

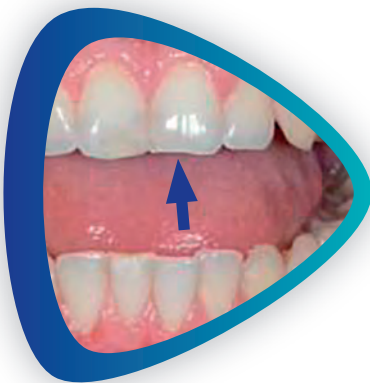
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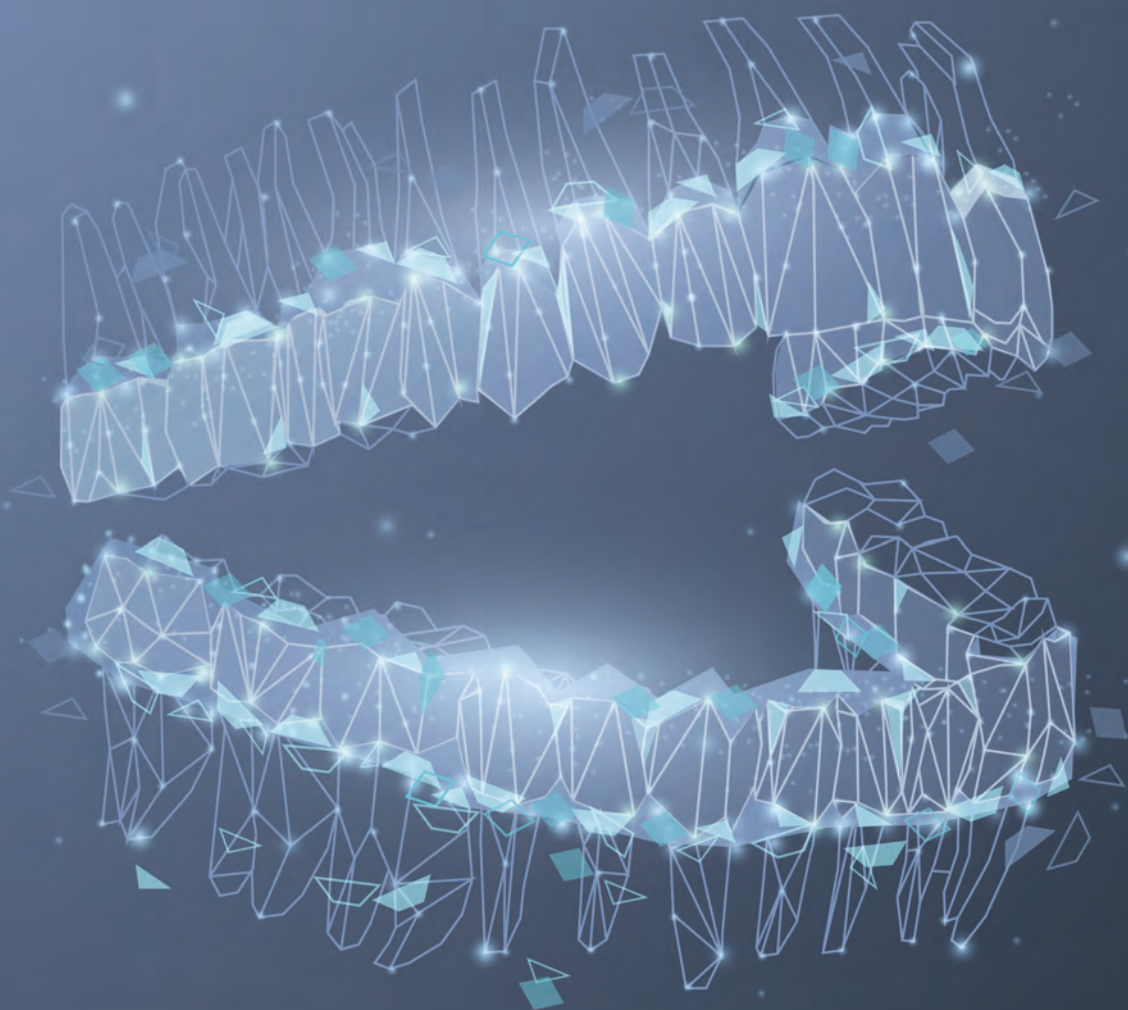
1. Recession, dentine hypersensitivity, tooth wear periodontal health and associated risk factors: an observational, cross sectional multi-centre epidemiological study in 7 European countries, December 2023

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Dentistry

DENTIST STRUCK OFF FOR FORGING PATIENT COMPLAINTS

A dentist has been erased from the GDC register for submitting fake patient complaints as part of fitness to practise referrals against two other dental professionals.

The dentist admitted to submitting four documents to the GDC in total, claiming they were complaints against colleagues made by patients.

The regulator called this 'misleading' and 'dishonest' as the dentist was 'falsely representing the document as being a complaint from a patient, when it was not'.

The dentist was suspended and removed from the GDC register as a result. A handwriting expert was also consulted to verify that the registrant had written the letters of complaint.

During a fitness to practise hearing, the dentist said their actions were due to 'unresolved interpersonal tensions and a sense of frustration, which I allowed to cloud my professional judgement'.

They also expressed remorse, saying they had 'learned that personal conflict should never interfere with ethical responsibilities'.

They added that the proceedings had 'reinforced my appreciation of the responsibilities we carry not only towards patients but toward one another as colleagues'.

The Professional Conduct Committee concluded: 'Your deliberately dishonest conduct placed colleagues at serious risk of harm, and you continue to pose a serious risk to colleagues and the public.'

Blue on blue referrals

In May, the GDC released statistics showing that fitness to practise referrals increased by 8% between 2023 and 2024.

While the largest amount of concerns were raised by the public (61%), reports from other members of the dental profession have consistently increased year on year.

In 2024, these 'blue on blue' reports accounted for 9% of referrals, up from 8% in 2023 and 6% in 2022.

Professionals in London and the south east of England were most likely to have fitness to practise concerns raised against them.

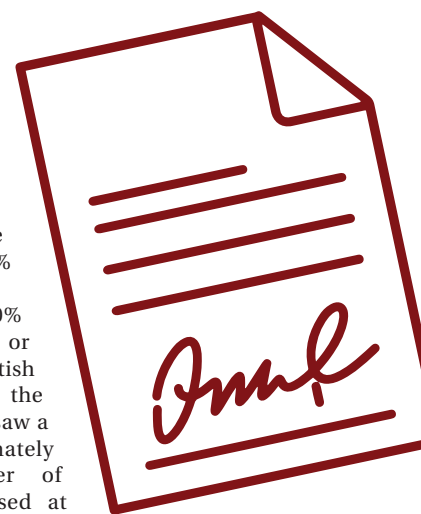
While making up only 14% of the register, they were the subject of 22% of concerns.

The 30% of Asian or Asian British dentists on the register also saw a disproportionately high number of concerns raised at 34%.

Younger dental professionals were found to be less likely to have concerns raised against them.

One in five (21%) FtP concerns were raised against dentists aged 51 to 60.

Theresa Thorp, executive director of regulation at the GDC, said: 'We're focused on using this data to help us identify any issues of discrimination, bias or racism in the reporting or referral of concerns to us'.



Latest NHS dental stats revealed

The latest NHS dental statistics show that 1.3 million more courses of treatment were delivered in England this year – but this is still 10% down on averages before the pandemic.

Published on 28 August, the NHS dental statistics 2024/25 provides details of dental activity and dental workforce data for NHS dental treatment in England.

There were 35 million courses of treatment (COTs) delivered, 4% more than 2023/24. In 2024/25, COTs for adult patients increased by 2% to 23 million, and by 7% for child patients to 12 million. More than 60% of the total COTs delivered were for band 1 treatments, and 10% were for urgent treatments.

There were also 73 million units of dental activity (UDAs) delivered, a less than 1%

increase since 2023/24. Band 1 was also the largest treatment band by UDAs, with 29% of the total UDAs for 2024/25.

