patient experience, the congress promises to be highly relevant and productive. I would even go so far as to say that you will find it to be a life changing experience. How many times do you attend a congress and hope to come away with one or two 'nuggets' that will change something about how you work forever? I predict that you will leave the ESH Congress with dozens of nuggets!

Hypnosis and contemporary dental practice

I am sure that you will agree that in modern dentistry it is increasingly recognised that technical excellence alone is not sufficient to achieve optimal outcomes.

Barriers such as dental anxiety/fear/phobia, needle phobia, bruxism, TMJD, sensitive gag reflexes, acute and chronic pain, habits (smoking, vaping, nail biting, thumb sucking etc), poor patient oral hygiene motivation and compliance, the challenges in managing paediatric dentistry cases, salivation and bleeding control, denture, splint and

orthodontic appliance tolerance, oral ulceration, difficulty in establishing rapport, engaging in effective language and communication and other behavioural challenges; all these significantly influence treatment success.

Clinical hypnosis directly addresses these factors, providing what are often simple techniques to facilitate the provision of the high standard of dental treatment we wish to provide, and the patient deserves to receive. The topics taught at this congress are a natural point of interest for the advancement of what we can achieve in dentistry for our patients and our teams.

The congress is expected to reinforce hypnosis as a structured clinical skill, rooted in neuroscience, psychology and communication science. For dentistry, this aligns well with a patient-centred approach, offering practical strategies that can be integrated into everyday practice without disrupting clinical workflows.

Managing dental anxiety and fear

Dental anxiety remains one of the most significant barriers to oral healthcare, affecting attendance, compliance and long-term oral health. This congress is anticipated to place a strong emphasis on anxiety management, including hypnotic and hypnotic-communication techniques designed to reduce anticipatory fear and procedural stress. This is emphasised by the congress motto, 'Let hypnosis guide you to your inner peace'. This motto is in reference to what hypnosis can do for your patients, your team and, of course, importantly for yourself.

For dentists, hygienists and therapists, the approaches learned will offer a non-pharmacological means of improving cooperation and trust. Importantly, hypnosis in this context is often not about formal inductions or dramatic techniques, but about refined use of language, communication and rapport; skills that can be applied even in short appointments and applied in conjunction with 'conventional' techniques.

Pain perception and clinical comfort

Pain control is another area of hypnosis which is expected to feature prominently at the congress. While local anaesthesia and analgesics remain essential, hypnosis can influence how patients perceive and process pain. This has clear relevance for procedures such as periodontal therapy, oral surgery, endodontics and even minimally invasive restorative dentistry.

The congress is likely to explore how hypnosis can complement conventional pain management and conscious sedation techniques, potentially reducing intraoperative discomfort, postoperative pain and stress-related complications. For dental teams, this represents a unique opportunity to enhance patient comfort without increasing pharmacological burden, converting previously 'unmanageable' or 'difficult' cases into ones you can manage with ease.

Applications in paediatric and special care dentistry

Paediatric dentistry and special care dentistry stand to benefit significantly from advances discussed at the ESH Congress. Children, in particular, often respond well to imaginative and story-based hypnotic techniques that align with their natural cognitive styles.

Similarly, patients with heightened anxiety, strong gag reflexes, or difficulties tolerating dental procedures may benefit from hypnotic approaches that promote relaxation and focus. The Glasgow meeting is expected to highlight these applications within a framework of safety, consent and professional responsibility; key considerations for dental practitioners working with vulnerable populations.

Education, ethics and professional standards

A defining feature of ESH congresses is their emphasis on education and ethical practice. The 2026 congress is expected to continue this tradition, underscoring the importance of appropriate training, accreditation and working within one's professional scope. For dentistry, this is a crucial message. Hypnosis is not presented as a stand-alone treatment, but as an adjunctive skill that enhances communication and patient care.

Dental professionals attending the congress will be encouraged to pursue structured education and to apply hypnotic techniques responsibly within established clinical frameworks supported by The British Society of Medical and Dental Hypnosis.

As dentistry continues to evolve towards more holistic and preventive models of care, the timing of the congress is particularly apt. It reflects a broader shift in healthcare towards integrating psychological insight with clinical expertise.

Looking ahead

The ESH Congress in Glasgow is set to be more than a theoretical gathering. For dental professionals, it represents an opportunity to engage with practical, evidence-based, approaches that address some of the most persistent challenges in practice.

As awareness of hypnosis in dentistry continues to grow, the discussions and ideas emerging from the congress are likely to influence clinical thinking well beyond the event itself. For dental teams committed to improving patient experience and outcomes, I would go so far as to suggest that attendance is essential. The motto of the Congress is 'Let hypnosis guide you to inner peace': join us and find out exactly what this means to you. I look forward to seeing you there!

Dr Mike Gow is Clinical Director of Dental Anxiety Management at The Berkeley Clinic, Glasgow.

On 26-30 August, Glasgow University will host the 17th ESH Congress, bringing together leading clinicians, researchers and educators in medical, dental and psychological hypnosis from around the world

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Introducing
Dr Lyall Dominick

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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.

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WHAT ZINC CONCENTRATION IN TEETH REVEALS

New findings could inspire improvements in dental medicine

WORDS
HELMHOLTZ-ZENTRUM BERLIN

The distribution of natural zinc along and across teeth in three dimensions has been charted by a trio of German research institutions, Charité Berlin, TU Berlin and HZB.

Using complementary microscopy imaging techniques, the researchers found[1] that as porosity in dentine increases towards the pulp, zinc concentration increases five-to-10 fold. They said the results help understand the influence of widely used zinc-containing biomaterials (e.g. filling) and could inspire improvements in dental medicine.

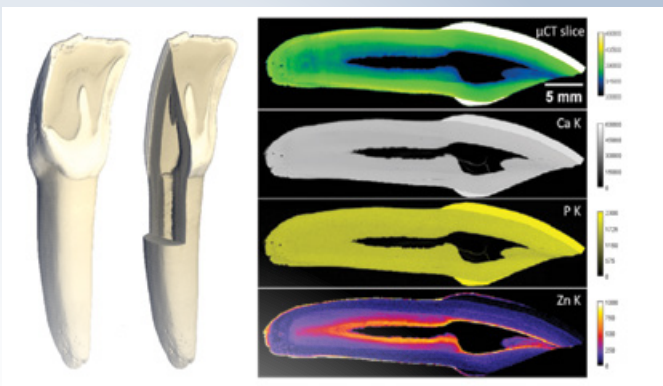
First, they made fine cuts in the teeth and examined them under a scanning electron microscope. The images revealed that the material between the individual tubules was almost perfectly homogeneous. The team then examined the teeth using different dental and industrial 3D X-ray tomography systems to map their three-dimensional microstructure, in particular density.

As expected, tooth density decreases near the pulp, corresponding to an increase in tubules. These findings made it possible to model the material correctly and evaluate the experimental data from maps of micro-X-ray fluorescence spectroscopy.

The team recorded the signals from many elements, in particular calcium, phosphorus and zinc. While calcium and phosphorus, both of which originate from the nanocrystals of dentine, are distributed evenly, they observed and quantified a very sharp increase in the zinc concentration from the outside to the inside, i.e. towards the pulp.

"These results are very helpful for the further improvement of dental care, for example whether the dentist should recommend low or high zinc containing materials during treatment," said Professor Paul Zaslansky, of Charité Berlin.

In healthy teeth, zinc is enclosed in the dentine. However, contact with acids, whether through caries or through root canal treatment with zinc-containing pastes, could potentially chemically activate enzymes, with possible negative effects.



Micro-computer tomography of a complete tooth (left); the cross-section next to it (right) shows internal structures. Top: Micro-CT section of the same volume shows absorption. Below are intensity distributions of fluorescence measurements of phosphorus, calcium and zinc. While the main components calcium and phosphorus are distributed homogeneously, the zinc concentration increases towards the pulp.

The study shows that zinc could serve as a good proxy to determining bony-material mineral density. Professor Zaslansky said: "Bone density is a huge concern for many patients; everyone knows that we want calcium and more mineral for bones to be strong. But maybe what we want is a good balance of micro porosity?

"We find, unexpectedly, that zinc can likely be used as a very sensitive measure of gradients in material density, which may change over the lifetime. Density is linked to mechanical competence of bony tissues, and should neither be too high or too low, to serve in the human body.

"With high sensitivity methods such as X-ray fluorescence, we may be able to take samples and monitor density changes with ageing, for example due to use of well-chosen dental fillings or oral pastes."

The team used discarded cattle teeth as discarded human teeth are usually contaminated with zinc from treatment or toothpaste. "Studies on human teeth are needed to confirm our bovine-tooth based hypothesis," said Professor Zaslansky.

Reference

[1] onlinelibrary.wiley.com/doi/10.1002/VIW.20250173

SPORTS DENTISTRY FINDS A WIDER AUDIENCE

WORDS
WILL PEAKIN

Ahead of a sports dentistry conference in Glasgow, a new podcast is serving as a platform for professional discussion and education

For much of its history, sports dentistry has been practised quietly. Dentists have worked with athletes at major competitions, managed urgent problems behind the scenes and addressed oral disease when it interfered with training or competition for elite sportspeople. Outside a small professional circle, the niche discipline received little attention.

So, when two dentists – Edinburgh-based Umair Mohammed and Dublin-based John Haughey, both stalwarts of the UK Sports Dentistry Association (UKSDA) – launched *The Sports Dentistry Podcast* in March 2024, their aim was not to promote a new speciality, but to create a forum for practical, honest discussion. Both had spent years working in sports dentistry, often in isolation, and were aware that many others were dealing with similar clinical challenges without a shared place in which to exchange experience or ideas.

The response surprised them both. Within months, the weekly podcast attracted listeners from more than 50 countries and featured contributors from sports medicine, dental research, elite sport and across the wider dental team. What began as an informal project has developed into a consistent platform for professional discussion and education. Philips has since become an official sponsor of the podcast and a supporter of the UKSDA. The involvement reflects a shared emphasis on prevention and professional education.

From isolated practice to shared discussion

The podcast's origins were unremarkable by design. The idea emerged after a rugby match and initially felt more like an experiment than a plan. What followed, however, revealed the extent to which sports dentistry lacked visible infrastructure. "We realised that although sports dentistry had been around for years, there was no regular, accessible way to talk about it," said Umair. "People were doing the work, attending events and building experience, but largely on their own."

The timing proved significant. Postgraduate education in sports dentistry had become more established, research into athlete oral health was gaining traction and the European Association for Sports Dentistry had begun to draw clinicians together. The formation of the UK Sports Dentistry Association in 2024 provided further structure. The podcast added continuity, reach and a conversational tone that made the subject more approachable.

Since its launch, the podcast has hosted live recordings at international conferences, in countries including Germany and South Africa, where the hosts supported the establishment of a national sports dentistry association. A global professional network now connects more than 200 clinicians, while recent European meetings have attracted delegates from more than 30 countries. "For many of us, this is the first time there has been a sense of belonging to a broader professional group," said John. "The podcast allows people to listen, reflect and contribute without needing to already be embedded in the field."

Oral health and the athlete

One recurring theme in podcast discussions is the assumption that elite athletes must have excellent oral health. Research does not support this. Studies conducted over the past decade consistently show that rates of dental decay, gingivitis and periodontal disease among athletes are comparable to, and in some cases higher than, those seen in the general population. That athletes' oral health is no better than the general population's – and sometimes worse – remains a striking paradox given their otherwise disciplined approach to physical conditioning.

John, who has worked in sports dentistry for more than 16 years and has supported athletes at events including the London Olympics, the Glasgow 2014 Commonwealth Games and the Rio Olympics, describes this as a persistent blind spot. "Athletes are meticulous about conditioning, nutrition and recovery," he said. "Oral health is often overlooked, not through disregard, but because it is not fully integrated into performance planning."

The contributing factors are well-documented; high carbohydrate diets, frequent intake of sports drinks and gels, dehydration, erosion risk and stress-related tooth wear all play a role. In some cases, delayed

dental intervention has resulted in missed training or competition, highlighting the wider implications of untreated oral disease. Sports dentistry is not about challenging nutritionists or performance teams. It is about working alongside them to reduce avoidable risk through prevention and early intervention.

Prevention as clinical practice

Prevention remains central to sports dentistry. Regular brushing with fluoride toothpaste, effective interdental cleaning and timely professional assessment are simple measures, yet they are frequently compromised during periods of intense training or travel.

This focus on prevention is a key reason Philips has chosen to support the podcast and the wider Sports Dentistry Association. As a company with a long-standing focus on evidence-based oral healthcare, Philips' involvement mirrors the preventive approach already embedded within sports dentistry.

"Sports medicine teams are rightly cautious," says Umair. "They expect evidence and consistency. Having a well-established health technology company involved helps reinforce that these discussions are grounded in research rather than opinion." For clinicians seeking to integrate oral health into broader athlete care frameworks, that distinction matters.

A multidisciplinary field

Another defining feature of *The Sports Dentistry Podcast* is its inclusive approach. The podcast treats sports dentistry as genuinely collaborative, involving everyone from dental hygienists and therapists to technicians, academics and students.

Guests have included dental therapist Imogen Johnson, the first in her field to complete an MSc in Sports Dentistry, alongside experienced clinicians and sports medics. "Daily oral health maintenance and behavioural change need a whole team approach, not just dentists," said Umair.

Lauren Ward, Professional Relations and Education Manager for Philips UK and Ireland, is herself a dental hygienist and has appeared on a some of the podcast episodes, contributing to discussions around patient motivation and oral hygiene compliance. Philips' professional engagement extends across the dental team, supporting education and training which recognises a shared responsibility for prevention and long-term oral health.

Moving forward fast

Interest in sports dentistry is accelerating. The third annual Sports Dentistry Conference will take place on 24 July 2026 at the Royal College of Physicians and Surgeons of Glasgow, just as the Commonwealth Games begin in the city. International collaboration is expanding, with discussions taking place in regions including the Middle East, Australia and New Zealand. Live podcast events linked to sporting fixtures, including the Commonwealth Games, are also being discussed.

