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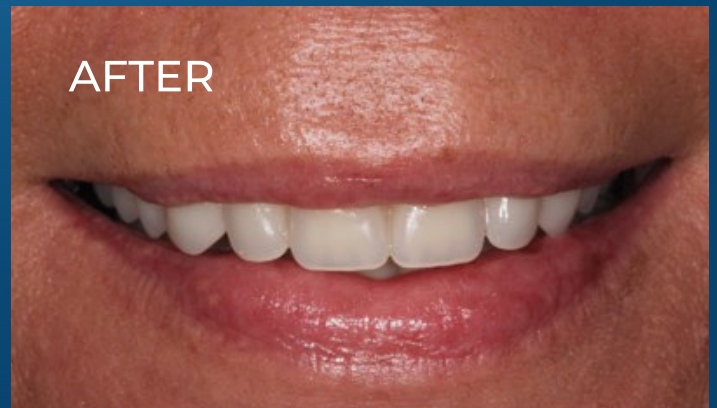
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End of the drill?

How bio-regeneration is rewriting the future of dentistry

For many patients, dentistry's core philosophy has remained surprisingly unchanged; search, drill, fill or replace. When teeth erode, they are patched with synthetic resins. When they die, they are drilled out and crowned. When they are lost entirely, titanium posts are screwed into the jawbone. The profession has become masters of dental 'carpentry', according to those same patients. Ok, the reality is more sophisticated and nuanced. But an implant or fill is still an inanimate proxy; an inorganic patch in a dynamic, living ecosystem.

That long-standing paradigm is potentially going to change. Over the past three months, a wave of breakthroughs in biological tissue engineering and monoclonal antibody therapies has shifted dental medicine from passive repair to active biological regeneration. We are, perhaps, witnessing the dawn of a new era where lost enamel, damaged dentin and even entire missing teeth can potentially be regrown on demand.

The most profound shift lies in the mechanics of tissue scaffolding. In September, researchers at King's College London and Imperial College London solved one of regenerative medicine's trickiest puzzles; how to reliably grow complex human tooth organoids without relying on unpredictable, animal-derived matrices.

By developing synthetic, bio-orthogonally cross-linked hydrogels, the team created a pristine environment that precisely mimics the chemical signals of the embryonic human jaw. Because these synthetic gels produce zero toxic cellular by-products and can be manufactured with mathematical precision, they provide the canvas necessary to grow viable tooth buds; complete with enamel, dentin and vascular pulp.

Simultaneously, material scientists at the University of Nottingham introduced a complementary breakthrough aimed at immediate, micro-scale restoration; a protein-based smart gel applied directly to eroded enamel. Instead of requiring a dentist to drill away sound structure to hold a filling, the gel binds with minerals already floating in the patient's saliva to mineralise new, enamel-like layers over exposed dentin. It is restorative dentistry operating at the molecular level, potentially rendering the terrifying whine of the high-speed drill obsolete for early-stage decay.

Perhaps the most radical frontier is happening not in the petri dish, but in

clinical trials. Japanese biotech Toregem BioPharma advanced its flagship monoclonal antibody drug, TRG035, into Phase IIa human trials following regulatory clearance from Japan's Pharmaceuticals and Medical Devices Agency. The drug targets USAG-1, a specific protein that naturally acts as a molecular brake on tooth development. By temporarily inhibiting USAG-1, the therapy instructs dormant tooth buds sleeping beneath the gumline to effectively wake up and begin forming a brand-new, permanent adult tooth. Originally targeted at children with hypodontia, the ongoing success of this molecular switch opens the door for adults who have lost teeth to decay, trauma or gum disease to simply grow a new set.



THE IMPLICATIONS OF THIS SHIFT EXTEND FAR BEYOND AESTHETICS OR CONVENIENCE; THEY FUNDAMENTALLY REDEFINE PUBLIC HEALTH ECONOMICS"

The implications of this shift extend far beyond aesthetics or convenience; they fundamentally redefine public health economics. Traditional dental care is famously reactive and structurally expensive; a cycle of repeated fillings, crowns, root canals and eventual extractions over a lifetime. Biological solutions, though initially in their early stages, hold the potential to break this restorative cycle entirely. A single targeted course of regenerative therapy could solve a missing-tooth problem permanently with self-repairing, vascularised biological tissue, rather than requiring decades of hardware maintenance and implant replacements.

Naturally, major clinical hurdles remain before these treatments become mainstream. Scaling laboratory-grown organoids into predictable, standardised clinical protocols takes time. It is, obviously, essential to ensure that molecular therapies targeting growth proteins operate with absolute precision, confining their biological effects strictly to the maxilla and mandible. But the trajectory is unmistakable. For decades, dentistry has asked: *How do we manufacture a better artificial replacement?* Today, the field asks: *How do we prompt the body to rebuild itself?* The era of dental carpentry is giving way to the era of dental biology. Soon, visiting the dentist may not mean bracing for a needle and a drill; it will mean handing your body the biological instructions to grow a better smile.



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A numbers game

Reducing health boards from 14 to two makes sense, but it needs to be allied with a national health improvement programme

John Swinney recently announced the decision to change the health board structure in Scotland: reducing 14 regional health boards to just two. The Government's reason for this is to save money and, so they say, improve healthcare options and outcomes.

Unfortunately, based on multiple experiences of its ruthless efficiency, I believe this will be ill-conceived, unconvincing and very expensive.

The wish list of joined-up 'Once for Scotland' decision-making is unlikely to be more than a procession of meetings, disagreements with unions and a rebrand. The Government has confirmed there will be no compulsory

redundancies. Therefore, there will be a massive cost

for voluntary redundancy or early retirement packages and index-linked pension payments. All the while, the actual processes and improvements in service would need to be created, tested and introduced with fewer staff.

I have, for many years, suggested that a reduction of health boards makes a lot of sense. Each board must duplicate many features, from payroll and human resources (HR) to statutory committees which produce solutions but do so in small pockets, rather than with national consistency. Each process contributes to a mire of workflow, policy and roll-out in small geographic areas with small populations.

I believe there should be three boards: East, West and Highlands and Islands. The East and West boards would be largely similar; incorporating the needs of a tightly-packed population in the central belt with more rural services extending to their northern or southern extents. The requirements of the Highlands and Islands, with their sparse population, large geographic distribution and associated challenges, is already well understood by the existing boards. That existing knowledge and inter-board communication should create an easy redistribution, relocation and rationalisation of resource.

There is an argument to remove elements from each board which can be dealt with nationally. For example, payroll and HR, with small geographic centres as required for face-to-face interactions. Dentistry is currently largely run and supported by national structures for most of its functions, such as management teams in health board areas. They have Directors of Dentistry and Dental Practice Advisers. Nationally coordinated, small, localised teams for these functions would seem reasonable. A decision about their scale would likely be a geographical consideration based around the number of practices or Public Dental Service locations each group would support.

The 2026-2031 plan has only one mention of dentistry, relating to a proposed re-evaluation of the 'Golden Hello' system in place for medics and dentists working in rural areas. No mention of our shameful caries rates, paediatric

general anaesthesia waiting times, or methods to improve the oral health of our nation. There is scant mention of preventative advice or behaviour change to reduce the healthcare burden in Scotland and no mention of a mechanism to improve oral health, increase staffing or provision of dental care. I am certain there are other documents available which point to these things, but when there are repeated mentions of projects or proposals which affect very small portions of our society, it would seem remiss not to mention dentistry or oral health.

Perhaps there is a view that dentistry is in hand. Unfortunately, I would disagree. After three decades in practice, I find the work today harder and more voluminous than before. Some of that relates to the increase in the aesthetic desires of patients. However, the vast amount of work relates to greater numbers of teeth present requiring more maintenance. My single biggest complaint is that people simply do not understand the influence diet has on their bodies and lives. I firmly believe a good diet can make up for poorer brushing.

Where am I going with all this? Reduced numbers of boards should allow, in dentistry, for more consistent and evidence-based approaches to be more easily coordinated and developed to affect change across Scotland. We do not have that big a country or population to require 14 times the organisational structures. A nationally-organised guidance and delivery system already exists in Practitioner Services via the CDO's office. It should lead to a bit less admin and greater consistency. That might help care be delivered a little better using fewer admin staff. Perhaps that small change can result in increased funding and staff, thereby improving clinical outcomes? It will not make a big difference. It will not save millions, let alone the billions required to fill the deficit. Certainly not quickly. That is not the reason I suggest fewer boards. I would be happy to see some of the fat trimmed but it is mainly about a consistent approach and message being delivered more easily.

If there are savings, I would love to see a national programme to educate and motivate our population to understand what good diet and exercise looks like and the lifelong benefits it can deliver. Reduced interaction and need of healthcare, medications, joints replacements, sick days, benefits claims and simply a healthier, happier life. I am tripping over social media sludge telling me of apps and supplements, treatments and tests which will improve my life expectancy. It is non-evidenced nonsense designed to monetise and prey on our insecurities. Simple, early education of our children has proven to work, through Childsmile, and seen some improvements in brushing and associated oral disease. This mechanism needs funded and rolled out to improve our diets and exercise. That would be a simpler, more effective use of the funding and staffing, creating whole body benefit – not just our oral health.



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Scottish Institute for Dental Nursing Education opens

The launch is an important milestone, said Alison Thewliss, Minister for Community Care

THE Scottish Institute for Dental Nursing Education (SIDNE) opened in September at New College Lanarkshire's Coatbridge Campus with Minister for Community Care, Alison Thewliss MSP, saying it would provide vital educational opportunities.

The Minister went on to say: "This is an important milestone and it's vital we have educational opportunities like this to ensure that our workforce remains equipped, adaptable, and ready to meet the changing needs of patients and communities across Scotland."

New College Lanarkshire has trained dental professionals since its Dental Nursing curriculum began as a single evening class in 1990. It has since grown into one of Scotland's most respected dental education programmes and created Scotland's first Dental Nursing degree.

Dr Gillian Leslie, Chief Dental Officer, cut the ribbon on the new facility saying: "Thousands of dental practice professionals

have already undertaken training programmes here, contributing to the development of skills, confidence, and a high-quality workforce."

Today, the college has trained almost half of Scotland's 59,000 dental support staff and the department continues to lead the sector with pioneering work in AI, Smile Design, CAD training, 3D modelling and training staff to support patients with early-onset dementia.

The Chief Dental Officer added she was delighted that "there will be a new range of online programmes which will be launched, including Scottish Vocational Qualification Level 3 in Dental Nursing. This will help learners across Scotland, including those in remote and rural communities, such as the Highlands and Islands, access high-quality education flexibly."

Kate Wilson, Academic Lead for Dental Nursing at New College Lanarkshire, said: "Today's launch of the Scottish Institute for

Dental Nursing Education is the beginning of a new era for dental education in Lanarkshire and Scotland.

"We have world-class facilities, an award-winning innovative team, international partnerships, digital pathways, Modern Apprenticeships, and programmes reaching students in every community, including rural and remote areas."

New College Lanarkshire Principal, Professor Christopher Moore, said: "The launch of the Scottish Institute for Dental Nursing Education recognises what our dental team has already achieved, becoming Scotland's recognised centre of excellence in this field.

"The institute will now build on that foundation to give even more of tomorrow's dental professionals the skills and support they need. This is a proud day for us at New College Lanarkshire, and for Coatbridge. It shows that nationally recognised excellence is happening right here in Lanarkshire."

Dentists in Scotland awarded pay rise

NHS dentists received an above-inflation pay uplift of 3.5% at the end of September, after the Scottish Government agreed to implement recommendations from an independent pay review board. Salaried community and public dental workers will receive a 3.75% pay uplift, "recognising particular challenges within those services," said the Government.

The pay increases, which impact more than 10,000 NHS employees, including GPs and consultants, will be backdated to 1 April. For dentists in the public dental service, the increase ranges from approximately £2,030 to £4,294 per annum.

Angela Constance, the Health Secretary, outlined the pay awards in a letter to the British Medical Association as she confirmed full

acceptance of the recommended pay uplifts by the Review Body on Doctors' and Dentists' Remuneration (DDRB).

Ms Constance said: "I'm grateful to all consultants, GPs, SAS doctors and dentists for the invaluable contribution they make to the people of Scotland in delivering safe, effective and high-quality care across our communities."

Meanwhile, a new report says that the taxable income of self-employed dentists in Scotland rose by 9.3%, from an average of £90,600 in 2023/24 to £99,100 in 2024/25.

Published by National Health Service England, the annual report analyses data from the UK tax authority for self-employed primary care dentists for the 2024/2025 financial year.

Scotland experienced the second highest

increase, behind Northern Ireland's 13.7%. The statistics include income from both publicly commissioned and private dentistry, as tax records do not distinguish between the two. Although the report contains analysis for each nation, the values are not directly comparable due to differing contractual arrangements.

The report covers Principal and Associate dentists working full- and part-time. It notes that higher taxable income does not translate directly into an equivalent increase in take-home pay, since taxable income is calculated before income tax and pension contributions.

'digital.nhs.uk/data-and-information/publications/statistical/dental-earnings-and-expenses-estimates/2024-25

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Harmless virus dismantles gum disease plaques

Applying FNU1 reduced total bacterial levels by 94% in pioneering study

A **NATURALLY** occurring and harmless virus can dismantle complex bacterial communities responsible for severe gum disease, offering a potential alternative to traditional antibiotics.

In the first study¹ to demonstrate this effect, La Trobe University researchers found the FNU1 virus selectively attacked *Fusobacterium polymorphum*, a bacterial species that helps other disease-causing bacteria to stick together and thrive. The virus reduced total bacterial levels by 94%, leaving only about 6% of the original disease-causing plaque intact.

Despite targeting just one bacterial species, the treatment

dramatically reduced the size and density of the plaque, with levels of three other bacteria linked to gum disease falling by more than 85%.

Dr Mwila Kabwe, lead author and Post Doctoral Research Fellow at La Trobe's Holsworth Biomedical Research Centre, said the findings were important given gum disease affects more than half the world's population and remains a leading cause of tooth loss. The research focused on bacteriophages or phages, viruses that infect bacteria but are harmless to humans.

"Current treatments for gum disease don't directly target the bacterial imbalance that drives the disease, and the dense

layers of bacteria that form around teeth can be resistant to antibiotics," Dr Kabwe said.

"By targeting one of the key bacteria that holds these disease-causing communities together, we were able to destabilise the entire plaque community. The findings suggest phages could offer a more precise way to treat

gum disease while preserving healthy bacteria."

However, he said that while the laboratory findings were promising, further research was needed before phage-based treatments could be used in dental practice.

'www.tandfonline.com/doi/full/10.1080/20002297.2026.2726627

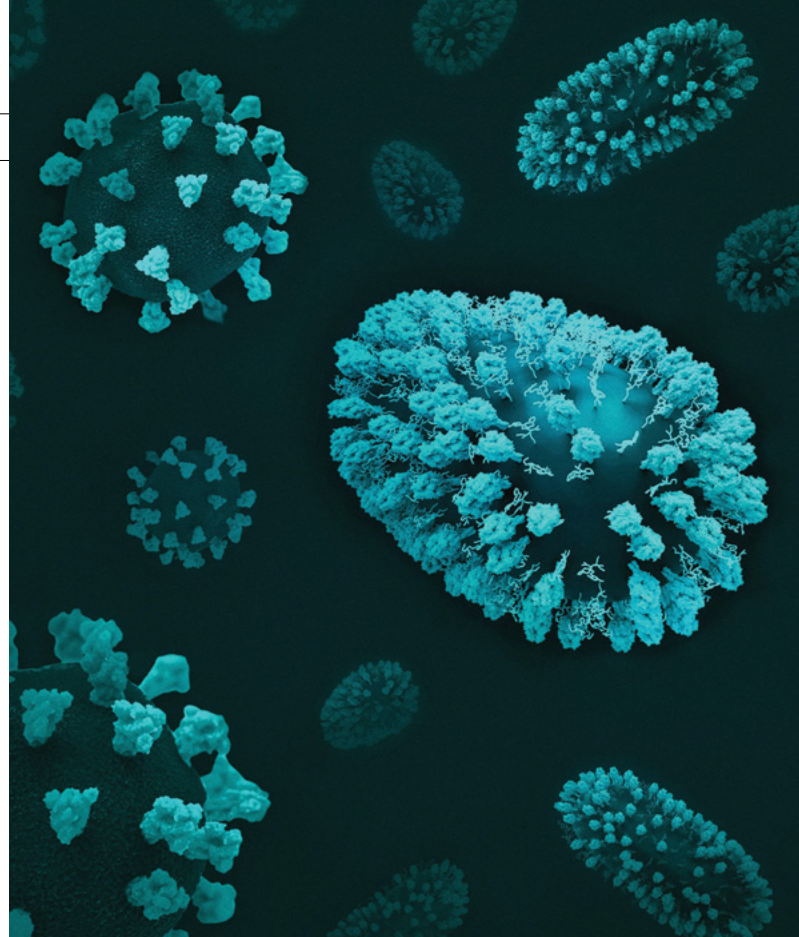


Image: National Institute of Allergy and Infectious Diseases / unsplash.com/@niaid

Change in infective endocarditis prevention guidance announced

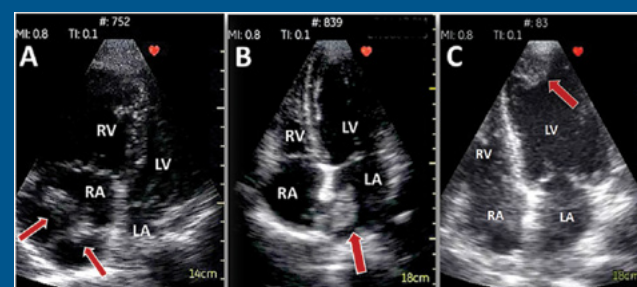
SIGNIFICANT changes to the advice given to dentists concerning the prevention of infective endocarditis (IE) have been outlined.

They are the result of recent changes to the National Institute for Health and Care Excellence (NICE) guidelines, combined with an update to the implementation advice from the Scottish Dental Clinical Effectiveness Programme (SDCEP).

In contrast to a previous NICE recommendation against the use of antibiotic prophylaxis (AP) for IE prevention, dentists are now recommended to offer AP to all individuals at high-risk of IE before extractions or oral surgery procedures. Also, they should consider AP for high-risk individuals undergoing any other at-risk dental procedures that involve manipulation of the gingival or periapical region of the teeth.

Most UK cardiologists, cardiothoracic surgeons and infectious disease specialists (alongside many National Health Service trusts, several of which incorporate dental schools and hospitals) follow the European Society for Cardiology (ESC) guidelines.

The authors of an article¹ in the British Dental Journal said: "The combined impact of the change in NICE guidance and subsequent SDCEP update is welcome, and dentists are once more being advised to recommend AP for high-risk patients undergoing extractions and oral surgery procedures and to consider it for all other at-risk dental procedures.



"This message needs to be urgently transmitted to all dentists and, as in 2008, the CDOs should write to every dentist to inform them of this important change. A synopsis of this guidance and recommended antibiotic regimens should be reinstated in the British National Formulary.

"Indemnity insurers should also update their indemnity cover arrangements and advise their members accordingly. Moreover, these topics should be urgently re-incorporated in the training curricula for dentists, dental hygienists, dental therapists and dental nurses.

"IE is a dangerous and life-threatening disease – and can be prevented by good holistic dental care and appropriate use of AP."

'www.nature.com/articles/s41415-026-0005-0

Intracardiac pathological masses detected with a humanitarian use device. Picture: Creative Commons: tinyurl.com/bdht2bf9

Dyson's £419.99 toothbrush?

Hmm, maybe, maybe not ...

SIR James Dyson, the inventor of the bagless vacuum cleaner, announced in September what he said was an entirely new way to clean teeth. Costing £419.99, the Dyson CameraJet has a camera – powered by Gap Optical Targeting, a proprietary system engineered by Dyson – to target and precision-floss gaps between teeth.

Using machine learning, the 100K-pixel macro lens camera, is said to detect, track and predicts gaps between teeth in real time, triggering a precision jet burst of mouthwash exactly where it is needed. The toothbrush is the result of research and development by more than 600 Dyson engineers that, says the company, challenges every aspect of conventional oral care. The company has filed 38 patents for the product.

"Flossing is an awkward and time-consuming chore," said Sir James. "Few of us do it even though we know we should. Dyson engineers and scientists have spent well over a decade understanding oral care regimes and how nasties build up in the mouth. Our research has shown that people consistently miss the areas where plaque forms; the gaps between teeth.

"We wanted to solve three fundamental problems; how to see those gaps, remove plaque and improve cleaning performance while brushing. By combining a camera, machine learning, precision fluid dynamics, advanced brushing technologies, connectivity and WiFi, Dyson CameraJet introduces an entirely new way to keep your mouth healthy."

And the verdict? Hmm ...

Wired magazine said that just a day after its launch there were reports of water in the battery compartment and failures within 30 seconds of use. *Consumer Reports'* review unit stopped working less than 24 hours after unboxing. On 11 September, the French tech website Numerama said that the French Dyson site and stores had stopped selling the toothbrush. Four days later, stores



Picture by Dyson

in the UK, US and Singapore, where Dyson's headquarters reside, had followed suit.

A Dyson spokesperson said: "We have identified a single component issue affecting a small number of early batches. We have isolated those batches and are supporting affected customers."

One person who managed to buy and use a CameraJet was Dr Zaeem Jafri, a dentist and the founder of Nova Smiles, an online advice website. He found it messy to use; the water jet was hard to angle, and it did not find all the gaps between his teeth. "It didn't really work that well for me," he said. "It's a bit of an overkill."

Acteon launches UK's first national dental imaging education initiative

TEN UK dental schools are being invited to join Illuminate, a new, fully funded educational partnership from Acteon UK that combines digital imaging technology, structured learning and national recognition to help prepare students for a profession where digital imaging and effective patient communication are becoming integral to everyday clinical practice.

Through Illuminate, universities will receive an Acteon C50 intraoral camera, together with onboarding and educational support, giving students the opportunity to put their learning into practice through anonymised case studies reviewed by a national panel of clinicians and educators. Schools where five or more students submit case studies will be able to keep the C50 as an ongoing educational resource.

Designed for dental students in years three to five, and dental hygiene and dental therapy students in years two and three, Illuminate has

been created to support the transition from university to clinical practice. By combining structured learning with hands-on digital imaging, it gives students valuable practical experience before graduation, helping them develop the communication, clinical reasoning and digital capabilities needed to deliver patient-focused preventive care.

For universities, the programme offers an opportunity to enrich undergraduate teaching while demonstrating a commitment to preparing students for modern practice. Participation also provides national recognition through involvement in a pioneering UK educational initiative celebrating excellence in dental education.

Students will have the opportunity to showcase their work through anonymised case studies, which will be reviewed by an independent panel of clinicians, educators

and digital leaders from across the profession. Outstanding submissions will be recognised at a special prize-giving event, celebrating excellence in patient-centred care, clinical thinking and the effective use of digital imaging. First place will receive a trip to Acteon's factory near Milan and an Acteon C50 intraoral camera, with an Acteon C50 awarded for second place and an Acteon C20 intraoral camera for third place.