There were 18 million adult patients seen in the 24 months to 31 March 2025. In the 12 months to 31 March 2025, there were 6.9 million child patients seen.

This was 40% of the national mid-year adult population for England in 2024, and 57% of the mid-year population for children.

There were 24,543 dentists in England with NHS activity – marking a 1.4% increase compared to 2023/24.

The number of dentists per 100,000 population in England was 42 in 2024/25, the same as 2023/24. However, the number of dentists per 100,000 population varies across

England by Integrated Care Board.

According to the British Dental Council (BDA), the new data 'underlines the need for urgency and ambition to fix NHS dentistry'.

The professional body states that despite an increase in last year's NHS dental treatment delivery, it still marks a 10% drop on the averages from prior to lockdown (a 39.6 million average from 2016/17-2018/19).

BDA chair Eddie Crouch said: 'Half a decade on from lockdown and NHS dentistry has not bounced back.'

'It's a stark reminder that warm words and unambitious plans won't restore care to millions. The answer remains real reform wedded to fair funding.'



“

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Kunal Patel

Principal General & Cosmetic Dentist – Love Teeth Dental

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Vol 32 No 8, September 2025
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Dentistry magazine's unparalleled coverage of current affairs, new developments and the latest thinking keeps the dental sector on top of the issues that matter. For further information and to get in touch, email guy.hiscott@fmc.co.uk.

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53,090

(Jan 2023 - Dec 2023)

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Saying goodbye



Guy Hiscott
Editor's view

There is something missing at the heart of this issue of *Dentistry*.

We're not alone in that, of course: our loss is the same thing that the profession is missing too.

The passing of our dear friend Kevin Lewis over the summer leaves a void that will echo for a long time.

I'm not laying sole claim to Kevin's

friendship, support or benefaction. It would be presumptuous, ridiculous even, to try to do so.

Yes, as our consultant editor – and so much more – Kevin was an integral part of *Dentistry* for the best part of 20 years, but it would be nigh-on impossible to find a part of our dental community that he hadn't touched during that time (or during his illustrious career before joining our team).

So when I share my recollection of Kevin, it's to give you a glimpse behind the scenes of our time with him – of how his wisdom and unparalleled skill with the written word unfolded for those of us who were lucky enough to help him share that gift with the wider world.

You see, there was an easy way to spot when Kevin had filed his latest column.

In the earlier days of his tenure, when our editorial team all still shared the same working space, the telltale signs were the stifled giggles coming from whoever won the race to prepare his article for publication.

Typically, these would be swiftly followed by a pithy quote (or several), read out loud to the team. As journalists; as fans of clever writing, you could hear the appreciation for his work dripping off every word.

As we progressed to my hybrid ways of working, the laughs were harder to hear through email threads and messaging – but the sharing of our favourite parts only increased.

For us, as I think was the case for many readers, each new piece from Kevin was an event. Another intricate masterwork, waiting to be held up to the light and its sheer craftsmanship marvelled at.

He became our watercooler moment on hectic press weeks: always a highlight among the focused stress of putting out the next issue, especially when that happened on a fortnightly basis.

The true highlight, of course, was Kevin himself.

The scramble to send him a proof, or confirm that his article had arrived safely, was a real thing – because that meant the person got to say hello to him, to celebrate another message signed off with whatever term of endearment he reserved for you.

And there's the truth of who we've lost. Kevin's passing leaves such a hole in the profession because he gave so much of himself to so many people.

Much has been written, and rightly so, of his wisdom and his skill with words – but the reason that wisdom resonated in so many places was because the person delivering it was one of a kind.

Good night Kevin. You are missed.

Registered dental therapists increase by 52% in two years

The number of dental care professionals (DCPs) on the UK register has expanded to its largest size in recent years – but one role has seen a consistent drop since 2023.

Following the annual renewal period, more than 80,650 DCPs are now registered across the UK – marking a rise of 4,764 professionals (6.26%) compared to the equivalent figure for 2024.

Dental nurses remain by far the largest group, increasing from 59,238 in 2023 to 65,797 in 2025, a rise of more than 6,500 in just two years.

The number of registered dental therapists has also increased, rising by almost 2,000 since 2023 – a significant 52% increase.

Dental technicians are the only role where numbers have declined, dropping from 5,023 in 2023 to 4,895 in 2025.

Clinical dental technicians, however, have

seen modest growth from 404 in 2023 to 439 in 2025.

This year, 3,312 DCPs did not renew their registration, equivalent to 4.1% of those who had renewed their registration by 31 July. This compares to an average of 5.5% over the previous four years.

Statistics show that the total number of professional titles removed was slightly higher than last year at 3,455, compared to 3,381 in 2024.

The GDC report reads: 'While the register is constantly changing, what we invariably see (for both the dentist and DCP registers) is that over the course of the year, the number of registered professionals increases due to new registrations, and then reduces following the renewal period as professionals leave the register for a range of reasons.'

Kevin Lewis

1949-2025



“

For nearly two decades, these pages belonged to Kevin, where he graced every issue with insight, wisdom and humour. We leave his final column unfilled in tribute to a voice that cannot be replaced.



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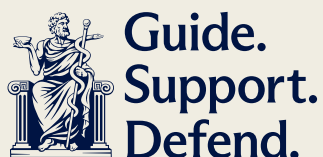
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Government to crack down on 'cosmetic cowboys'

Practitioners delivering low risk cosmetic treatments including Botox, lip fillers and facial dermal filler will now be subject to rigorous safety, training and insurance standards. This will be enforced with a new licensing system managed by local authorities.

Harsher measures will also be introduced for higher-risk procedures such as non-surgical Brazilian butt lifts. These must now be performed by qualified healthcare professionals only through a CQC-registered provider.

The government said these changes were prompted by a series of incidents involving high-risk treatments being delivered by people with little or no medical training. Patients were left with serious complications, permanent scarring and even death.

Concern was also expressed over the 'unsafe' locations in which treatment was provided – including homes, hotels, and pop-up clinics.

Minister of state for health Karin Smyth said: 'The cosmetics industry has been plagued by a wild west of dodgy practitioners and procedures. There are countless

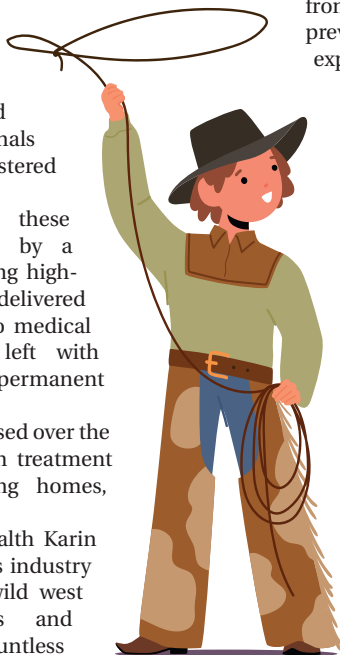
horror stories of cosmetic cowboys causing serious, catastrophic damage.

'This government is taking action to protect those seeking treatments, support honest and competent practitioners, and root out the cowboys as part of our Plan for Change.

'This isn't about stopping anyone from getting treatments – it's about preventing rogue operators from exploiting people at the expense of their safety and keeping people safe. We're giving them peace of mind and reducing the cost to the NHS of fixing botched procedures.'

A public consultation will begin in early 2026 to determine which procedures will be covered by new restrictions. In the meantime, higher-risk procedures will be prioritised for implementation.

Millie Kendall, chief executive officer of the British Beauty Council, said: 'The council has worked tirelessly in pushing for increased regulation of the aesthetics sector since its inception. I therefore fully welcome the government's announcement that it is pushing forward with legislation.'



Pay award confirmed for NHS GPs in Scotland

The Scottish Government accepted the 4% recommendation made by the 53rd Report of the Review Body on Doctors' and Dentists' Remuneration (DDRB) in May.

Speaking at the time, health secretary Wes Streeting said: 'These are thoroughly deserved pay rises for all our hard-working nurses, doctors and other NHS staff. We inherited a broken health service with extremely low morale after years of pay erosion and poor industrial relations.'