For Philips, the partnership represents engagement with a developing professional area which places prevention and evidence at its centre. For the podcast hosts, the aim remains practical. "If athletes can avoid preventable dental problems through earlier attention and consistent habits, that benefits everyone involved," said John. "The objective is better integration of oral health into athlete care."

Sports dentistry's impact may remain largely behind the scenes but, within the profession, its profile is changing. Through shared discussion, growing research and support from organisations that understand the value of prevention, it is becoming more established and more connected than at any point in its history.

To listen to The Sports Dentistry Podcast, visit: tinyurl.com/47e5mhue

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HOW YOU COULD HELP TACKLE OBESITY IN CHILDREN

Dental teams do have an important role to play

WORDS
JESSICA
LARGE

As a specialty registrar in paediatric dentistry, I have seen first-hand the pain children experience because of poor oral health. Tooth decay in children is also linked to obesity. Childhood obesity increases the risk of developing other diseases throughout childhood and into adulthood, including diabetes, high blood pressure and non-alcoholic fatty liver disease.

My research, conducted with colleagues at Loughborough University, explores how acceptable and feasible it is for dental teams to offer weight checks and support, such as referral to weight loss programmes, to patients during routine appointments. In my job as a paediatric dentist, I discuss weight and health with families and offer referral to local healthy lifestyle services.

The World Health Organization (WHO) estimates that 43% of children have tooth decay worldwide and 20% of children aged 5-19 years are overweight or living with obesity. Given the links between diet, tooth decay, obesity, type 2 diabetes, as well as other diseases that can develop when living with obesity, dental teams may be ideal professionals to tackle both tooth decay and obesity.

It can be difficult to see an NHS dentist in the UK, but NHS dental teams do see millions of children every year and already advise families on reducing sugary foods and drinks in their diet to reduce the risk of tooth decay.

Dental teams taking body measurements is not new. Height and weight measurements to calculate body mass index (BMI), a measure of body fat, are already collected by some dental teams. These measurements are helpful when prescribing medication and for planning dental treatment for children who need a general anaesthetic or sedation.

Some hospital dental teams, such as in Edinburgh and Dundee, also offer weight and height checks for children and young people as part of routine appointments. The child's weight is discussed with the child's parent or carer in a sensitive way, and families are offered referral to a local service to support healthy lifestyle changes.

This opportunity to support a child with their oral health as well as weight aligns with the NHS initiative, Making Every Contact Count (MECC). It calls on all healthcare professionals to take every opportunity within their appointments with patients to help improve patient health. The public have shown support for dental teams to talk about weight at dental visits and offer guidance to lose weight and improve health when done in a supportive way.

A survey[1] asked parents and carers if they would feel comfortable with their child(ren)'s weight and height being taken at a dental appointment in a dental practice. The survey found 58% of parents and carers would feel comfortable and a further 12% might feel comfortable with this approach.

This was very similar to how adults completing the survey felt about having their own height and weight measured at a dental appointment, with 60% reporting they would feel comfortable and a further 10% saying they may feel comfortable.

Discussing weight can feel uneasy and dental teams say they worry they will upset patients if they talk about weight. Some studies have found dental teams are also concerned they do not have enough time to talk about weight and that they have not had training on how to do this. However, studies[2] have found that when weight checks and support are offered to families by trained dental teams, help is well received and lack of time rarely a problem.

Dental decay and obesity are preventable in many cases. Both conditions can continue into adulthood with the risk of developing other health problems. Research shows that dental teams are willing to provide support and that children and their families are open to receiving help for obesity. Dental teams do have an important role to play, as well as GPs and allied healthcare professionals, in tackling obesity in children as well as tooth decay.

Jessica Large is a Doctoral Researcher at the Centre for Lifestyle Medicine and Behaviour (CLiMB), Loughborough University.

References:

[1]*onlinelibrary.wiley.com/doi/10.1002/oby.24106*
[2]*onlinelibrary.wiley.com/doi/full/10.1111/ipd.12909*

CELEBRATING 20 YEARS

Scotland's national oral health improvement programme Childsmile has halved tooth decay among children

The Childsmile Programme is celebrating its 20th birthday this year. In 2006, Childsmile began as a series of demonstration projects that grew into Scotland's national oral health improvement programme for children, as we know it today.

The programme began its year of celebration with a reception at the Scottish Parliament on 26 February. Jenni Minto MSP, the Minister for Public Health and Women's Health, congratulated those behind the programme and shared her admiration for what the service has achieved and its plans for the future.

Joe FitzPatrick MSP was host for the evening and offered his thanks and best wishes, telling the audience: "The impact Childsmile has had on Scotland's oral health cannot be overstated. Between 2006 and 2020, the Childsmile programme halved tooth decay amongst children.

"This, of course, generates significant cost savings for our health service, as well as creating a long, lasting, legacy for Scotland's children. Childsmile's incredible collaboration is fundamental to its success."

After the parliamentary reception, Mr FitzPatrick raised a motion in the Scottish Parliament asking that the parliament congratulate Childsmile on the significant achievements of Scotland's national oral health improvement programme on its 20th anniversary.

The parliamentary reception was also host to a range of partners who have supported the delivery of Childsmile over the decades. The programme owes much of its success to collaborative working and representatives from education, health visiting, general dental services and wider NHS and university services were on hand to share their experience and knowledge with other guests.

WORDS
CHILDSMILE EXECUTIVE

Joe FitzPatrick MSP with the Childsmile Executive

Programme managers Peter King and Donna Kirk with Maree Todd MSP, Minister for Drugs and Alcohol Policy and Sport

This included stakeholders key to delivering the multidisciplinary and multidimensional facets of the programme, and other members of the Scottish Parliament.

The Childsmile Executive – the strategic and operational oversight group of the programme, comprising David Conway, Jennifer Rodgers, Peter King and Donna Kirk – were available to speak about the programme and its continuing delivery, as well as the path for the future.

Among the attendees were a number of former Chief Dental Officers (CDOs), programme directors and managers, all of whom made significant contributions to the development, implementation and ongoing delivery of Childsmile over the last 20 years.

The group included Gillian Leslie, Scotland's new CDO, who shared her thoughts on Childsmile. "As a practice owner and dentist, I delivered Childsmile to children in my practice for many years. It was extremely rewarding to see first-hand the positive impact of the programme on our young people's oral health, and to have a small role in achieving this.

"We are now living in a generation where, for many, looking after your teeth is the norm from a young age and, as the mouth is the gateway to the body, this will undoubtedly support us in developing healthier, happier adults.

"In my new role as Chief Dental Officer, I am determined that we continue this positive progress, which has seen a huge long-term improvement in children's oral health and a corresponding reduction in child oral health inequality.

"I recognise there is more work to do, particularly to target our most vulnerable children, and the Scottish Government will continue to support the programme to tackle inequalities. I would like to place on record my thanks and appreciation to everyone involved in delivering Childsmile over the last 20 years."

> "THE PERCENTAGE OF FIVE-YEAR-OLD CHILDREN WITH DENTAL CARIES HAS REDUCED TO AROUND 25%"
>
> Professor David Conway

A feature of the longevity and impact of the Childsmile programme has been the support of successive CDOs and strong political cross-party support from the Scottish Government. During the lifetime of Childsmile, the programme has had the support of five different governments.

Childsmile programme Co-Directors Jennifer Rodgers and David Conway shared the health outcomes of the programme over the past two decades. The percentage of five year-old children with dental caries has reduced from around 60% at the outset of Childsmile to around 25% at the last measure. A similar pattern can be seen in older children; around one in two children had dental caries 20 years ago compared with one in five in 2024. These figures demonstrate the impact Childsmile has had on reducing tooth decay amongst Scotland's children over the last 20 years.

This improvement in health outcomes has the additional benefit of demonstrating Childsmile as a good example of preventive spend. Using the Childsmile nursery supervised toothbrushing programme as an example, we can see that for a cost of approximately £1.8 million per annum, we create savings from treatments avoided of around £4.7 million. With treatment costs around 2.5 times the cost of implementation, Childsmile is a good example of a financially sustainable preventive service.

Childsmile has also had an impact beyond Scotland's borders, with elements of the Childsmile approach adopted and adapted across the world, including in Australia, Chile, Malawi, Saudi Arabia and Romania.

The Childsmile programme plans to further refine and optimise its commitment to the supervised toothbrushing programme in schools and nurseries, alongside community engagement work with health visitors supporting children in early years, from the most socioeconomically deprived backgrounds, in the family home and delivering preventive advice and treatments in general dental services. While great progress has been made over the last 20 years, the Childsmile programme will seek to evolve and further improve as it aims to reduce oral health inequalities among children.

www.childsmile.nhs.scot

20 YEARS OF CHILDSMILE

WELCOME TO THE SCOTTISH DENTAL SHOW 2026

12-13 JUNE 2026

A run-down of the lectures and workshops from which you can gain up to 10 hours of verifiable continuing professional development (CPD)

WORDS WILL PEAKIN

Alongside more than 130 exhibitors demonstrating the latest technology and developments in dentistry, the show's education programme comprises lectures and workshops on the General Dental Council's eight recommended and highly recommended topics. They are medical emergencies, disinfection and decontamination, radiography and radiation protection, legal and ethical issues, complaints handling, oral cancer: early detection, safeguarding children and young people and safeguarding vulnerable adults.

Other sessions will cover clinical expertise, wellbeing, sustainability and the business and finances of dentistry. The show is at Braehead Arena, Glasgow, on Friday 12 and Saturday 13 June. Visit ***sdshow.co.uk/register*** now to sign-up for your free ticket.

Here is a run-down of the lectures and workshops across the two days. Some session titles and speaker names are still to be confirmed; check ***sdshow.co.uk*** for updates.

FRIDAY 12 JUNE

LECTURES

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

The Use of Front-Line Drugs in a Medical Emergency
David Gilmour, Course Director, Safeaid Training.

Title TBC
Tariq Ali, Clinical Director & Principal Dentist, Centre for Implant Dentistry.

Safeguarding and child protection
Dr Christine Park, Professor of Clinical Paediatric Dentistry, Glasgow Dental Hospital and School.

Safeguarding Vulnerable Adults
Emma O'Donnell, Clinical Senior Lecturer and Honorary Consultant in Special Care Dentistry, NHS Greater Glasgow and Clyde.

Dental Radiology: radiation protection update
Kirstyn Donaldson, Senior Clinical University Lecturer and Honorary Consultant in Paediatric Dentistry, Glasgow Dental Hospital and School.

Title TBC
Professor Marie Thérèse Hosey, Head of Paediatric Dentistry at the Faculty of Dentistry, Oral & Craniofacial Sciences, King's College London.

Oral cancer: early detection
Dr Lewis Olsson, Lead Trainer, Clinical Lecturer in Oral Medicine, University of Glasgow.

Precision Without Incisions: the science behind MINST for periodontal regeneration
Dr Varkha Rattu, Clinical Director, The Grove Practice.

How Patients Choose a Dentist: and what practices should do about it
Tom Reason, Director of Marketing, Colin Campbell Clinic.

The Face Behind the Smile: how integrating EMFACE elevates your aesthetic results
Dr Kaly Jaff, Founder, Dr Kaly Jaff Aesthetics.

Six ways to improve your X-rays constantly
James Elliott, Regional Sales Director, Clark Dental.

Intelligence without error? Navigating the risks of AI
Simon Kidd, Head of The Dental Defence Union.

Title TBC
Lee Savarrio, Dental Director and Postgraduate Dean, NHS Education for Scotland.

Vital Pulp Therapy: a paradigm shift in managing pulpitis
Mohammed Tiba, Clinical Lecturer in Endodontology at the University of Glasgow Dental School.

Title TBC
Omayma Siddig, Clinical Teaching Fellow, Aberdeen Dental Institute and Hospital.

WORKSHOPS

Title TBC
Arshad Ali, Specialist in Restorative Dentistry and Prosthodontics, Scottish Centre for Excellence in Dentistry.

Team-Based Periodontal Management: from evidence to implementation
Jenny Walker, Dental Therapist and Ikigai Educator, Glencairn Dental Practice.

Complaint Management: how to get it right!
Emma McGroarty, Dento-legal adviser, MDDUS.

NSK Handpiece Care and Maintenance
Asnain Sadiq, Territory Manager Ireland and Product Specialist, NSK

Beyond the Notes: how AI can transform the dental workplace today
Agnieszka Nohawica, Principal Dentist, Practice Owner and Co-founder of Breez.

Title TBC
Speaker TBC, Real Good Dental

Dry Mouth and the Impact on Patients
Margaret Black, Oralieve Professional Educator and Clinical Dental Hygienist.

Inside Out: the mysterious dental resorption
Dr Navid Saberi, Specialist in Endodontics, Edinburgh Endodontist.

Improving Mouth Cancer Management: the role of Orthodontic Therapists in detecting mouth cancer
Joycee Rebelo, Orthodontic Therapist and Committee Member, The Orthodontic National Group.

International Recruitment: what dental practices need to know
Amy Jones, Partner, Employment Team, and Jacqueline Moore, Partner, Global Mobility and Immigration Team, Thorntons LLP.

Title TBC
Speaker TBC, Chase De Vere

Title TBC
Fiona Ellwood, Executive Director, Society of British Dental Nurses.

Title TBC
Speaker Tbc, Evo Dental.

Cognitive Behavioural Therapy for Dental Professionals
Jennifer Lindsay, Cognitive Behavioural Therapist.

Clinical Photography Training
Andrew McAllister, Photography Team Manager, and Kirstie Walker, Clinical Photographer, NHS Greater Glasgow and Clyde.

Title TBC
Nina Farmer, Dental Therapist and Evidence-based Nutritional Therapist.