With places limited to just ten UK dental schools and allocated on a first-come, first-served basis, institutions are encouraged to register their interest as soon as possible. Applications close on 31 October 2026, with successful schools invited to support student case study submissions ahead of the 30 June 2027 deadline. To find out more or register your dental school's interest, visit acteon.foleon.com/uk/illuminate or contact Amy Hayes at amy.hayes@acteongroup.com.

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Dundee University a winner at international oral health awards

Prizes celebrate excellence in sustainability and social responsibility in oral health education

THE University of Dundee was among the winners of the 2026 Oral Health Professional Educators Awards announced by The Association for Dental Education in Europe (ADEE), the European Dental Students' Association (EDSA) and Henry Schein.

The university also received an additional award at this year's ADEE conference. Clement Seeballuck was this year's recipient of the ADEE Oral B Inter/Intra Professional Excellence in Dental Education Award in recognition for his teaching methods practice, underpinned by innovation, staff-student collaboration and social purpose.

The 'Social Excellence' Award recognises an ADEE member institution that is making a positive difference through social responsibility across education, clinical practice and operations and helps health happen by recognising improvements in social health outcomes for communities and patients. The award celebrates initiatives that expand access to care, promote inclusion and support underserved communities.

Dundee University developed the Dental Connect project to address oral health inequalities through community engagement and social responsibility. Co-created with students and community partners, the initiative improves oral health among vulnerable groups while fostering collaborative learning and social purpose.

Since its inception, the project has delivered more than 2,500 interventions and 78 large-scale events. Its work continues to grow through partnerships such as Smile Train and the development of dental comics to help communicate with service users.

Meanwhile, thanks to its Dental Ecolabel project, the Université Paris Cité was the winner of the Oral Health Professional Educators 'Practice Green' Award. The project involves more than 1,000 undergraduate dental students across six clinical settings.

The Ecolable framework strives not only to reduce carbon, waste and improve recycling, but primarily to raise awareness



Members of the Dundee School of Dentistry receiving the Social Excellence award. Left to right: Kevin Davey, Emilia McMorrow, Laura Smith, Clement Seeballuck, Professor Dr Ivan Alajbeg (President of ADEE), David Oultram (Henry Schein) and Colin Levey.

of the importance of sustainable dental practice, encouraging continuous improvement and a new mindset among graduates and staff around the responsibilities and impact of sustainable and ethical care.

Professor Ivan Alajbeg, ADEE President, said: "We are delighted to congratulate the Université Paris Cité and the University of Dundee on their outstanding achievements and the impact of their projects in advancing environmental sustainability and social excellence."

The awards are part of Henry Schein Cares, Henry Schein's global corporate citizenship programme, which is celebrating its 25th anniversary this year.

Call for professionalism principles to include more clarity on the use of AI

Dental Protection also says ethics and patient interests should be explicitly stated in the framework

DENTAL Protection has called on the General Dental Council (GDC) to consider developing guidance on the professional expectations associated with the use of artificial intelligence (AI) in dentistry.

In its response¹ to the GDC consultation on replacing the standards for the dental team, known as the 'silver book', with a new professionalism framework, Dental Protection said it welcomes the expectation that dental professionals should understand their responsibilities when using technology to support practice.

However, it adds that its members would benefit from greater clarity in this area. Dental Protection also called for ethics and patient interests to be explicitly stated in the framework and highlights the need for clear regulatory expectations.

Dr George Wright, Dental Director at Dental Protection, said: "As AI is increasingly used to support clinical practice, communication, administration and practice promotion, dental professionals would benefit from greater clarity about how the existing professionalism principles and expectations apply when using it.

"In particular, the GDC should consider clarifying expectations concerning professional accountability, the continued exercise of independent professional judgement, appropriate scrutiny of AI-generated information and the need for registrants to understand the limitations of the systems they use."

¹www.dentalprotection.org/uk/articles/submission-to-the-consultation-on-the-gdc-s-proposed-framework-for-professionalism

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Greater focus needed on the role of oral health in later life, says FDS

New guidelines provide practical support for oral health teams across general, community and hospital dental services

THE Faculty of Dental Surgery (FDS) at the Royal College of Surgeons of England (RCS England) has published new clinical guidelines to support oral health care for older people, calling for oral health to be recognised as an essential part of healthy ageing.

With the number of people in the UK aged 85 years and over projected to double over the next 25 years, from 1.75 million in mid-2024 to 3.6 million by mid-2049, the guidelines highlight the importance of planning ahead for oral health as people's wider health and care needs change with age.

The new guidelines provide practical support for oral health teams across general, community and hospital dental services. They are designed to help dental teams identify risks earlier, prevent avoidable deterioration, adapt care as people's circumstances change, and ensure patients receive the right care in the right setting.

For most older adults this will continue to be within general dental practice, while recognising that some people may require additional support through shared care arrangements, community services, specialist input, domiciliary care and end of life care.

Dr Charlotte Eckhardt, former Dean of the Faculty of Dental Surgery (FDS) at the Royal College of Surgeons of England (RCS England), said: "Good oral health care is an important part of healthy ageing, supporting quality of life, independence and dignity.

"These guidelines provide practical support for the whole oral health team. They bring together the latest evidence and

expert clinical input to help practitioners deliver preventative, person-centred care that adapts to the people's needs throughout later life.

"We encourage the whole dental team to adopt these guidelines, share with their professional networks and help ensure older people receive high-quality, personalised oral healthcare throughout later life."



Image: unsplash.com/@ravi_patel

Combining omega-3 with low-dose aspirin produces antibiotic-like results

A COMBINATION of omega-3 and low-dose acetylsalicylic acid (ASA) produce results comparable to antibiotics in treating severe periodontitis, according to a study.

The findings were published in the *Journal of Periodontology*¹ and suggest a promising therapeutic alternative for some patients by reducing the need for antibiotics. The findings are particularly relevant amid growing global concern about bacterial resistance.

The study followed 109 patients with advanced periodontitis over one year.

By the end of the follow-up period, about 58% of patients treated with antibiotics had met the researchers established clinical goal of having no more than four remaining deep

periodontal pockets. Among those who received omega-3 and ASA, the percentage was 57.7%.

The results are especially significant considering growing concerns about antibiotic resistance, which is considered one of the main threats to global public health.

"Demonstrating that it's possible to treat severe periodontitis by modulating the body's own response is new and relevant information that helps preserve antibiotics for when they are truly indispensable," said a spokesperson for the research team.

¹[aap.onlinelibrary.wiley.com/doi/10.1002/jper.70081](https://onlinelibrary.wiley.com/doi/10.1002/jper.70081)



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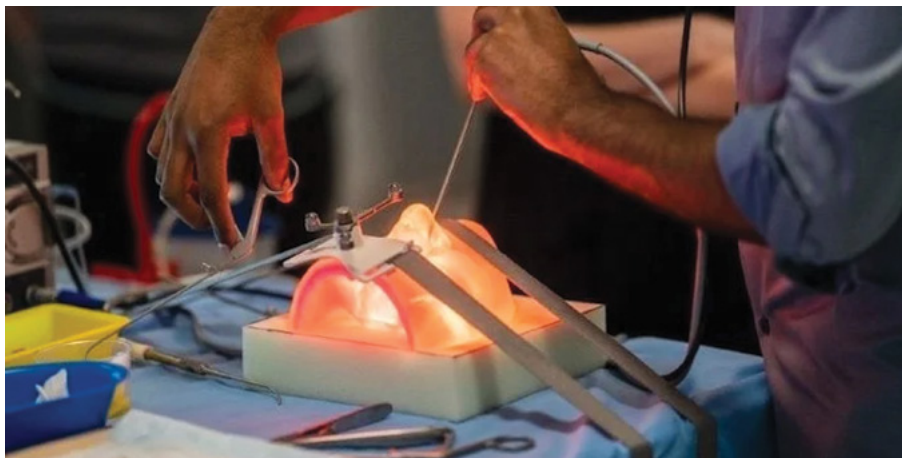
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3D models will help dentists master complex procedures

Replicating not only the anatomy of teeth, jawbone and soft tissue, but also how they respond during surgery



DENTISTS could soon have access to highly realistic 3D advanced manufactured dental models that better prepare them for complex tooth removal procedures.

A collaborative research project¹ between Australian medical training device company Fusetec, Adelaide University and the Additive Manufacturing Cooperative Research Centre (AMCRC) is developing a new generation of biomimetic dental training models that replicate not only the anatomy of human teeth, jawbone and soft tissue, but also how they respond during surgery.

The models are designed to help clinicians better plan and practise complex procedures such as wisdom tooth removal, improving surgical confidence and ultimately supporting better patient outcomes.

Building on an established collaboration between Fusetec and Adelaide University, the dental project combines world-leading expertise in dental research, biomaterials

and advanced manufacturing to accelerate the commercialisation of an Australian-made medical training platform.

Mark Roe, Chief Executive of Fusetec, said: "We're developing dental models that don't just look like anatomically correct; they respond like real tissue during surgery. That gives clinicians greater confidence when planning procedures while providing a for more realistic training experience."

The project will integrate advanced clinical imaging, digital modelling and multi-material additive manufacturing to produce patient-specific, biomimetic dental replicas. Researchers are also developing simulation tools to better understand fracture force thresholds during surgery, supporting safer, more predictable and less invasive clinical practice.

¹adelaide.edu.au/about/news/2026/new-3d-models-will-help-dentists-master-complex-procedures

Number of DCPs rises by 5%

ALMOST 85,000 dental care professionals (DCPs) are now registered in the UK, with the latest figures showing an increase of 3,746 professionals compared with the post-renewal register count in 2025.

With 84,746 DCPs now on the register, the increase follows the General Dental Council's (GDC) annual renewal period, during which the regulator took extra steps to support DCPs who experienced technical difficulties with the new online service MyGDC.

The DCP register changes throughout the year as new professionals register and others leave the register. As a result, the number of registered professionals typically rises between annual renewal periods before falling when those who do not renew are removed.

For those who have been removed, the GDC has made it easier to restore registration so that they can continue to practise in the UK if they have been off the register for less than 12 months and have always complied with CPD.

Oral health should be integral part of general healthcare, says new white paper

ORAL health can no longer be treated separately from general health, according to a new white paper from the European Federation of Periodontology (EFP) and the European Association of Dental Public Health (EADPH).

The white paper calls for closer collaboration between dental, medical, public health and social care professionals. *Oral health and systemic health outcomes: a call for interdisciplinary action*¹, developed by a joint EFP/ EADPH working group supported by Oral-B, brought together evidence from periodontology, medicine and dental public health and sets out recommendations for clinical practice, policy, education and research.

Oral diseases affect around 3.5 billion people worldwide. The white paper highlights that they share important, modifiable risk factors (including free sugar, tobacco and alcohol consumption, as well as social and commercial determinants) with major non-communicable diseases. Inadequate oral hygiene represents an additional oral-specific risk factor.

The authors argue that this common ground makes a strong case for integrating oral health into general health strategies, through a common risk factor approach, rather than managing diseases in separate silos.

Among oral diseases, periodontitis currently has the strongest evidence for interactions with overall health. Associations have been demonstrated between gum disease and several systemic conditions, although the strength and nature of the evidence vary.

Treatment of periodontitis has been shown to improve glycaemic control in people with diabetes and to improve inflammatory and vascular surrogate markers, while evidence for an effect on major clinical events remains limited.

The white paper concludes with a clear call for shared responsibility: oral health should be integrated into general healthcare through sustained collaboration between dental and medical professional, public health authorities, educators, policymakers, patients and communities.

¹www.nature.com/articles/s41415-026-9679-6



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Air pollution can worsen periodontal disease

Particulate matter increases oxidative stress and intensifies inflammatory response

EXPOSURE to fine particulate matter (PM2.5), a main component of urban air pollution, causes changes in oral tissues and accelerates the destruction of periodontal tissues that support teeth, according to a study.

The study by researchers at São Paulo State University (UNESP) and the University of São Paulo (USP) demonstrated that PM2.5 exacerbates inflammation in periodontal tissues and intensifies alveolar bone loss.

"It's already well documented that pollution affects various organs," said Luis Carlos Spolidorio, a professor at the UNESP School of Dentistry in Araraquara and coordinator of the study published in the journal *Air Quality, Atmosphere & Health*¹.

"Since the oral cavity is constantly exposed to the external environment, we suspected that it might also be affected by pollution. What we didn't expect to observe were such significant changes in oral tissues.

"We've demonstrated in a controlled experimental setting that the oral mucosa undergoes changes when exposed to fine particulate matter. This finding represents an important advance since previous studies were limited to identifying correlations between air pollution and oral diseases.

"With our study, we were able to elucidate the cellular and molecular mechanisms linking exposure to the



Image: unsplash.com/@chrisbottillier

pollutant to the changes observed in the oral cavity."

According to Professor Spolidorio, the effects of air pollution on oral tissues likely involve multiple biological mechanisms. This is because the oral cavity is one of the main interfaces between the body and the external environment.

"Thus, inhaled particles can come into direct contact with the oral mucosa, triggering local inflammatory responses. Furthermore, after reaching the lungs, these particles can induce systemic inflammation and oxidative stress, which

can affect distant organs and tissues, including the oral cavity," he said.

The results of the study reinforce the existence of a biological link between exposure to air pollution and changes in oral tissues. "Although further studies are needed to fully understand these mechanisms in humans, the data shows that oral health can also be influenced by the quality of the air we breathe," said Professor Spolidorio.

¹link.springer.com/article/10.1007/s11869-026-02014-4

College supports GDC pivot from standards to principles

The College of General Dentistry (CGDent) has expressed its support for the General Dental Council's intention to replace Standards for the Dental Team with a new Framework for Professionalism

RESPONDING to the regulator's consultation¹ on the proposed change, which closed last week, the College endorsed the ambition to move away from an approach founded primarily on detailed rules and prescribed behaviours to a principles-based framework, which it says, "has the potential to provide greater flexibility, enabling registrants to exercise appropriate judgement in complex and varied situations."

However, the College acknowledges that this would be a significant culture change, placing new expectations of agency and responsibility on the practitioner, and that at present many registrants derive confidence from understanding precisely where boundaries lie, particularly when faced with difficult professional or ethical decisions.

It is therefore calling for the profession, which it says "[may not] trust those standing in judgement of their practice", to be adequately supported in applying broad principles to real-world situations and equipped to interpret and apply these principles consistently and confidently.

The College's response² encourages the GDC to ensure that the framework will be relevant and meaningful to every part of the registered workforce, regardless of professional title, role or practice setting, and says that the transition to a more principles-based approach will be most successful when accompanied by appropriate support that builds confidence, encourages reflection and promotes consistent understanding across the profession.

The College also says that it stands ready to play a strategic role in this respect, helping to bridge the gap between high-level principles and practical decision-making through the provision of guidance, education, professional development, reflective learning and the sharing of good practice.

¹tinyurl.com/442kwfwb

²tinyurl.com/mx382t5m

Huge rise in whistleblowing to the GDC

THE number of cases investigated by the General Dental Council (GDC) as the result of whistleblowing increased by 74%, to 138, in the year to March 2026.

The GDC said the rise, 59 more disclosures than the previous year, could have been driven by a 26% increase in the overall number of concerns it received over the same period, and by changes that make it easier for informants to identify themselves as whistleblowers when raising a concern.

The dental regulator, alongside eight other UK health and social care regulators, published their annual whistleblowers report last month. The GDC's key findings were:

- › The GDC received 138 whistleblowing disclosures, up 74% (59) on the previous year. All 138 resulted in the opening of a fitness to practise case.
- › 99 cases proceeded to regulatory action, and 39 were closed at assessment stage due to a lack of information.
- › 82 cases remain at the assessment stage; 17 referred to case examiners, of which seven have gone to a practice committee.

› 87 concerns from dental professionals, 29 from non-registrants working in dentistry, and 22 anonymous, more than tripling last year's six.

› Conduct concerns were raised in 92 of the 138 disclosures, up from 54.

All 138 disclosures were made directly to the GDC's Fitness to Practise team, and each one resulted in regulatory action, namely the opening of a fitness to practise case. Of these, 99 proceeded with regulatory action taken.

The other 39 were closed at the assessment stage because the GDC did not have enough information to progress them, despite its efforts to obtain it from the reporting whistleblowers.

Of the 99 remaining cases, 82 are still at the assessment stage and may lead to a referral to case examiners. These open cases could lead to a range of resolving actions determined by a statutory practice committee.

Dental professionals submitted 87 of the concerns, up from 51 last year, while 29 came from non-registrants employed in dentistry, up from 22, and 22 were anonymous, up from six.

University of Dundee installs cutting-edge dental simulators

Allowing dental students to practise their motor skills in an augmented reality environment

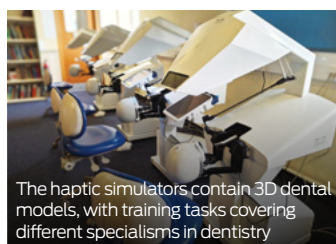
DUNDEE University's School of Dentistry has installed four new haptic dental simulators, acquired through Public Services Delivery Scotland (PSD Scotland) funding. A further two 'desktop' simulators will be installed later this year.

Haptic simulators allow dental students to practise their motor skills in an augmented reality (AR) environment. The units contain pre-loaded 3D dental models, with training tasks covering different specialisms in dentistry. New tasks can also be created by instructors.

An enhanced feature of the SIMtoCARE Dente simulator is the ability to upload 3D models from real patients' intraoral scans into the simulator.

These patient models can then be solidified within the system, so that students can interact with them using AR instruments, such as rotary handpieces, thereby allowing planning of treatment on a virtual patient.

Currently, staff and students are being trained on using the simulators, with staff planning how they can best be integrated into undergraduate teaching at the school.



The haptic simulators contain 3D dental models, with training tasks covering different specialisms in dentistry



One of the simulators in use by a member of staff

Scots universities take top two places for dentistry

THE University of Dundee and the University of Glasgow have been ranked first and second for dentistry in the UK by *The Guardian*.

The newspaper used eight measures of performance, covering all stages of the student life cycle, to put together a league table for 66 subjects ([tinyurl.com/5ek3dk3v](https://www.tinyurl.com/5ek3dk3v)).

Dundee and Glasgow were ranked first and second for their Bachelor of Dental Surgery (BDS) courses.

The rankings come after the Complete University Guide ranked Glasgow the best in the UK for dentistry, displacing Dundee who had previously held top place.



Tooth count linked to survival following pancreatic cancer surgery

Patients with 21 or more natural teeth had a survival time rate double that of those with 20 or fewer

NATURAL tooth count serves as a prognostic marker associated with long-term overall survival following treatment of pancreatic ductal adenocarcinoma, researchers have shown.

Oral health is known to be linked to overall health, and research has shown relationships with a variety of diseases. Researchers at Hiroshima University examined the prognostic impact of oral health in patients undergoing resection; the surgical removal of all or part of an organ, as treatment for pancreatic ductal adenocarcinoma (PDAC), one of the more lethal forms of cancer.

The study¹ comprised 339 patients who underwent radical pancreatectomy – surgery where all or part of the pancreas is removed, occasionally along with parts of other organs – between 2014 and 2022 at Hiroshima University Hospital.

Patients with 21 or more natural teeth had a median overall survival of 60.7 months, whereas those with 20 or fewer teeth had a median survival of only 39.1 months.

The researchers said that as their study was a single-centre study comprising



patients of Japanese ethnicity, the next step is to validate these findings through larger multi-centre and international studies.

“Our ultimate goal is to establish a new perspective in pancreatic cancer care,” said Kenichiro Uemura, Associate Professor at Hiroshima University’s Graduate School of Biomedical and Health Sciences and corresponding author of the study.

“Prognosis may depend not only on tumour biology, but also on the patient’s long-term systemic condition and oral health environment. We hope oral health assessment may eventually become part of personalised risk stratification and peri-operative management for pancreatic cancer patients.”

¹onlinelibrary.wiley.com/doi/10.1002/jhbp.70113



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New therapy eliminates gum disease bacterium while preserving beneficial microbes



Researchers adapt near-infrared photoimmunotherapy, originally developed for cancer treatment

A TREATMENT for periodontitis that targets and eliminates harmful bacteria while preserving beneficial oral microbes essential for health has been created by researchers at Nagoya University in Japan.

“Current treatments for periodontitis, including antibiotics and antimicrobial photodynamic therapy (aPDT), eliminate both pathogenic and beneficial oral bacteria,” said Kazuhide Sato, one of the corresponding authors¹. “These approaches often disrupt the entire oral microbial ecosystem and can also release lipopolysaccharide (LPS), an endotoxin that may exacerbate inflammation.”

The researchers adapted near-infrared photoimmunotherapy, a technique originally developed for cancer treatment.

It uses an antibody-dye compound that binds to target cells and is activated by near-infrared light. Expanding on this therapy, the team developed a method using IgY, an antibody from egg yolks of hens immunized against *P. gingivalis*.

They evaluated this new approach, called near-infrared photo-antibacterial targeting therapy, in human cell cultures and mice to eliminate *P. gingivalis* while preserving a healthy oral environment, comparing its performance with conventional therapies. In cell culture experiments, the antibody-dye compound selectively bound to *P. gingivalis*, leaving other bacteria and healthy human gum cells unaffected. When exposed to near-infrared light, the dye accumulated on *P.*

gingivalis, disrupted its outer membrane and eliminated the bacterium.

“Results demonstrated that, unlike antibiotics or standard light therapy, this approach selectively removes the primary pathogenic species while preserving the remainder of the oral bacterial community,” Sato said.

The researchers recognise that periodontitis is caused by several types of bacteria, so focusing on just one may not be enough. They intend to use artificial intelligence (AI) to analyse publicly available oral bacteria data to identify other important species and better understand how they interact.

link.springer.com/article/10.1186/s12967-026-08336-2

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rcpsg.ac.uk/education/annual-dental-conference

30 OCTOBER

GG&C Local Dental Committee NHS Dental Symposium

200 Events, Glasgow
ggc-ldc.scot/events

6-7 NOVEMBER

ADG Annual Conference

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

27 NOVEMBER

The Canmore Trust's Aurora Ball
Prestonfield House, Edinburgh
thecanmoretrust.co.uk/the-aurora-ball

4 DECEMBER

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Glasgow Science Centre
cgdent.scot.org.uk/glasgow-study-day/speakers

2027

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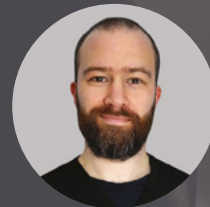
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A SUSTAINABILITY JOURNEY

Childsmile's successes and setbacks as it adapts to the green goals of NHS Scotland



Image: unsplash.com/@hansjorgen007

Over the last two decades, Childsmile has become one of Scotland's most recognised public health programmes, improving oral health outcomes for hundreds of thousands of children while helping to reduce inequalities. More recently, it has faced a new challenge: how can a national prevention programme deliver health improvement while also responding to the wider sustainability ambitions of NHS Scotland?