As in previous years, the increase on pay will apply to gross item of service fees and capitation payments. The pay award will be implemented from 1 November 2025 and backdated to 1 April 2025.

The pay award will be included in the October-paid November 2025 schedule for claims with an acceptance date on or after 1 November 2025.

Backdated payments will be included in the November-paid December 2025 schedule for claims with an acceptance date from 1 April 2025 to 31 October 2025.

Increased staffing costs

The British Dental Association (BDA) believes the award does not go far enough. It called for the Scottish Government to apply the pay uplift to the full package of remuneration in the Statement of Dental Remuneration (SDR) – but this was not implemented.

It stated: 'Of particular concern for the current financial year is the impact of measures in the UK Autumn Budget to increase the national minimum wage and employer national insurance contributions. We asked for full mitigation of the increase in employer's national insurance contributions.'

The BDA supported the DDRB position, which stated: 'Primary care will also be facing an increase in staffing costs from the increase in employer's National Insurance contributions and increases to the National Living Wage. These should be reflected in the uplift to the staffing costs component of primary care contracts.'

NEWS IN BRIEF

'Smile makeover' web searches up by half

Searches for the term increased by 48% across the UK between 2022 and 2024, according to new analysis.



Parents banking milk teeth

Companies charging thousands of pounds to bank stem cells from children's milk teeth have been accused of making 'unproven and potentially misleading' claims.



Toothpaste made from hair could repair teeth

Researchers found that keratin – a protein found in hair, skin and wool – can repair tooth enamel and stop early stages of decay.



Teens with tooth loss more likely to be bullied

Adolescents who are missing teeth due to decay or trauma are more frequently bullied, new research has found.



Tiny robots used to treat sensitive teeth

Magnetic nanobots – microscopic robots that penetrate deep into the dentinal tubules – have been designed to combat tooth sensitivity.



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Manufacturers forced to reduce sugar and salt in baby food

The government has published new guidelines for commercial baby foods, along with clearer labelling to help parents make informed decisions.

Businesses will be challenged to change the recipes for their products to reduce levels of salt and sugar, without the use of sweeteners – as these are not permitted for use in commercial baby food. Clearer labelling guidelines will be introduced to help parents understand more easily what food they are buying for their children.

Baby food manufacturers will be given 18 months to reduce sugar and salt levels in baby foods aimed at children up to 36 months old.

The British Dental Association (BDA) said while the guidelines are progress, they do not go far enough in encouraging manufacturers to change sugar levels.

The professional body recently undertook the largest market scan of baby food pouches, analysing 209 products. They found that one quarter contained more sugar by volume than Coca Cola. The BDA pointed to the effectiveness of the sugar tax, which has changed the landscape of soft drinks – reducing their sugar levels by 46% since its launch in 2018.



BDA chair Eddie Crouch said: 'There's progress here but the industry will continue to play fast and loose with voluntary guidelines.'

'It's not enough to challenge manufacturers to reduce sugar levels, we need to force their hand. Ministers can help prevent tooth decay and obesity among our children, but they have to go further and faster.'

Public health minister Ashley Dalton said: 'Every child deserves a healthy, happy start to life. But babies' development is being harmed by poor diets and unhealthy food, holding them back and piling up pressure on the NHS.'

'Too often, parents are bombarded with confusing labels, disguising unhealthy foods packed with hidden sugars and salt.'

'Our Plan for Change will tackle this, giving parents the information they need and providing children with good nutritious food.'

'I'm determined to make it far easier for parents to keep their children healthy. From working with influencers to get children exercising, to banning junk food ads near schools – our 10 Year Health Plan will help kids today be part of the healthiest generation of children ever.'

GDC appoints new council members

Following an open and competitive recruitment process, Bill Gunnyeon and Mike Driver have been appointed as lay council members, both commencing four-year terms.

Bill Gunnyeon brings extensive healthcare regulation and governance experience. An experienced non-executive director, his previous roles have included president of the Faculty of Occupational Medicine, lay governor at Glasgow Caledonian University, chair of the Board of Trustees of the Institution of Occupational Safety and Health, and most recently, chair of the General Osteopathic Council.

A medicine graduate from the University of Dundee who specialised in occupational health, as chief medical adviser and chief scientist at the Department for Work and Pensions he led the development and implementation of the UK government's health and work strategy. Awarded a CBE in 2009, Bill holds fellowships of multiple Royal Colleges.

Mike Driver brings extensive experience in government finance and senior leadership. His civil service career started at the Department of Health and Social Security, before progressing through operational delivery, regional management, and policy roles.

As head of the Government Finance Function (GFF) at HM Treasury, he focused on strengthening its role across government. From August 2020, he spent six months as the interim permanent secretary at the Ministry of Justice, before his appointment as the senior responsible officer for the Borders and Managed Quarantine Programme at the Department of Health and Social Care.

A chartered public finance accountant and former president of CIPFA, Mike was made a Companion of the Order of the Bath (CB) in 2018.



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Ban on energy drinks for under 16s welcomed by dentists

The Department of Health and Social Care (DHSC) has announced proposals to ban the sale of high-caffeine (>150mg) energy drinks to children under 16. This includes online and in shops, restaurants, cafes and vending machines. The proposals would not affect lower-caffeine soft drinks or tea and coffee.

Part of its Plan for Change, the government said this proposal is based on evidence of the drinks' negative impacts on physical and mental health, sleep quality, and educational outcomes. It suggested the ban could 'prevent obesity in up to 40,000 children and deliver health benefits worth tens of millions of pounds'.

Launched on 2 September, a consultation on the proposal will run for 12 weeks to gather opinions from health experts, educators, retailers, manufacturers, local authorities and the public.

'The equivalent of a double espresso'

Health and social care secretary Wes Streeting said: 'How can we expect children to do well at school if they have the equivalent of a double espresso in their system on a daily basis? Energy drinks might seem harmless, but the sleep, concentration and wellbeing of today's kids are all being impacted, while high-sugar versions damage their teeth and contribute to obesity.'

'As part of our Plan for Change and shift from treatment to prevention, we're acting on the concerns of parents and teachers and tackling the root causes of poor health and educational attainment head on. By preventing shops from selling these drinks to kids, we're helping build the foundations for healthier and happier generations to come.'

DHSC figures show that 100,000 children consume at least one high-caffeine energy drink every day. One third of children aged 13 to 16 years and nearly a quarter of children aged 11 to 12 years consume one or more of these drinks each week.

'No place on the menu for children'

The British Dental Association (BDA) said the ban could have a significant positive impact on children's oral health. This is because energy drinks are often high in sugar, with even sugar-free versions typically highly acidic.

BDA chair Eddie Crouch said: 'Products that are habit forming, highly acidic and can contain over 20 teaspoons of sugar have no place on the menu for children. Our kids are growing up in a toxic food environment, and this boldness needs to be applied across the piece.'

The association said the government needed to go 'further and faster to tackle the catastrophic impact of unhealthy food and drink on children's health'. For example, through stricter manufacturing guidelines and expansion of the sugar levy.

Nyree Whitley, chief clinical officer at Mydentist, said: 'Most people are aware of the

links between sugary drinks and tooth decay, but few realise that sugar-free fizzy drinks come with their own dental risks too. In any food or drink it's not just sugar content people need to be aware of – they also need to watch out for acidity levels too.

'Food and drinks with high acidity increase the chances of tooth erosion, stripping away tooth enamel and exposing the soft and sensitive inside of the tooth.

'Tooth erosion leads to increased sensitivity, discolouration, and weakness which can result in teeth being more prone to cracks and chips. And it can't be reversed – once a tooth loses its enamel it's gone forever.

'Because energy drinks contain high levels of caffeine, you may also experience a dry mouth – this is because saliva naturally helps to neutralise acids and protect your teeth, but caffeine can impact your saliva production. Over time, this could cause cavities and other oral health issues. Similarly, if you experience tooth grinding, you may find that caffeine triggers it and this could cause tooth damage.'