Dental Nurses: glorified cleaners or skilled professionals?
Preetee Hylton, BADN President

EMFACE Device Demo
Dr Kaly Jaff, Founder, Dr Kaly Jaff Aesthetics.

NSK Ikigai workshops
Jenny Walker, Lauren Long and Siobhan Kelleher, of the NSK Ikigai Oral Hygiene Community, will also be running hands-on workshops on Implant Instrumentation and Piezo tip selection, air-polishing and powders throughout both days.

SATURDAY 13 JUNE

LECTURES

Dental Radiology: radiation protection update
Kirstyn Donaldson, Senior Clinical University Lecturer and Honorary Consultant in Paediatric Dentistry, Glasgow Dental Hospital and School.

Sustainable Performance Under Pressure
Sam Wones, Stress Management Coach.

Rewriting the Rules: Menopause Is Changing Dentistry. Are You Ready?
Adele Johnston, The Menopause Coach.

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

The Use of Front-Line Drugs in a Medical Emergency
David Gilmour, Course Director, Safeaid Training.

Oral cancer: early detection
Dr Lewis Olsson, Lead Trainer, Clinical Lecturer in Oral Medicine, University of Glasgow.

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

Air Polishing Essentials: powders, principles and practice
Lauren Long, Dental Therapist and NSK Ikigai Educator.

Title TBC
Omayma Siddig, Clinical Teaching Fellow, Aberdeen Dental Institute and Hospital.

What about us? Ergonomics and wellbeing for dental professionals
Anita Hosty, Registered Dental Hygienist and founder of Loose Hands.

Vital Pulp Therapy: a paradigm shift in managing pulpitis
Mohammed Tiba, Clinical Lecturer in Endodontology at the University of Glasgow Dental School.

Title TBC
Professor Marie Thérèse Hosey, Head of Paediatric Dentistry at the Faculty of Dentistry, Oral & Craniofacial Sciences, King's College London.

Title TBC
Tariq Ali, Clinical Director & Principal Dentist, Centre for Implant Dentistry.

Safeguarding Vulnerable Adults
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WORKSHOPS

Team-Based Periodontal Management: from evidence to implementation
Jenny Walker, Dental Therapist and Ikigai Educator, Glencairn Dental Practice.

Complaint Management: how to get it right!
Emma McGroarty, Dento-legal adviser, MDDUS.

NSK Handpiece Care and Maintenance
Asnain Sadiq, Territory Manager Ireland and Product Specialist, NSK

Beyond the Notes: how AI can transform the dental workplace today
Agnieszka Nohawica, Principal Dentist, Practice Owner and Co-founder of Breez.

Inside Out: the mysterious dental resorption
Dr Navid Saberi, Specialist in Endodontics, Edinburgh Endodontist.

Title TBC
David Gibson, Harper Macleod.

Title TBC
Speaker Tbc, Dentsply Sirona.

Introducing a Simple, Cost-Effective Bonded Retainer Technique
Andrew MacGregor, Specialist in Orthodontics, Park Orthodontics.

Dental Nurses: glorified cleaners or skilled professionals?
Preetee Hylton, BADN President

An Update on Dental Trauma
Clement Seeballuck, Clinical Lecturer in Paediatric Dentistry, University of Dundee.

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PRECISION TRUST RELIABILITY BEST VALUE

The establishment of atraumatic tooth extraction

Performing atraumatic tooth extraction using piezoelectric surgery simplifies the procedure and yields superior outcomes compared with conventional methods, writes Dr José Carlos Rosas Díaz

Tooth extraction is a surgical procedure routinely performed by most dental practitioners. However, with the emergence of dental implants, meticulous management of both hard and soft tissues during the extraction has become increasingly evident.[1,2]

Post-extraction, significant dimensional changes occur in the remaining structures due to horizontal and vertical crestal bone resorption. These changes coincide with the progressive replacement of the empty socket by granulation tissue, connective tissue, provisional bone, and eventually, mature lamellar bone.[2,3]

Atraumatic tooth extraction facilitates the preservation of both soft and hard tissues, promotes an enhanced biological response for bone formation, and establishes a more favourable environment for immediate implant placement or alveolar ridge preservation.

Post-extraction horizontal bone loss affects approximately 30% of the buccal plate and 10% of the lingual plate.[3] Studies indicate that up to 50% of the buccal plate may be lost within the first year.[4] These dimensional changes correspond to reductions ranging from 2.6 mm to 4.5 mm in width and from 0.4 mm to 3.9 mm in height at the crestal level.[5]

Pre-existing conditions, such as thin buccal bone plates (< 1 mm), can further exacerbate this situation leading to post-extraction bone loss of up to 1.17 mm in height and 2.67 mm in width. Conversely, thick buccal plates (> than 1 mm) exhibit significantly less resorption, with losses of approximately 0.5 mm in height and 1.17 mm in width.[6] Additionally, greater crestal resorption has been reported following multiple extractions compared to single-tooth extractions.[5]

Atraumatic tooth extraction refers to the meticulous removal of the tooth, aimed at minimising iatrogenic trauma commonly associated with conventional extraction methods. This approach preserves both soft and hard tissues, fostering an enhanced biological response for bone formation and socket filling, mitigating the risk of postoperative infection, maintaining the natural gingival tissue contour, improving the aesthetic outcome of the final restoration, and providing a more favourable environment for immediate implant placement or alveolar ridge preservation.[7]

Whenever feasible, atraumatic tooth extractions are conducted via flapless techniques, thereby fostering optimal bone regeneration by preventing soft tissue invagination and reducing postoperative gingival recession. Flapless surgical approaches were introduced due to their potential biological advantages, such as accelerated healing and, most importantly, the reduction of bone resorption associated with the loss of gingival perfusion when soft tissues are detached from the underlying bone.[8] This technique is particularly well-suited for patients with a thin gingival biotype, where it helps to prevent aesthetic complications.[9]

> “THIS TECHNIQUE IS PARTICULARLY WELL-SUITED FOR PATIENTS WITH A THIN GINGIVAL BIOTYPE, WHERE IT HELPS TO PREVENT AESTHETIC COMPLICATIONS”

Numerous consensus reports agree that the integrity of the buccal bone plate is the key determinant for a favourable aesthetic outcome, particularly in the anterior region.[7,10-12]

Traditional extraction techniques remove the tooth utilising rotational movements and strong traction, thereby tearing Sharpey’s fibres from the bundle bone. This aggressive disruption of the periodontal ligament and associated fibres results in uncontrolled trauma within the alveolar socket, leading to a more pronounced collapse of the vascular network and subsequent resorption in the affected area.[13]

In contrast, the atraumatic piezoelectric technique allows precise positioning of instruments at the gingival sulcus level. These instruments advance between the root surface and the alveolar socket walls to a depth of up to 10 mm, facilitating the selective severing of only the most apical fibres. This approach enables gentle extraction and preservation of the crestal area, thereby significantly reducing the risk of bone resorption.[14]

Beyond its well-documented advantages in generating clean and precise cuts, piezoelectric surgery enhances the operator’s visibility, particularly when working in proximity to critical anatomical structures (e.g. vascular or neural bundles) and/or adjacent teeth exhibiting compromised proximal bone.[15]This improved control helps to prevent iatrogenic complications.[16,17] Furthermore, the technique requires minimal applied pressure thereby reducing heat generation at the surgical site.[18]

Bone removal around the tooth is characterised by its minimal and multidirectional nature, a distinct advantage over conventional techniques, which apply variable and unidirectional forces.[11]

When planning an atraumatic extraction, it is essential to consider key anatomical criteria such as root length, number of roots, and complex root morphology, as well as the presence of coronal remnants, previous endodontic treatment, or ankylosis. In such cases, it is important to highlight that piezoelectric devices offer a wide range of insert designs, which can be selected to match the specific morphology and spatial configuration of the root structure.[14]

Clinical Applications

Upon completion of atraumatic tooth extraction, either alveolar ridge preservation or immediate implant placement with concomitant regeneration will be performed, as indicated by the individual case.

> “PIEZOELECTRIC DEVICES OFFER A WIDE RANGE OF INSERT DESIGNS”

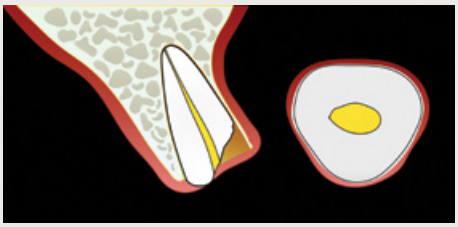

Figure 1: Single-rooted tooth remnant with extensive coronal destruction and a subcrestal fracture

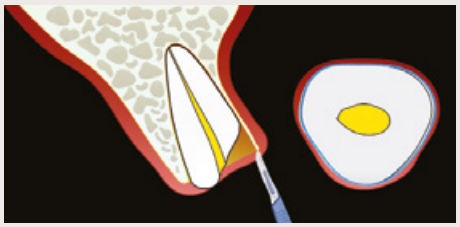

Figure 2: Intrasulcular incision around the entire tooth

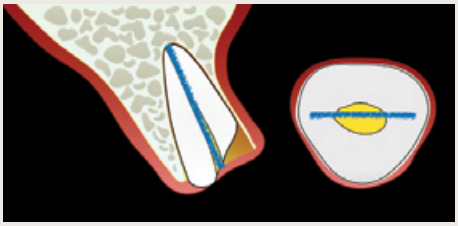

Figure 3: Mesiodistal odontosection design using either a cutting insert or long-shank bur

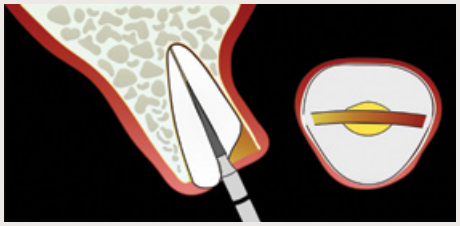

Figure 4: Initiation of the odontosection emplying a rotary instrument

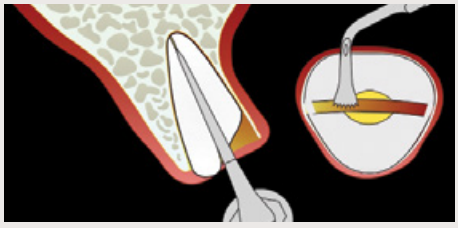

Figure 5: Completion of the odontosection using a piezoelectric instrument (B1 by W&H)

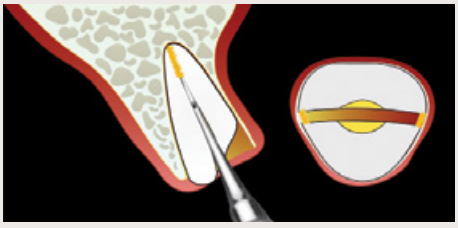

Figure 6: Fracture of the root remnant into two segments: buccal and palatal

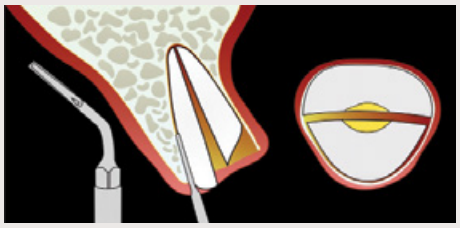

Figure 7: Debridement of the palatal fragment performed with the piezoelectric periotome (EX1 by W&H). This fragment is specifically targeted due to the typically greater thickness of the palatal bone plate

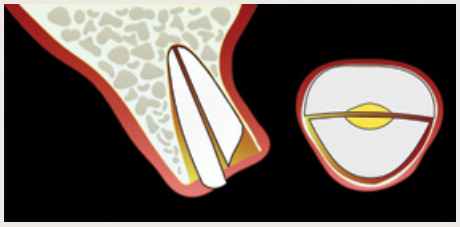

Figure 8: Displacement of the palatal fragment

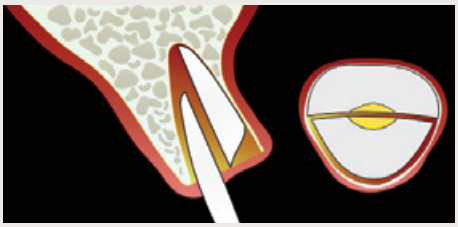

Figure 9: Avulsion of the palatal fragment

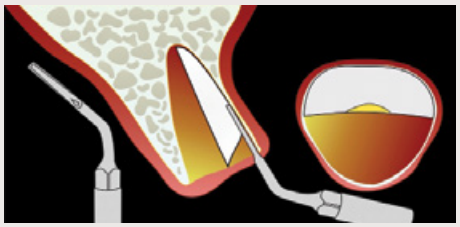

Figure 10: Debridement of the buccal root fragment. If tomographic imaging reveals that it is very thin, it is recommended to avoid using periotomes or cutting instruments directly on the buccal aspect; instead, access should be gained via the internal borders of the adjacent root

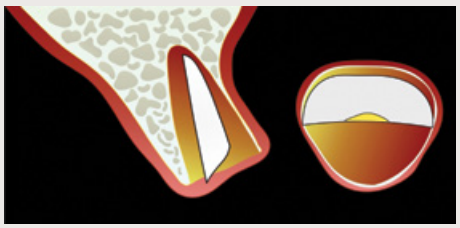

Figure 11: Displacement of the buccal fragment into the palatal aspect of the alveolus

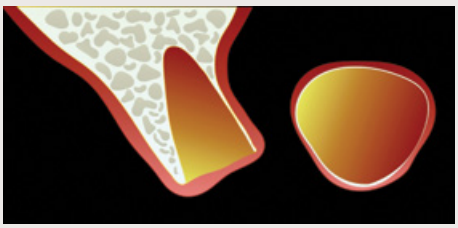

Figure 12: Completion of atraumatic tooth extraction with preservation of the bony plates and alveolar ridge




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Clinical case

A 68-year-old male patient presented with mobility of teeth 1.1, 2.1, and 2.2 after localised trauma. Clinical examination revealed root fractures and implant-supported restorations on adjacent teeth. Cone-beam computed tomography (CBCT) confirmed the clinical findings pertaining to the incisors, and atraumatic extractions were consequently indicated. Based on the dimensions of the remaining apical and palatal bone structures, which afforded predictable primary stability, post-extraction dental implants were planned, accompanied by simultaneous bone regeneration.