Childsmile's sustainability journey began with a simple recognition. Healthcare systems contribute to climate change, with the NHS responsible for approximately 5% of the UK's total Greenhouse Gas emissions (Sustainable Development Unit, 2016).

Rather than viewing sustainability as a bolt-on, Childsmile sees it as an extension of the programme's core purpose. Prevention, after all, is inherently sustainable. A child who avoids dental decay avoids treatment, travel, resources and costs later in life. This connection between oral health improvement and environmental sustainability has become the central theme of Childsmile's work and has been recognised as a case study of prevention and sustainability by Public Health Scotland.

Starting with a framework

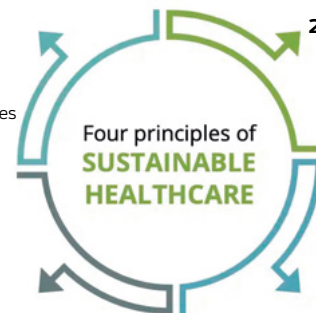
The big question all services will face at some point is: "Where do we start?" The news on our televisions tells us the world is either on fire or in flood and it can feel a little futile wrestling with 'local' challenges. Childsmile found the four principles of sustainable healthcare to be a great starting point for helping to identify a way forward. The Centre for Sustainable Healthcare provides a framework of principles for developing policy and actions to support sustainable health service delivery (Figure 1).

Importantly, Childsmile recognised early on that success would depend on collaboration between local Childsmile teams, NHS Boards, procurement colleagues and delivery partners across

Figure 1

1: Prevention
Promoting health and preventing disease by tackling the causes of illnesses and inequalities

3: Lean service delivery
Streamlining care systems to minimise wasteful activities



2: Patient self-care
Empowering patients to take a greater role in managing their own health and healthcare

4: Low carbon alternatives
Prioritising treatments and technologies with a lower environmental impact

Scotland. The establishment of a dedicated sustainability group helped provide leadership and coordination for this work.

Success 1: reducing travel through digital working

Transport is one of the single biggest contributors to the NHS carbon footprint and one of the earliest and most measurable successes has been the reduction in national travel.

Childsmile embraced Microsoft Teams as the default platform for strategic and planning meetings across national and regional networks. By reducing the need for staff to travel to central locations, Childsmile was able to significantly decrease travel-related emissions while maintaining engagement and collaboration.

The reduction in distance travelled in one year was just under 18,000km. This is the equivalent of flying from Edinburgh to Sydney, Australia, and saves 3,600kg of equivalent carbon emissions (CO₂e); equal to the weight of seven adult polar bears.

This experience demonstrated that environmental gains can often coincide with operational benefits, including reduced travel time, lower costs and improved accessibility for staff working across Scotland's remote and rural areas in particular.



Image: unsplash.com/@jp_kuzovkova

Success 2: reducing use of paper-based publications

Childsmile undertook a review of all nationally published print resources with a view to reducing our paper-based footprint. Published assets were reviewed by a national subject expert group which provided recommendations on digitisation and withdrawal from use. This led to a reduction in paper use which has been sustained year-on-year.

Making these changes saves Childsmile around 2,600Kg CO₂e each year, the equivalent of six adult Highland cows. If all the paper no longer used was laid out side by side, it would cover an area the same size as four Hampden Park football pitches.

Success 3: tackling single-use products

Childsmile teams across Scotland have explored alternatives to the routine use of disposable mirrors during fluoride varnish application. By the end of 2024, Childsmile was using around 71,000 fewer single-use mirrors compared with before the Childsmile sustainability strategy was implemented. This highlights how relatively small changes, when implemented at scale across a national programme, can generate measurable change.

Success 4: driving innovation in procurement

Procurement has also become an important focus. Childsmile continues to work with National Procurement (PSDS) to explore more sustainable options for equipment with suppliers. One example is the ongoing development of a locally sourced free-flow drinking cup as an alternative to shipping tens of thousands of items from overseas.

The programme has also worked with suppliers to develop cost-effective, single-mould, fully recyclable toothpaste tubes. Toothpaste tubes are amongst the most challenging oral care items to recycle as a result of traditional laminated structures containing so many mixed materials.

The new recyclable toothpaste tubes were introduced in 2026 and will be used in all supervised toothbrushing programmes and oral



THIS EXPERIENCE DEMONSTRATED THAT ENVIRONMENTAL GAINS CAN BE MADE... ACROSS SCOTLAND'S REMOTE AND RURAL AREAS IN PARTICULAR"

health packs provided for use in family homes. The plastic used can be disposed of in kerbside recycling or as part of NHS plastic recycling waste streams.

Sustainability is not limited to what happens when products reach children and families. Increasing attention is now being given to how products are manufactured, transported, packaged and disposed of.

Success 5: demonstrating that prevention is sustainable

The strongest sustainability argument for Childsmile may ultimately lie with the very aims of the programme itself.

Evidence shows that supervised toothbrushing and other Childsmile interventions improve oral health outcomes and reduce dental disease. Research also shows that the carbon savings associated with preventing disease outweigh the emissions generated by implementing supervised toothbrushing, with emissions savings due to reducing need for treatment more than four times greater than programme emissions.

This is a powerful reminder that preventing tooth decay, and avoiding environmentally costly treatment, is one of the most impactful sustainable measures Childsmile has delivered.

Setbacks and challenges

While progress has been significant, the journey has not been without difficulties.

Toothbrush recycling continues to be an ambition of the Childsmile programme but has been a significant challenge. Plastic toothbrushes are recyclable in principle but, because of mixed materials in the head, they are not recyclable at home and industrial processes struggle to perform the task in an economically sustainable manner.

The scope, scale and reach of the Childsmile Toothbrushing Programme has been crucial in improving child oral health over the last 20 years. Whilst more environmentally friendly alternatives are available, they have not been deliverable within the Childsmile budget.

Short-lived recycling services have been established in the last couple of years, firstly with Terracycle and laterally through a supplier to NHS Scotland. On both occasions, the service stopped due to challenges they faced with recycling oral care products.

The next-best alternative involves used toothbrushes being included in black bag waste which should be incinerated to generate heat or electricity as part of waste-to-energy initiatives. However, incineration capacity in Scotland is challenging and, in any case, inclusion of plastics in incineration feedstock results increased charges to NHS Scotland due to inclusion of recyclable material. Finding an economically viable solution to recycling used toothbrushes is challenging. Although this presents difficulties, Childsmile continues to work with their national waste management colleagues in PSDS to find a long term, sustainable, solution.

By combining environmental action with its long-standing commitment to improving children's oral health, Childsmile is demonstrating that the future of sustainable healthcare is not simply about doing less harm. It is about delivering better outcomes for people, communities and the planet at the same time.

Peter King is the Childsmile Programme Manager

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NEW CONSENSUS PUBLISHED

Addressing periodontal diseases in children and adolescents to ensure better lifetime outcomes

An expert consensus report on gingival and periodontal diseases in children and adolescents has been published in the *Journal of Clinical Periodontology*¹ and in the *European Archives of Paediatric Dentistry*². The report presents the outcomes of a workshop held last year between the European Federation of Periodontology (EFP) and the European Academy of Paediatric Dentistry (EAPD).

While periodontal diseases are widely studied in adults, their presentation, diagnosis and management in younger populations have received comparatively little attention. Previous frameworks, including the 2018 classification of periodontal diseases and conditions and EFP clinical practice guidelines, provided a limited consideration of diseases affecting children and adolescents, prompting the need to assess whether existing approaches were appropriate for these age groups.

The newly-published consensus addresses this gap. It compiles current knowledge on epidemiology, risk factors, diagnosis, and treatment, while highlighting the specific characteristics of periodontal conditions in younger patients.

“An increased attention to periodontal health in children and adolescents is essential,” said David Herrera, chair of the workshop. “This is due to the high prevalence of conditions such as dental biofilm-induced gingivitis, the potential severity or the links with systemic conditions of others. At the same time, young patients have unique predisposing and modifying factors that influence diagnosis, prognosis, and management.”

Children and adolescents present unique clinical challenges. Ongoing growth, tooth eruption and differences in immune response influence disease progression and clinical presentation. While gingivitis is common in this age group, more severe conditions, although rare, can be aggressive and destructive, if not identified early. Diagnosis can also be more complex as clinical signs may be less evident and standard periodontal assessment tools may be more difficult to apply in primary and mixed dentition.

Workshop discussions were informed by three systematic reviews, all published in the *Journal of Clinical Periodontology* and structured around three main areas: periodontal diseases associated with systemic conditions, gingival conditions and periodontitis in children and adolescents. Notably, around 70 genetic, congenital, and acquired conditions were identified as having an impact on periodontal health in young patients, in some cases leading to severe disease.

A central message emerging from the consensus is the importance of integrating periodontal evaluation into routine paediatric dental care, alongside educating families and caregivers, who play a key role in maintaining oral hygiene in younger patients.

“Since paediatric dentists are often the first oral health professionals who come into contact with young patients, they are in a great position to diagnose, treat or refer them to periodontists, and collaborate as part of an interdisciplinary dental/medical team,” said Professor Sotiria Gizani, president elect of EAPD. “Examining gingival tissues during routine check-ups, based on the needs and

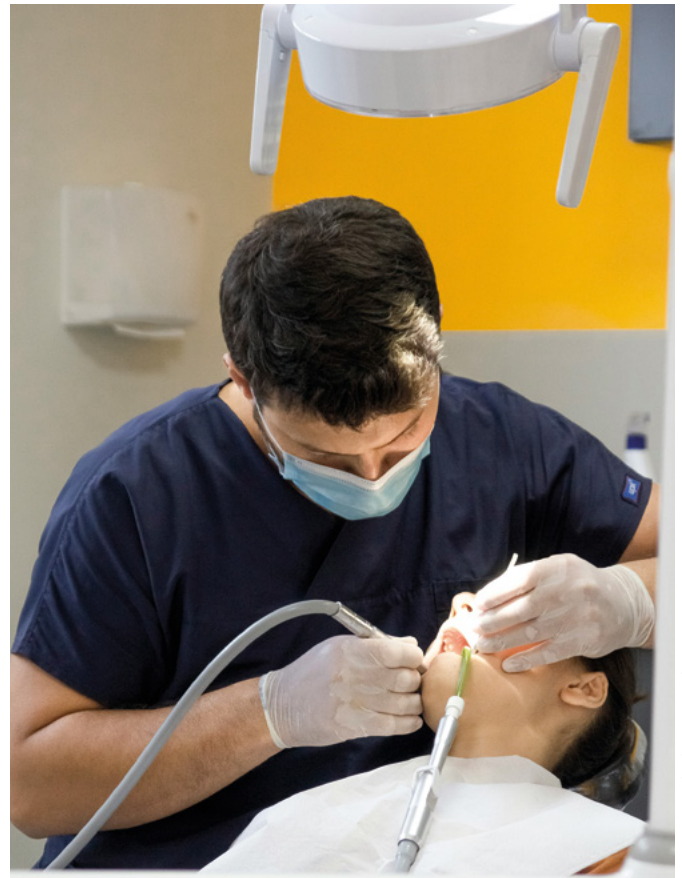


image: unsplash.com/Ozkan Guner

level of patient cooperation, as well as involving the whole family, will help prevent progression of disease and ensure better oral health outcomes throughout life.”

The collaboration between the EFP and EAPD also represents a significant milestone, bringing together complementary expertise to support a more coordinated and patient-centred approach to care. It is expected to contribute not only to improved clinical practice, but also to future research and education in this field.

The workshop was supported by Colgate-Palmolive. “Youth oral health goes beyond detecting and applying appropriate intervention,” said Dr Irina Laura Chivu-Garip, Head of Scientific Affairs EMEA. “It is the foundation for lifelong oral and systemic health. Periodontal diseases in younger populations are significant, yet preventable, drivers of long-term health inequalities.

“When we prioritise early detection and integrate tailored interventions into paediatric care, we can disrupt the progression of oral diseases before they manifest into chronic, burdening health conditions in adulthood. Advancing epidemiological knowledge and clinical guidelines in this space allows us to shift from a reactive treatment model to a proactive, population-based prevention strategy.”

As with previous EFP consensus reports, this publication is set to become a key reference for dental professionals and to inform future developments in paediatric oral health.

¹ onlinelibrary.wiley.com/doi/10.1111/jcpe.70033

² link.springer.com/article/10.1007/s40368-025-01154-y

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AI IN DENTISTRY

Embracing innovation without losing the human touch

WORDS
ROBERT
DONALD

Artificial Intelligence (AI) is one of those subjects that seems to dominate every business conversation now, and dentistry is no exception. Depending on who you listen to, AI is either about to revolutionise healthcare or replace half the jobs in it. The reality, as is often the case, lies somewhere in between.

From my perspective, AI is not here to replace dentists; it is here to support them. Across the profession we are already seeing AI helping clinicians analyse radiographs, support treatment planning, streamline administration and improve patient communication. Used well, these technologies can free up valuable time, improve consistency and allow dental teams to focus on what they do best; delivering excellent patient care.

At Independent Care Plans, we work with practices that are constantly adapting to new technologies, changing patient expectations and an increasingly demanding regulatory environment. AI is simply the latest development that practices need to understand and manage effectively. What strikes me, however, is that much of the conversation focuses on what AI can do for dentistry. Far less attention is being paid to what AI is already doing to dentistry.

One example is the growing number of patient complaints that are being drafted using artificial intelligence. Medical defence organisation MDDUS has identified this as an emerging issue for the profession. Helen Kaney, Head of Dental Division at MDDUS, said: "We are noting an increase in the use of AI by patients when making complaints or when trying to pursue a claim without formal legal advice."

She added that many of these complaints were lengthy, repetitive and often included legal references that appeared convincing but were not always accurate. "The AI-generated patient complaint runs to multiple pages of

repetitive material and often quotes incorrect legislation for the jurisdiction concerned," she said.

That does not mean the complaint itself lacks merit. Every concern deserves to be considered carefully and professionally; however, it does illustrate how AI is changing the environment in which practices operate. Resolving complaints can become more time-consuming, more stressful and more costly for everyone involved.

The challenge works both ways. As dentists begin using AI to assist with administration or correspondence, they also need to think carefully about confidentiality and governance. "Members should be aware that AI tools commonly used may not be safe to input patient identifiable information," said Helen. "Such action puts the clinician at risk. Careful consideration of the use of AI from a risk management perspective is required."

I think that is sound advice. Technology should always support professional judgement, not replace it. No artificial intelligence system can replicate the trust between a patient and their dentist; the reassurance provided during a difficult appointment or the experience that comes from years of clinical practice. Nor should it.

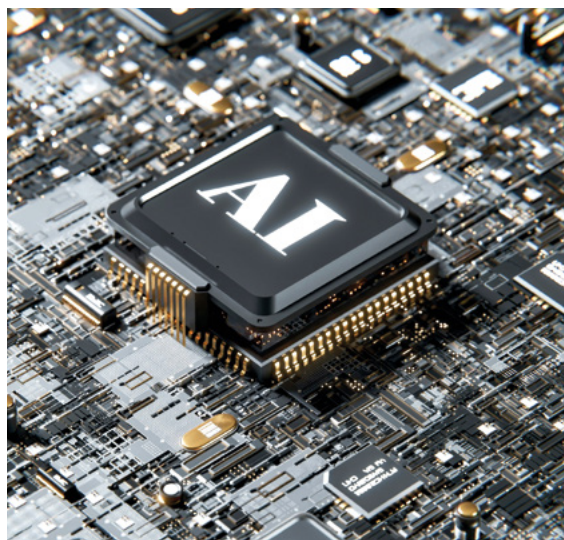
The practices that will benefit most from AI will not necessarily be those using the greatest number of digital tools; they will be the ones that introduce technology thoughtfully, establish clear policies, train their teams properly and continue to put patient care at the centre of everything they do.

That is where I believe organisations like Independent Care Plans can play an important role. Good practice management has always been about balancing innovation with responsibility. AI simply adds another dimension to that.

There is little doubt that artificial intelligence will become an increasingly familiar part of modern dentistry. It has enormous potential to improve efficiency, support diagnosis and enhance the patient experience.

But the future of dentistry won't be defined by artificial intelligence alone. It will be defined by how successfully dentists combine new technology with the professionalism, empathy and clinical judgement that have always been the foundations of outstanding patient care.

Robert Donald is the Marketing Director at Independent Care Plans.



Picture: unsplash.com/@omiliev

NEW GLEFT RESOURCE

*BSPD leads national collaboration to deliver
for general dental practitioners and teams*

WORDS
WILL PEAKIN





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Aesthetic, restorative dentistry, and clear aligners

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Oral surgery

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cleft lip and/or palate.

This initiative follows an approach by Cleft Lip and Palate Action (CLAPA) to BSPD, which presented its Cleft Dental Crisis campaign to the Society and suggested that families struggle to find dentists who understand cleft and feel confident providing care. Feedback from clinical networks points the same way, showing variation in confidence among dental teams and families unsure what to expect from their local dentist.

Cleft lip and/or palate is one of the most common congenital craniofacial conditions caused by incomplete fusion of the lip, alveolus and/or palate in early pregnancy. Children born with a cleft usually require long-term multidisciplinary care, including surgery, speech and language therapy, orthodontics and specialist dentistry.

The primary dental care team is the local constant throughout, providing preventive care, monitoring dental development and supporting timely referral and communication with specialist cleft services.

Children with a cleft should be regarded as high risk for dental caries from infancy, and evidence shows they experience higher levels of caries than their peers even in the primary dentition. Early, effective prevention has a significant impact on long-term oral health and on later orthodontic treatment and surgical outcomes.

Structured by age, the guide sets out what the primary dental care team should prioritise at each stage, and what specialist cleft and multidisciplinary team services will usually be doing. This reflects the UK model of cleft care and clarifies how primary care contributes to the overall treatment journey.

The resource has been funded by BSPD and developed by a short-life working group with the Cleft Clinical Excellence Networks (CENs) within the Craniofacial Society of Great Britain and Ireland (CFSGBI), Restorative Dentistry UK (RD-UK) and the British Orthodontic Society (BOS), working in partnership with CLAPA. It is available as a downloadable PDF with quick-reference tools suitable for in-clinic use and for integration into training modules and webinars.

new national resource, entitled Cleft Lip and/or Palate: A Practical Guide for Primary Dental Care Teams, has been launched by the British Society of Paediatric Dentistry (BSPD) to support dental care teams in caring for children, young people and adults born with a



Image: 220 Selfmade studio

“THE GUIDE WILL SUPPORT MORE JOINED-UP CARE AND CLEARER COMMUNICATION FOR PATIENTS AND FAMILIES.”

— DR OOSH DEVALIA OBE

Dr Oosh Devalia OBE, President of BSPD, said: “BSPD is proud to have brought together colleagues from across the cleft and dental communities to develop this important resource. It reflects the expertise, commitment and shared ambition of the collaborative associations who came together to give their expertise and I am sincerely grateful to everyone who contributed their time and insight.

“By setting out the role of the primary dental care team alongside specialist cleft services at each stage of care, the

guide will support more joined-up care and clearer communication for patients and families. We hope it will become a useful, accessible resource for dental teams across the UK.”

Claire Cunniffe, Chief Executive of CLAPA, said: “During our End the Cleft Dental Crisis campaign, the cleft community told us about the difficulties they face finding dentists who understand their cleft and feel confident providing care. We approached BSPD because we wanted to work with the dental profession to develop a practical response to these experiences.

“This guide is an important step towards giving dental teams the knowledge and confidence to provide consistent, high-quality care throughout a person's life.

“We are incredibly grateful to BSPD for leading this work, and to the Craniofacial Society of Great Britain and Ireland, the Cleft Clinical Excellence Networks, Restorative Dentistry UK and the British Orthodontic Society for working alongside us to produce this valuable resource.

“We are proud of what this collaboration has achieved and hope the guide will make a real difference to dental professionals, and for people born with a cleft and their families across the UK.”

clapa.com/how-you-can-help/campaigns/cleftdentalcrisis



Image: YUJIMA

Tom Munroe grew up in West Dublin and qualified in dentistry from Trinity College Dublin in 2001. He chose dentistry as a career because he was attracted by the combination of surgery and general practice. Dentistry seemed the perfect fit for him, he says, as it is technically demanding, but also requires strong people skills.

After qualifying, his first job was in the UK; working across London, Kent and Essex as a locum general dentist in both NHS and private practices. He remained in this role for almost two years and gained a great deal of experience in general practice, working in different practices and treating a very diverse patient population.

Tom returned to Ireland in 2003 and worked in the Health Service Executive (HSE) as a locum general dentist treating adults and children in West Dublin. Later that year, he established Glenview Dental Surgery in Tallaght, close to the area where he had grown up. The practice rapidly grew in popularity and, by early 2004, it was booked five weeks in advance and was employing two part-time associate dentists.

Flourishing career

In 2010, Tom completed his diploma and master's degree in implant dentistry in the UK and the following year obtained a postgraduate diploma in clinical dentistry from Trinity College Dublin. He also completed a year-long certification in implant dentistry in Dublin from the Northumberland Institute of Dental Medicine (NIDM) and initially started placing dental implants under supervision in 2011.

Tom was then able, in 2012, to begin the sole placement of single implant units in his Glenview practice. In the following year, he achieved a silver certificate in implant dentistry from Tipton Training in London and Manchester, and a certificate in cosmetic dentistry from CDE Seminars in Harley Street, London.

In early 2014, Tom secured planning permission to repurpose a former coffee shop and in August work began on establishing his second clinic; a single-handed one-room modern practice in Milltown, South Dublin. The doors opened in February 2015 and he initially limited practice work to cosmetic, implant and restorative dentistry.

While Tom worked this practice single handedly, his wife managed the Glenview practice where he now had three associates working in his absence. The practice in Milltown grew slowly and, in 2016, Tom completed his MFGDP in the UK and further certification in implant dentistry from the VSS Academy in London.

Challenging times

But his personal life had taken a turn. From 2015 to 2017, Tom's marriage deteriorated and in that period he separated from his wife and left the family home. "It was an enormously difficult period personally and professionally, and I became increasingly isolated and unhappy," he said.

In early 2019, Tom experienced a serious mental health crisis and was admitted to St John of Gods Hospital in Dublin, suffering from depression, anxiety and stress. During his stay, he received intensive treatment and was able to return to practice four months later, while remaining an outpatient and having continuing monthly treatment through attending a stress management clinic.

But, despite this return to work, he remained professionally and personally isolated and continued to struggle. "When COVID arrived in March 2020, my feelings of isolation became significantly worse," he said.