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Hope still shines dimly

Nigel Jones is optimistic for the future of NHS dentistry



I recently heard a description of the recent 10-Year Health Plan for the NHS as being 'not a plan but a manifesto'. That seems about right to me given the definition of a manifesto is 'a public declaration of policy and aims', and the definition of a plan is 'a detailed proposal for doing or achieving something'.

Given the enormity of the challenge facing the NHS, a manifesto is the best we could have hoped for, so the observation is not necessarily a criticism. To be fair, the commitment to introducing short-term changes to the contract was fairly quickly delivered upon with the publication of the consultation which contained some fairly granular detail.

However, the proposals are just one small step on the journey to the fundamental contract



reform we've been promised, and we are waiting with bated breath to see how the negotiations, due to start later this year as signposted in the 10-Year Health Plan, will unfold.

In common with many, I've been waiting for fundamental reform of the dental contract for many, many years so it's easy to forgive the cynics who will 'believe it when they see it'. That being said, I have to admit to being impressed with the performance of the minister for care, Stephen Kinnock, at the recent Health and Social Care Committee update on NHS dentistry.

As has seemed to be the trend in the various

reviews into NHS dentistry we've seen this year, there were significantly more nods towards the reality of the situation and less of the bluff and bluster of past hearings. At the risk of being accused of being naïve, such acknowledgements have given me hope that there is a real understanding that making the best use of the financial envelope for NHS dentistry will require difficult decisions and clear priorities.

As Stephen Kinnock put it, we will 'have to cut our cloth accordingly' so maybe we are on the verge of salvaging an NHS dental service better able to reduce oral health inequality.

Back to basics

Iain Stevenson shares top tips for protecting your income and creating resilience



In the fast-paced world of dentistry, it's easy to get swept up in new technologies, clinical techniques or plans to grow your practice. But when it comes to financial planning, it's often the basics that matter most and are easiest to overlook. Getting the fundamentals right can lay the groundwork for a more secure personal and professional future.

ease the pressure when the unexpected happens.

Retirement planning is another key building block. It may seem a long way off, but starting early allows you to benefit from the power of compound growth. Make use of tax-efficient pensions and investment accounts aligned to your goals, to help you to retire on your terms when the time is right.

Protecting your income and your practice

One area dentists often underestimate is income protection. If illness or injury stops you from

working, your earnings could quickly disappear, especially if you're self-employed. Income protection insurance provides a monthly benefit to keep your finances afloat.

For practice owners, locum cover is equally important. It covers the cost of hiring a replacement dentist to keep your business running smoothly while you recover. This means patient care continues, income stays stable, and your reputation remains intact.

It's also worth highlighting the locum clause in your associate contracts. Legal cases over the years have raised questions around non-delegable duty of care, particularly when clinical issues arise under associate-led treatment. For associates, this clause can also be relevant when proving self-employed status for tax purposes. Clarifying who covers the cost of a locum in the event of absence is therefore especially important.

Take control, stay on course

Financial planning doesn't have to be complex. By focusing on the basics – including budgeting, saving, investing, and protecting your income – you create resilience. And with locum cover in place, you gain extra peace of mind.

Get the basics right, and you'll spend less time worrying about money and more time doing what you do best – caring for your patients. **D**

Start with the essentials

Begin by understanding your cash flow. Track income and expenses closely to spot trends, identify unnecessary spending, and work out what you can realistically save or invest. From there, set clear financial goals, whether that's paying off student loans, buying a home or expanding your practice, so you have a direction and a plan.

Next, build an emergency fund. Unforeseen costs are part and parcel of life and running a business. Having a buffer of three to six months' worth of personal and practice expenses can



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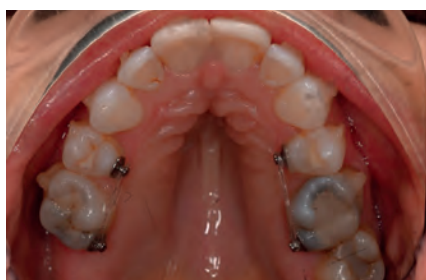
Dr Thomas Hughes

ClearCorrect Clinical Case of The Year 2025



When my 38-year-old patient first came to see me, her confidence was at an all-time low. Years of failed orthodontics had left her with a 12mm overjet, a collapsed arch, and a smile she was too embarrassed to show. She wanted change - but she didn't want braces again.

Using ClearPilot, ClearCorrect's treatment planning software, I mapped out a treatment plan to expand the upper arch, reduce the overjet, and align the rotated premolars and molars. To ensure predictability, I incorporated auxiliaries and sequenced tooth movements at a controlled pace. Importantly, I opted for the **ClearCorrect UNLIMITED** option, which gave me the freedom to refine the case if needed. Having direct access to ClearCorrect's clinical advisors throughout planning and refinements provided invaluable mentorship and reassurance.



She asked for something discreet, comfortable, and reliable. She wanted to believe in her smile again.

From the outset, I knew this was not a straightforward case. With a class II skeletal base, arch collapse, and significant tooth rotations, treatment required careful planning. I chose **ClearCorrect aligners** because they offered the discretion she wanted, while also giving me the flexibility and clinical control I needed to manage complex movements.

Over time, the aligners delivered a transformation that went beyond straight teeth. We achieved a broader smile, improved symmetry, and a significant reduction in her overjet—all while maintaining periodontal health and patient comfort.

For her, ClearCorrect meant freedom: she could eat, smile, and live without the burden of braces. For me, it proved just how powerful aligners can be - even in complex cases - when combined with the right digital tools and support.

The final stage included whitening and digital veneers to complete her restorative journey. Seeing her leave the practice not only transformed but finally proud of her smile was one of the most rewarding outcomes of my career.

ClearCorrect gave me the tools to deliver more than an orthodontic result - it gave my patient her confidence back.

[Read the detailed clinical case study by scanning the QR code below:](#)

SCAN ME



Dr Thomas Hughes
ClearCorrect Clinical
Case of The Year 2025



Kevin Lewis (1949-2025): dentistry's voice of reason

Kevin Lewis, one of the most important voices in UK dentistry, has died at the age of 76

From general practice to dentolegal leadership, and a later role as beloved ambassador and commentator, Kevin Lewis helped the dental profession navigate a changing landscape for more than 50 years.

His work, marked as much by reinvention as by his trademark combination of insight and warmth, touched the lives of thousands of dental professionals.

Kevin qualified in 1971, spending two decades in general practice before taking an additional role at Dental Protection that bloomed from dentolegal adviser to dental director over 27 years. Not to be tempted with a quiet life, after stepping down in 2016, he played a pivotal role in building the College of General Dentistry, holding titles from trustee to ambassador but always remaining at the heart of an organisation of which he was fiercely proud.

Just a few years later, in 2019, he took those years of knowledge to the British Dental Association as a special consultant to its BDA Indemnity product.

Kevin Lewis: insight and humour

Kevin took up the role of consultant editor of *Dentistry* in 2006, leaving his associate editorship of *Dental Practice* to bring his insight and commentary to an even larger audience.