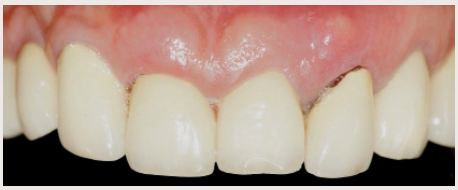

Figure 13: Frontal view of teeth 1.1, 2.1, and 2.2 showing root fracture diagnosis. Note the gingival contour disharmony, altered incisal plane, favourable amount of keratinised gingiva, and an apparently thick biotype

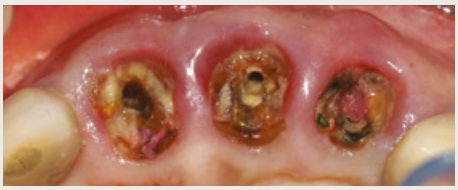

Figure 14: Occlusal view: demonstrating preserved gingival contour

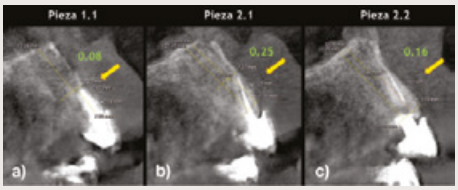

Figure 15: Sagittal tomographic sections of teeth 1.1, 2.1, and 2.2 revealing very thin buccal bone plates with thicknesses less than 0.2 mm (a, c)

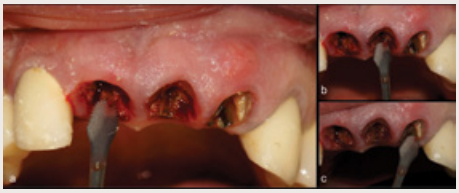

Figure 16: Initial mesiodistal root hemisection to a depth of approximately 10 mm in teeth 1.1, 2.1, and 2.2 using a flat serrated piezo instrument (B6 by W&H), taking care to avoid damage to the proximal bone crests (a, b, c)

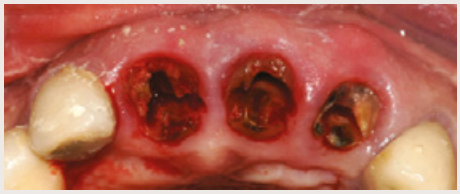

Figure 17; Occlusal view of the mesiodistal cuts of the root remnants

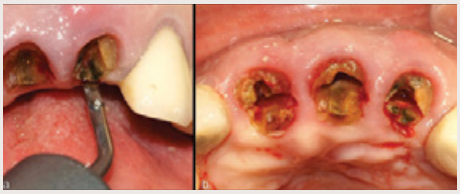

Figure 18: Syndesmotomy using the piezoelectric periotome (EX1 by W&H) (a), positioned in the periodontal ligament space at the level of the palatal fragments (b)

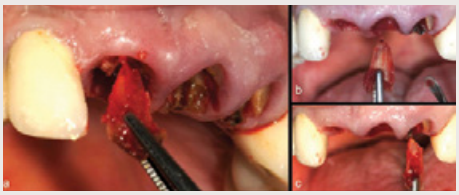

Figure 19: Extraction of the palatal fragments of teeth 1.1, 2.1, and 2.2 due to the greater thickness of the palatal bone plate (a, b, c)

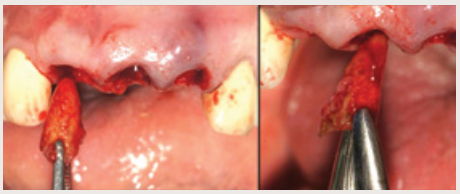

Figure 20: Extraction of the buccal fragments by displacing the remnants into the spaces created by the removal of the palatal fragments (a, b)

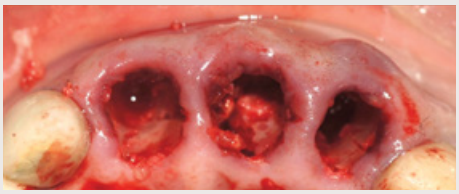

Figure 21. Post-extraction sockets of teeth 1.1, 2.1, and 2.2 demonstrating the absence of buccal bone plates

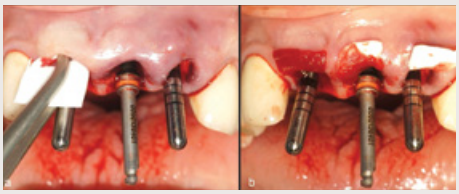

Figure 22: Following the preparation of the implant beds, parallelism pins were inserted to occlude the prepared sites, thereby facilitating the placement of bone graft material. Subsequently, resorbable membranes were positioned within the alveolus using the cone technique (a, b)

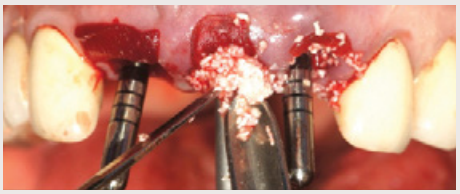

Figure 23: Placement of bovine bone biomaterial in the space delineated by the parallelism pin and the membrane. It is noteworthy that a larger residual space, correlates with a thicker newly formed buccal bone plate

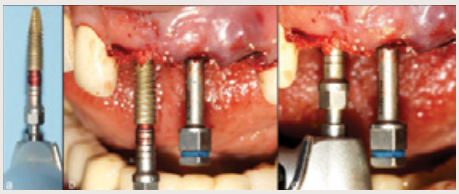

Figure 24: Occlusal view of the alveolar sockets filled with compacted biomaterial

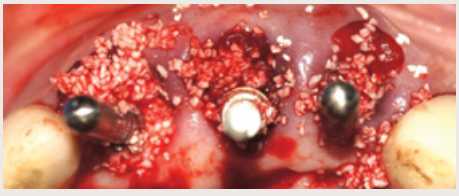

Figure 25: Removal of the parallelism pins and placement of 3.5 mm diameter × 11.5 mm length nanotechnology implants (Unitite, S.I.N., Brazil), positioned subcrestally, maintaining a 3 mm inter-platform spacing to preserve the integrity of the bone crests and interdental papillae

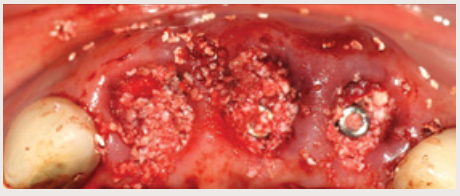

Figure 26: Occlusal view of the placed implants and compaction of the bone graft material around the implants

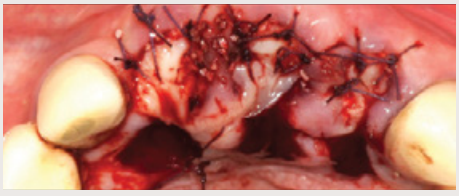

Figure 27. Primary closure achieved by rotating a pedicled palatal flap towards the buccal aspect and suturing with 4/0 polyglycolic acid sutures, combined with secondary intention healing of the denuded area, while preserving the integrity of the gingival papillae

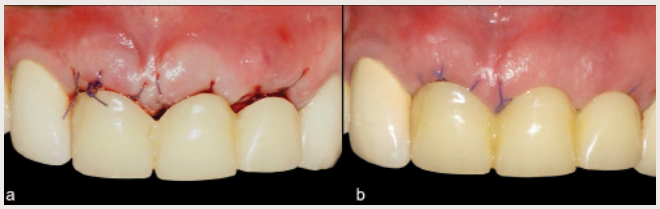

Figure 28: Post-surgical frontal view with a removable provisional prosthesis (a). Follow-up on day seven showing favourable healing attributed to ovate pontic provisionals, preservation of the papillary contours, and overall positive tissue response (b)

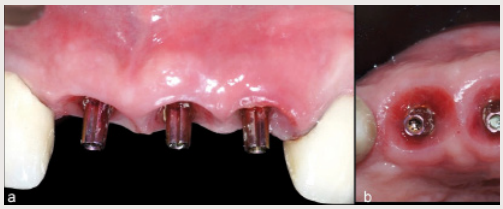

Figure 29: Universal abutments placed at the fourth month of the osseointegration period (a). Preservation of the papillary heights is also evident. Occlusal view showing peri-implant tissue health, with the creation of appropriate emergence profiles and preservation of the alveolar ridge contour (b)

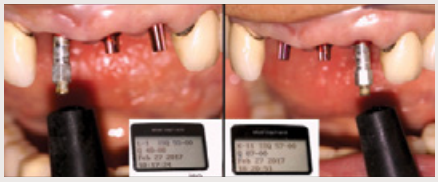

Figure 30: Implant stability measurements using resonance frequency analysis. ISQ values ranged between 55 and 57, indicating that further mineralisation of the peri-implant bone matrix is required (a, b)

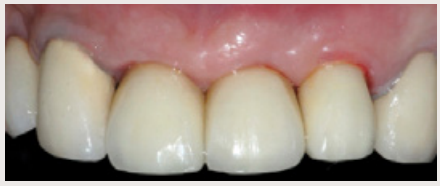

Figure 31: Completed and rehabilitated case preserving the alveolar ridge contour, gingival margin, and papillary height

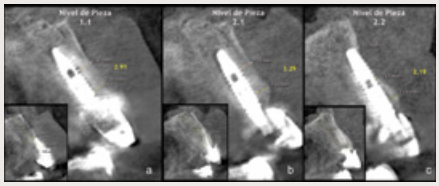

Figure 32: Four-month postoperative follow-up (a) demonstrating the formation of a new crestal buccal bone plate (b), exceeding 2 mm thickness at all placed implants (c)

Conclusion

Atraumatic tooth extraction facilitated by piezoelectric surgery offers biological advantages, including accelerated healing and reduced bone resorption. This flapless protocol has gained considerable importance following the advent of dental implant therapy.

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Atraumatic Tooth Extraction: clinical perspectives

Professor Dr José Carlos Rosas Díaz is an expert in oral rehabilitation, implantology and periodontology. Drawing on his extensive experience in both research and clinical practice, he focuses on the benefits of atraumatic tooth extraction. Here, he discusses the preservation of the vestibular bone wall, the feasibility of immediate implant placement and the role of piezo technology in modern clinical practice

What advantages do you see in atraumatic tooth extraction?

Atraumatic extraction enables us to remove teeth without damaging the vestibular (buccal) bone wall. This structure is typically very thin – often less than 0.5 mm – and therefore particularly susceptible to damage. At the same time, the proximal bone crest is preserved, which is especially important in the anterior region, where it plays a crucial role in maintaining the aesthetics of the gingival papillae. In the context of immediate implant placement, this approach offers significant benefits: the complete architecture of both hard and soft tissues can be preserved, resulting in a much more natural appearance of the implant restoration. For patients, this translates to reduced surgical trauma, greater comfort, and less postoperative pain and swelling. Additionally, in cases of dry socket (Alveoliti sicca), specialised piezoelectric instruments can be used to gently refine the alveolar walls. This careful micro-roughening of the bone surface stimulates renewed bleeding, substantially reducing the risk of dry socket and supporting uncomplicated healing.

Can you name cases in which immediate implantation would be possible following a conventional tooth extraction?

For successful immediate implant placement, certain clinical prerequisites must be met. There should be a minimum of 5 mm of apical bone remaining, and sufficient stable residual bone around the alveolus must be present to securely anchor the implant. Larger infectious lesions must be absent. Equally important is a vestibular (buccal) bone wall with a thickness of more than 1 mm. This stability can generally only be achieved through atraumatic extraction.

In your opinion, how does W&H piezo technology support atraumatic tooth extraction?

W&H offers very fine instrument tips (editor's note: e.g., EX1 & EX2) with a diameter of only 0.2 mm. These allow precise entry into the periodontal ligament space, enabling controlled luxation of the tooth. With appropriate clinical skill, this significantly simplifies the extraction procedure. In particular, piezoelectric technology facilitates rapid and efficient extractions of severely ankylosed teeth in older patients or teeth with long-standing endodontic treatment. The specialised instrument geometry also allows for precise odontosections. In this way, atraumatic extraction becomes a safe and predictable procedure.

The W&H Group is a global leader in the development and manufacture of medical technology products.

EVERYTHING COMES DOWN TO TRUST

Without trust we are all lost, but we must be worth that trust

WORDS
ALUN K REES

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

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BDS Finals were just the beginning. Like all dental graduates, I am fortunate to have experiences and acquired a few skills beyond those that were examined and judged worthy to join the GDC register. Travelling my individual road through hospital roles, associate, practice owner and, latterly, as a business coach and consultant has opened other doors. Sometimes, I get to work with professions and professionals away from dentistry, of which I do not have in-depth knowledge, except perhaps as a consumer. I like to believe that these experiences make me a broader individual.

Initially applying the seven pillars of a successful (dental) business – vision, financials, sales, marketing, people, systems and environment – helps to start the process. Of course, there are other qualities that apply to any business that can be more difficult to measure and analyse. It wasn't until I accepted and defined some of these that I started to feel I made real progress. One reason was that I sometimes discovered that the business or individual lacked the ethics and professionalism that would have attracted me as a consumer, a patient or a client. I wanted to improve an organisation, to help grow and develop the people and they just wanted, to steal a phrase, "to make more profit in less time".

There are several ways that these more ambiguous qualities manifest themselves and I want to examine a couple of them. The first one is honesty with the people you serve, whether they are patients, customers or clients; but above all, with yourself and those close to you. If you are not true to yourself, how can you be truly trusted by anyone? One way this shows itself is how an individual or organisation deals with mistakes.