I FELT I HAD NOWHERE TO GO AND NO ONE TO TURN TO AND BECAME INCREASINGLY ISOLATED IN THE WAY THAT I WAS THINKING AND BEHAVING

"Living alone, with very little contact with professional colleagues, my depression and anxiety deteriorated again. Indeed, there were mornings when I could barely get out of bed and I became increasingly fearful of going to work. I spent much of my time worrying and feeling stressed and alone."

It led to Tom frequently cancelling patient appointments and he became caught in a continuous cycle of fear and depression. "I felt I had nowhere to go and no one to turn to, and became increasingly isolated in the way that I was thinking and behaving," he said. "I was deeply embarrassed about opening up to my patients about what I was going through and on a number of occasions, when cancelling appointments, I falsely claimed that I was diagnosed with cancer."

Today, Tom says: "I deeply regret this and recognise how wrong it was. While not excusing my actions, at the time I felt that there was a significant stigma attached to the admission of suffering mental health difficulties and, as a healthcare professional, I was ashamed and frightened about explaining how unwell I had become."

"While this may provide context for my behaviour it does not excuse it, and I recognise that my patients were entitled to more openness and honesty. However, I genuinely did not feel well enough to treat patients safely, but now recognise that I should have stepped away from practice and sought appropriate cover and professional support much earlier."

In January 2022, Tom experienced a further acute relapse of his symptoms and, as he describes it, "effectively shut down."

Following complaints to the Dental Council of Ireland, Tom voluntarily gave an undertaking not to practise dentistry and closed his Milltown practice. As a result of his inability to practice for 18 months, he became financially insolvent and, eventually, had to move back to live with his parents because he could no longer meet his financial commitments.

It is a key lesson that one practitioner has learned from his experience

REACH OUT FOR HELP

Getting support

"During this period I was referred to Practitioner Health Matters and saw Dr Ide Delargy," said Tom. "Until then, I had not been aware of the support available through the service and the help I received was exceptional. The Irish Dental Benevolent Society also helped me enormously, while my partner and parents supported me both financially and emotionally."

After 18 months of this support, Tom was approved by the council to return to general practice under the direct supervision and support of Dr Paul Fitzsimons, of Finglas Dental Care, initially for two days per week. During the following 18 months, this moved to four days under general supervision. Dr Eddie Cotter was also appointed as a mentor.

"Without Eddie's support I would not be working today," said Tom. "I am deeply indebted to him for his kindness and support and wish that to be recognised, and for other colleagues in our profession to know what he did for me in my darkest time."

"One of the most important lessons that I have taken from this experience is the importance of professional relationships. Dentistry can be an isolating profession, particularly for somebody working in their own practice, and I had allowed myself to become increasingly disconnected from colleagues who might otherwise have recognised that I was struggling."

"The Dental Council process was harrowing and ultimately took more than four years to reach Fitness to Practise proceedings. It was extremely difficult for me and for my family. While my mental health difficulties were considered as a mitigating factor in relation to my misconduct, I was censured and conditions were attached to my practice."

A return to work

These conditions include a structured return to implant dentistry under the supervision of Dr Stuart Lutton at New Life Teeth in Dublin. "Stuart is an exceptional clinician and mentor, and I feel fortunate to have the opportunity to learn from him," said Tom. "He has been extremely supportive of me right from the start and the wider New Life Teeth team have made me feel very welcome."

"I am now working within a group clinical environment with structured supervision, mentorship, and clear clinical governance around my development. After becoming so isolated in my own practice, being part of a supportive clinical team again has been enormously important to me," he said.

But he adds: "On reflection, I believe there is an important conversation to be had about the

length of time that regulatory processes can take and the effect prolonged proceedings can have on practitioners and their families, particularly where significant mental health difficulties are involved.

"While I fully recognise the responsibility of the Dental Council to investigate concerns and to protect patients, I do hope that there can be continued consideration of how regulatory processes can protect patients whilst at the same time recognising the human and mental health impact on the practitioners involved."

"I believe that a stigma surrounding mental health issues remains within the dental profession and in healthcare more widely. As clinicians, we are accustomed to being the people who care for others and there can be enormous pressure to appear capable and in control. In my case, that made it much harder for me to admit how badly I was struggling and to ask for help."

Tom says that the key lesson that he has taken from his personal struggles is to reach out for help early. Services such as Practitioner Health Matters, Your GP and other professional support networks are there for a reason, he says.

"Having supportive colleagues around you is also essential. Dentistry can be a very isolating profession, particularly when working independently, and maintaining relationships with colleagues is incredibly important."

"The biggest mistake that I made was not stepping away from practice earlier, arranging appropriate cover so that my patients could receive continuity of care and getting the professional help that I so badly needed. Instead, I continued working until I was no longer coping and the care of my patients was affected as a result."

"I am genuinely sorry to the patients whom I let down. Whatever difficulties I was experiencing personally, they were entitled to reliable care, honest communication, and appropriate professional standards from me."

"For the future, I am focused on rebuilding my life and my career, completing my mentorship and continuing to learn within New Life Teeth. I hope to work there long-term, benefiting from the experience and expertise of the team and, importantly for me, continuing to practise within a supportive group environment."

"Most of all, I want to move forward, enjoy dentistry again and be happy."



EARLY

A GUIDE TO INNER PEACE

XVII European Society of Hypnosis Congress, Glasgow

H

osted in partnership with the British Society of Medical and Dental Hypnosis (BSMDH), the triennial gathering of the European Society of Hypnosis brought together leading clinicians, researchers and academic experts from across Europe and beyond.

Centred on the overarching theme 'Let hypnosis guide you to inner peace', the congress, held at the University of Glasgow, highlighted the integration of evidence-based clinical hypnosis across medicine, psychotherapy and healthcare.

Among the key participants was Dr Mike Gow, of the Berkley Clinic, Glasgow, who as well as presenting a session on 'COMPISS: A Hypnoanalysis Technique for Rapid and Effective Therapy' and co-presenting a workshop on 'How to incorporate humour to enhance hypnotic outcomes', also chaired several sessions.

A cornerstone of the four-day event was the application of hypnosis in dental medicine. With dental anxiety, needle phobia and acute pain management remaining significant challenges in modern clinical practice, the conference presented compelling research and practical frameworks for embedding hypnotic interventions into routine oral healthcare.

Managing odontophobia and procedure anxiety

A series of presentations focused on overcoming severe dental phobia (odontophobia). Researchers showcased clinical protocols using rapid trance induction techniques combined with

systematic desensitisation. These methods allow highly anxious patients to undergo complex dental interventions, such as root canal treatments, extractions and implant placements, with minimal distress and significantly reduced physiological stress markers.

Non-pharmacological analgesia and anaesthesia

Several workshops explored hypnotic analgesia as either an adjunct to or a substitute for local anaesthetics in specific patient demographics. Key sessions demonstrated how suggestions focused on sensory alteration (e.g., glove anaesthesia, thermal imagery and localised numbness) can alter central pain processing pathways. Presenters highlighted success stories in managing patients with severe allergies to local anaesthetics, pregnant patients seeking to minimise pharmaceutical exposures and individuals undergoing minor soft-tissue procedures.

Physiological control: haemostasis and salivation

Beyond anxiety and pain, clinicians examined the physiological control achievable through targeted hypnotic suggestion. Dental sessions featured clinical trial findings where hypnosis was used to manage excessive salivation (sialorrhea) and control capillary bleeding (haemostasis) during surgical procedures. By modulating autonomic nervous system responses, hypnotic suggestions were shown to reduce operative time and create a clearer visual field for surgical dentists.

Treatment of parafunctional habits and orofacial pain

The congress addressed the growing prevalence of temporomandibular disorders (TMD) and nocturnal bruxism (teeth grinding). Speakers presented multi-session hypnotherapeutic protocols targeting muscle relaxation, stress reduction, and neuromuscular

WORDS WILL PEAKIN

re-education. Results demonstrated long-term reductions in facial pain scores, joint clicking, and tooth wear, offering an effective alternative or complement to traditional occlusal splints.

Overall, the congress emphasised the bridge between medical science and clinical hypnotherapy. Dental practitioners shared panels with anaesthetists, psychologists and neuroscientists, fostering cross-disciplinary discussions on the neurological mechanisms of trance state; specifically, how functional neuroimaging (fMRI) reveals altered connectivity in the brain's salience and default mode networks during hypnotic analgesia.

The congress reaffirmed that dental hypnosis is far more than a relaxation tool; it is a scientifically grounded, versatile modality that improves clinical outcomes and patient compliance. By addressing both the psychological barriers and autonomic physiological responses during treatment, dental practitioners are better equipped to deliver comfortable, compassionate care.

The consensus was clear: integrating hypnodontics into standard dental curricula and continuing professional development will play an essential role in humanising dental care and advancing patient-centred medicine in the years ahead.

Dental sessions

- › Hypnosis in Dentistry: management of bruxism and dental anxiety (Dr Nir Uziel, Tel Aviv University, School of Dental Medicine).
- › Bridging Research and Clinical Practice: Consensus Report of an International Expert Panel on Dental Hypnosis and Therapeutic Communication (Professor Thomas G. Wolf, University of Bern)
- › The Use of Informal and Conversational Hypnosis in Treating Dental Anxiety and Phobias in General Dental Practice (Dr Samantha Crone, Burneston Dental Practice, Guildford).
- › The Use of Hypnoanaesthesia in Dental Implant Surgery with the Awareness Under Conscious Hypnosis (AUCH) Method in Dentistry (Ekrem Tokatli, Istanbul).

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The BDIA Sector Skills Board has been launched with an ambition to transform the current and future skills landscape

SKILLS PLANNING

NOT AN OPTION, BUT A NECESSITY



The British Dental Industry Association (BDIA) has been at the heart of UK dentistry for more than a century. Founded 103 years ago, it remains the only organisation representing manufacturers, distributors and service providers supplying equipment, products and services to the dental profession.

Led by its members, the association works through its council and special interest groups to champion the interests of the sector, while helping shape its future. That influence extends well beyond dentistry. Edmund Proffitt, the Chief Executive, chairs the UK MedTech Forum and serves as a trusted adviser to the Medicines and Healthcare products Regulatory Agency (MHRA), giving the BDIA a respected voice in discussions that affect industry, regulation and patient care.

That reach gives the BDIA a clear view of the challenges facing both the dental industry and the profession it supports. Backed by a strong and engaged membership, the association is already leading work on issues including counterfeit and grey market products and sustainability. Now, it is focusing on another pressing issue: skills.

The BDIA is developing a national sector skills plan, designed to help the industry respond to changing demands while ensuring the dental profession has access to the skilled workforce it needs to maintain the highest standards of patient care. So, why has this become such an urgent priority?

The changing skills landscape

UK skills policy continues to evolve, encouraging the sector to work together so that it is well placed to benefit from increased investment and focus. This shift is not only being driven by policy. As demands on the profession's infrastructure and technology increase, so does the need for industry to keep pace. Some of the recent changes introduced by government include:

1. Skills England, established in June 2025, now leads on UK sector skills evidence following the integration of the former Institute for Apprenticeships and Technical Education.
2. The Industrial Strategy identifies eight priority growth sectors, including advanced manufacturing, digital and technologies and life sciences, each supported by its own sector plan.

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3. Foundational sectors, such as logistics, sit outside these priority sectors but are recognised as vital to supporting them.

The UK Government has also announced dedicated skills investment for the engineering, defence and digital sectors, alongside a new network of Technical Excellence Colleges.

While government policy is never the sole driver, it is important for the sector to make the most of any investment or support that ultimately improves outcomes for customers and, in turn, patients.

Applicability in the devolved nations

While funding streams and policies may differ across the UK, the principles of the Skills Board apply across the whole of the dental sector and particularly in the devolved nations. "BDIA is the national industry association, therefore what we develop has to be transferrable across the devolved nations," said John Maloney, Chair of the Skills Board, BDIA Council Member and GC Director and Country Manager. "As the project boards become established, a focus will be on working with colleagues in Scotland, Wales and Northern Ireland to help shape our understanding of the opportunities and challenges faced across the UK."

Purpose and outcomes of the Sector Skills Board

The purpose of the Skills Board is to bring industry together to ensure that the sector – and, ultimately, the profession – has the skills it needs now and in the future. More importantly, it is about ensuring both sides, equipment and service providers, and practitioners, are aligned and engaged. While the Board operates independently, it recognises the interdependence



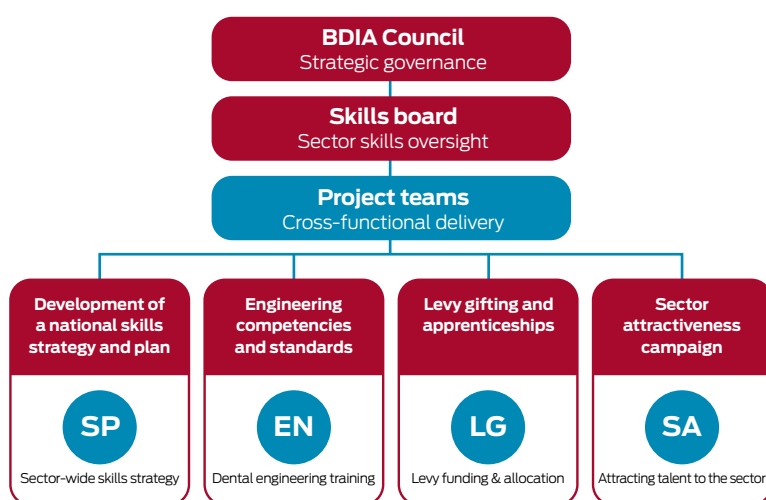


between industry and the profession and is committed to ensuring industry plays its part in shaping and supporting future change.

The Board Chair will report directly to the BDIA Council and oversee the project's strategic direction.

It comprises Stacey Coughlan (Acteon), Neil Carmichael (ADG), Will Cooper (Takara Belmont), Michelle Lally (Consult), Matt Turner (Dental Directory), James Paredes (Dürr), Harry Morris (EMS), John Maloney (GC), Scott Selbie (Henry Schein), Sarah Tipping (KaVo), Alex Breitenbach (NSK), Janet Pickles

Skills Board members at the inaugural meeting Below: The Skills Board brings together senior decision-makers from manufacturers, dealers and service providers alongside technical expertise



Skills policy relevance to the BDIA Skills Board workstreams

- Sector attractiveness / 35 under 35: the levy reform's explicit prioritisation of under-25s (fully funded SME training, new SME incentive payments, Foundation Apprenticeships) is a direct national tailwind for the campaign: funding barriers to bringing in young talent are being actively removed.
- Engineering standards: the national push on skills passports/digital wallets mirrors the same portability problem identified for dental engineering. It is worth referencing as a precedent when engaging DfE/Skills England, and worth watching construction and clean-energy passport schemes as a model.
- Levy gifting/Investment: the tighter 12-month fund expiry and the rise in employer co-investment from 5% to 25%, once levy funds are exhausted, are the two changes member companies are most likely to feel financially — relevant to how the workstream frames levy transfer/gifting mechanisms going forward.
- Sector skills planning: remain the statutory local vehicle that providers must have regard to — worth checking whether dental-relevant Local Skills Improvement Plans already reference the sector, or whether this is a gap the Skills Board should look to close.

(R A Medical), Simon Rich (Skillbond), Helen Fielden (Solventum), Brandon VanHeerden (Trycare), Jamie Crinigan (Skills4), Sam Wells (Perfection Plus), Luke Broadhurst (Planmeca), Dan Hodgson (Prima), Joe Earl (Dental Sky) and Naveen Kumar (DMG).

Its role is to oversee development of a wider Sector Skills Plan, helping the industry understand where it stands today, where it needs to be and the opportunities and challenges ahead.

The board will oversee four key areas of work identified at its first meeting:

1. Development of a national skills strategy and plan.
2. Engineering competencies and standards.
3. Levy gifting and apprenticeships.
4. Sector attractiveness campaign.

“When I joined the BDIA 18 months ago,” said Commercial Director Mark Hyde, “I recognised that the industry is multi-sector –manufacturing, logistics, life sciences, technical and more – and we needed a joined-up approach to maximise opportunities, both for investment and, critically, for attracting and retaining talent.

“The BDIA sits at the heart of industry and the profession and is well placed to coordinate and facilitate this critical programme of work. Skills development isn’t an initiative; it’s a commitment to embed a culture of learning and ambition... the ambition to grow, individually, as companies and as a sector.”

At the outset, the BDIA asked its members: “Do we have the right skills for our current and future sector needs?” The responses highlighted key themes, both for now and as a warning for the future. Clearly, technology adoption, both to improve efficiency and to support the delivery of oral health, is a priority for the whole sector, as is attracting the next generation of talent.

Key themes included:

- More demanding customers
- An ageing workforce
- Technology
- A more flexible and fluid workforce that can react to the ever-changing landscape
- Developing future leaders to come up through the ranks and support current business leaders
- An attractive sector.

“The dental industry is multi-sector, covering manufacturing, logistics, life sciences, engineering and digital/technology,” said Edmund Proffitt, BDIA’s Chief Executive.

“We appear in many different spaces, but nowhere do we have a dedicated reference point; and so, we don’t have a single, strong voice championing the sector’s needs. With the breadth of knowledge and experience across our membership, and particularly on this Board, the BDIA is well placed to be that central point and to provide a clear benchmark and plan.”

Ultimately, says the BDIA, this will deliver the following for the wider sector:

- A clear understanding of current and future skills needs challenges and opportunities.
- Maximised opportunities for skills investment.
- Investment routed by and to members.
- A better-skilled workforce.
- More cost-effective recruitment.
- A leaders and future leaders’ network.

FROM FERGUSLIE PARK TO PRACTICE PIONEER



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The full-circle journey of Lisa Barrett

In the landscape of modern dentistry, professional trajectories are frequently charted through a clean, linear succession of milestones; undergraduate study, formal clinical placements, associate positions and eventual practice ownership. Yet, the most profound impacts on patient care and professional standards often emerge from far less conventional beginnings.

For Lisa Barrett, Founder and Owner of Dental Therapy, located in Glasgow Airport Business Park, the path to clinical excellence was forged not in an ivory tower, but through sheer determination, transformative mentorship and an unyielding commitment to lifelong learning.

Growing up in Ferguslie Park, an area of Paisley marked by significant socio-economic deprivation, Lisa initially saw higher education as a distant, almost unreachable, prospect. “When I was at school, I didn’t have a clearly defined career plan,” Lisa recalls. “University or a long academic pathway wasn’t something that felt accessible at that stage. I just wanted to leave school and earn money.”

The pivotal first opening came via a newspaper advertisement for a trainee dental nurse at Neilston Road Dental Group. It was here that she met Gordon Matthew, the Principal Dentist who would become her first mentor and lay the groundwork for her ambitious career.

“Gordon gave me that first opportunity and trained me. I couldn’t have appreciated then how significant his influence would be on my career,” Lisa reflects. “Gordon saw potential in me before I recognised it myself. He showed me what good dentistry could look like, encouraged me to want more from myself professionally and demonstrated the difference investing in another person can make.”

Under the guidance of Lorraine Keith at Reid Kerr College, Lisa earned her National Certificate in Dental Nursing. Far from satiating her curiosity, this initial qualification ignited an appetite for education. Working full-time, she dedicated her Saturday mornings to completing an Oral Health Educator course at Langside College. When Glasgow Dental Hospital and School subsequently launched Scotland’s inaugural Dental Hygiene and Dental Therapy Diploma, Lisa recognised an opportunity to expand her clinical scope and successfully applied.

Lisa’s academic progression reads like a rich tapestry of recurring figures and full-circle moments. During her therapist training, she was once again reunited with tutor Lorraine Keith. Another key figure, she instilled foundational standards that Lisa maintains to this day. “Miss McCleary, another hugely influential tutor, set standards so high they’re now embedded in the way I practise and what I expect of those I teach,” said Lisa.

Years later, when Lisa returned to academia to pursue a Master’s degree in Oral Health Science, she found herself being taught once more by Miss McCleary, now Mrs Gunn. “Being taught again by someone who’d shaped me as a young clinician, this time as an experienced practice owner, felt special,” Lisa reflects. “My career seems to contain quite a few of those circles.”

After qualifying as a dental therapist in 2005, Lisa undertook vocational training alongside prominent figures in Scottish dentistry, including Michael Tang,

Abdul Harlem, Sheila McIntyre, Doreen Corewyn and Colin Burns. This intense training period allowed her to consolidate her clinical skills and establish her professional identity. Staying on as an associate with Doreen and Colin, Lisa gained the clinical confidence that ultimately propelled her into leadership.

The turning point in her career arrived when Doreen presented her with an extraordinary offer; to buy into the practice as an equal business partner.

“Practice ownership had felt much further along the road. Doreen effectively gave me the ladder to reach it,” Lisa said. “Becoming a partner changed my understanding of dentistry. I wasn’t only responsible for the patient in my chair anymore, I was learning leadership, finance, compliance and everything else behind excellent clinical care.”



BUILDING DENTAL THERAPY PAISLEY WAS ONE OF THE MOST AMBITIOUS PERIODS OF MY CAREER

When Doreen retired, Lisa purchased the practice outright, completing a remarkable transition from trainee nurse to associate, partner and then sole practice owner. However, true to her nature, standing still was never an option. She expanded her skill set into facial aesthetics, phlebotomy and advanced composite dentistry, securing a coveted spot on Viktor Shcherbakov’s famed Mastering Composites course.

Concurrently, she embarked on her Master’s degree in Oral Health Science while establishing a skin clinic and embarking on her most daring venture yet; building Dental Therapy Paisley from the ground up as a new squat practice.

“Building Dental Therapy Paisley was one of the most ambitious periods of my career,” she admits. “At the time I was working clinically full-time, running Dental Therapy Mossbank, completing my master’s, being a wife and mum and, somewhat unexpectedly, acting as site manager for a new practice build.”

Lisa handled everything from planning permissions and building warrants to health board approvals and clinical layout design. Her goal was clear – to prove that a therapist-led practice could set gold-standard benchmarks in clinical governance and patient care.

In another poignant twist of fate, Lisa brought her career full circle by recruiting Gordon Matthew, the dentist who had first hired her, to provide prosthodontic care at Dental Therapy Paisley. “Having Gordon on the Paisley team means a great deal, given he was the person who first gave me an opportunity in dentistry,” said Lisa.

Advocating for NHS reform and direct access

Beyond her clinical and business achievements, Lisa has emerged as a passionate advocate for systemic reform within Scottish dentistry. A central focus of her advocacy is expanding patient access through the full utilisation of dental therapists within NHS general dental services.

While Lisa operates a seamless direct-access model in



The reception and one of the treatment rooms at Dental Therapy Paisley

her private practice, where patients see therapists directly and are referred to associate dentists as needed, the administrative and contractual rigidity in Scotland prevents NHS patients from benefiting from similar efficiency of care.

“The frustration is that we can’t properly replicate that model within NHS general dental services in Scotland,” said Lisa. “England has gone further, changing its NHS systems to let dental therapists and hygienists provide direct-access NHS care within their scope. Scotland hasn’t made equivalent progress and I think that’s an unnecessary barrier to patient care.”