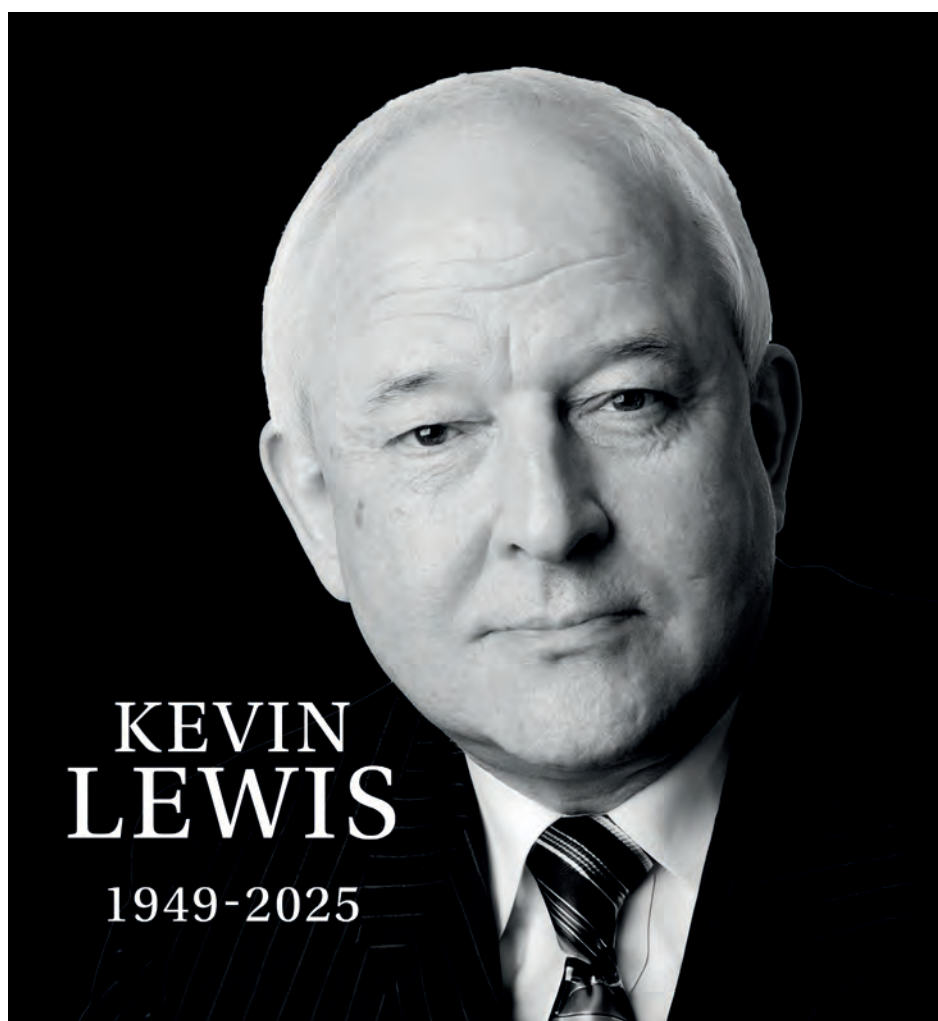
From the very first issue, Kevin Lewis' leader in *Dentistry* cemented his status as the most insightful voice on the state of dentistry in the UK. Over almost 20 years, despite other roles that took him across the world even during periods of major global disruption – not to mention his own ill health – he never missed an issue.

He was a prolific and talented writer, dissecting the status quo with startling clarity and irrepressible humour. This combination was classically Kevin: anyone who knew him could picture the twinkle in his eye as he delivered yet another paragraph that was as bang on the mark as it was hysterically funny.

And yet his command of the written word paled in comparison to the impression he left in person – where his incisive wit and infectious smile took his lectures to another level. No surprise that he remained in demand on the podium for his entire career.

This was all paired with a power of recall that verged on uncanny, for anything from the fine print of a policy document to the detail of conversations from years past.

It needed to be. To meet Kevin was to remember him: his generosity with his time and wisdom left



everyone who spoke to him with an impression that refused to fade, and saw many a conversation at dental events start with 'you probably don't remember me Kevin, but we met...'

Invariably, Kevin would remember them. That was simply who he was.

A champion of dentistry

He was a stalwart champion of ethical and professional standards, taking aim at any practice he deemed less than ethical, but never failed to champion the work of the dental profession he loved – and that loved him back.

If any life can be measured by the accolades it received, then Kevin's long list of titles is proof of how beloved he was by his community.

An honorary member of the dental associations of Britain, Ireland and New Zealand, as well as the British Society for Restorative Dentistry, he was voted into the Dentistry Top 50 every year since its inception – and recognised as the most influential person in dentistry by his peers four consecutive times in its 20-year publication.

In June 2025, he was awarded the College Medal by the College of General Dentistry – the college's highest accolade – in recognition of a life spent in service to the profession.

Kevin Lewis passed away peacefully on 30 July 2025, surrounded by his family.

He leaves behind an indelible example of what it is to be a dental professional – passionate, exacting, but above all, human. **D**

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Supporting leadership, culture and sustainability

A new partnership between **Dentistry** and **Go Practice Green** and **Great Boss Academy** will offer practical tools for owners and managers

Dentistry is delighted to announce a new partnership with Go Practice Green and Great Boss Academy. It will offer practical tools to dental leaders to build well-led, high-performing practices where people thrive, patients stay, and sustainability becomes part of the culture.

Led by experienced coach and CSR advocate Mark Topley, the partnership brings together two powerful platforms. This includes Go Practice Green, the UK's leading dental sustainability initiative, and Great Boss Academy, a leadership and culture programme tailored specifically for dental practice owners and managers.

Together, they offer a joined-up approach to three of the profession's biggest challenges: recruitment, retention, and regulation.

Guy Hiscott, content director at FMC, said: 'Being a well-led practice today means more than just ticking compliance boxes. It's about team culture, clear leadership, and standing for something your team can believe in. This partnership brings real-world tools and guidance to help practices lead better, keep their best people, and meet the evolving expectations of the CQC and other regulators. We're excited to be working with Mark and his team to deliver that.'

As part of the collaboration, **Dentistry**, **Dentistry Compliance**, and **Dentistry CPD** audiences will gain access to:

- Leadership and culture training through Great-Boss.com
- Sustainability audits, templates, and CPD through GoPracticeGreen.com
- Exclusive discounts on accredited programmes and on-demand learning
- Insights to help practice leaders build resilient teams and future-proof their business.

'Through this partnership we're making it easier for leaders to take action'

Lead with purpose

Dr Pat Langley is clinical director at FMC and Dentistry Compliance. She said: 'The CQC wants to know if a practice is providing care that is safe and effective, that the practice team is responsive and caring and that the practice is well-led.'

'Of these five key questions, the one that causes most confusion is "well-led". This might explain why it is an area often found lacking at a CQC inspection. Our collaboration with Mark and his team brings a great opportunity for dental practice leaders to gain a much better understanding of what "well-led" means and why it is such a pivotal part of having a successful practice.'

Mark Topley added: 'Recruitment, retention, culture, compliance, sustainability – they're not separate challenges. They're all signs of whether a practice is well-led. Through this partnership, we're making it easier for leaders to take action – to fix what's not working, strengthen what is, and lead with purpose and clarity.'

'Whether it's your team, your systems, or your sustainability, we're here to help you build a practice people want to be part of.' **D**



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References: 1. PRO-ARGIN® technology vs stannous fluoride/sodium fluoride technology, in vitro study, confocal images after 5 treatments. Liu Y, et al. J Dent Res. 2022;101(Spec Iss B):80. 2. For instant relief, apply directly to the sensitive tooth with fingertip and gently massage for 1 minute. Supported by a subanalysis of Nathoo S, et al 2009. Data show that 42 subjects out of 42 (100% or 10 out of 10) experienced immediate sensitivity relief on both tactile and air blast measures after a single direct topical self-application using the fingertip and massaging. Subanalysis of Nathoo S, et al 2009 (CRO-2009-01-SEN-IARG2-ED; Nathoo S, et al. J Clin Dent. 2009;20(4):123-30). 3. With 4 weeks of continued use. Supported by a subanalysis of Docimo R, et al 2009. At 4 weeks, 40 out of 40 subjects (100%, 10 out of 10) achieved lasting sensitivity relief on both tactile and air blast measures. Subanalysis of Docimo R, et al. J Clin Dent. 2009;20(1): 17-22.

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Supporting dental practice teams

BDIA and ADAM announce strategic partnership

The British Dental Industry Association (BDIA) is excited to be working in partnership with the Association of Dental Administrators and Managers (ADAM), uniting two well-established organisations with a shared goal: to support the people who keep dental practices running and raise standards across the profession.

This strategic partnership will focus on delivering practical benefits for dental practice managers and non-clinical staff – including access to BDIA training courses designed to upskill front-of-house and administrative teams across the UK.

‘This partnership is a natural fit,’ said Edmund Proffitt, chief executive, BDIA. ‘We share ADAM’s commitment to supporting practice managers and the wider dental team.’