A recent article discussed what is described as the "cover-up", under the headline, "Mistakes rarely end a career, but the cover-up will"[1]. The article does not dwell on why mistakes are made; indeed, it accepts that, as none of us are perfect, mistakes will always happen. Rather, it asks why the errors are not dealt with properly and discusses the consequences that can arise.

My experience tells me that every organisation needs to develop a – as the phrase goes – "no-blame" culture. Instead of the automatic response to a question that starts: "Who?" being the childlike: "It wasn't me", people – whether they be partners, managers or employees – should all be able to hold their hand up, in private if necessary, and admit responsibility. Sadly, life is not that easy. Embarrassment or even shame for making an error, fear of being "caught" or seen as not being as good as you should be, or even of disapproval can all come into play. Psychologists refer to this as "identity threat" and sometimes we deal with that by self-protection.

One point raised by the author is the effect of the "slippery slope" which, of course, never feels slippery at the top. The first lie might be small and there is a hope you can deal with it without anyone knowing you have made a mistake. Unfortunately, the problem just gets bigger; it is rarely the initial problem but the "cover-up" that brings the real problem. Those students of US history may well remember the Watergate break-in, which led to the resignation of a president.

In dentistry, it is perhaps a "minor" issue, a telephone message or an email of concern from a patient that goes unanswered for some reason. That reason could be human error, poor messaging, failure to record or pass on the message – we have all made some or all of them. No return call or other response leads to the patient's concern growing, perhaps they feel ignored and might even raise an official complaint.

One dentist I met on a course shared their story with me. They were keeping a number of patient files and letters in their personal drawer. The patients had all had some problems either during or after treatment and the poor Associate felt out of their depth. The principal was a distant, busy individual who ran two practices and had personal challenges. They always made it clear that "in their day" they'd had to sort out their own problems and only ever commented negatively to the associate about the state of the dental world. Finally, a letter arrived from a solicitor regarding one of the Associate's patients. The poor soul was too scared to tell the principal, or even their own defence association, so I became "father confessor". Fortunately I was able to help initially by getting the dentist to apologise, to talk honestly to their defence union and then to find a better job where they would feel some support.

Everything comes down to trust, and I always recommend people to read Dame Onora O'Neill's Reith Lecture, *A Question of Trust*[2]. As she said: "The aim is to have more trust. Well frankly, I think that's a stupid aim. It's not what I would aim at. I would aim to have more trust in the trustworthy but not in the untrustworthy." I agree, without trust we are all lost, but we must be worth that trust.

References

[1]*www.jonathonbray.com/mistakes-rarely-end-a-career-but-the-cover-up-will*

[2]*www.bbc.co.uk/radio4/reith2002*

ANGELA GLASGOW & NICOLA MUIRHEAD • NSK

MEET THE NSK PRODUCT SPECIALISTS

JOIN NSK's Angela Glasgow and Nicola Muirhead on stand C07 at the Scottish Dental Show (12-13 June). Our Product Specialists will have the latest NSK offers and promotions as well as new product information and general advice and support. Combining clinical expertise with hands-on support, they help dental teams get the most from their equipment. Passionate about education and patient care, they deliver training, offer practical advice and build strong relationships across practices.

Covering Scotland, Angela Glasgow is one of the most familiar names and faces in Scottish dentistry and the Show presents an opportunity to chat with Angela and benefit from her years of dental experience. Her immense product knowledge and wider understanding of the dental market make her advice and guidance invaluable.

The Show also presents a brilliant opportunity to meet Nicola Muirhead, who joined NSK in 2025 as a product specialist to cover the Scottish Borders and North East England. Nicola qualified as a dental nurse in 2011 at Newcastle Dental Hospital, diving straight into private dental practice. During her time as a dental nurse, Nicola developed a special interest in endodontics and expanded her expertise into compliance support, staff training and practice development, making her a trusted resource for dental teams.

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NSK Create it

GAIL CORMACK • BRAEMAR FINANCE

GAIL CORMACK: CUSTOMER FOCUSED EXPERTISE

With more than two decades of experience at Braemar Finance, Gail Cormack brings a wealth of knowledge and a genuine passion for supporting professionals across Scotland, Northern Ireland and the North East of England. In her role as Area Sales manager, Gail provides tailored financial support to customers across the dental sector, helping them secure the funding they need to invest, grow and thrive. Whether it is helping someone invest in a vital piece of equipment or guiding them through the complexities of launching a brand-new practice, Gail ensures every customer receives clear guidance and a straightforward experience from enquiry to completed agreement.

What truly inspires Gail in her work is the opportunity to build strong, long-lasting relationships. She enjoys getting out and meeting customers face-to-face, taking the time to understand their plans, ambitions and long-term goals. For Gail, hearing their stories and seeing their practices flourish is what makes her role so rewarding. She takes great pride in knowing she played a part in supporting the creation and development of businesses across the regions she serves – expressing that: "There is no better feeling than a job well done."

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STEPH SIMPSON • ADMETEC UK

MEET STEPH ON STAND B13

Based in Edinburgh, I have worked in dentistry since 2007; starting out as a dental nurse and receptionist before progressing to manage two busy city-centre practices. I joined Admetec UK in 2025, and I have loved every moment. As the rep for Scotland and Northern Ireland, I have had the chance to travel to practices and events across both regions. The warm welcome I receive wherever I go is genuinely one of the best parts of the job, and every day brings new conversations and learning opportunities with clinicians. Although I am still relatively new to the world of loupes, my years in dentistry mean I truly understand the pressures clinicians face when choosing the tools they rely on. At Admetec, I am proud to support a mission that puts clinicians – and their long-term health – first, offering honest, thoughtful advice backed by real care and practical experience. I am especially proud to represent a company that designed the world's first ergonomic adjustable-magnification loupes. Our Ergo V range is my favourite product; the versatility is unmatched, giving students, general clinicians and specialists the freedom to switch magnification as their work demands. Being able to offer up to 10x magnification for high-precision dentistry is something I am consistently excited to share. Another product I am incredibly passionate about is our Flamingo loupe-mounted camera; an incredible tool for advancing teaching, documentation and patient communication. Meet me at the Scottish Dental Show (12-13 June) on Stand B13.

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HEATHER MACMILLAN & GILLIEN DUNCAN • DENPLAN

DENPLAN: HELPING PRACTICES THRIVE

Heather MacMillan
With more than 30 years' experience in dentistry, I bring deep insight into the needs of practices across Scotland. I began my career as a Dental Nurse and Treatment Coordinator, later working with several global dental materials manufacturers before joining Denplan in 2020. My years in practice, including time in a Denplan member practice, give me first hand understanding of the value Denplan brings to both patients and teams. I am passionate about supporting practices to strengthen patient relationships, grow sustainably and deliver high-quality care. I work closely with Scottish practices to help them achieve their goals and make the most of Denplan's expertise and support.

Gillien Duncan
After a successful career in dental practice and product specialist roles with leading global dental consumable providers, I bring extensive industry experience to my role at Denplan. Since joining Denplan in 2022 I have developed a deep understanding of what dental teams need to thrive- clinically, operationally, and commercially. I am adaptable across all practice environments, and I am passionate about working with Scottish practices to understand their goals, support their growth & help them and their patients get the most from Denplan's services which now include access to finance, offering even more value to your practice and patients.

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SELINA ALEXANDER & RICHARD O'BRIEN • PRACTICE PLAN

REGIONAL SUPPORT MANAGERS AT PRACTICE PLAN

Selina Alexander is a Regional Support Manager at Practice Plan who recently celebrated 30 years' of working in the dental industry. After starting her first job as a Trainee Dental Nurse aged 16, Selina gained experience in many different roles in practice over the next 25 years before taking on responsibility for a group of 10 practices as Regional Manager. She also spent two years working in Mergers and Acquisitions for Scotland at Portland Dental Care before joining Practice Plan. Away from work, as well as being a regular at her local gym, Selina is a keen supporter of the Scotland rugby union team and attends as many matches at Murrayfield as she can

Completing the Scotland line-up is Richard O'Brien. Richard has 19 years' experience of sales and territory management within the dental industry and has a knack for building strong relationships and customer focused solutions. His diverse career has seen him managing territories focusing on dental solutions, conducting training sessions, and ensuring safety compliance in CDS and NHS clinics. He also has considerable experience as a hands-on trainer and presenter.

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MAKING TAX DIGITAL FOR INCOME TAX

What do you need to know? By Duncan MacCaig, Partner, Armstrong Watson

Making Tax Digital (MTD) for Income Tax begins on 6 April and initially applies to self-employed individuals and landlords with qualifying income over £50,000.

If your income is under £50,000, it will not apply until either April 2027 or April 2028, depending on your level of income. In time, it will affect most self-employed individuals as HMRC moves to a fully digital reporting system.

If you are a dental associate or a practice owner (doing NHS and/or private work) and operating as a sole trader, it is very likely you will be affected.

MTD requires you to keep digital records and provide quarterly updates on your income and expenditure to HMRC through MTD-compatible software, as well as a final declaration. This includes your NHS income, private income, lab fees, professional fees, insurance; everything you would typically include within your annual self-assessment tax return.

PREPARING FOR MTD

You might be thinking: "So, what does this actually mean, and what do I do?" You will not be alone.

Firstly, consider when to register for MTD. Registration can be tricky, and you need to ensure you are eligible. Registering too early or registering incorrectly can have ongoing consequences, as opting out is generally not an option. Professional support from the outset ensures everything is established correctly from day one, saving time, reducing risk and keeping compliance on track.

You may now also want to look into HMRC-approved MTD-compatible software; you will use this to record your income and expenses, for example, Xero, Sage or QuickBooks. Again, your accountant should be able to help here or even offer their own solution.

Lastly, do not worry. While change can be daunting, and MTD represents a huge shift in the tax compliance system, it is manageable. With some preparation, professional support and understanding, the change could even be beneficial, giving you year-round insights into your earnings and lead to less stress than you had when filing your traditional annual tax return.

For more information and support, please do not hesitate to get in touch.

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*Azeez, A. A., Sheri f, S., & Franca, R. (2021). Statistical estimation of wear in permanent teeth: a systematic review. Dentistry Review, 1(1), 100001.

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20 YEARS OF FINANCIAL SUPPORT: ONE UNMISSABLE CONVERSATION

Let's talk new start dental squats

For two decades, Performance Finance has served as the backbone of UK dentistry, helping clinicians transform 'empty shells' into thriving, state-of-the-art practices. Now, as the dental landscape evolves in 2026, we are thrilled to launch our first video – *Let's talk new start dental squats*.

Performance Finance Account Managers Pete George and Susan Marshall sit down with a true industry heavyweight: Andy Acton, Director of Frank Taylor & Associates. Together, they dive deep into one of the most exciting yet daunting journeys in a clinician's career: launching a new-start 'squat' dental practice.

A squat practice offers the ultimate creative freedom, but it requires a rock-solid financial foundation. This conversation distils decades of wisdom into a single, unmissable session for any aspiring practice owner.

OPENING A PRACTICE IS MORE THAN JUST BUYING EQUIPMENT.

The team discusses the extensive support available – from the initial business plan to the final CQC registration. The consensus is clear: while you provide the clinical vision, having a specialist team behind you is the fastest way to navigate the hurdles of entrepreneurship.

WHAT DOES A SQUAT COST IN TODAY'S MARKET?

The team breaks down current financial requirements, covering:

- Initial capital: Realistic set-up costs for modern surgeries.
- Loan terms: What 'good' looks like, including repayment structures tailored to the unique cash flow of a dental start-up.

General high-street banks often struggle to understand the nuances of a dental squat; a business that starts with zero patients but high growth potential.

THE PANEL EXPLORES WHY A SPECIALIST DIRECT FUNDER IS PARAMOUNT

Specialists understand the value of your clinical skill and the projected 'goodwill' of a new site, offering a level of flexibility that traditional lenders simply cannot match.

UNDERWRITING CRITERIA

Our experts share their wisdom to streamline your application, focusing on:

- Clinical experience: How your background influences your borrowing power.
- The business plan: The specific metrics underwriters look for in a new start.
- Financial hygiene: Simple steps to ensure your finances are "application ready".

A WORD FROM THE TEAM

The goal of this video is to demystify the numbers and empower clinicians to take the next step in their careers with confidence.

www.performancefinance.co.uk/news-media/20-years-of-financial-support-one-unmissable-conversation

Read more here: www.sdmag.co.uk/performance-finance-video-launch

This **International Women's Day,** Clyde Munro dentist **Samantha Muirberry** shares how empathy, resilience and a passion for helping others have **shaped her career.**

Alongside caring for patients in the dental chair, Sam has volunteered **more than 500 hours supporting people through student listening services** and now serves as a trustee for a counselling charity supporting women and families.

Her story shows how compassion beyond the clinic can make someone a better clinician inside it.

Scan the QR code to read Sam's story

clydemunrodental.com

CLYDE MUNRO
DENTAL GROUP

NO HYGIENE RE-CHARGE – IS THIS HURTING YOUR PRACTICE VALUE?

When valuing a dental practice, we see a number of instances where a practice has a hygienist or therapist, the associates receive the income but there is no charge to the referring associate for the hygienist use. This can have a significant impact on the practice value, and Martyn Bradshaw explains why.

If we assume there was an associate undertaking £200,000 of gross fees and paid 50% (we will ignore the lab costs for ease), then they would be paid £100,000 and there would be £100,000 remaining for the practice.

Let us assume a hygienist is now taken on costing the practice £40,000 per annum and in an exaggerated circumstance the associate refers all of the £200,000 of income to the hygienist/therapist. The associate, without any re-charge in place, is still receiving £100,000 of associate pay, but the practice now must pay a new £40,000 cost, so is left with £60,000 instead of the £100,000. While there can be a counter argument that the associate is now free to undertake even more work, if another associate had been taken on rather than the hygienist/therapist, then this would leave the practice with extra income being generated but without the extra cost of £40,000.