“This isn’t about therapists replacing dentists; quite the opposite. The future lies in genuinely multidisciplinary teams where every professional can practise to the top of their training and scope.”

Lisa welcomes recent advancements, such as updated medicines legislation that allows trained hygienists and therapists to work under exemptions for local anaesthetics and fluoride treatments. However, she urges Scottish policymakers to establish mechanisms that permit dental therapists to provide NHS care directly and be properly recognised within the NHS claiming system.

Fostering the next generation

As Lisa looks toward the future, her focus is shifting increasingly toward educational mentorship and therapist vocational training for emerging clinicians. Her ultimate ambition is to cement Dental Therapy as a nationally recognised centre of excellence for clinician development. “I want newly qualified therapists to consolidate their skills with real mentorship, where asking questions is welcomed, standards are uncompromising and learning is part of the culture, not just something confined to mandatory CPD,” she said.

Reflecting on the network of mentors who shaped her own journey and acknowledging the steadfast support of her husband and brother – who undertook the conversion of the previously open plan space into a clinic with a welcoming reception area, three surgeries, decontamination room, staff room and storeroom – and her deep faith, Lisa views her work not simply in terms of practice expansion, but in human impact.

“I’d rather be known for the standard of what we do, and if someone who started their career with us said in 20 years that something they learned here shaped the clinician they became, I’d count that among my greatest achievements.”



Lisa on gaining her Master’s in Oral Health Science

WHO'S WHO

Welcome to the 2026-2027 Who's Who compiled by Scottish Dental magazine.
The list in this edition is representative, rather than comprehensive
www.sdmag.co.uk/whos-who-2026-2027



Dr Arshad Ali

Arshad Ali established the Scottish Centre for Excellence in Dentistry in 2009, and it was named the

UK's Best Specialist Referral Practice in 2010. A University of Glasgow graduate, he completed extensive postgraduate training and held Consultant posts in Restorative Dentistry in Wales and Glasgow. With expertise in implantology since 1985, Arshad has received several prestigious international clinical awards. He has delivered over 500 lectures and courses worldwide and has held senior educational, examining and professional roles. In 2017, Dentistry Scotland named him the most influential person in Scottish dentistry, followed by the Business Excellence Award at the Scottish Dentistry Awards in 2018. Outside dentistry, Arshad enjoys golf, football, family time and cars.



Professor Aileen Bell

Professor Aileen Bell is Head of the Dental School and Deputy Head of the

School of Medicine, Dentistry & Nursing at the University of Glasgow. She is Professor of Oral Surgery and Dental Education and Honorary Consultant in Oral Surgery. She completed a BSc (Hons 1st Class) in Biology at the University of Stirling before earning a PhD in 1993 and a BDS with Honours as Most Distinguished Graduate in 1998 from the University of Glasgow. Following postgraduate clinical and academic training, she was appointed Clinical Senior Lecturer and Honorary Consultant in Oral Surgery in 2009. She served as Deputy Director and Director of Dental Education before taking up her Chair in July 2021 and appointment as Head of School in September 2021.

Her research focuses on 3D imaging, digital learning, and assessment in dental education.



Dr Steve Bonsor

Dr Steve Bonsor graduated BDS with Honours and DDS from the University of Edinburgh in 1992 and 2026

respectively. He is a Fellow of the Royal College of Physicians and Surgeons of Glasgow, Faculty of Dental Trainers at the Royal College of Surgeons of Edinburgh, Higher Education Academy, College of General Dentistry and International College of Dentists. His background is in general dental practice where he still works in addition to specialist endodontic practice at Vermilion. Steve is heavily involved in dental education having taught at the Universities of Dundee and Aberdeen. He is currently Programme Director on the MSc in Restorative Dentistry at the University of Edinburgh. He has published over fifty papers in peer reviewed journals and a textbook, *A Clinical Guide to Applied Dental Materials*.



Professor Janet Clarkson

Professor Janet Clarkson is the Chair of Clinical Effectiveness at the

University of Dundee and Director of the Effective Dental Practice Programme. She graduated in dentistry from Newcastle University in 1984 and completed her PhD at Manchester University in 1994. An internationally recognised leader in dental health services research, her work focuses on clinical effectiveness, evidence implementation, and primary care trials. Professor Clarkson is a founding member and former Joint Co-ordinating Editor of the Cochrane Oral Health Group. She also serves as Director of the Scottish

Dental Clinical Effectiveness Programme (SDCEP) and the Scottish Dental Practice Based Research Network, leading major initiatives to improve oral healthcare quality and translate evidence into everyday practice.



Professor David Conway

Professor David Conway is Professor of Dental Public Health at the University of

Glasgow and an Honorary Consultant in Dental Public Health in Public Health Scotland. He graduated with a BDS from the University of Glasgow in 1996, later completing a Master of Public Health in 2002 and a PhD in 2008 focusing on the epidemiology of oral cancer. He was appointed Professor in 2015. David leads the Oral Health Research Hub in Glasgow Dental School and co-leads the NHS Research Scotland Oral and Dental Specialty Group. His research focuses on health inequalities, head and neck cancer and evaluating Childsmile, Scotland's national child oral health improvement programme, Childsmile. In 2026, he was awarded the International Association for Dental Research Distinguished Scientist Award.



Dr Andrew Culbard

Andrew Culbard is a highly regarded orthorestorative dentist with interests

in aesthetic and restorative dentistry, orthodontics and dento-facial aesthetics. His approach combines advanced clinical skills with a focus on natural-looking results and a positive patient experience. A University of Glasgow graduate, he has completed extensive postgraduate training, including a Postgraduate Diploma in Clinical Orthodontics.



LISA BARRETT • DENTAL THERAPY GROUP

PIONEERING THERAPIST-LED DENTAL CARE

LISA BARRETT is a dental therapist, practice owner and educator behind Dental Therapy Group, with practices in Paisley and Mossspark. She began her career as a trainee dental nurse before completing the National Certificate in Dental Nursing, an Oral Health Educator qualification, and a place on the first-ever Dental Hygiene and Dental Therapy course at Glasgow Dental Hospital and School, qualifying as a dental therapist in 2005. After working as an associate and then business partner, Lisa took full ownership of the practice and went on to design and build Dental Therapy Paisley from the ground up - a purpose-built, therapist-led practice centred on preventive care, with general dentistry, Invisalign, composite bonding, dental implants, bespoke dentures and facial aesthetics all

available under one roof from a multidisciplinary team. Lisa holds a master's degree in Oral Health and further training in facial aesthetics, phlebotomy and composite dentistry. She is a vocal advocate for expanding NHS direct access for dental therapists in Scotland, and for a profession in which every clinician can work to the full extent of their training and scope. Increasingly, Lisa's focus is on education - particularly Therapist Vocational Training - and supporting newly qualified therapists through genuine mentorship and uncompromising clinical standards. Her ambition is for Dental Therapy to be known not only for excellent patient care, but for the clinicians it develops. To find out more about Dental Therapy Paisley and Mossspark, see the contact details below.


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dental therapy

SUSAN MARSHALL • PERFORMANCE FINANCE

STRATEGIC DENTAL FUNDING

As the dedicated Account Manager for Scotland, the North of England and Northern Ireland, Susan Marshall brings more than 13 years' specialist funding expertise to the dental sector. Susan collaborates directly with dental professionals to deliver bespoke funding solutions tailored to suit our clients' individual requirements. She acts as a key partner for practitioners launching squat practices, securing funding for equipment and fit outs costs to ensure they open their doors with confidence. Performance Finance is an award-winning dental finance provider, combining

its own direct lending with an extensive network of UK and European funders which enables Susan to deliver exceptionally competitive terms. Beyond initial practice launches, her expertise spans all practice equipment, including, treatment centres, intraoral scanners, CAD/CAM Systems, and CBCT Scanners. Partnering with Susan means working with an award winning, 5-star rated team that is both certified Carbon Neutral and Cyber Essentials accredited. Performance Finance is authorised and regulated by the Financial Conduct Authority


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His clinical work includes Invisalign, cosmetic orthodontics, composite bonding, veneers and facial aesthetic treatments. He also spent a year practising in a private cosmetic dental clinic in Dubai.

Committed to education, Andrew co-founded Facial Aesthetic Courses in 2015 and he remains its Managing Director, teaching and lecturing in dentistry and facial aesthetics. He joined Advanced Dentistry in 2018 and is Clinical Director of Aesthetic & Restorative Dentistry, Orthodontics & Facial Aesthetics, mentoring clinicians and supporting clinical excellence across the group. Outside dentistry, Andrew enjoys football, golf and time with family and friends.



Professor Shauna Culshaw

Shauna Culshaw is Professor of Periodontology and Immunology at the University of Glasgow, where she is Deputy Head of the Dental School, Lead for the Dental Clinical Research Facility and Lead for Undergraduate Teaching in Periodontics. A specialist in periodontics, she combines academic and leadership roles with clinical practice at Glasgow Dental Hospital, providing specialist care for patients with advanced periodontal conditions and delivering both undergraduate and specialist training. Her research focuses on the immune response in the oral cavity and the links between periodontitis and systemic inflammatory and autoimmune disease, with a particular interest in rheumatoid arthritis. Shauna is President-Elect of the British Society of Periodontology and Implant Dentistry (BSP) and will bring the BSP Conference to her home city of Glasgow in 2027. Her work spans clinical periodontology, laboratory and clinical research, education and academic leadership, with a focus on ensuring that advances in research and education translate into better care for patients.



Dr Lisa Currie

Dr Dr Lisa Currie is the Clinical Director and Consultant Orthodontist at The Orthodontic Clinic in Aberdeen. She graduated with Honours in Bachelor of Dental Surgery from the University of Dundee in 1996 before completing extensive postgraduate training. She earned a Master of Science in Orthodontics from the University of Edinburgh and attained accreditation as a Consultant Orthodontist. Dr Currie served as a Consultant Orthodontist at the Edinburgh Dental Institute and Borders General Hospital before then becoming

Clinical Director of The Orthodontic Clinic in 2010 and co-owner in 2014. This year, the multi-award winning clinic celebrates 20 years of establishment.



Paul Cushley

Paul Cushley is Director of Dentistry for Public Services Delivery Scotland, previously being NSS's Director of Dentistry. Having initially started working as a hospital porter, as a holiday job when he was a dental student in the early 1980s, Paul has subsequently worked in the NHS hospital service and general dental practice as an associate, partner and principal. He has also worked for the Public Dental Service as a Senior Dental Officer, as well as deputy and then Clinical Dental Director for NHS Forth Valley. As an NHS National Education for Scotland, Vocational Training Adviser for 20 years Paul supported a generation of dental graduates as they entered the NHS in Scotland. A large part of Paul's clinical career was spent delivering care in a variety of custodial institutions and during the Lockerbie Trial, he was appointed as the dentist at HMP Zeist in the Netherlands. Paul now works to ensure oral health and dentistry are fully integrated into the design and delivery of health and social care services across NHS Scotland.



Dr Kevin Davey

Dr Kevin Davey is a Senior Clinical Lecturer in Periodontology at the University of Dundee with more than 25 years of experience in undergraduate and postgraduate dental education, especially in relation to periodontology, dental education and leadership. He has been the undergraduate academic lead for periodontology since 2014 and has held a number of university leadership roles, including Associate Dean, positions in Quality & Academic Standards and in Learning & Teaching. Furthermore, Dr Davey has been both the Deputy Dean (2024-25) and the Interim Dean/Head of the School of Dentistry (2025-26). His academic work focuses on clinical periodontics, curriculum development, assessment and innovative teaching methodologies. Additionally, Dr Davey has been an external examiner both in the UK and internationally, as well as leading several international programme reviews of dental institutions in northern Europe. He completed a PhD in oral wound healing in 2020 and is a PhD supervisor in periodontology and dental education.



Robert Donald

Robert Donald serves as the Marketing Director at Independent Care Plans (ICP) UK, a

practitioner-led provider of dental payment plans established in 1995. A former general dental practitioner and practice owner based in Nairn, he draws upon decades of firsthand clinical and operational experience to support dental professionals across the UK. Since transitioning from clinical practice, Robert has focused on business strategy, marketing, and practice growth, advocating for flexible, dentist-friendly plan solutions. His background makes him a key voice in helping private and mixed practices build sustainable revenue models. Beyond his corporate leadership, he remains actively engaged in the wider UK dental community, sharing insights on practice management and the evolving private dental landscape.



Dr Philip Friel

Dr Philip Friel is a highly respected implant dentist with particular interest in advanced reconstructive

surgery, bone grafting, immediate implant placement and loading, and soft tissue surgery. He has undertaken extensive training worldwide and is committed to ongoing professional development, teaching and mentoring in implant dentistry. With degrees in Dentistry and Anatomy, Philip is a member of the Royal College of Surgeons of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow, the College of General Dentistry, and a Fellow of the International College of Dentists. He is also a past President and Honorary Life Member of the Association of Dental Implantology. Philip is Co-Founder and Director of Dentistry for Advanced Dentistry, a family-owned dental group with clinics across Scotland serving over 250,000 patients. Outside dentistry, he is an Ambassador for the Prince and Princess of Wales Hospice in Glasgow, a married father of four, keen sportsman, chef and traveller.



Professor John Gibson

Professor John Gibson is Emeritus Professor of Oral Medicine at the

University of Aberdeen, possessing dual qualifications in both dentistry and medicine. Throughout a distinguished academic and clinical career, he previously served as Head of the University of Aberdeen's Institute of



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 Northeast 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”.

Gail Cormack,
Area Sales Manager

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ARVIND SHARMA • AS ENDODONTICS

COMMITTED TO
ENDODONTIC EXCELLENCE

ARVIND limited his practice to Endodontics in 2016. He graduated from the University of Dundee before completing a master's degree in Endodontology with Merit at the University of Central Lancashire. Recognising a growing need for accessible, dedicated endodontic care, Arvind identified a gap for a five-day-a-week endodontic service in Scotland. In 2023, he founded AS Endodontics, Edinburgh's first clinic dedicated solely to Endodontics, creating a purpose-built referral service focused exclusively on providing timely appointments for high-quality endodontic care. Committed to continual professional development, Arvind has travelled extensively throughout North America and Europe, learning from leading Endodontists and further developing his clinical knowledge and skills. He combines evidence-based dentistry with advanced techniques and cutting-edge technology to provide precise, predictable endodontic

treatment. Alongside his clinical work, Arvind is actively involved in postgraduate education and the wider dental profession. He has published articles within the field, delivers educational courses for dentists throughout Scotland and acts as a Key Opinion Leader for several leading dental equipment and materials companies. In 2018, he also founded the Edinburgh Endodontic Study Club, bringing respected speakers to share knowledge and support the continued education of local dentists. He is an active member of the British Endodontic Society, the Royal College of Surgeons in England and Glasgow, an associate member of the European Society of Endodontology and serves as a council member for The Royal Odonto-Chirurgical Society of Scotland. Through his clinical practice, education and professional involvement, Arvind continues to contribute to the advancement of endodontics in Scotland.



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ANDREW MCGREGOR • PARK ORTHODONTICS

SHARING EXPERIENCE
AND KNOWLEDGE

ANDREW is a Specialist Orthodontist and owner of the Park Orthodontics in Glasgow. Having practised orthodontics since 2007, he has a real passion for the specialty which has led him to embrace new technologies and share his experiences and knowledge. Andrew is now a Diamond Apex Invisalign practitioner, putting him and his team in the top 1% of European Invisalign providers. His clinic is also one of the few practices treating children and teens with the first and teen products. Away from his clinic, Andrew is one of the principal lecturers for the Post Graduate Diploma in Orthodontics course run by Identiti UK. Apart from being a lot of fun, years of teaching and mentoring enthusiastic dentists has developed his skills and understanding of ortho-restorative cases. His

treatment philosophy has shifted from 'treating the teeth', to 'treating the face' over the years. If that wasn't enough, Andrew co-directs the annual Scottish Orthodontic Conference which is held on the last Friday in January. This day-long event is held at the Royal College of Surgeons and Physicians in Glasgow and attracts orthodontists, dentists and their teams from all over the country (weather permitting!). Still motivated to keep learning, Andrew really enjoys working with referring colleagues, either collaborating or simply offering treatment planning and general advice when needed with their own orthodontic patients. Feel free to get in touch with Andrew directly if you'd like to discuss any of his projects listed above: andrew@parkorthodontics.co.uk



**Andrew McGregor, BDS, MSc,
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Dentistry and Associate Postgraduate Dental Dean for Scotland. His extensive leadership background also includes serving as Chair of Dental Protection Ltd, a Board Member of the Medical Protection Society and a Chair of the Fitness to Practise Panel at the General Dental Council. Following the loss of his son Cameron to suicide in 2019, Professor Gibson co-founded The Canmore Trust in 2022. Today, he dedicates his work to suicide prevention and postvention and mental health advocacy, engaging extensively with national policy panels, survivor support networks and community outreach campaigns.



Professor Christine Goodall

Professor Christine Goodall OBE is Professor of Oral Surgery and

Violence Reduction at the University of Glasgow and an Honorary Consultant in Oral Surgery with NHS Greater Glasgow and Clyde. She is immediate Past Dental Dean at RCPSCG and was responsible for working with its sister colleges to redesign the dental postgraduate examinations during her tenure. A pioneer in combining healthcare with social injury prevention, she co-founded Medics Against Violence (MAV) in 2008 alongside fellow surgical colleagues. Her career spans complex surgical clinical care, university teaching, and rigorous research focused on facial trauma, domestic abuse awareness, and violence prevention strategies. Recognised nationally for her contributions to public health and violence reduction, Professor Goodall works closely with emergency departments, schools, and government bodies to address the root causes of interpersonal violence, using clinical insights to drive impactful education, preventative policy and social reform.



Dr Elaine Halley

Dr Elaine Halley is a highly respected clinician and the Clinical Director of the Pain Free Dental

Group, overseeing multiple private practices across Scotland. Graduating from the University of Edinburgh, she has dedicated her career to advanced cosmetic, restorative, and digital dentistry. She is a past President of the British Academy of Cosmetic Dentistry (BACD) and holds an accreditation status, reflecting her high standard of clinical excellence. She is the author of "Smile Analysis", a textbook for Smile Design and Treatment Planning published by Edra Publishing. Known

for integrating state-of-the-art technologies like digital smile design and intraoral scanning into patient care, Dr Halley regularly lectures internationally on comprehensive treatment planning and digital practice workflows. Her work focuses on patient-centred care, comprehensive treatment planning and mentoring dental teams to achieve exceptional functional and cosmetic patient outcomes.



Professor Khaled Khalaf

Professor Khaled Khalaf serves as the Director of the Institute of Dentistry

and Professor & Honorary Consultant in Orthodontics at the University of Aberdeen/ NHS Grampian. An internationally recognised orthodontic specialist, he holds extensive academic and clinical credentials, including multiple fellowships from the Royal Colleges of Surgeons across the UK and Ireland. His leadership encompasses oversight of undergraduate and postgraduate dental education, clinical delivery, and strategic academic initiatives at Aberdeen. Professor Khalaf's research interests centre on hypodontia, 3D imaging applications in dentistry, evidence-based orthodontics (RCTs, systematic reviews and meta-analyses) and medical/dental education and training. Beyond his administrative and clinical duties, he actively contributes to peer-reviewed literature, supervises higher research degrees and works to advance quality standards and innovation within modern dental education and patient care.



Gordon Matheson

Gordon Matheson CBE serves as the Head of Scottish Affairs for the

General Dental Council (GDC). In this strategic role, he leads stakeholder engagement across Scotland, serving as a critical bridge between the regulatory body, the Scottish Government, dental practice leaders, the dental team and academic institutions. With an extensive background in public policy, governance, and leadership, including previous service as Leader of Glasgow City Council, Mr Matheson brings deep public service experience to the healthcare regulation domain. His work focuses on patient safety and public confidence in dentistry, promoting professionalism and addressing the unique structural and policy contexts and challenges facing dentistry in Scotland. Through extensive engagement and collaborative policy

development, he works to foster a safe, resilient and high-quality dental workforce.



Professor William McLean

William McLean is Professor of Endodontology and Honorary Consultant in

Endodontics at the University of Glasgow Dental School. He is Programme Director for the new part-time postgraduate Endodontics programme aimed at enhancing the endodontic skills of General Dental Practitioners. He is also academic lead for undergraduate endodontics, Head of the Section of Biological and Medical Sciences and founder of the Glasgow Endodontology Group. His research group focuses on endodontic microbiology and stem cell biology, advancing understanding of infection and regeneration. He has held several national and international roles: Past President of the Glasgow Odontological Society, Past President of the British Endodontic Society and Conference Chair for the World Endodontic Congress 2024 in Glasgow. He currently serves as European Regent of the International Federation of Endodontic Associations and Deputy Chair of the Dental Specialty Fellowship Examinations in Endodontics. His work spans teaching, NHS and private clinical practice, research, and professional leadership, with an ongoing commitment to training the next generation of dentists and endodontic practitioners.



Professor Peter Mossey

Professor Peter Mossey is Professor of Orthodontics and Craniofacial

Development at the University of Dundee Dental School. A world-renowned researcher in cleft lip and palate etiology, his work focuses on the genetic and environmental risk factors associated with craniofacial anomalies. He has held senior international leadership positions, including Convenor of the FDI World Dental Federation Task Group on Cleft Care and active roles within the World Health Organization (WHO). He is currently Director of Research at the British Orthodontic Society and a member of the Medical Advisory Board of the Smile Train cleft lip and palate charity. Professor Mossey's extensive research portfolio encompasses global oral health inequalities, epidemiology, and 3D facial imaging techniques. A dedicated academic, clinician and mentor, he has published widely, driven international collaborative health initiatives



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DR CHRIS DALL

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DR GRAEME KER

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DR SAM LOCKHART

BDS, MFDS RCPS
(Glasgow), PG Dip
(Implants)



**DR MARTIN
MACEACHEN**

BDS (Glas) MFDS
RCPSG MCGDent



DR MEHDI SHAMS

BDS MSc MFGDP (UK)



and worked tirelessly to improve multidisciplinary care standards for children born with facial clefts globally.



Dr Amir Nazim

Dr Amir Nazim is an award-winning cosmetic and restorative dentist based in Prestwick. An

Honours graduate of the University of Glasgow, he has completed advanced postgraduate qualifications, including a Master of Science in Prosthodontics. Dr Nazim has established himself as an Elite Invisalign provider with a particular interest in full-mouth smile design and implant dentistry. His practice centres on minimally invasive cosmetic dentistry, combining digital treatment planning with composite bonding, ceramic restorations and clear aligner orthodontics. Known for his meticulous approach, Dr Nazim focuses on providing tailored aesthetic treatments that prioritise natural outcomes and long-term dental health. Later this year, he will launch AMARI Dental, his new state-of-the-art clinic, reflecting his vision for modern, comprehensive dentistry.