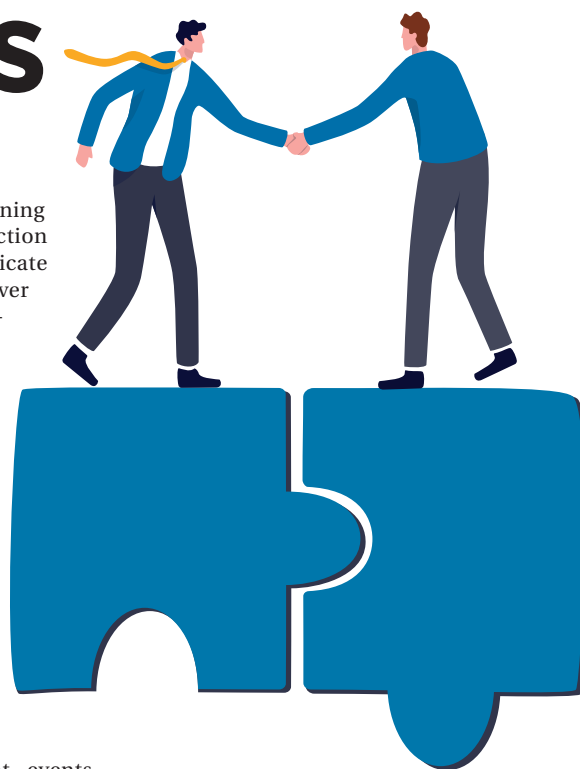
By combining our resources and expertise, we’re able to provide even more value to practices and help ensure that all staff – not just clinicians – have the knowledge and confidence they need to thrive.’

ADAM members will have access to

exclusive discounts on BDIA training courses, including the Introduction to Dentistry and Advanced Certificate programmes. The courses cover a mix of practical topics – things like dental anatomy, restorative treatments, and infection control.

Lisa Bainham, president at ADAM, added: ‘We are delighted to be working with the BDIA on this important initiative. Non-clinical staff are vital to the smooth running of every practice, and this partnership ensures they have the tools and support to continue delivering excellence.’

The partnership will also explore future opportunities for collaboration, including joint events, resources, and initiatives to support the ongoing professional development of dental teams. **D**



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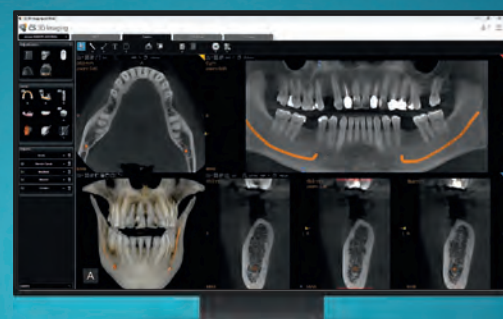
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Dental hygienists: gaining greater recognition in dentistry

Sejal Patel, dental hygienist and 2024 Dentistry Award winner, explains why hygienists do much more to improve outcomes, reduce costs and increase access in dentistry

Dental hygienists contribute to a reduction in oral disease and lower overall healthcare costs through routine cleanings and application of fluoride treatments to patients, as well as education on proper oral hygiene practices. They are imperative to the future of dentistry: indispensable in terms of prevention, access and demand for oral health.

With the healthcare system trending toward one that is more preventive and efficient, dental hygienists are playing expanded roles, including working in under-served areas and, quite possibly, performing more advanced procedures.

In the same manner, their participation in teledentistry and wellness programmes further places them in a strategic position to make access to dental care more available and affordable for patients. Many hygienists engage in community outreach programmes and school visits promoting oral health awareness.

With new technologies and evolving regulations, this allows hygienists to grow professionally. Many are taking steps to advance their careers, such as specialising in areas like periodontics or paediatric dentistry, or roles in education and public health.

Rising recognition of dental hygienists

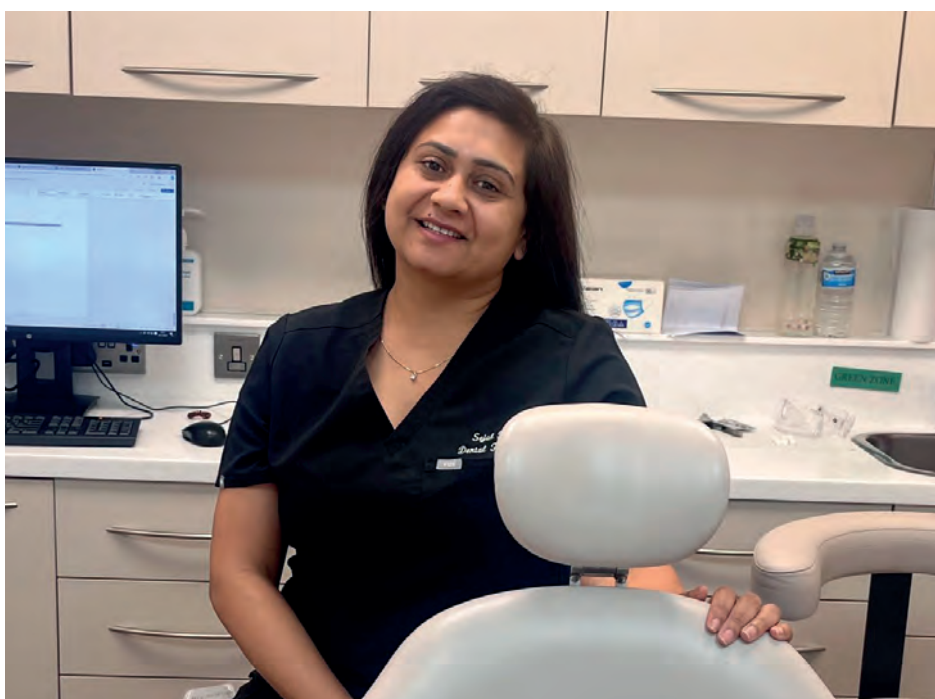
Over recent years, greater appreciation has developed for dental hygienists. With healthcare taking a more preventive and holistic turn, hygienists are commanding more respect for the vital role they fill within oral health and patient care.

As research has continued to uncover the strong connection between oral health and general health, the work of dental hygienists in the prevention of oral diseases, patient education, and oral hygiene promotion has gained greater recognition.

The modern hygienist meets the challenge, especially with the demand for dental care and access, since hygienists do much more to improve outcomes, reduce costs and increase access. This wider recognition of skills and value in the healthcare system has resulted in the rise of status within the profession.

Making a difference

With dentistry being one of the rapidly developing healthcare specialties, dental hygiene offers a rewarding role. It is a job that gives me the opportunity to make tangible, positive improvements in patients' health and their confidence.



I can establish valuable relations with my patients by helping them maintain healthy oral hygiene to prevent serious conditions. It takes time and patience to build that trust and rapport. I find it satisfying to see results and knowing that I help to make a difference in the quality of people's lives.

Since it is prevention-oriented, it is a very satisfying job, and there is great variety in the tasks, which keeps things interesting. There is also much autonomy in the work, making it empowering. In addition, this career is also flexible, allowing excellent work-life balance, and continuing professional learning.

Continuous patient education required

During the last few years, patients have been more appreciative of what dental hygienists do thanks to an increased emphasis on prevention, public health awareness and the expanded functions of hygienists.

Patients can see dental hygienists under a written treatment plan from a dentist or via direct access, which allows patients to access dental hygienists without seeing a dentist – this way they are still being looked after.

On 26 June 2024, changes to the Human Medicines Regulations 2012 came into force allowing dental hygienists and dental therapists to supply and administer specified prescription-only medicines without the need for a prescription (or patient-specific direction or patient group direction).

Thanks to these regulatory changes, more patients now realise that hygienists do more than clean teeth: they are concerned with finding health problems, they treat with sealants and fluoride, and they invest in a patient's overall health management. Yet, there is still work to be done as many patients still may not understand the broader scope of our role. Continuous education and advocacy are very much required for awareness so that the patients appreciate the gamut of services provided by hygienists. **D**

The Dentistry Awards celebrate excellence in dental practice, recognising dental professionals for their achievements and advancements.

For more information on all of our awards, visit www.dentistry.co.uk/awards.