As such, we would want to see that the practice is in a 'cost-neutral' basis in that there is a re-charge for the hygienist's use. There are many ways in which this can be done but as a minimum we would want to see that the hourly rate was being covered by the associate.

For example, if the hygienist was paid £35 per hour and the hygienist was undertaking 30 minute appointments, the referring associate would be paying £17.50 for each 30 minutes used. It is also important to distinguish that this is from the net pay (after the 50% deduction) otherwise the practice is still covering half. By doing this, the practice is recouping the extra £40,000 of cost. In the above example, the extra cost of £40,000, if moved to a full re-charge can increase the EBITDA by £40,000 and under an 'associate led model' could gain an extra value of £260,000 - £280,000.

Read this article in full at **www.sdmag.co.uk/no-hygiene-re-charge**

Martyn Bradshaw, Director of PFM Dental Sales & Valuations. PFM Dental is a professional advisory firm, providing dental practice valuations and sales, independent financial advice and accountancy.

pfmdental.co.uk/practice-sales

FROM REFERRALS TO MASTERY

Taking implant dentistry in-house with Tipton Training

For many dentists in private practice, dental implants are the gold standard for replacing missing teeth. Patients expect durable, aesthetic and predictable outcomes. Practices that provide implants in-house benefit from stronger patient relationships, greater clinical control and increased professional confidence.

Yet for many clinicians, offering implants can feel like a significant leap. Referring patients to specialists is common, but it comes at a cost. Beyond revenue, referrals disrupt continuity of care and distance you from a key part of the treatment journey. Watching patients leave your practice for implant treatment can highlight a gap in your clinical offering.

Tipton Training's one-year Certificate in Dental Implantology is designed to bridge that gap. Through structured education, supervised clinical experience and dedicated mentorship, the programme enables dentists to introduce implant treatment safely and confidently into their own practices.

Dr Aled Clement, a graduate of the programme, recalls: "Implants were the missing component of my practice... I kept questioning why I was referring these patients out of the practice when I could provide them in-house, albeit with the right training." His experience reflects a turning point many dentists face: continue referring or gain the skills to provide implant care independently.

BRIDGING KNOWLEDGE AND CLINICAL CONFIDENCE

Many dentists understand implant theory. They know the science and restorative principles. However, translating that knowledge into predictable surgical outcomes requires structured clinical exposure. Implant dentistry involves far more than placing a fixture. It requires careful assessment, precise planning, soft and hard tissue management, occlusal awareness and long-term maintenance strategies. Clinical confidence develops through hands-on experience under supervision.

Dr Clement explains his decision to enrol: "I wanted to gain a qualification necessary for me to begin providing implants to my patients. I was keen to enrol with Tipton Training as their qualifications are formal Level 7 courses, quality assured by EduQual and approved by the Royal College of Surgeons of England." He adds: "The learning experience is a perfect blend of academia and hands-on training with instructors that actively work in practice and are therefore able to share their wealth of knowledge and experience from the real world of implant dentistry." This balance of academic rigour and practical immersion is central to building competence and confidence.

WHY IN-HOUSE IMPLANT CARE MATTERS

Providing implants in-house offers benefits beyond financial return. Patients value continuity and appreciate receiving comprehensive care from a trusted clinician. Managing both surgical and restorative phases ensures seamless planning and greater control over outcomes. Professionally, expanding into implant dentistry elevates your scope of practice and strengthens your position within the local dental community.

Dr Clement describes the impact on his practice: "My patients now have more treatment options and no longer have to be referred out to other dentists to complete their treatment. I can work confidently in the knowledge that I am providing the best possible dental care to my patients and that I have a strong network of like-minded colleagues who I can call on for help and assistance if necessary."

A STRUCTURED PATHWAY TO COMPETENCE

Tipton Training's Certificate in Dental Implantology provides a clear 12-month pathway designed to fit around clinical commitments while delivering meaningful practical experience. The programme includes:

- 16 face-to-face training days
- Eight dedicated live surgery days
- Planning, placing and restoring at least three implants under supervision
- Two full days of CBCT training (Level 1 and Level 2)
- Personalised one-to-one mentorship
- A comprehensive curriculum covering assessment through to restoration and maintenance.

Participants are actively placing and restoring implants with guidance at every stage, ensuring safe progression and measurable clinical development. Reflecting on the outcome, Dr Clement says: "It has given me the confidence and skills to select suitable patients for implant placement, as well as being able to effectively treatment plan and place implants surgically."

FROM HESITATION TO EXPERTISE

Moving from referral-based implant provision to in-house treatment can feel intimidating. However, with structured supervision and mentorship, the transition becomes achievable and professionally rewarding. As experience grows, surgical workflows become more intuitive, case selection improves and restorative planning becomes more integrated. Patients benefit from convenience and continuity, while clinicians gain renewed confidence and satisfaction. Dr Clement concludes: "It will give you the confidence you need to identify and treat your patients with implants. My dentistry has changed for the better since completing the courses with Tipton Training."

EXPANDING ACCESS IN SCOTLAND

In response to growing demand, Tipton Training is launching its Certificate in Dental Implantology in Scotland for the first time in April. Dentists in Scotland and nearby regions can now access structured, mentorship-led implant training closer to home. For clinicians currently referring implant cases, bringing treatment in-house represents a transformative step. With the right education and support, dentists can move from referral dependency to implant mastery. Read more here: **www.sdmag.co.uk/tipton-training-programme**

ENQUIRE TODAY

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(Eduqual Level 7 / Non-Level 7 Options Available)

📍 **Crieff (Scotland)**, April 2026

Frustrated about referring implant patients outside your practice? Tipton Training's 1-year Dental Implantology programme is your gateway into the world of implant dentistry, equipping you with the knowledge, hands-on experience, and mentorship to deliver safe, high-quality implant care in-house.

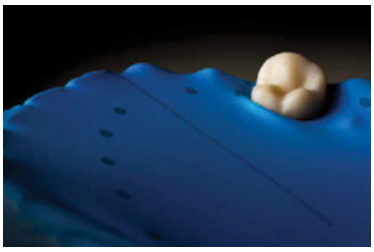
Take the first step into implant dentistry with a course designed to give you real clinical experience...

- ✓ **16 face-to-face training days** spread over 12-months, designed to fit around your clinical commitments.
- ✓ **8 dedicated live surgery days**, giving you hands-on experience placing implants in patients under the close guidance of expert mentors.
- ✓ **Advanced CBCT training**, with 2 full days covering Level 1 & Level 2, empowering you to interpret scans confidently and plan treatment accurately.
- ✓ Plan, place, and restore a **minimum of 3 implants** with structured mentor oversight, ensuring safe, effective clinical outcomes.
- ✓ Personalised **one-to-one mentorship** throughout the programme, tailored to your individual learning needs and clinical development goals.
- ✓ Comprehensive, **end-to-end curriculum** spanning treatment planning, surgical placement and restorative protocols
- ✓ Develop a **robust, professionally-recognised clinical portfolio**, with structured mentor feedback to demonstrate competency and support career progression.
- ✓ Learn from **leading implantologists** with decades of experience.

APPLY NOW
Limited spaces.

WHY ISOLATION PERFORMANCE MATTERS IN RESTORATIVE DENTISTRY

Effective isolation is crucial for successful restorative dentistry. Properly controlling moisture and microbes helps to establish a dry working field to ensure reliable and high-quality treatment results. Dental dams offer an engineered solution for this, preventing patients from aspiring or ingesting foreign objects, protecting soft tissue and even reducing risk of infection.



It is integral that the material offers dependability once tension is applied. Elasticity and tear resistance are both important factors that can significantly impact whether isolation is maintained throughout a procedure, or whether it is compromised. Therefore, choosing the right dental dam is a big decision.

ADVANCES IN ENGINEERING

By excluding moisture and saliva from the tooth being restored, the bond between the restorative material and tooth is improved, while also minimising infection risk. Poor bonding can compromise the restoration, both in terms of success and longevity compared to other isolation materials.

Other methods of isolation include the use of cotton rolls combined with aspiration by saliva ejectors. However, although this method is relatively low-cost and widely available, cotton rolls are clinically inefficient due to the frequent requirement of replacing sodden ones throughout treatment to ensure a dry operating field.

Research indicates that restorations might be more likely to remain in place and be in good condition after six months when using a rubber dam instead. Dental dams also offer reassurance to dental professionals regarding the spread of pathogens too as it has been reported that up to 70% of airborne particles could be reduced around a 3ft diameter of the operational field when a dam is used.

Having been introduced to the dental profession by Dr Sanford C Barnum on 15 March 1864, the application of dental dams has been significantly improved and is now used frequently as a more practical approach to isolation.

Vik Sharma
Sales Director, COLTENE Group

KEY CHARACTERISTICS FOR EFFICIENT WORKFLOWS

Restorative cases are often time-consuming and demand uninhibited, broad access to the oral cavity. This requires the dental dam material to demonstrate excellent, long-term elasticity and stability under tension. Elasticity allows the dental dam to stretch over clamps and tooth contours without compromising soft tissue or access, meaning its elasticity must be controlled and adaptable to avoid thinning or loss of tension.

Additionally, tension is linked to tear resistance, whereby tears commonly occur at specific points of stress. Materials that offer consistent thickness and controlled elasticity allow the forces to be distributed more evenly, which reduces the risk of failure. As even the most minor tears can interrupt the continuum at any point during the procedure, strong resistance is integral. This could otherwise compromise the isolation of the tooth and subsequently impact the time-frame and potential success of the treatment.

Recent advances in non-latex, synthetic dental dams have introduced greater benefits beyond a solution to latex allergies. Unlike natural latex designs, the synthetic approach can be engineered to deliver greater elasticity and tear resistance. This level of consistency and reliability is highly valuable in restorative dentistry as predictable handling is crucial for efficient workflows and continuous aesthetic quality.

MATERIAL PREDICTABILITY FOR THE BEST RESULTS

Using dental dams – with this predictable material behaviour – significantly reduces interruptions during treatment. Dental dams that uphold tension maintain greater consistency during treatment for many different patients. When clinicians are less likely to pause due to tears or overstretched isolation tools, focus and workflows are less frequently interrupted. Though these disruptions might be minor in moment, their consequences can greatly compromise results – increasing cognitive load and chair time while diminishing patient satisfaction.

SELECTING THE BEST ISOLATION MATERIALS

When selecting a dental dam product for use in your practice, considering these factors is important for continuous success in treatments.

The new HySolate SyntX Dam from COLTENE is the most advanced latex-free dental dam for faster isolation and confident retraction. With exceptional tear resistance, the HySolate SyntX Dam is engineered with polyisoprene – combining incomparable elasticity and tear resistance without allergy risks. The dam also comes with a pre-printed template, making them easy to learn and use, while also streamlining workflows further by minimising preparation time. COLTENE supports stable isolation throughout treatment with its revolutionary HySolate SyntX Dam.

STABLE ISOLATION SUPPORTS PREDICTABLE RESTORATIONS

Restorative success is impacted not only by clinician technique and skill, but also by the materials used throughout the process. Dental dams that maintain elasticity and tension – and provide excellent tear resistance – allow procedures to flow more smoothly and predictably. By working with controlled materials, workflow predictability and efficiency are enhanced significantly.

For references see: www.sdmag.co.uk/why-isolation-performance-matters

For more information, visit www.products.coltene.com/EN/CH/products/treatment-auxiliaries/dental-dam/standard-non-latex-dental-dam/hysolate-syntx-dam email info.uk@coltene.com or call 0800 254 5115.

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AS ENDODONTICS TURNS THREE: PRECISION, TRUST AND EXCELLENCE

A Q&A with founder Dr Arvind Sharma

Dr Arvind Sharma and the AS Endodontics team

WHAT INSPIRED YOU TO ESTABLISH AS ENDODONTICS AND WHAT GAP WERE YOU ADDRESSING?

Having limited my practice to endodontics since 2016, I recognised a clear need in Edinburgh and the surrounding areas for a dedicated, private referral clinic operating five days a week. My goal was to create a focused environment delivering high-quality endodontic treatment by multiple practitioners that would not only support GDPs across Scotland, but also significantly reduce waiting times for patients who required root canal treatment. In fact, in 2023 AS Endodontics became Edinburgh's first endodontics-focused referral practice.

WHAT ARE YOU MOST PROUD OF AFTER THREE YEARS?

Building strong referral relationships across Scotland is something I value immensely. Establishing trust takes time and knowing that colleagues feel confident sending complex cases is incredibly rewarding. I'm also proud of our team who genuinely believe in delivering excellence in everything they do, which has transformed the patient experience and enhanced the service we provide to referring dentists. Chloe, our administrator and receptionist, ensures every patient and referrer feels supported from the first contact and throughout their journey, while Leah, our nurse, brings expertise and compassion to every procedure. Dr Ruairidh Gallagher, who is nearing completion of his Master's in Endodontics this summer, is motivated, talented, empathetic and adds depth to our clinical expertise. Our five-star patient reviews, which reflect not only clinical outcomes but also the seamless, supportive experience we aim to provide for every patient, would not be possible without this amazing team.

HOW HAS THE PRACTICE EVOLVED?

Over the past three years, AS Endodontics has steadily refined its internal and external processes to ensure the seamless delivery of our services to both patients and referring dentists. For patients, the focus has not only been on clinical excellence but also on understanding their individual needs so we can provide a calming, positive experience that reduces anxiety and address common misconceptions around root canal treatment. Over time, we have developed clear, accurate information to share before and after appointments and actively seek feedback to enhance the patient journey.

For referring GDPs, we continue to strengthen communication protocols, so every referral is acknowledged promptly, treatment plans are discussed when appropriate, and comprehensive post operative reports are delivered without delay.

At AS Endodontics, communication is not viewed as an administrative task but as a core professional responsibility embedded at every stage of care. Clinically, the introduction of a state-of-the-art CBCT imaging unit with dedicated endodontic functionality has improved diagnostic precision and treatment planning.