Dr David Offord

Dr David Offord is a specialist in oral surgery and practice principal at Vermilion - The Smile

Experts. His clinical practice is now entirely implant surgery, working in close collaboration with colleagues within the multi-disciplinary team. Born and bred in Greenock, David was in the last year group to graduate from the University of Edinburgh Dental School in 1994. His varied career has included spells in general practice in Edinburgh, Australia and Singapore with oral and maxillofacial roles in Wales, London, Falkirk and Fife. For five years he combined oral surgery staff grade jobs with working in specialist practice, before he opened Vermilion in 2011. A Fellow of the College of General Dentistry, David holds a Diploma in Conscious Sedation from the University of Newcastle and the Membership of the Faculty of Dental Surgery of the Royal College of Physicians and Surgeons of Glasgow and is currently working towards a PhD at the University of Ghent. For four years, he was the Scotland representative on the board of the Association of Dental Implantology and in 2025 he was elected as the regional representative for East Scotland on the College Council.



Andrew Paterson

Andrew Paterson is a Clinical Senior Lecturer and Honorary Consultant in Restorative Dentistry

at the University of Glasgow Dental School. Graduating from the University of Edinburgh in 1987, he has many years of clinical, surgical, and academic expertise in practice, hospital settings and higher education primarily in Scotland. As Education Lead for Restorative Dentistry at Glasgow, he plays a crucial role in directing undergraduate and postgraduate dental curricula. His clinical work encompasses complex restorative dentistry including prosthodontics and tooth wear management. A clinical teacher, researcher and speaker, Andrew contributes widely to national specialty organisations and examinations, dental training in Malawi, driving evidence-based standards with SDCEP and shaping the training of future dental professionals across Scotland.



Dr Attiq Rahman

Dr Attiq Rahman is a renowned clinician and the Founder and President of Precision Dentistry

and Precision Academy. With more than 32 years of experience in restorative and aesthetic dentistry, he serves as Clinical Director at Visage Cosmetic Dental Clinic, where he specialises in complex restorative and implantology. Widely respected as an operator and educator of international calibre, Dr Rahman focuses on fusing biological principles, digital workflows and meticulous technical precision. Through the Precision Academy, he delivers highly sought-after hands-on masterclasses, training hundreds of dentists in modern tooth preparation and restorative techniques. He regularly lectures across the UK and internationally on cosmetic dentistry and implantology.



Lee Savarrio

Lee Savarrio is the Postgraduate Dental Dean and Director of Dentistry at Public Services Delivery

Scotland (PSD Scotland). A Specialist and Consultant in Restorative Dentistry, he holds fellowships from the Royal College of Physicians and Surgeons of Glasgow. Throughout his distinguished career in clinical service and dental education, Lee has held key leadership positions at both NHS Board level and academic institutions. In his executive role at PSD Scotland, he oversees the

strategic direction, quality assurance, and delivery of postgraduate education for the dental and optometry teams in Scotland. Lee works closely with other UK Postgraduate Deans, Royal Colleges and Scottish and other UK Government bodies to ensure a robust, highly skilled dental and optometric workforce that meets the modern needs of the public.



Charlotte Waite

Charlotte Waite is the Scotland Director at the British Dental Association (BDA), taking up the post

in November 2022. A graduate of the University of Dundee Dental School, her career includes extensive clinical experience in general practice and community dental services, alongside dedicated involvement in healthcare leadership. In her national leadership role, she represents the interests of dentists across Scotland, leading trade union negotiations, policy formulation, and stakeholder engagement with the Scottish Government. Waite is a prominent voice for the profession, championing NHS dental reform, workforce sustainability, fair remuneration and equal access to patient care. She supported the BDA Scottish Dental Practice Committee in its negotiations with the Scottish Government on NHS dental Payment Reform, implemented in November 2023, and continues to champion the BDA's vision for further reform to improve access, tackle inequalities and secure a sustainable future for NHS dentistry in Scotland.



Dr David Wiseman

Dr David Wiseman is a practice principal and founder of Art of

Dentistry; a private dental practice located in Prestwick. Graduating from the University of Glasgow in 1982, he brings more than four decades of clinical experience to patient care in Ayrshire. Dr Wiseman has undertaken extensive postgraduate training in advanced restorative, cosmetic and preventative dentistry, earning a strong reputation for gentle, high-quality care. At Art of Dentistry, he focuses on comprehensive oral health, utilising modern digital technologies and restorative techniques to deliver tailor-made treatment plans. Known for his meticulous approach and patient-centred philosophy, Dr Wiseman remains committed to delivering exceptional aesthetic outcomes and fostering long-term relationships with his patients.

SAM NICHOLSON • JOHNSTON CARMICHAEL

MEET JOHNSTON CARMICHAEL'S DENTAL LEAD

JOHNSTON Carmichael has appointed Samantha Nicholson as its new Head of Dental, reinforcing the firm's commitment to supporting professionals in the sector with specialist advice and relevant expertise. A member of the National Association of Specialist Dental Accountants and Lawyers (NASDAL), Sam has spent almost 20 years with Johnston Carmichael, having joined the firm as a trainee. Today, she advises a broad range of dental clients on accounting, tax and business advisory matters, helping practices navigate change and make informed decisions for the future. As the sector continues to evolve, practices face a variety of ever increasing pressures, while also needing to prepare for emerging growth opportunities. In her new role, Sam will lead Johnston Carmichael's dedicated

dental team, working closely with clients to provide tailored support on areas including tax planning, business strategy, succession planning, practice growth, and transactions. Sam said: "The dental profession continues to face significant change, but with change comes opportunity. I'm excited to build on the strong foundations already in place, strengthen our presence within the sector and continue helping dental businesses make confident decisions about their future." As part of Johnston Carmichael's specialist Medical & Healthcare team, Sam and her colleagues support dental practices of all sizes through growth, succession planning, acquisitions and day-to-day business challenges. The team helps practice owners make confident decisions and achieve their long-term ambitions.



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ASHIN SIBY AND TOM EVERY • BARCLAYS BANK PLC

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Ashin Siby and Tom Every are Barclays' specialist Healthcare Relationship Managers for Scotland. Combining specialist knowledge of dentistry with a strong understanding of the Scottish market, they offer customers a dedicated point of contact to explore funding options, overcome barriers and achieve their business goals. Their experience spans supporting associates buying their first practice, helping established dentists expand or refinance, and providing funding solutions for general needs such as cash flow support and asset financing.

Barclays has also expanded its support for eligible Scottish dental businesses operating from leasehold premises, including those with shorter lease terms. This forms part of a wider commitment to helping businesses grow across Scotland. For brokers, Ashin and Tom provide direct access, clear communication and a responsive, transparent approach, working collaboratively to help applications progress efficiently from initial enquiry through to completion.



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DR TARIQ ALI • CENTRE FOR IMPLANT DENTISTRY

THE GO-TO-GUY FOR IMPLANT REFERRALS



DR TARIQ ALI qualified from the University of Glasgow in 1998. After developing a special interest in dental implantology, he has gained more than 20 years' experience in the field. In 2019, he established the Centre for Implant Dentistry, a dedicated implant referral practice, located in the centre of Glasgow. Dr Ali works solely within implant dentistry and is a recognised leader in his field, providing cutting-edge solutions for patients faced with edentulism – from single implants to complex full-arch cases. He is passionate about implant dentistry and the use of the latest technology available: including intra-oral scanners, 3D printing, and most recently, the X-Guide, a 3D navigational system which delivers real-time guidance on drill position during surgery. He is also passionate about

implant education and as such, founded and runs a Diploma in Implant Dentistry (Level 7), the first of its kind in Scotland (www.dentalimplantdiploma.com). The centre has been accredited as an All-on-4 Centre of Excellence, achieving the gold standard in dental implants. The centre accepts referrals from single unit cases to complex full arch treatment. Referring dentists can also refer for bone/soft tissue grafting, sinus lifts, sedation, and CBCT scans. Referring dentists may also choose to restore the implants for their patients, earning in the region of £1,000 per crown, since he runs a Refer and Restore Course regularly. Dentists also gain 21 hours of verified CPD if they attend this course (email info@centreforimplantdentistry.com for more information).

**Dr Tariq Ali BDS (Glas) MJDF
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KIRSTY MORRISON AND DALE FLEMING • AERONADENTAL

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KIRSTY Morrison is an Applications Specialist at Aeronadental. With over 20 years' experience in dentistry, including 13 years in training and implementation, Kirsty knows first-hand how important it is for dental teams to feel confident using their practice software. Having worked as a Practice Manager, Kirsty understands the day-to-day challenges practices face and how the right software, properly understood, can make a real difference to the smooth running of a practice and to the patient experience.

That's why becoming an Applications Specialist felt like such a natural fit. Kirsty loves getting to know Aeronadental inside and out and helping every member of the practice team get the most from it. As a Fife resident, Kirsty is delighted to now bring Aeronadental to Scotland, including Aeronadental's NHS functionality and the personal support that comes with it. Dale Fleming is

Aeronadental's Sales Manager for Scotland and Ireland. Dale explains that working with Aeronadental has been one of the most rewarding roles of his career. What he loves most is being part of a close-knit, in-house team, where everyone, from development and technical support to sales and customer care, works together.

Coming from a customer service and communications background, he has always believed in listening to customers, understanding what they need and making sure they feel supported. Since joining Aeronadental in 2024, he has loved building genuine relationships with Aeronadental's customers and being there throughout their journey. Born and raised in Glasgow, Scotland will always be his home, so bringing Aeronadental to the Scottish dental community feels particularly special.



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AMEERA HUSSAIN • GC

MEET AMEERA, YOUR GC PRODUCT SPECIALIST

HELLO, I'm Ameera Hussain, your local GC Product Specialist for Operator. I started my career as a dental nurse and bring that valuable clinical experience to my role at GC every day. It gives me a strong understanding of life in practice and the importance of selecting the right materials for different restorative procedures. I'm passionate about building relationships with both new and existing customers, while continually expanding my knowledge and learning new tips and techniques. My goal is to be a trusted source of information and advice for my customers across the full GC product range. What I value most about working

at GC is the friendly and approachable culture. It truly feels like a family, with everyone working together to support one another and our customers. I'm here to support you with:

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ALLAN WRIGHT • A-DEC DENTAL UK

A-DEC'S TERRITORY MANAGER FOR SCOTLAND & IRELAND

ALLAN Wright, A-dec's Territory Manager for Scotland and Ireland, has been part of the dental industry for more than 20 years. Based in Scotland, he has been with A-dec for eight years, supporting dental practices, dealers and partners across the region.

Allan works closely with clinicians to showcase how A-dec's innovative solutions can improve everyday practice life, focusing on smart design, ergonomics and efficient workflows. He plays a key role in educating practices through

hands-on demonstrations, events and training sessions - helping them to make informed equipment choices.

Allan's extensive experience and dedication continue to strengthen the dental network in Scotland, Ireland and Northern England, ensuring practices benefit from the latest solutions and innovations, allowing them to deliver safe, efficient and patient-centred care. To get in touch with Allan about your dental equipment needs, call 07803 627 247 or email allan.wright@a-dec.com.



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LIFE IS A JOURNEY

You must take one road and, like it or not, there will be bumps on your road



I HAVE been mulling over the recent University Guide 2027 which promises to reveal “the university courses students regret – and those they don’t”¹. It is published by The Guardian newspaper and like all opinions should be taken with a grain of salt (other grains are available). While I will focus on Dentistry, alternative subjects provide an interest, if only for contrast.

Across all subjects, more than 80% of graduates were happy that they had chosen to attend university. So, despite student loans (which my son reminds me is “just” a fact of life for his and subsequent generations) the graduates enjoyed their three, four or five years. The contentment figures were lower for their choice of subjects where between 50% and 70% thought they had taken the wrong subject. The lowest being Business Management.

The good news is that 15 months after graduation nearly 87% of Dental graduates were content with the subject they had chosen, of which the BDA correctly trumpets: “Dentistry: you won’t find happier graduates.” I am not aware of similar research which returns to the same graduates and asks the same questions at, say, five-year intervals. My feeling is that there is a drop-off in enthusiasm in some professional/vocational careers across the board when the honeymoon period ends and one comes to terms with one’s career, finding specific interests and fitting into the correct employment ‘box’. That is true of any profession/job/career, and I will return to that.

The comments that accompany the Facebook article online² show a mix of reality, cynicism and jealousy:

“Loved dentistry as a student, although it was hard work. I then bitterly regretted my career choice until I stopped providing NHS treatment, 11 years post-graduation. Now, I have no regrets. Still working at 65 and no plans to retire yet.”

“Ask them again 10 years later...”

WORDS
ALUN K REES



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

“Because dentistry is typically 9-5 and you get paid big bucks...most choose to work 2 days a week.”

Certainly, of most of my contemporaries, those who devoted – and I choose the word with care – their careers to the NHS, could not wait to escape the trenches at 60, whilst those in academic or hospital posts or, significantly private practice, tended to stay longer.

That is not largely dependent on money, in spite of what some may say. NHS practice is relentless, by virtue of its design it must be; “pile high, sell cheap” is a fact of life. Add that the constant interference either by annual tweaks to funding and terms and conditions or a total reset every decade can burn out even the best. That is not to say that having an income that does not depend upon the NHS is the solution to all problems. Nor for that matter is the hospital or academic path which has similar frustrations from outside, interfering, ‘stakeholders’.

My own clinical experience was varied with my first 10 years post-BDS in those “here’s your BDS, now sink or swim,” pre-VT days, consisting of three resident oral surgery posts followed by six years in a variety of associate jobs, all 100% NHS general practice (amalgam factories as they came to be known). Then came the decision to start my own practice, a minority option in those times, which was both the best and hardest

move I ever made. Throw in a couple of clinical assistant jobs, conversion to private practice and, with hindsight, having experienced mostly highs with some lows, it is no wonder my restless soul and I moved on again to a mixed, and then fully, non-clinical career in my mid-50s. For me, being able to make my own decisions, keeping my choices of independence and expressing my ‘unique’ philosophy of practice made professional life a challenge but also hugely rewarding.

To return to our new graduates, I occasionally speak to groups of new dentists and there are several metaphors I regularly use. The first is that, like Robert Frost’s poem *The Road Not Taken*³, you must take one road, and like it or not, there will be bumps on your road. You may prepare for some of them but there will be those that you cannot foresee and will cause you grief, that may apparently delay your journey and lead to diversions. However, those bumps and the unseen dips, the rocks, weather damage and roadworks are the very things that lead to the satisfaction of survival, of making the journey enjoyable and ultimately your life satisfying and worthwhile.

The other is ‘Snakes and Ladders’; no matter how you prepare, at some point you are going to throw the dice and land on a snake that will take you back a few squares. Accept it, move on, learn from experience and roll again. Be grateful that you have a qualification that allows you to roll again.

References:

¹www.theguardian.com/education/2026/sep/12/graduate-survey-many-regret-subject-choices-hindsight

²www.facebook.com/thebritishdentalassociation

³www.poetryfoundation.org/poems/44272/the-road-not-taken



**THE IMPLICATIONS OF THIS SHIFT
EXTEND FAR BEYOND AESTHETICS OR
CONVENIENCE; THEY FUNDAMENTALLY
REDEFINE PUBLIC HEALTH ECONOMICS**



Barriers and disparities in preventive oral health care in the UK

Michelle Wodke, Munisha Mangal, Alyson Axe, Billy Franks and Kate Fabrikant

Oral health continues to pose a significant public health burden in the UK, exerting pressure on dental services and resources. Despite recent advancements in dental care, preventive oral health care (POHC) issues remain significantly high, with persistent gaps between policy and practice. In 2024, the Oral Health Foundation reported that over three-quarters of adults (76%) experienced dental problems in the past year, and only 68% adhered to the recommended twice-daily brushing regime.

These statistics highlight the strong improvement to be made within POHC, including adherence and systemic challenges. According to the UK Department of Health and Social Care, POHC comprises evidence-based measures aimed at reducing the risk and progression of oral disease, through the promotion of effective oral health hygiene and modification of behavioural risk factors. POHC also involves guidance on behaviours known to influence oral health outcomes, including dietary practices related to sugar intake, tobacco use and alcohol consumption. In addition, it encompasses the encouragement of regular dental attendance to enable reinforcement of preventive advice and early identification of disease.

Prevention is viewed as the cornerstone of dental care and it is fundamental in providing the public with long-term oral health, yet the key preventive behaviours such as regular visit to dental clinics and toothbrushing twice a day are not universally adopted. There is further need to fine-tune preventive messaging to empower more people

to engage in appropriate oral health hygiene, which can reduce the costs and risk of future invasive treatments. Oral health professionals (OHPs) play a crucial role in shaping oral health habits and the relationship between consumer and OHPs is central to providing valuable knowledge and guidance.

When discussions are not suitably tailored to the consumer, information may not be well-received, leading to feelings of being uninformed and less motivated, which can create barriers to effective care. However, many OHPs reported feeling confused or frustrated when consumers didn't change their behaviour. As a result, preventable or manageable oral health issues often persist, leading to a perception that their efforts and time have been ineffective.

This study aimed to examine variation in POHC in the UK using data from two nationwide surveys capturing both consumer and OHP perspectives. The analysis focused on three key dimensions of variation in POHC,

including gender-related differences, regional variation, and misalignment between consumer expectations and OHP-reported practices. While gender and regional differences may indicate potential inequalities where they reflect systematic disparities in access to, delivery of or uptake of POHC, differences between consumer and OHP perspectives are more appropriately considered indicators of service alignment, communication, and expectations.

By examining patterns in the delivery and receipt of POHC across these dimensions, this study provides insights into structural, behavioural, and perceptual factors that may influence POHC experiences and outcomes in the UK. In doing so, the study provides evidence to inform more equitable preventive service delivery, improve alignment between consumers and OHPs, and support policy and practice interventions designed to reduce disparities in access to and uptake of POHC.

Three themes were established across all the results: Gender-specific differences, the misalignment of expectations and regional differences.

Gender-specific differences

From the children's direct responses, there were consistent findings across both genders. Most children reported liking their teeth (boys: 86%, girls: 89%) and moderate levels of teeth embarrassment (boys: 35%, girls: 37%). Boys reported slightly less negativity regarding their oral health compared with girls (62% vs 57%), yet most children self-reported to brush their teeth twice a day (85% vs 84%), with no significant gender differences.

Regarding the parent results, fathers reported slightly more awareness of society's obsession with 'perfect teeth' in their children (48% vs 41%) and





more frequent noticing of signs of self-consciousness or low confidence in their children compared with mothers (10% vs 7%). However, there were no significant differences observed between parent genders in the awareness of preventive care's importance for their child's overall confidence and self-esteem ($p > 0.05$). Figure 1 (see online) displays the parent and children's responses for both genders.

However, an unpaired Chi-Squared test found statistically significant differences between genders in consumers' responses to wanting to learn about preventive care advice ($X^2(1) = 8.92, p = 0.0028$), as shown in Figure 2. Significant differences were also found between genders in consumers' knowledge of NHS offering preventive care advice ($X^2(2) = 27.8, p < 0.001$), yet no significant differences were found in OHP results of NHS awareness ($X^2(2) = 0.62, p = 0.73$).

Moreover, there were consistent responses between genders in OHPs' awareness of the Delivering Better Oral Health Toolkit (males: 77%, females: 76%) and the perceived benefits of preventive action on OH (males: 85%, females: 88%).

Misalignment of preventive care expectation

A misaligned view of preventive advice was clearly observed across all results. Among consumers, just 48% reported to have knowledge of NHS offering POHC advice and over a third (34%) were uncertain. Only three quarters (75%) of OHPs working with the NHS report their knowledge of preventive care advice being part of the current NHS contract.

While 73% of consumers and 65% of OHPs believed that all check-ups should include POHC advice, only 47% of consumers reported actually receiving it and just 34% of OHPs reported they consistently provide it. Additionally, 61% of dentists believed that all or most consumers act on their preventive advice, yet 74% of consumers reported to act on preventive advice given by their dentist. Survey results also found that close to a third of OHPs (30%) do not offer POHC advice as consumers simply 'don't ask for it', and 44% of OHPs reported that 'consumers asking for it more frequently' would enable them to offer it more.

Regional differences: NHS vs private care

The regional differences of OHPs

reporting to treat certain consumer sectors are visualised in Figure 3. The regions with the highest percentages of OHPs treating most NHS consumers were Northern Ireland (NI) and the Northwest, while the lowest percentages were observed in the East Midlands, West Midlands, Scotland, and Yorkshire and the Humber.

OHPs' awareness of the NHS offering POHC advice was lowest in Wales (43%) and Scotland (56%), but highest in the Northwest (87%). In Wales, 50% of OHPs reported seeing an even split of NHS and private consumers, yet only 32% often offered POHC advice. Furthermore, the highest percentage of OHPs (92%) agreed upon the importance of preventive care in Yorkshire and the Humber, contrasting with NI (48%) and Wales (54%).

Furthermore, a statistically significant association was found between the percentage of dentists in a region who reported being more likely to give advice to private consumers, and the percentage who reported treating a majority (over 60%) of private consumers ($R^2 = 0.085$, coefficient = 0.2861, $p = 0.047$), as illustrated in Figure 5.

Consistent results in the consumer survey were found between NHS and private consumers' attitudes toward POHC. Most consumers reported receiving advice verbally from their dentist (NHS: 45% vs Private: 57%), finding it helpful (NHS: 88% vs Private: 93%), and acting on the advice (NHS: 73%, Private: 74%). Similar responses were seen when asked if their dentist provided advice without them asking (NHS: 82%, Private: 83%).

In the children and parent survey results, Scotland (93%) and East of England (90%) had the highest reported oral health satisfaction rates among children, while NI (77%) and Wales (75%) had the lowest. Only 50% of children in Wales reported to visit the dentist for regular check-ups, compared with 76% in the Northeast. Additionally, NI had the highest percentage of parents reporting uncertainty about psychological issues due to oral health (38%), but only 54% reported believing OH's importance for a child's overall confidence and self-esteem, compared with 84% in Scotland.

The findings of this study reveal critical gaps and disparities in the delivery and perception of POHC across the UK, highlighting misaligned expectations between consumers and OHPs, gender-specific differences

in attitudes and regional variations in service provision. These insights highlight the urgent need for tailored strategies that address systemic, educational and behavioural barriers to improve oral health outcomes.

Gender-specific differences indicate that preventive health engagement is influenced by behavioural and perceptual factors, with female consumers demonstrating more proactive health-seeking behaviour. Our findings support previous studies indicating that female participants reported greater interest in learning about POHC and higher awareness of its availability through the NHS compared with males.

No significant differences in the survey results of parents and children suggest that female consumers' higher motivation to learn about preventive oral health may reflect differences in awareness or engagement, although casual relationships cannot be established. The absence of similar findings in parents and children suggests that these differences may not be consistent across all population groups. By recognising this, preventive oral health initiatives can be informed to customise programmes and balance health behaviours across genders, ensuring programmes are appealing and relevant to all.