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Dr Aris Stamatelatos, 2023/2024 delegate ★★★★★

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Supporting those experiencing bereavement in the dental workplace

Bereavement can be a taboo topic but often has a profound effect on those affected – **Carly Francis** shares her advice for navigating grief and loss in the dental team

Carly Francis

Cognitive behavioural therapist

In dental practices, where teams often feel more like family than colleagues, the loss of a team member or a loved one can deeply affect the individual and the entire team.

Navigating bereavement in close-knit environments requires empathy, flexibility and a thoughtful, human approach. With thoughts from Carly Francis, cognitive behavioural therapist at Bupa Health Clinics, here's how dental teams can support each other through loss.

Understanding grief

Grief is rarely a linear experience. People move through the known stages – denial, anger, bargaining, depression and acceptance – in different ways or sometimes not at all.

Additionally, grief may show itself subtly or unexpectedly. Changes in mood or behaviour, drops in productivity or concentration, absenteeism, and even physical symptoms like fatigue or sleep troubles are all possible. Recognising these signs early can help with timely and compassionate support.

Creating a compassionate culture

Acknowledging someone's loss is an important first step. 'I'm sorry for your loss,' said sincerely, can mean more than we often realise. However, it's key not to try to fix the situation – just being present and kind can be enough to show someone you care.

Offering flexibility if you can, is also helpful as grief doesn't follow a set schedule. Offering flexible hours, time off, phased returns, or lighter workloads can all make a real difference.

How to support colleagues

Everyone grieves differently, while some may want to talk and share, others may prefer space or the comfort of routine. Providing a space to talk – whether through regular one-on-one check-ins, offering a quiet room, or simply letting someone know your door is open – can encourage openness while respecting their boundaries.

If they'd rather not talk to everyone, offer to pass updates on to the team on their behalf. The best support often comes from asking what someone needs and being willing to accommodate their individual needs.

When starting a conversation, choose words

that acknowledge their pain without making assumptions. Phrases like, 'I'm sorry you're going through this' or 'It must be tough right now' can be comforting. Whereas saying, 'I know how you feel' or 'They're in a better place' may be meant well but can feel dismissive.

It's also helpful to be familiar with your company's bereavement and compassionate leave policies. Where possible, remain flexible, particularly in sudden or parental bereavement cases.

Caring for the team – and yourself

Grief can have a ripple effect. When one team member is affected, others may experience emotional strain, especially in tightly connected teams. Pay attention to team dynamics and be alert to signs of secondary grief. Support can be as simple as acknowledging how others are feeling or offering space.

Supporting someone through grief can be emotionally challenging, so it's just as important to take care of your own wellbeing. Lean on personal or professional support networks, and don't hesitate to model self-care by setting boundaries, taking breaks, and asking for help when you need it.

Resources and professional help

There are several organisations available for anyone needing further support:

- Cruse Bereavement Care: www.cruse.org.uk, 0808 808 1677
- Mind: www.mind.org.uk, 0300 123 3393
- Samaritans: www.samaritans.org, 116 123
- Employee assistance programmes (EAPs) also provide confidential help for both employees and managers.

At Bupa Dental Care, we provide a range of resources to support our teams through challenging times. This includes a new dedicated webinar series, Navigating Tough Topics, running throughout 2025 – led by our GPs and therapists. The series offers a safe and supportive space for people managers to explore emotionally complex workplace conversations, starting with a session focused on bereavement.

We also offer an online platform featuring self-guided programmes on stress, sleep, and emotional wellbeing. In addition, our teams have access to JAAQ at Work, which provides insights from professionals and individuals with lived experience across more than 50 topics. These resources form part of our broader approach to supporting employee health and wellbeing. **D**

Sophie McCormick, practice manager, Bupa Dental Care Great Dunmow, shares her experience:

'In August 2024, I married my partner of 17 years. It was a special day, made even more so as my mum celebrated with us at the amazing age of 83.

'When I returned from our honeymoon, my sister called with worrying news – our mum had developed a serious leg infection and could no longer sit up. She was admitted to hospital, and we later learned she had heart failure and sadly, there were no treatment options available.

'At the time, I had recently taken on the responsibility of managing two dental practices. Each day, I would go to work, then catch a bus to the next town to spend a few hours with my mum before heading home. It became a routine – one that kept me going.

'One evening in October, my siblings and I visited mum as usual. That night, she passed away.

'I took four days off work to grieve but felt a strong urge to return to some kind of routine – to be with my team and carry on as normal. But by Friday of that week, I realised I wasn't coping. During a call with my manager, I broke down in tears. It became clear I had come back too soon.

'My doctor signed me off for a further two weeks. The grief was overwhelming and had started to affect my physical health. I suffered from intense pain and acid reflux. I returned gradually, then took more time off in November for the funeral.

'One thing I've learned about grief is that everyone experiences it differently. Some people need to stay busy; others need time away. Some want to talk about it; others, like me, can't. Friends who had also lost parents wanted to share their stories, but I couldn't bear to speak about my own pain.

'I also carry a sense of guilt. When people say, "At least your mum saw you get married", I think to myself – if I hadn't got married, would she still be here?

'Now, eight months on, the grief still catches me off guard. I can be fine one moment and crying the next. But I try to take comfort in the idea that when someone leaves us, it makes space for someone new to arrive. Not long after my mum passed, two of my dentists told me they were expecting – and both babies are due on my mum's birthday.

'This coming October, I'll have been through all the firsts: first Christmas, first birthday without her, first Mother's Day. I hope that by then, I'll have found a little more peace.

'If you're grieving, please know you're not alone – and however you choose to navigate your loss, that's okay.'

For more information on careers at Bupa, you can visit jobs.bupadentalcare.co.uk.

Achieving and winning against the odds...

From humble beginnings to national recognition, **Fadheelah Nadeem** is redefining success in dentistry – one patient, one purpose, one powerful step at a time

Fadheelah Nadeem
Associate dentist



A year into her career as an associate dentist, Fadheelah Nadeem is already making waves – not just for her clinical skills, but for her deep commitment to purpose, integrity, and impact.

When asked how she found her way into dentistry, Fadheelah recalls a defining moment early on: 'Within an hour of being in a dental practice, I watched an elderly woman weep tears of joy as she saw her new dentures for the first time. That moment struck me. Then I saw the dentist chatting with a young patient about his GCSEs, while catching up with his mother – someone he'd treated when she was a child. That practice wasn't just a clinic; it was a community.' This experience sparked something deeper. 'It made me realise dentistry was more than just teeth. The dentist wasn't just a clinician; he was woven into the stories of the families he treated. That's when it clicked: this is what I was searching for. The ability to connect with people meaningfully and make a tangible difference to their lives.'

But her path to this profession was far from straightforward. With dentistry being one of the most competitive courses in the UK – and coming from a low socio-economic background, without any healthcare professionals in her family – the odds were stacked against her. Throughout university, she juggled multiple part-time jobs, balancing long clinic days with evening and weekend shifts. 'It wasn't easy,' she reflects, 'but it gave me perspective, resilience, and a deep appreciation for every opportunity I've earned.'

Passion and dedication

Since graduating from the University of Leeds in 2023, Fadheelah has immersed herself in clinical life. She now works in a busy nine-surgery practice on the south coast of England, surrounded by a close-knit, multidisciplinary team. 'Every day, I strive to refine my skills and build trust with my patients. I take pride in my communication, my problem-solving, and my ability to put people at ease – especially those who've had negative experiences with dental care in the past.'

But it's not just her clinical dedication that sets her apart. At university, Fadheelah threw herself into outreach and mentorship, leading oral health initiatives in local primary schools through the 'OpenWide' society and mentoring aspiring dental students. 'I'm passionate about giving others the experience I didn't have growing up – to make dental care accessible and engaging, not intimidating. And when it comes to mentoring, I want students to feel seen, supported, and



empowered – to believe there's space for them, no matter their background.'

Her purpose-driven approach soon caught the attention of dental mentor Joe Lovett.