In our commitment to ongoing improvement, we keep ourselves accountable by auditing our key performance indicators to ensure that clinically we are safe and maintaining our high standards.

HOW DO YOU MAINTAIN CLINICAL EXCELLENCE?

We maintain excellence through meticulous treatment planning, structured protocols, evidence-based practice and investment in modern equipment and endodontic systems that work. Every case is approached systematically, with careful diagnosis, clear documentation and tailored treatment to ensure predictable outcomes. Equally important is collaboration — we regularly discuss complex cases with referring practitioners to ensure the best possible outcomes and share insights that benefit both the patient and the wider dental team. Also, continuous professional development is non-negotiable. Dr Gallagher and I regularly attend national and international courses.

WHAT DIFFERENTIATES AS ENDODONTICS?

What truly sets AS Endodontics apart is our unwavering customer service ethos. Every referral and every patient interaction is approached as part of a thoughtfully managed journey rather than a single appointment. For patients, that means shorter waiting times, a calm and welcoming environment and care that is both compassionate and clinically meticulous – underpinned by evidence-based endodontic expertise.

For referring dentists, it represents clear, consistent communication throughout their patient's journey, timely appointments, and the confidence that comes from partnering with a trusted and reliable endodontic team.

HOW IMPORTANT IS TRUST IN A REFERRAL PRACTICE?

It is everything! GDPs must feel confident that their patients will be treated to the highest standard and returned promptly. That trust is built through consistency, transparency, and collaboration.

WHAT KEY LESSONS HAVE YOU LEARNED WHILE ESTABLISHING THE PRACTICE?

Building a referral clinic from the ground up has taught me that people and culture are just as important as systems and clinical standards. A motivated, engaged team forms the foundation for consistent clinical and non-clinical excellence. A key lesson has been the value of delegating effectively – particularly entrusting operational responsibilities to our practice manager, whose customer service and marketing background brought fresh non-clinical insight into patient experience, communication and our brand. Learning to delegate and genuinely trust my team has been essential for running the practice smoothly while maintaining high standards. This trust allows me to focus on what I enjoy and do best: endodontics.

WHAT IS YOUR VISION GOING FORWARD?

Our vision is to strengthen referral partnerships across Scotland while investing in advanced technology and continually refining our processes for a truly seamless, high-quality experience. Education and leadership remain at the heart of our ethos. Through the Edinburgh Endodontic Study Club – which I founded in 2018 – and my role as a Key Opinion Leader for leading dental companies, I actively support postgraduate learning, share best practices and mentor colleagues. Looking ahead, Dr Gallagher and I are excited to launch endodontic courses directly at AS Endodontics, so watch this space.

AS | ENDODONTICS

EDINBURGH'S FIRST, PRIVATE ENDODONTIC REFERRAL CLINIC

At AS Endodontics we strive for excellence and aim to provide the leading endodontic service for our valued referring dentists with the most effective, timely treatment and care for patients.

- Accepting referrals from throughout Scotland
- Appointments offered 5 days a week
- State-of-the-art technology to ensure diagnostic accuracy
- Competitive fees

"Very happy to recommend AS Endodontics and Dr Ruairidh Gallagher. Having been referred by my own dentist following several, unsuccessful attempts at root canal treatment, I wasn't sure what to expect. Dr Gallagher explained the procedure clearly; made sure I was comfortable throughout and was professional and thorough. Staff were caring and kind, arranging my appointments to suit some challenging personal circumstances I was facing. Can't thank Dr Gallagher and the staff enough for their treatment and concern." Mrs Paton

To refer, please scan

Dr Arvind Sharma
Dental Surgeon

Practice Limited to Endodontics
BDS (Dundee), MSc (Endodontology), MFDS RCS (England) MJDF, MFDS RCPS (Glasgow)
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Dr Ruairidh Gallagher
Associate Dental Surgeon

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GDC 289914

Tel - **0131 202 2889**

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

Dr Duncan Weir
Implant Surgeon
BDS (Glasg.) 2009 MFDS CLINIMPDENT - GDC No 176892

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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.

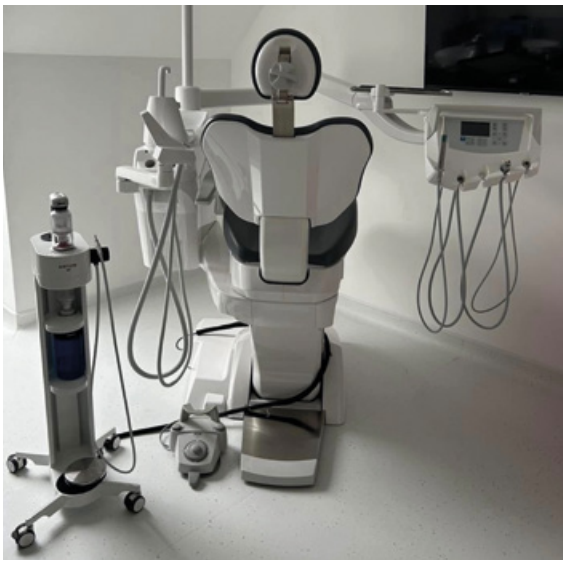
"Bruce also worked with a bespoke supplier to install their high-calibre dental cabinets in all of our surgeries and LDU. Ian was responsible for the IT and the AV equipment that we have in every area of the clinic."

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.

< Reception area

Surgery >



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

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

WHAT QUALITIES DO IWT BRING TO A PROJECT?

Kay said: "They're personable 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."

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

SOUTH STREET DENTAL: TAKING CARE OF THE LEGACY

A long-standing Practice Plan Group-affiliated practice, South Street Dental in Elgin, is thriving since it was taken over. Founded in 1973, the practice has seen only three ownership changes in its history. Today, it is in the capable hands of Jen and David Bianchi, who assumed full control just nearly three years ago and have since embarked on an inspiring journey of transformation.

HONOURING A PROUD HERITAGE

When Jen and David first invested in the practice, their timing could not have been more challenging. It was the height of the COVID-19 pandemic, and the couple had just welcomed a new baby. Despite its strong community ties and loyal patient base, Jen and David could see that the practice needed a modern approach and a clear vision for the future.

They committed to a major overhaul: rewiring and replastering the premises, adding five state-of-the-art surgeries, upgrading IT systems and revitalising the in-house dental lab. Once the physical improvements were complete, they turned their attention to the business model.

FACING THE NUMBERS

At the time, every plan patient was enrolled in a full care plan. With guidance from DPAS and Practice Plan Regional Support Manager, Selina Alexander, Jen and David audited their 937 plan members. The results were a shock; the practice had lost £43,000 in a year due to the existing structure. It was clear that change was essential.

During this time, Selina became a trusted advisor, offering practical tools, sharing proven strategies and providing reassurance during a critical period. "She was always there," Jen recalls. "Her advice helped us find solutions and navigate the transition."

INTRODUCING CHOICE AND STABILITY

Working closely with Selina, the team launched a new maintenance plan alongside the existing care plan, giving patients more flexibility while safeguarding the practice's financial health.

Fees for the full care plan were increased to reflect actual costs, and while some patients opted to stay, others moved to the maintenance plan. Thanks to Selina's market insights, the revised pricing remained competitive. To reinforce value, the full care plan was rebranded as a 'loyalty plan', reserved for long-standing patients – a subtle but effective shift in messaging.

BUILDING CONFIDENCE AND COMMUNITY

Selina's support gave Jen and David the confidence to benchmark their fees and strategies against other DPAS practices. "Being part of DPAS and Practice Plan is reassuring," Jen says. "Selina could confirm what was competitive and that gave us peace of mind."

With finances stabilised, Jen and David shifted their focus to the team culture. Transitioning from Associate to Principal was a challenge for Jen, but with coaching from Barry Oulton and resources from DPAS, she navigated the change successfully. The team collaborated on a culture deck, embraced CPD opportunities, and adopted a solutions-driven mindset. "They've come up with fantastic ideas," Jen says. "It's brought out the best in everyone."

A PRACTICE WITH HEART

South Street Dental prides itself on being a family-run practice rooted in community values. Jen and David's vision prioritises patient care, team wellbeing and family time. While the early days involved long hours, they have now established systems that support sustainable growth and allow more time with their children. Looking ahead, they are exploring ways to give back, such as sponsoring a local rugby team or providing custom mouthguards for the junior players in the club; initiatives that strengthen community ties in meaningful ways.

THE ROAD AHEAD

Through a combination of determination and support, South Street Dental has not only weathered significant change but flourished. It remains Elgin's last independently owned dental practice, with a growing waiting list and a reputation for exceptional care.

Jen reflects on what truly matters: "When I retire, I want to remember the patient who thanked me for a denture, the mum who appreciated a mouthguard for her child or the careers fair talk I gave. Those moments mean as much as financial success." With values like these at its core, South Street Dental's future looks bright.

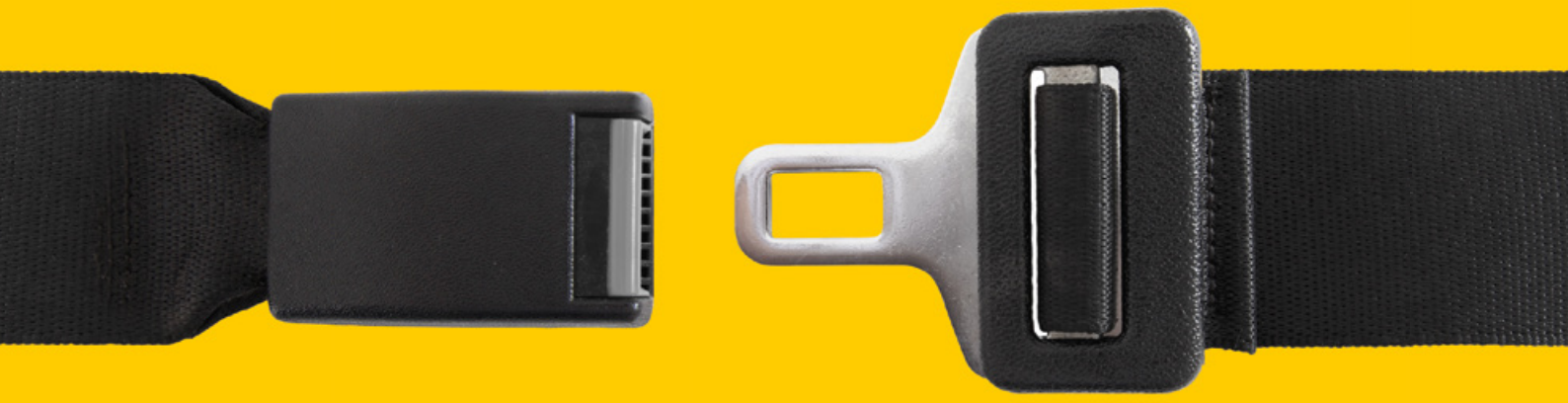
DPAS is part of the Practice Plan Group which has been welcoming practices into the family since 1995, helping them to grow profitable businesses through the introduction of practice-branded membership plans. With more than 300 years' dental experience in our field team, if you're looking for a provider that has that family feel but knows a thing or two about dentistry then you're in safe hands. Get in touch. Call **01691 684165** or visit **www.practiceplan.co.uk/be-practice-plan**

About Selina

Selina Alexander is a Regional Support Manager at Practice Plan Group and has three decades' experience in the dental industry. She began her career as a Trainee Dental Nurse and progressed to become Regional Manager for 10 practices, through to Mergers and Acquisitions Manager.

Some good news from the NHS to private conversion experts

There has never been a **safer time** to move to private dentistry.



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Ant Davies : Dentist and Practice Owner

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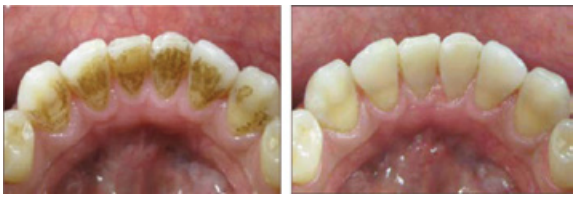
TREATMENT OF PERIODONTITIS AND MINIMALLY INVASIVE TREATMENT WITH MODERN TECHNOLOGY

MINIMALLY INVASIVE DENTISTRY IN FOCUS

Minimally invasive treatment has received increased attention, especially in periodontitis treatment and prophylaxis. The goal of minimally invasive treatment is to preserve healthy tissue and reduce pain and recovery time. Ideally, patients will experience the benefits of this approach, making it easier for them to engage in the preventive care we offer in dentistry.

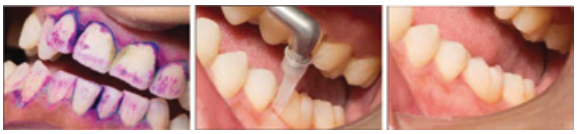
MODERN TECHNOLOGY: AIRPOLISHING, POWDER THERAPY AND PIEZO

Prophylaxis is gaining increased attention, and the demand for modern, minimally invasive equipment has increased.



AIR POLISHING

Air polishing technology was first developed in 1945 by Dr Robert Black, originally using aluminium oxide for tooth preparation.
In the 1970s, it became popular to remove discolouration using a gentler powder, mainly for use supragingivally. Air polishing was previously seen as a cosmetic treatment, but today it has an important role in pathological treatments, in the form of powder therapy and biofilm removal.