On the other hand, there were consistent responses across genders in the OHP results, showcasing a uniformity which may suggest a degree of consistency. However, this study did not assess training directly, and this interpretation should be made with caution. While broader policy developments may influence practice, these were not assessed in this study. This research reveals gender-specific consumer motivations in oral health, suggesting that OHPs might need to consider tailoring their communication accordingly. A structured framework for preventive advice may help ensure consistency, while allowing flexibility in how advice is communicated to meet individual patient needs.

The findings also demonstrated a misalignment of expectations in POHC, suggesting systemic inefficiencies in communication and implementation. This misalignment likely reflects unclear care pathways and inconsistent integration of preventive guidance within routine practice. Creating clearer care pathways and well-defined strategies could help align expectations with actual services, as previous research has suggested a need for

better communication and education to bridge this gap.

Additionally, past studies have shown that consumer's lack of acceptance, interest, and compliance, or general confusion around prevention programmes, appeared to be a strong barrier to their oral health action. Therefore, establishing prevention as a shared goal through a consumer-centred approach and strong communication is crucial for achieving exceptional care. These findings highlight the need to increase health literacy levels in consumers to empower productive interaction with care teams and ensure that dental teams are maximising their communications, which will support more effective preventive care and advice.

Furthermore, a misalignment was also observed in parental views. Improved education and communication are needed to align parental perceptions with actual needs, ensuring children's development in their understanding of oral health is being addressed. While primary school education provides a foundation, these findings reinforce the role of parents as primary behavioural gatekeepers, indicating that interventions targeting parental health literacy could have a sustained intergenerational impact.

Differences between NHS and private care were observed in some OHP-reported practices. However, consumer-reported experiences were broadly similar across several measures, suggesting modest differences. Few studies have highlighted the key barriers commonly faced by NHS dentists, such as time constraints, financial pressures, and high consumer volumes, which hinder their ability to provide comprehensive care, as private OHPs do not report to encounter these as often. By addressing these barriers through structural reforms of oral healthcare provision, the preventive care could be enhanced, aligning it more closely with the standards observed in private practices.

Regional differences in oral health satisfaction reflect underlying inequalities in access, funding and programme implementation, within a system where dental services and public health programmes are devolved across the UK, resulting in distinct policy frameworks, funding structures, and service delivery models. These structural differences may contribute to the variation observed across regions.

Moreover, Wales' 'Designed to Smile' programme and NI's 'Happy Smiles' programme have shown variable uptake and reported outcomes



THE FINDINGS SUGGEST OPPORTUNITIES TO IMPROVE COMMUNICATION, ENHANCE HEALTH LITERACY AND BETTER ALIGN PREVENTIVE ADVICE WITH CONSUMER EXPECTATIONS

due to access and real-term funding constraints and implementation challenges, alongside socioeconomic disparities and insufficient public health education. Both programmes faced funding challenges in maintaining and expanding their reach within existing resource limits. As of 2020, 67.3% of children and 51.4% of adults accessed NHS dental services in Wales, with similar figures in NI. While some outcomes, such as reductions in general anaesthetic rates in NI have been reported, the number of children requiring general anaesthetic for dental treatment decreased from 8856 in 2004 to 5172 in 2014.

In contrast, Scotland showed high satisfaction rates, regular dental check-ups, and parental awareness, likely due to the removal of financial barriers and the 2018 oral health improvement plan. Therefore, despite being reported as a mainly NHS-consumer-treated region, the comprehensive, well-funded and well-implemented public health initiatives have led to better oral health outcomes and higher satisfaction rates being reported in Scotland.

These regional differences underscore the need for targeted public health initiatives and systemic reforms to ensure equitable access to oral healthcare across the UK. Addressing these issues can help bridge the gap between NHS and private services, ensuring more consistent and effective preventive care for all.

While our study provides valuable insights into the barriers to effective POHC in the UK, several limitations must be considered. Self-reported data introduces potential bias, which can affect the validity of our findings. Additionally, as a cross-sectional study, our results only offer a snapshot in time, limiting the ability to track changes longitudinally and generalise to other cultures. Moreover, the samples were not fully representative of UK age groups, which may also affect the generalisability of our findings, as the views and experiences of these age

groups might not accurately reflect those of the broader UK population. Therefore, the results should be interpreted as exploratory and hypothesis-generating rather than nationally representative.

Conclusion

This research underscores the multifaceted barriers to effective POHC in the UK. It highlights variations and misalignments, including differences in consumer awareness, professional practices and regional delivery. While gender-related differences were observed in consumers, these were not consistent across all groups and should be interpreted cautiously. The findings suggest opportunities to improve communication, enhance health literacy, and better align preventive advice with consumer expectations. Broader system-level reforms and targeted interventions may be beneficial but require further investigation.

Additionally, there is an opportunity for the oral health industry to address some of these barriers through tailored consumer-facing educational campaigns and support of relevant professional training programmes, ensuring that all OHPs are appropriately supported, helping to prevent the experienced challenges when encountering preventable oral disease. While this study focused on younger children, future research should extend to adolescents, particularly given their increasing autonomy and its potential influence on preventive care behaviours. Expanding the evidence base in this way would allow for a more comprehensive understanding of oral health behaviours across developmental stages and support the design of more effective and inclusive preventive strategies.

Original article and references: www.doi.org/10.1038/s41405-026-00477-2

VAT ON INVISALIGN AND CLEAR ALIGNERS

What dental practices need to know

A recent Upper Tribunal decision has confirmed that Invisalign clear aligners are not VAT-exempt dental prostheses. In HMRC v Align Technology Switzerland GmbH and Align Technology BV [2026] UKUT 00256 (TCC), the Upper Tribunal overturned an earlier First-tier Tribunal decision and held that Invisalign clear aligners do not qualify as VAT-exempt dental prostheses.

Although clear aligners are bespoke products used by dental professionals as part of orthodontic treatment, the tribunal concluded that they do not replace a missing or damaged part of the mouth. Their function is to reposition existing teeth. In light of the decision, practices should therefore ensure the VAT treatment of orthodontic arrangements is considered based on the precise nature of the supply being made.

Practices offering orthodontic treatment should therefore review how aligners and related services are supplied and documented. Particular care may be needed where treatment plans include multiple elements,

such as scans, retainers, laboratory services and aftercare, as VAT treatment will depend on the contractual and commercial arrangements and whether there is a single composite supply.

The ruling is also a timely reminder for practices expanding into private, cosmetic or aesthetic treatments. Growth in taxable activities can bring VAT registration into play, making it important to monitor taxable turnover closely.

Where a practice becomes VAT registered and makes both exempt and taxable supplies, the partial exemption rules may apply. This



Charmaine Richards
VAT and Indirect
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can affect how much VAT can be recovered on shared costs and overheads, making accurate record-keeping and regular VAT reviews increasingly important.

The key message is that VAT exposure often increases as practices move further into cosmetic, aesthetic and private treatment markets. As the distinction between exempt healthcare and taxable cosmetic services becomes increasingly important, practices should ensure their VAT treatment is supported by robust documentation, accurate income categorisation and regular VAT reviews.

The financial consequences of errors can be significant. An incorrect VAT position may result in assessments, penalties, interest, cash flow pressures and pricing challenges, particularly where VAT cannot be recovered from patients retrospectively.

For advice on VAT for dental practices, please get in touch. Call 0808 144 5575 or email help@armstrongwatson.co.uk



Image: REC Stock Footage

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A-DEC TO LAUNCH NEW SHOWROOM IN SCOTLAND

Planned central hub will allow dental professionals to try equipment before they buy

A-dec, a leading provider of dental solutions and equipment, is delighted to announce the upcoming opening of its new showroom in central Scotland, marking a significant step in making the A-dec brand more accessible for dental practitioners and A-dec dealers within the region.

The new showroom aims to provide dental professionals with the opportunity to experience A-dec equipment first-hand – a significant step in enhancing customer experience throughout the purchasing journey.

THE SHOWROOM

Located along the M8 corridor – at Deer Park in Livingston, just off Junction 3 of the M8 – it is only 15 minutes from Edinburgh Airport and 25 minutes from central Glasgow and will give customers the chance to try before they buy.

The site is ideal for not only practices based in Scotland, but also for dental professionals in Ireland and northern England as well – including Carlisle, Newcastle, Preston and surrounding areas.

The showroom will feature A-dec's latest products and solutions designed for efficiency and comfort, including the new 500 Pro and Performer eVo packages, as well as the 400 Pro package – which offer flexibility for all types of dentistry.



Above: The new 500 Pro

Below: Allan Wright



MEET YOUR LOCAL TERRITORY MANAGER, ALLAN WRIGHT

Allan, A-dec's Territory Manager for Scotland and Ireland, has a dental sector career history spanning more than 20 years and has been with A-dec for eight years, focusing on supporting dealers and dental practices within his territory.

Allan, who will oversee the new showroom, comments: "I am particularly excited about the new showroom providing practitioners in Scotland with easier access to A-dec equipment."

"Previously, Scottish and Irish clients would travel to A-dec's UK showrooms in Warrington, Nuneaton or Bracknell."

"Now, dental professionals will be able to visit our new showroom in Scotland to see a broader range of products in person, allowing them to make the right decision before purchasing."

Speaking about his working approach with local dealers and customers, Allan says: "I am really keen to introduce this showroom to our dental colleagues and customers. A-dec is renowned for its reliability and unparalleled support, and in offering this local

demonstration space, I can further provide a personable service with tailored advice and ongoing support."

"Sometimes, it can be challenging to fully nurture relationships and strengthen professional ties over a phone or video call, or after a long period of travelling."

"The Scottish showroom will serve as a central hub for connection, collaboration and education."

GET IN TOUCH

To find out more about the anticipated Scottish showroom, follow A-dec on:

- LinkedIn (www.linkedin.com/company/a-dec)
- Facebook (www.facebook.com/AdecUnitedKingdom) or
- Instagram (www.instagram.com/adecdentaluk).

Alternatively, contact Allan via allan.wright@a-dec.com or 07803 627 247.



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“FOR A SMILE”

Behind every name there is a story



*for a smile**



With “for a smile”, SHOFU launches a new, Europe-wide brand communication campaign. It focuses on ethos, values and people.

Certain product names have been part of daily routine in dental practices and laboratories for years. They stand for familiar work steps, proven materials and experience gained by clinicians and technicians every day.

These names include Brownie-Greenie, Super-Snap, CERAMAGE, BEAUTIFIL or SHOFU DISK ZR Lucent Supra.

What unites them is the brand they all represent: SHOFU. And this brand is more than just a range of products. The names tell a story of evolution: innovative materials, improved procedures and increasingly digital workflows.

A STORY THAT BEGAN WITH TEETH

When SHOFU was established in Kyoto in 1922, it all began with artificial teeth. At the time, the focus was on one particular question: how can a natural tooth be reproduced as precisely as possible?

The question has not lost any of its importance to this day. What has changed is the answers; the materials, procedures and approaches used to achieve a result.

Since its early days with artificial teeth, SHOFU has expanded into more fields of restorative dentistry and dental technology, step by step. New materials, and digital workflows later on, have added indications and options. And so, this evolution also reflects a part of the history of restorative dentistry.

Numerous well-known names represent individual steps in this evolution. Brownie-Greenie and Super-Snap have helped dentists to finish and polish various restorative materials for years. BEAUTIFIL stands for the development of modern composites in direct restorative dentistry, and CERAMAGE for composite veneering in laboratories.

Today, this expertise in materials is also incorporated in digital workflows, for instance “CERAMAGE meets digital”, or indirect restorations made with the aid of ClearForm X.

The use of ceramics is also changing: VINTAGE Art Universal can be used to individually characterise both traditional layered porcelains and monolithic restorations made of zirconia, such as SHOFU DISK ZR Lucent Supra multilayer zirconia.

And the evolution does not end with materials. Through the EyeSpecial C-V dental camera, professional photographic documentation in practices and laboratories has joined the areas where SHOFU is active.

“

**THIS BRAND IS MORE THAN
JUST A RANGE OF PRODUCTS.
THE NAMES TELL A STORY
OF EVOLUTION: INNOVATIVE
MATERIALS, IMPROVED
PROCEDURES AND INCREASINGLY
DIGITAL WORKFLOWS”**



A TRAINED EYE, A SENSE OF AESTHETICS AND FUNCTIONALITY, AND A FEELING FOR WHAT IS RIGHT FOR A PATIENT, COMBINE VARIOUS INDIVIDUAL STEPS TO PRODUCE A RESULT THAT APPEARS JUST NATURAL”

THE PEOPLE BEHIND THE RESULT

Products are the basis. The key factor, however, is what people make of them. A trained eye, a sense of aesthetics and functionality, and a feeling for what is right for a patient; they combine various individual steps to produce a result that appears just natural.

Good materials and well-thought-out procedures can make many things easier. They provide peace of mind, save time and free up space for details that can make all the difference.

And sometimes this may be exactly, and simply, a treatment that succeeds. A workflow that actually works. A patient who is satisfied with the result. Perhaps even a working day that ends on time.

All this is part of “for a smile”. This idea brings together what has defined SHOFU for over 100 years: products proving reliable in everyday use, people working with them, and the common goal of achieving good results.

www.shofu.de/en/shofu-launches-european-brand-campaign-for-a-smile



Image: Shutterstock/New Africa



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AYE, WE'RE HERE!

Meet the dental software bringing a smarter approach to Scottish practices

AeronaDental has officially launched in Scotland, bringing cloud-based dental practice management software, dedicated Scottish NHS functionality and a genuinely personal approach to practices across the country.

A cloud-based Dental Practice Management System (DPMS), AeronaDental is designed to make everyday practice life simpler, smarter and more connected. Developed from the outset as a cloud-based solution, it gives practices the flexibility to securely access their system across various devices, whether in the practice, at home or even when managing multiple sites.

But AeronaDental is about much more than managing appointments. It brings the key areas of practice management together in one intuitive system, helping teams spend less time navigating their software and more time focusing on their patients.

EVERYTHING YOUR PRACTICE NEEDS, IN ONE PLACE

From the appointment book, staff rotas and recalls to patient records, treatment plans, reporting, payments and clinical charting, AeronaDental connects the everyday tasks that keep a practice moving.

Its straightforward interface and streamlined workflows are designed with the user in mind, helping teams work efficiently with fewer unnecessary clicks.

For clinicians, Charting+ provides an award-winning digital charting experience, while integrated payments, KPI reporting, referrals, digital forms and SMS keywords help practices manage more of their day-to-day processes from one place.

And because AeronaDental is continually developed and supported in-house, the system evolves alongside the changing needs of modern dental practices.

PUT YOUR PATIENTS AT THE CENTRE

Today's patients expect convenience, and AeronaDental's patient engagement tools help practices deliver it. The Patient Portal allows patients to book, reschedule or cancel appointments online, make payments towards treatment, access statements, complete forms and manage family members through Household Groups.

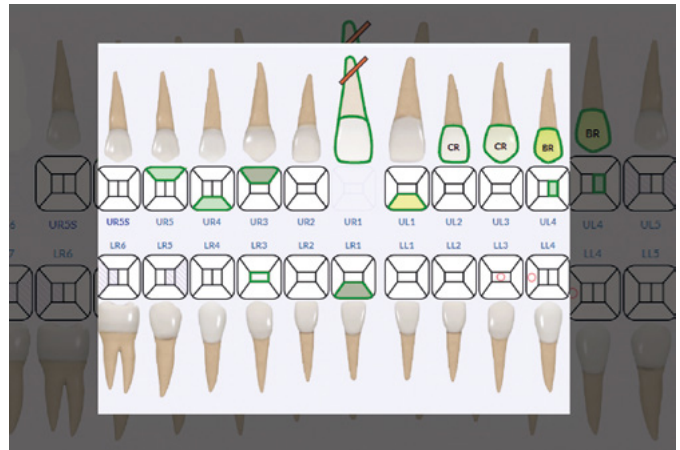
Once patients arrive at the practice, the Practice Portal provides another layer of convenience. Patients can update their medical history and electronically sign documents, helping reduce administration and unnecessary delays at reception.

From automatic appointment reminders and clinician/appointment recalls, to patient communications and online access, AeronaDental helps practices stay connected with patients throughout their journey.

AeronaDental also connects with the technology that practices already rely on, including a wide range of X-ray systems and financial and communication platforms. For clinicians, integration with Dental Audio Notes (DAN) provides AI-powered support for capturing clinical notes, helping make clinical documentation quicker and easier.

REAL PEOPLE. REAL SUPPORT

Technology is only part of the AeronaDental experience. Behind the software is a dedicated in-house team covering development, testing, onboarding, technical support,



customer care and sales. That means when a practice needs help, there are real people available who know the software and understand the challenges dental teams face.

Whether you're implementing AeronaDental for the first time, introducing new functionality or simply want to get more from your existing system, training and support are available throughout your journey.

It is this combination of technology and personal service that sits at the heart of AeronaDental: small enough to care, but big enough to grow with your practice.

BUILT FOR SCOTLAND

The Scottish launch brings AeronaDental's full range of functionality to a new market, alongside dedicated Scottish NHS functionality, developed and tested in-house to support the specific requirements of Scottish NHS dentistry.

And there is a distinctly Scottish connection behind the launch too. AeronaDental's team includes Scottish-born and Scottish-based members, with Kirsty in Fife and Dale, born and raised in Glasgow, helping bring the AeronaDental experience to practices across Scotland.

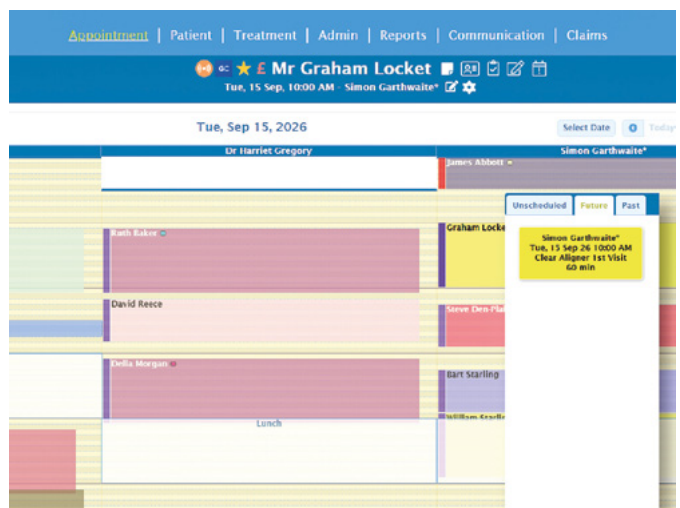
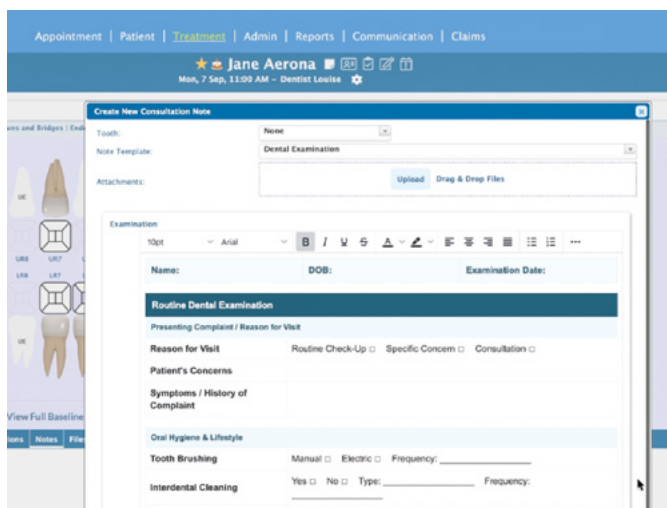
So, whether you are looking for a modern cloud-based DPMS, better ways to engage with your patients or simply more support from the people behind your software, AeronaDental is ready to talk.

From Fife and Glasgow to practices across Scotland: Aye, we're here!

Find out more: www.aerona.com

Tel: +44 (0)28 7000 2040

YouTube: [AeronaDentalCloudDPMS](https://www.youtube.com/AeronaDentalCloudDPMS)



Treatment plans can be accessed by dentists, staff and patients from any device and while on the move, left, while appointments can also be booked or rescheduled, right. AeronaDental's range of features allows clinicians to spend less time navigating software and more their core job of caring for patients

NOW LAUNCHING IN SCOTLAND



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LOCAL
SUPPORT



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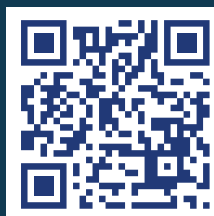
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Scotland & Ireland

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READY TO BUILD YOUR OWN PRACTICE?

Your complete guide to dental squats

For more than two decades, Performance Finance has partnered with UK dentists, helping to turn empty spaces into thriving, state-of-the-art surgeries. Being named Funder of the Year at the 2025 Dental Industry Awards reflects a deep commitment to supporting clinicians making their biggest career moves.

If you are thinking about launching your own surgery, our latest interview, Let's Talk New Start Dental Squats, is essential viewing. Performance Finance Account Managers Pete George and Susan Marshall sit down with industry expert, Andy Acton, Director of Frank Taylor & Associates. Taking the leap from associate to practice owner is one of the most rewarding shifts in dentistry. Building a squat gives you clinical and operational freedom but getting it off the ground requires a structured financial foundation.

Key topics covered within the interview:

- **Support beyond the chair:** Opening a squat is about far more than just fitting out surgeries. The team runs through the end-to-end process, from your initial business plan and financial modelling to CQC registration.
- **Realistic set-up budgets:** Get a clear, current picture of start-up costs and learn how tailored repayment structures can protect your cash flow in those crucial early months.
- **Specialist lenders vs high-street banks:** High-street lenders often struggle with a practice starting with zero patients. The panel explains why direct specialist funders look at your clinical expertise and projected goodwill rather than just day-one income.
- **What underwriters actually want to see:** Practical advice to make your application seamless, including how your clinical background strengthens your borrowing power and the key metrics underwriters focus on.



YOUR NEXT STEP TO OWNERSHIP

This conversation is just the starting point. To help you map out your journey with confidence, we have gathered essential start-up assets, planning guides and financial tools inside our New Start Dental Hub, hosted within the client area of the Performance Finance Website.

Scan the QR code in the advert below to access our funding hub and catch this unmissable conversation.

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The Dental Clinic Ayr



One of three surgeries at the clinic

WHAT A TRANSFORMATION

The Dental Clinic Ayr is a showcase for IWT Dental Supplies' expertise and exceptional service

Miller Road in Ayr is named after John Watson Miller, a master gunsmith who made his fortune in India catering to the demand for high-quality firearms among the British military and colonial elite. In 1852, on his return to Scotland, Miller purchased the barony of Montgomerieston, the site of an old Cromwellian Fort, and set about developing the area, including the building of a classic Victorian residential street that would take his name.

Number 13 Miller Road was one of several blonde sandstone fronted townhouses that were home to Ayr's merchant and professional classes. Throughout the mid-to-late 20th century, like many of its neighbours, number 13 transitioned from a private residence into an office and commercial space – and today it is home to The Dental Clinic Ayr, founded by Dr Ailey McAllister.

Somewhat rundown when Ailey took it over in October last year, today the building has been transformed – thanks to her building contractor partner, who undertook the physical renovation, and to IWT Dental Supplies Ltd., who provided surgery layout drawings and management support to the building contractor team. In addition, IWT Dental supplied three Siger U-500 ambidextrous dental chair packages and three Durr VSA single surgery suction motors. Also, a Durr Vista Pano – 2D – Digital OPT machine, a Durr Vista Scan, intraoral x-ray scanner with smart scan technology, an NSK iCare Hand



Dr Ailey McAllister
(second from left)
and her team

piece cleaner, Bien-Air dental hand pieces, two Mocom B Classic – 22 Sterilisers, a Mocom – D60 Tethys Range Washer, three Myray RXDC intraoral x-ray machines with wireless firing switches and a DenComp DC 4 dental compressor.

The clinic, born of Ailey's commitment to addressing the critical shortage of NHS dental services in South Ayrshire and aiming to provide high-quality care to a community facing long waiting lists, has three dentists, a dental therapist, a dental hygienist and support staff. It opened its doors in early February, with a visit from the local MP Elaine Stewart later that month to celebrate the launch. As well as being the home of first-class dental care, to patients the clinic's comforting interior feels like home; relaxing and stylish – but with a structural design that also pays tribute to its historic past.

ABOUT IWT

IWT Dental Supplies Ltd. delivers industry-leading solutions for dental practices of all sizes and at every stage of development.

We partner with you to optimise your practice, equipment and clinical workflows, so you can focus entirely on delivering exceptional patient care. From single-surgery installations to fully managed, end-to-end projects including building works, plumbing, electrical services, flooring, dental chairs and bespoke cabinetry, we collaborate closely with you and your team to understand your unique requirements and bring your vision to life.

Backed by long-standing relationships with the world's leading dental manufacturers and suppliers, and with deep expertise across the sector, we combine cutting-edge innovation with practical, reliable solutions tailored to any budget. Our experienced team provides expert guidance and outstanding service to ensure you receive the right equipment and support for your practice.

Our comprehensive offering spans IT infrastructure and networking, dental chair systems, imaging solutions and complete project management. This integrated approach, delivered by our dedicated team of specialist technicians, drives our exceptionally high client retention rate and continues to set the standard for excellence in dental practice development.

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MAXIMISING THE VALUE OF YOUR DENTAL PRACTICE

Why specialist marketing can help

Selling a dental practice is one of the most significant financial decisions a Principal will make. Getting the best possible outcome is not simply about finding a buyer; it is about reaching the right buyers, creating strong demand and giving your practice the opportunity to achieve its full market value.

This is where working with a specialist dental agent can make a real difference. A specialist agent has access to an established network of dentists, first-time buyers, expanding groups, corporate operators and investors who are actively looking for dental practices. Instead of relying on a limited pool of potential purchasers, your practice can be presented to a much broader and more relevant audience.

More exposure can mean more enquiries. More qualified enquiries can create greater buyer competition. And greater competition can strengthen your negotiating position.

A well-managed marketing campaign is

designed to showcase the commercial strengths of your practice; from its financial performance and patient base to its location, facilities, reputation and future growth opportunities. Presenting these attributes effectively can help prospective buyers understand not only what the practice is worth today, but also the potential it offers them in the future.

Importantly, specialist marketing can be carried out discreetly. Confidentiality is also often essential, and an experienced dental agent can target suitable purchasers without unnecessarily exposing the practice to the wider market.

Not only do you benefit from the knowledge of an agent to attract the right type of buyers but furthermore they would be qualifying buyers. Handling enquiries, arranging viewings and negotiating offers can save owners valuable time while helping maintain momentum throughout the transaction.



Martyn Bradshaw

Ultimately, the aim should be to create the strongest possible market for your practice before accepting an offer. A specialist dental agent brings sector expertise, targeted exposure and access to buyers that an owner may not reach independently.

If you are considering selling, obtaining specialist advice early can help you understand your practice's market position, identify opportunities to enhance its appeal and develop a marketing strategy designed to maximise buyer interest and potentially the value achieved on sale.

Martyn Bradshaw is a director and owner of PFM Dental. PFM Dental provides specialist advice to dentists: financial advice, practice sales and valuations, practice finance and accountancy. Contact PFM Dental Sales & Valuations to instruct your purchase valuation on 01904 670820 or email sales@pfmdental.co.uk

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



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A high proportion of our practices sell to priority buyers meaning the purchaser covers the agency fee.

PREPARING FOR THE BUDGET

The key is to know your own position first, so you can identify which announcements matter

With a new Prime Minister and Chancellor there is plenty of uncertainty around this year's Autumn Budget. John Healey's first Budget is due on 28 October, with the message being 'fiscal discipline' and stability for businesses and families. What that means in practice for dental practices is anyone's guess.

Holyrood sets income tax rates and bands on earnings, so the UK Budget will not change those directly. But National Insurance, dividend tax, Capital Gains Tax (CGT), pensions and Inheritance Tax all remain with Westminster, so for incorporated practice owners taking dividends, or anyone thinking of selling or passing on a practice, the UK Budget can matter as much as the Scottish one.

Frozen thresholds mean more income drifts into higher rates, and that's unlikely to reverse quickly. With limited room for manoeuvre, we would expect movement on reliefs, allowances and rates rather than wholesale reform.

Nothing is confirmed and speculation is rarely reliable.

Owners should do some scenario planning before the Budget. How are you taking income: through salary, dividends and pension contributions? What would a change in dividend or capital gains mean for your take-home pay or exit value? Knowing the potential impact in advance lets you make considered decisions when the detail lands.

Pressures differ for associates. You will feel fiscal drag directly, so set aside enough for tax through the year, keep records up to date and use available allowances, including pension contributions.

If you are within a few years of selling, retiring or bringing in a partner, it is worth starting that conversation now. Changes to CGT or related reliefs could have a significant impact on the value of your exit, particularly where a practice sale or transfer is already being considered.

Budget Day is not the end of the story. Many measures take effect the following



Image: Shutterstock/Andrzej Rostek

April, so there is usually time to act once the detail is clear. The key is to know your own position first, so you can identify which announcements matter, and which do not.

To understand what the Autumn Budget could mean for you or your practice, speak to our dental team at EQ.

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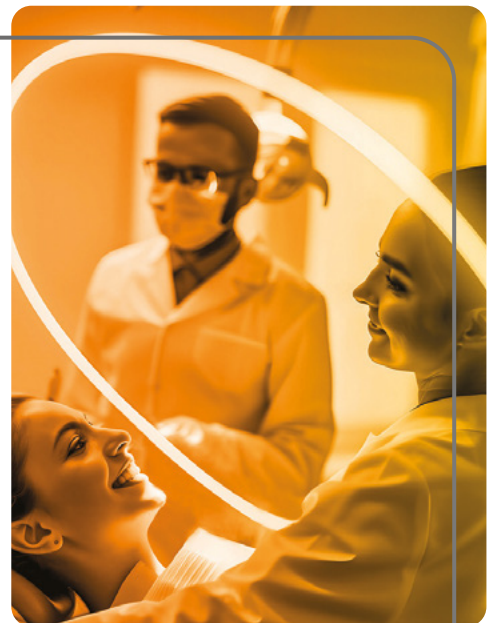
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BUILDING A MORE RESILIENT DENTAL PRACTICE IN UNCERTAIN ECONOMIC TIMES

Practice Plan's Regional Support Manager, Richard O'Brien, offers some valuable advice

There is no doubt we are living in challenging economic times. Rising costs and a high cost of living make for challenging conditions. Add in recruitment problems and owners could be forgiven for feeling hard done by. The importance of sustainability has arguably never been greater.

Fortunately, many practices are responding positively to this challenge. As I visit practices across Scotland, the ones showing greatest resilience are those that have chosen to focus on a few key things and doing them well. They're the ones who understand their numbers, invest in patient relationships and work hard to create teams that want to stay and grow with the business.

FOCUS ON WHAT YOU CAN CONTROL

There seems to have been a shift in the mindset of some Scottish practices away from growth for growth's sake towards achieving long-term sustainability. In some cases, they're reviewing their dependence on NHS income. Others are looking at creating a better balance between NHS and private care. Whatever route they choose, the common theme is a desire for greater control over the future direction of their practice.

One important characteristic shared by resilient businesses is a clear understanding of their financial position. They know where revenue is coming from, they review costs regularly and they have a realistic view of future income. They are also looking at ways to build more predictability into the business.

A trend I have seen over recent years is more practice owners placing greater value on recurring revenue rather than relying entirely on activity-driven income. Knowing that a proportion of their income is already accounted for each month can make planning easier and assist with decision-making. This stability allows them to invest in new equipment, improve facilities and support team development. In difficult times, having a clearer view of future income can be the difference between shelving plans and forging ahead with confidence.

PRACTICES THAT PROSPER KNOW THEIR PATIENTS

Rising costs affect more than just businesses. Patients also need to monitor their spending and cut back. However, trusted relationships

continue to matter. Patients may become more careful about how they spend their money, but they still value services delivered by people they know and trust. Many established practices have cared for the same families across multiple generations. That sort of trust takes years to build and can easily be overlooked when the focus is on attracting new patients.

While new patients are important and always welcome, resilience is more likely to be built through existing patients. Practices that retain patients successfully tend to have strong communication, effective recall systems and a consistent focus on delivering a positive experience. Although clinical excellence is needed, it's the smaller, more human details patients remember. A warm welcome, clear explanations and a genuine interest in their wellbeing all contribute to stronger relationships.

I am also seeing a trend towards prevention and maintaining oral health being given greater emphasis, which is an approach that benefits everyone. This produces better oral health outcomes for patients while practices enjoy more regular and meaningful contact with them. Although membership plans can support this, the broader principle is about helping patients see dentistry as an ongoing part of their health and wellbeing, not something they engage with only when they have a problem.

REMEMBER YOUR TEAM

Recruitment remains one of the biggest challenges for Scottish practice owners.



Richard O'Brien
Practice Plan
Regional Support
Manager

The same holds true for both urban and rural areas. Retention is also a problem as replacing experienced team members is expensive, disruptive and far from guaranteed in today's market. However, it's not always the practices paying the highest salaries who are successful at retaining staff. Those who have created cultures where people feel supported, valued and part of the bigger picture are the ones where staff are most likely to stay.

Practices where employees are given opportunities to develop their skills, and where they understand where the practice is heading and how they contribute to its success, create an incentive for staff to stick around. When times are tough, strong leadership and open communication help steady nerves and retain loyalty. The practices feeling most optimistic about the future often have one thing in common: engaged teams who understand the vision of the business and are invested in helping achieve it.

LOOKING AHEAD

The practices most likely to thrive over the next decade will be the ones focused on understanding their numbers, building loyal patient bases and creating workplaces where people want to stay and develop. These are not quick fixes, and they are unlikely to produce overnight results. However, what they do offer practice owners is confidence that whatever challenges lie ahead, their practice is built on solid ground.

Practice Plan has been welcoming practices into the family since 1995, helping them to grow profitable businesses through the introduction of practice-branded membership plans.

With over 300 years' dental experience in our field team, if you are looking for a provider that has that family feel but knows a thing or two about dentistry then you're in safe hands. Be Practice Plan and get in touch. Call 01691 684165 or visit www.practiceplan.co.uk/be-practice-plan



Image: Shutterstock/ Ivanko80

Richard O'Brien is a Practice Plan Regional Support Manager based in Scotland and has 20 years' experience in the dental industry. 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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PROTECTING YOUR PRACTICE AND YOUR FAMILY

Wills, Inheritance Tax planning and more

As a practice owner, your time is largely taken up by treating patients and the day-to-day demands of running, developing, and growing your practice. With such a busy schedule, sorting out your own personal affairs, and making sure they properly account for your business interests, often slips down the list. Yet putting these arrangements in place is one of the most valuable steps you can take to protect both your family and the practice you have worked so hard to build. There is no legal requirement to have a Will, a Power of Attorney or a Shareholders' Agreement. But dealing with all three seeks to reduce unnecessary stress further down the line. Here is why each one matters.

WILLS: DON'T ASSUME YOUR ESTATE PASSES AUTOMATICALLY

One of the most common and costly misconceptions is that your estate will simply pass to your spouse, civil partner or children automatically. It will not. Without a Will, no family member has any automatic power to deal with your personal or business assets on your death, a situation that can create real difficulties for both your loved ones and your dental practice at the worst possible time. A Will puts you/your family back in control. It is a testament made by you alone, and you can update it at any time as your circumstances change.

INHERITANCE TAX PLANNING: PROTECTING THE VALUE YOU HAVE BUILT

For a dental practice owner, a Will is not just about deciding who inherits, it is a key opportunity to plan for Inheritance Tax on both your personal and business assets. As part of the estate planning process, the Thorntons Dental Team can carry out a full review of your estimated Inheritance Tax position to establish what tax reliefs may be available against your personal and business assets on your death, and factor this into the shape of your Will. Getting this right can make a significant difference to what ultimately passes to your family and to the future of the practice. A discussion should also be had about who you would like to benefit from your personal and business assets (your beneficiaries) and who you wish to have authority to wind up your estate and deal with the necessary tax administration. Because your practice will likely grow more valuable over time, your Inheritance Tax



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Image: PeopleImages

exposure can change too, which is why these arrangements should be revisited regularly.

A SHAREHOLDERS' AGREEMENT: A FURTHER CONSIDERATION

Alongside your Will and Inheritance Tax planning, a Shareholders' Agreement is worth considering. It is a private contract that does not need to be publicly disclosed at Companies House, and while not strictly required by law, it can be invaluable in ensuring your practice continues to run smoothly if a shareholder can no longer participate in the company through death, incapacity or another reason. Unlike a Will, it is agreed between two or more shareholders and cannot be changed except with the agreement of all parties, providing a planned route for the shares to be transferred or sold to the intended recipient on the death of a shareholder.

POWER OF ATTORNEY: PLANNING FOR ILLNESS AND INCAPACITY

A shareholder could suffer a long-term illness or lose the capacity to be involved in the day-to-day running of the company. By making a power of attorney, you confirm who will act as your attorney (or attorneys) should you need assistance with your finances or, if you become seriously ill, making decisions about your welfare.

TREAT THESE AS LIVING DOCUMENTS

Think of your Will and Shareholders' Agreement as living documents rather than one-off tasks, they should be revisited

regularly and kept current as your dental practice grows and becomes more profitable. Arrangements that fit your situation today may no longer reflect the value of your practice, or your personal wishes, a few years down the line.

SUPPORT AT EVERY STAGE

At Thorntons, our dedicated Dental Team brings together specialists in both corporate governance and estate planning, so your business and personal affairs fit together seamlessly. That expertise is well recognised: in 2024, the Dental Team advised on more than £55 million of deals, and the firm is ranked in The Lawyer's Top 100 with a band ranking in Chambers & Partners. As one of Scotland's leading law firms, it has one of the largest and most recognised dental teams in the country, with offices across Scotland and specialist Partners who understand the dental market and its NHS regulations, payment structures and registration requirements. With more than 75 Partners across 14 specialisms, the firm can support you at every stage, from Wills, Powers of Attorney and estate and tax planning for you personally, to buying and selling a practice/premises, incorporation, shareholder agreements and employment law for your practice.

GET IN TOUCH

For advice on corporate and commercial matters such as Shareholders' Agreements, contact Michael Royden, Partner, on +44 1382 346222 or mroyden@thorntons-law.co.uk. For advice on your Will and estate and succession planning, contact Corah Franco, Partner, on +44 1382 346205 or cfranco@thorntons-law.co.uk.

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dental business

For the outcome you're looking for – whether that is buying or selling your practice, advice on associate agreements, partnership agreements and/or shareholder agreements or specialist immigration advice, to property matters, employment law and data protection - speak to our expert Dental Team for **specialist legal advice**.

MARKETING A DENTAL PRACTICE

Why confidentiality comes first

Once we have prepared a dental practice for sale, the next step is the marketing process. Often, one of the biggest concerns for sellers is confidentiality, as owners understandably want to ensure that staff, patients and competitors remain unaware of the sale until the appropriate time, so protecting that confidentiality is key throughout the process.

The marketing stage begins with the preparation of tailored sales materials. Because every practice is different, a bespoke brochure is created to showcase its strengths, opportunities and unique characteristics. Professional photography may also be arranged, typically outside normal business hours to minimise disruption and maintain confidentiality. Your broker will talk you

through the marketing options, but ultimately you decide whether an open- or closed-market approach best suits your objectives and circumstances.

- It is important to know that open-market marketing does not mean public marketing. The practice is not identified; its location remains deliberately broad and sensitive information is shared only with qualified, vetted purchasers who have demonstrated genuine interest.
- A closed process involves approaching a smaller, targeted group of potential purchasers, which limits the number of buyers introduced to the opportunity but gives the seller greater control over who receives information. The right choice depends on the practice and the seller's priorities.

Viewings are then arranged, generally outside business hours to avoid disruption or drawing attention to the sale.

When offers are received, we help the seller assess each proposal. Price matters, but funding, timescales, post-sale commitments, deal certainty and the buyer's plans for the practice can be just as important.

Ultimately, a carefully managed process allows owners to continue focusing on their patients and staff while the sale progresses discreetly in the background.



Joel Mannix
Director – Dental,
Christie & Co
E: joel.mannix@christie.com
T: 07764 241691

To find out more about the selling process, get in touch with Joel Mannix on joel.mannix@christie.com or 07764 241691

DENTAL MARKET REVIEW 2026

This year, we engaged directly with over 27,000 dental professionals across the UK, gathering real, on-the-ground insights that reflect the true pulse of the market.

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A FAIR DAY'S PAY? THE 2026/27 PICTURE

Finding the right balance between rewarding your team and maintaining a financially sustainable practice has rarely been straightforward. Our newly published Scottish Dental Sector Wages Survey 2026/27 gives Scottish practice owners valuable insight into what is happening across the profession.

Now in its fifth year, our annual Scottish Dental Sector Wages Survey has become a much-anticipated snapshot of what is happening across the profession, helping practice owners benchmark pay and understand the wider employment trends affecting their teams.

There is some encouraging news. The exceptional wage inflation of recent years appears to be moderating. An experienced GDC-registered nurse is now earning an average of £14.64 per hour, with senior nurses averaging £15.90. Annualised increases for registered nursing roles are now around

3.5–3.7%; considerably more settled than the double-digit rises previously experienced. Elsewhere, however, wages continue to move more strongly, particularly for practice managers.

The pressure on employers certainly has not disappeared; 8% of practice owners told us increases in the National Minimum Wage had created pressure on their wage structure, while an even more striking 88% highlighted the impact of increased Employer National Insurance.

Recruitment and retention also remain firmly on the agenda, with around 46% reporting difficulty recruiting or retaining



**46% REPORTED DIFFICULTY
RECRUITING OR RETAINING
DENTAL NURSES"**



Victoria Forbes
Director, Dental
Accountants
Scotland
E: victoria@
dentalaccountants
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dental nurses. Interestingly, flexible working is becoming increasingly important too, increasing from 26% of practices last year to 38% this year.

One other finding caught our attention: 53% of respondents did not consider their practice manager to be fulfilling a true management role, despite 68% having promoted their manager internally from the nursing team. This highlights a real opportunity around leadership, training and career development.

Our report is not intended to tell practices what they should pay. Instead, it provides meaningful benchmarks to help you make informed decisions for your own team.

Download the full Scottish Dental Sector Wages Survey 2026/27: scan the QR code (left) or visit dentalaccountantsscotland.co.uk/wages-2027 to download your free copy.

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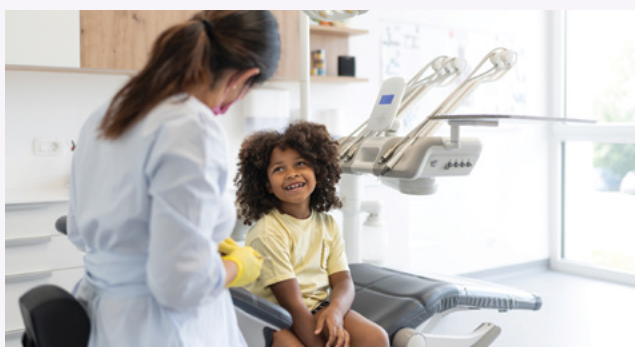
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NEW DRILL-FREE TREATMENT HELPS PATIENTS TO FEEL AT EASE

BUPA Dental Care has partnered with Swiss healthcare company vVARDIS – a specialist in the dental med-tech sector – to introduce Curodont® Repair across its UK practices, giving clinicians a drill-free option to treat the early stages of tooth decay. Designed to help patients save their natural tooth structure, the innovative treatment is clinically proven to stop and reverse early tooth decay without the need for a drill, helping clinicians intervene earlier and closing a treatment gap between prevention and invasive restorations.

Dental anxiety can affect all ages, with more than half (53%) reporting fear of visiting the dentist and 76%² of the UK having delayed or avoided dental appointments as a result. The fear can start early, with one in eight children under 10 (13%) saying they feel anxious about visiting the dentist, while among those who are nervous, the biggest concerns are the feel of dental equipment (52%) and loud noises (46%).

Despite being largely preventable, tooth decay remains the world's most common disease, with around 2.5 billion people living with untreated cavities each year³. In England, it is also one of the leading causes of hospital admissions among young children⁴, yet research shows that when caught early, more than 90% of tooth decay in children and adolescents can be stabilised or improved. Early intervention matters for oral health and overall wellbeing, as poor oral health has been linked to heart disease, diabetes and other chronic conditions.



Neil Sikka, Director of Dentistry, Bupa Dental Care, said: "By introducing Curodont® Repair for our patients and dental insurance customers, we're giving clinicians more options to treat early tooth decay before a filling is needed, helping preserve healthy tooth structure while providing greater choice for patients. Treatments like this can help people feel more at ease in the dental chair and support better oral health habits over the long term."

¹ www.dentalphobia.co.uk/

² Research conducted by Censuswide among 2,000 adults in the UK. The data was collected between 15 May 2024 and 18 May 2024.

³ World Health Organization, *Sugars and Dental Caries* WHO Fact Sheet, 2023. Available at: www.who.int/news-room/fact-sheets/detail/sugars-and-dental-caries

⁴ UK Health Security Agency, *Hospital tooth extractions in 0 to 19 year olds*, 2025 (published 17 February 2026).



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- Server based networks
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Stern Weber Dental Chair Package to Include

- Turbine with Fibre Optic
 - Scaler
- Electric Micro Motor
 - LED OP Light
- LCD Touch chair control panel
- Built in Suction Tube Cleaning System
- Built in Instrument Tube Cleaning System
- Includes required Durr wet line valves



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

Alastair Fraser, Principal Dentist, Greygables Dental



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