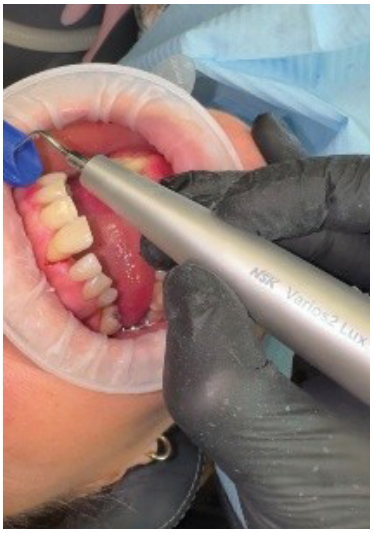


POWDER THERAPY: A BREAKTHROUGH IN BIOFILM REMOVAL

In the 1990s, the development of biocompatible powders began, and research looked at the potential of air polishing technology to remove biofilm. The development of new powder types and lower-pressure technology enabled both sub and supragingival treatment, throughout the mouth, making treatment more preventive and pathologically directed. In the late 2000s, subgingival air polishing was introduced as a new treatment modality. The method was initially a revolution in implant maintenance and peri-implantitis prevention but has since proven to be highly effective for full mouth debridement – including biofilm removal on gingiva, tongue, mucous membranes, furcations, crowns, bridges and root surfaces. The powder, which consists of amino acids, the body's own protein, is biocompatible and gentle while effectively removing biofilm and light discolouration. The fact that the powder does not contain antiseptics is also an advantage in terms of sustainability and resistance development.

IPIEZO TECHNOLOGY

Technological developments have also improved ultrasonic scaling and mechanical depuration techniques. NSK has Intelligent Piezo, an ultrasonic scaler that can distinguish between calculus and the root surface. This ensures that only calculus and biofilm are removed, while the root surface is preserved. The treatment is fast, efficient and more comfortable for the patient.



Hand instruments are still important but are increasingly used as a supplement to control the work of the ultrasonic scaler.

Ultrasonic scaling creates a cavitation effect that breaks down the biofilm and eliminates bacteria, as well as acoustic streaming that removes dissolved particles from the pockets .

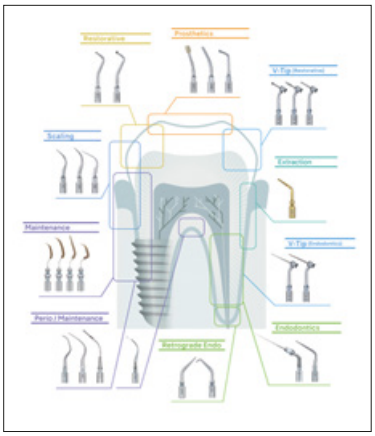
NSK offers a wide range of more than 80 different tips suitable for use with the Varios Combi Pro2 for minimally invasive treatment.

www.uk.nsk-dental.com/products/oral-hygiene/oral-varios_ultrascaler_tips

EFFICIENCY AND PATIENT COMFORT

Modern, minimally invasive equipment is not only gentle, but also efficient and timesaving. Clinicians are exposed to less strain, while the patient experiences a faster and more comfortable treatment.

To view more NSK content for Dental Therapists and Dental Hygienists, visit www.mynsk.co.uk/ikigai/



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THE SCOTTISH BUDGET'S IMPACT ON DENTISTRY

No big announcements but that does not mean the year ahead will be an easy one

At first glance, there is not much in the 2026/27 Scottish Budget that directly targets dentistry. No big announcements, no immediate changes to how practices operate. But that does not mean the year ahead will be an easy one.

What is actually happening is more subtle. With tax thresholds frozen, more dentists will drift into higher rates without necessarily feeling better off. We have already seen conversations happening with multiple clients who have increased their profits over the past couple of years yet feel like they have less room to breathe personally. That disconnect is becoming more common.

For practice owners, this sits alongside cost pressure that has not really gone away. Wages are still rising, lab bills have not eased and suppliers rarely move in your favour unless you push them. The practices that are coping best are the ones keeping a close eye on numbers throughout the year, not just at year-end. Simple things like regularly reviewing supplier terms or updating forecasts quarterly are making a noticeable difference.

The bigger question, though, continues to be NHS versus private. The Budget does not move the dial here and, realistically, any real change will come from contract reform rather than tax policy. In the meantime, most practices are having to work it out for themselves.

What we are seeing in practice is a gradual shift rather than a sudden change. Owners are not walking away from NHS work entirely, but they are becoming more selective. At the same time, they are putting more structure around private income: membership plans, hygiene-led growth and better uptake of elective treatments.

For Associates not much changes on the surface, but the underlying drivers of income are becoming more important. Earnings still come down to the fundamentals: the practice model, the fee structure and how costs are shared. Two associates doing similar work can end up in very different positions depending on where they are based.

There is also a noticeable shift in expectations. Associates are more focused on long-term earning potential and flexibility than they were a few years ago. For owners, that makes retention less straightforward. It is no longer just about offering a competitive split but creating an environment where people can see a future.

From a personal planning perspective, the frozen thresholds make forward planning more valuable than ever. Pensions, timing of income and overall structure all play a part, particularly as private income grows. Small adjustments here can make a bigger difference than people expect.

For now, success in 2026/27 will come down to the basics: keeping costs under control, being clear on your income mix and making decisions early rather than reacting late. The external environment may be steady, but what happens inside the practice will matter more than ever.

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Senior Manager
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IMMIGRATION CHANGES DENTAL PRACTICES NEED TO KNOW ABOUT

With more changes to immigration rules expected, Jacqueline Moore and Rebecca Engel-Morton detail key things the dental sector needs to know about international recruitment

1. NEW RULES ON INVESTMENT BY SPONSORED WORKERS

Sponsorship remains a key visa route for international dentists living and working in the UK. Many partner-owners already working in Scottish dental practices require sponsorship to work in the UK. Many international dentists also consider buying a practice as a vehicle for sponsorship.

In 2025, the Home Office introduced new salary rules for sponsored workers who have invested in the business which sponsors them. Any amount invested in the sponsor business must now be added to the salary requirement.

For example, if a dentist applying for a five-year visa had invested £100,000 in the practice, the Home Office would add £20,000 to the annual salary requirement for the duration of the visa to account for this investment. This means a minimum salary of £50,000 would increase to £70,000.

2. MINIMUM SALARY LEVEL APPLIES TO EVERY PAY PERIOD

From 7 April 2026, sponsors must ensure sponsored workers meet the minimum pay requirement in every pay period, as well as annually. This change will allow the Home Office to monitor salary compliance without having to wait for a full year of pay data.

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The reference period for monitoring depends on how regularly the sponsored worker is paid; the minimum pay rules must either be met every month, every 12 weeks, every quarter or across a 17-week reference period. If the worker is paid every month, the salary requirement must be met or exceeded for every hour worked in each month.

3. CHANGES TO PERMANENT RESIDENCE

The UK Government has announced major changes to the path to settlement, with full details expected in spring 2026.

For skilled workers, the path to settlement is expected to increase from five years to ten years. There are likely to be reductions in this period for those earning a high salary and those in specified public service occupations.

> “RUNNING A PRACTICE WITH INTERNATIONAL STAFF IS CHALLENGING BUT HUGELY REWARDING FOR DENTAL BUSINESSES ACROSS SCOTLAND IN 2026”

4. PROPOSED EXTENSION TO RIGHT TO WORK CHECKS

Currently, businesses are only required to carry out right to work checks on direct employees and self-employed workers whom they sponsor. They are not liable for illegal working by self-employed workers or other non-employee workers. The UK Government intends to extend the requirement to carry out right to work checks to non-employees. No timeline has been indicated for this change.

We recommend that all practices engaging self-employed associate dentists carry out right to work checks on these associates. Many practices who sponsor self-employed Associates will already be carrying out right to work checks as part of their sponsor duties. This will ensure practices are prepared for upcoming changes to the right to work scheme.

Running a practice with international staff is challenging but hugely rewarding for dental businesses across Scotland in 2026. Practice owners should ensure they are alive to changes in immigration law and seek early advice when issues arise.

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WHAT'S BEEN HAPPENING IN THE SCOTTISH DENTAL MARKET SO FAR THIS YEAR?

By Joel Mannix, Director – Dental, Christie & Co

It has been a busy start to the year in the Scottish dental market, with strong activity across a broad mix of practices. We have completed sales ranging from fully private clinics to NHS practices – not just in the Central Belt but in more rural areas, too. A good example is Anderson Dentistry, a private clinic owned by a husband-and-wife team in Aberfeldy, which was sold in February to husband-and-wife team, Chris and Iona Cairns, moving from one family-owned practice to another.

We have also handled several corporate divestments of varying sizes, reflecting the market's breadth and the high level of buyer interest. Notably, we're seeing a rise in first-time entrants to the market, including professionals relocating from other parts of the UK who recognise the opportunities that the Scottish market offers.

Alongside this, banks remain keen to lend, with a strong appetite for well-run practices. Importantly, we are also seeing a growing number of lenders outside the usual big names stepping into the sector, offering highly competitive terms for independent buyers. This increased choice is giving buyers more flexibility, and in some cases, better deals, than we've seen in recent years.

Last year felt like a period of preparation and momentum-building; this year, that activity is translating into completions, with many more lined up. We are also seeing renewed appetite for higher value, premium practices that were previously out of reach for independent buyers. As confidence returns, many who had been waiting for the market to stabilise are now re-engaging, and deals are starting to move.

EXPECTATIONS FOR THE REST OF THE YEAR

- We expect to see new corporates entering the Scottish market, as they recognise the potential that the market has to offer.
- There will continue to be a rise in interest from first-time buyers who want to jump into practice ownership.
- We will see more creative deal structures, including deferred consideration and earn-outs, as buyers look to manage risk and cash flow.
- There will be a greater focus on mixed practices, as operators seek to balance NHS and private income streams for stability.
- Continued strong lending conditions, with more alternative banks and specialist lenders offering competitive terms for independents.

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Director – Dental,
Christie & Co
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T: 07764 241 691

To find out more about the Scottish dental market, contact Joel Mannix

THE ASSOCIATE TO OWNER JOURNEY: WHAT NO ONE TELLS YOU

By Victoria Forbes, Director, Dental Accountants Scotland

For many Associates, practice ownership represents the natural next step. Greater control, improved income potential and the opportunity to build something of your own are all powerful motivators. From the outside, it can look like a straightforward progression.

In reality, the transition is far more nuanced.

One of the biggest surprises we see is the shift in mindset required. As an Associate, your focus is rightly on clinical delivery and patient care. As an owner, your role expands significantly. You are now responsible not only for clinical outcomes, but for leadership, financial performance, team dynamics and long-term strategy.

It is not uncommon for new owners to feel a short-term dip in income or increased pressure in the early months. Loan repayments, team expectations and the realities of running a business can come as a shock if not properly prepared for. However, those who embrace this learning curve tend to emerge stronger and more fulfilled.

Victoria Forbes
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E: victoria@dentalaccountantsscotland.co.uk

Another key consideration is that not all practices are created equal. The right opportunity is not always the first one that presents itself. Taking time to assess the numbers, the team and the long-term potential is critical. A well-bought practice can set you up for success. The wrong one can be difficult to recover from.

We are currently working on more than 20 practice purchases and sales at any one time, which gives us a unique, real-time insight into what makes a practice a strong opportunity. Supporting clients from initial concept through to completion, we see first-hand the difference that careful planning and informed decision making can make.

Perhaps most importantly, ownership should align with your personal goals. It is not simply about 'getting on the ladder' but about building a life and career that works for you.

With the right preparation, advice and support, the journey from Associate to owner can be incredibly rewarding.

Good luck.

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Maintaining good oral health is fundamental to overall wellbeing, yet periodontal diseases continue to rise globally.[4] While mechanical plaque control remains the cornerstone of oral hygiene, compliance with effective daily routines can be challenging, often impacted by patient preference and experience.[3,5,6] Research reveals that patients are divided in their preference for mouthwash intensity – with some seeking a gentler, mild experience, and others preferring the stronger, refreshing sensation associated with intense formulations.[7] The new flavour intensity range directly responds to this insight, allowing dental professionals to tailor their recommendations to patient preferences without compromising on clinical standards or evidence-based efficacy. This personalised approach aims to improve patient compliance, helping ensure that daily mouthwash use becomes a consistent and effective part of oral hygiene routines.

A wealth of scientific evidence – including systematic reviews, meta-analyses, the European Federation of Periodontology's (EFP) S3-level stage I–III clinical practice guideline, and the Principles for Oral Health Report – supports the adjunctive use of antiseptic mouth rinses.[1-3,8] Among these, essential Oil formulations are consistently recognised as some of the most effective agents for reducing plaque and maintaining gingival health.[1,8] Backed by science and trusted by professionals, LISTERINE® continues to champion evidence-based oral care through its Re-Evaluate Rinse® initiative.

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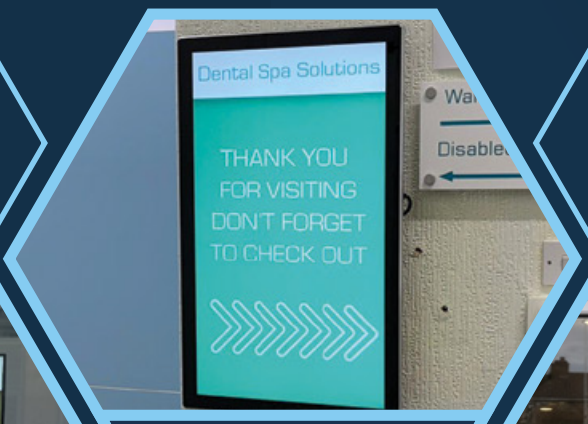

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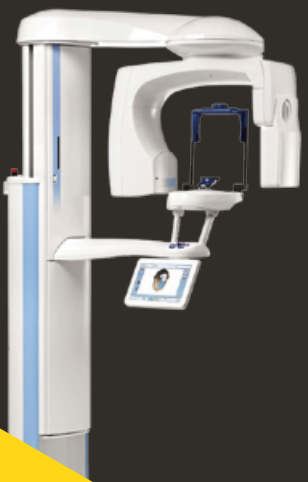

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Alastair Fraser, Principal Dentist, Greygables Dental

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