'Joe recognised my drive and mission early on and connected me with opportunities that aligned with my vision – projects centred around mentorship, outreach, and representation,' she explains. 'Having someone believe in me and invest in my journey so early has meant the world. It's opened doors and allowed me to expand my impact beyond the four walls of a clinic.'

Recognition

In 2025, Fadheelah's work and ethos were formally recognised when she was named Philips Rising Star for the South at the Dentistry Awards 2025, as well as being shortlisted for Best Young Dentist. The Rising Star award celebrates not just clinical excellence, but wider contributions to the profession. For Fadheelah, that means 'Combining hands-on care with outreach, mentorship, and creating space for the next generation.'

Reflecting on the recognition and what the award means to her, she says: 'It's far bigger than me and more than a personal milestone. It reflects the hard work and resilience needed to show that individuals from backgrounds like mine

can – and should – unapologetically claim their space, achieve excellence, and stay authentic to themselves. That's why I seek visibility – not just to demonstrate competence to patients, but to inspire others, break down barriers, and redefine success in dentistry.'

Representation, she stresses, 'isn't about tokenism or surface-level visibility. It's about ensuring our profession reflects the society we serve – raising standards and shifting culture.'

Leading with heart

As a visibly Muslim woman in dentistry from humbler beginnings, she deeply understands the power of presence. 'To see someone who looks like you, dresses like you, and shares your values – especially in spaces where you're not always expected to belong – it matters.'

She also expresses deep appreciation to Philips for their role in uplifting early-career professionals. 'I'm so grateful to Philips for sponsoring the award and championing young talent. The company's innovation in oral care, from the PowerFlosser to the Sonicare range, supports better outcomes not just in practice, but at home. Tools like these are vital, especially at a time when access to dental care is becoming increasingly difficult.'

Looking ahead, Fadheelah is preparing for a charity trip to Namibia to support underserved communities. 'Access to healthcare, including oral health, shouldn't be a privilege – it's a right. I want to spend my career bridging that gap, both in the UK and globally.'

Her mission is as powerful as it is personal. For young students who may feel uncertain, she offers this encouragement: 'You already belong. Your values and lived experience are your strength, not your barrier. And if you're someone who might recognise themselves in me – know that there's space for you too.'

I hope that, as a young, visibly Muslim woman in this space, I can offer a different kind of visibility. One that shows it's possible to lead with heart and be excellent in your craft. That you don't need to mould yourself into what's expected; you can build a version of success that reflects who you truly are. And that's what I intend to keep doing.'

She concludes: 'I feel incredibly grateful for the unwavering support of my family and close friends – the people who reminded me of my strength even when I doubted it. Every day, I remind myself of why I am here. I'm determined to stay grounded and true to my values.' **D**

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'I would recommend everyone to enter'

Encouraging the development of endodontic skills and knowledge

The Mark Hunter Early Careers Prize in Endodontology in 2024 was awarded to Dr Elliott Mason. The prize is supported by the British Endodontic Society's (BES) Early Careers Group, to encourage the development of endodontic skills and knowledge amongst newly qualified dentists. It was renamed in memory of Mark Hunter, BES past president and a passionate and dedicated early careers educator.

Here, Dr Mason shares his experience of winning: 'I applied for the prize as an opportunity to improve my case report writing skills whilst also giving a framework for reflection on my cases to support my development as a clinician.



'I was delighted to be awarded the prize! The money enabled me to purchase further camera equipment to better capture my clinical portfolio. It also gave me the opportunity to attend the BES Spring Scientific Meeting, where I had the pleasure of meeting and speaking to esteemed endodontists and like-minded

individuals. Professionally, this has encouraged me to undergo further postgraduate training in endodontics and try to hone my endodontic skillset and become a DwSI.

'I would recommend everyone to enter for a BES prize, to support their own reflective learning and witness how the BES supports its junior clinicians.

'I would advise anyone thinking of entering to try not to worry about showing perfect cases. See it as an opportunity to show humility and reflect on areas you could improve.'

If you are interested in entering for any BES awards and prizes, please visit www.britishendodonticsociety.org.uk. **D**

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Dentistry's Next Top Digital Dentist revealed!

Dentistry reveals the winner of its Next Top Digital Dentist competition and outlines the exciting journey to come

Dentistry is proud to announce that Dr Sheena Tanna, principal dentist at Billericay Dental Care, has been named *Dentistry's* Next Top Digital Dentist 2025.

This brand-new competition, run in collaboration with Align Technology, set out to find an enthusiastic, digitally minded dentist ready to embrace digital transformation, integrating the latest tools and innovations to reimagine treatment planning and enhance the patient experience in 2025 and beyond. After a nationwide search and a judging process led by Sandeep Kumar, Raman Aulakh and Gemma McMullan, Sheena stood out as the winner.

Speaking about her win, Sheena said: 'It feels amazing to be recognised for something that I'm genuinely passionate about and really relate to.'

Looking ahead to the next steps, she shared her excitement for the learning opportunities included in the prizes: 'I'm really looking forward to the mentorship and the different courses. As a principal, you're a leader. You've always got to have a decent team, but they've got to have excellent leadership. So, if I can learn, grow and develop, then I can bring that back to the practice and help my team grow, and together we can then make an experience for our patients.'

A career built on innovation

Sheena has been the principal dentist at Billericay Dental Care for more than a decade. During that time, she has overseen the practice's growth from three to six surgeries, with a focus on building a modern, digitally integrated environment. Her leadership combines a commitment to clinical excellence with a strong belief in using technology to improve communication, treatment planning, and the patient journey.

In her entry video, Sheena summed up her philosophy: 'Picture a dental visit where you can see your future smile in full 3D before treatment even begins. At Billericay Dental Care, that's not a promise for tomorrow, that's what we're doing right now. The future of dentistry isn't coming. It's already here.'

Alongside her clinical role, she has invested in her own development – completing a clear aligner diploma with Raman Aulakh to build her clinical confidence and reshaping her business approach after attending



Sandeep Kumar's Mastering Your Invisalign Business course. These investments have helped position her practice as a Platinum Invisalign provider, fully equipped with state-of-the-art scanners, CBCT imaging, intraoral cameras and more.

About the competition

Dentistry's Next Top Digital Dentist was created to spotlight dentists who see the possibilities of digital technologies and can demonstrate how these tools can be integrated into everyday practice. Entrants submitted self-shot videos explaining why they should be crowned the winner, showcasing their use of digital tools and their vision for the future.

Designed in collaboration with Align Technology, the initiative offers the winner a 12-month journey into the future of dentistry, with access to tools, training and mentorship that can accelerate digital transformation. This journey is intended to provide Sheena with the skills, tools and confidence to embrace a fully digital workflow.

The prize package includes:

- Loan of an iTero Lumina intraoral scanner for 12 months
- A structured 12-month programme of coaching and mentoring from Align Technology and special guest coaches
- Exclusive training opportunities, including Invisalign Live 2025, Aligner Dental Academy courses, and Mastering Your Invisalign Business with Sandeep Kumar
- A scientific education trip to Align Technology's manufacturing facility in Wroclaw, Poland
- Complimentary tickets to the Private Dentistry Awards 2025
- Marketing and communication support, including social media coaching and ready-to-use Invisalign and iTero assets
- Media exposure across *Dentistry's* platforms to amplify the winner's personal brand.

Looking ahead

As the first ever winner, Sheena will use the coming year to expand her digital journey even further. With access to an additional iTero Lumina scanner, she plans to introduce 3D scanning capabilities into every surgery at Billericay Dental Care, ensuring every patient benefits from a digital-first approach.

Her journey reflects what *Dentistry's* Next Top Digital Dentist is all about: combining clinical expertise, innovative tools and leadership to raise standards across the profession.

Reflecting on her hopes for the year ahead, Sheena said: 'It would be really nice to be able to show clinicians how digital dentistry will make their lives easier and improve the patient journey. If I could inspire even a few colleagues to start their digital journey, I'd be really proud of that. That's my aim for the next year.' **D**

Dentistry's Next Top Digital Dentist competition is run in collaboration with Align Technology, empowering the next generation of digital clinicians and supporting the advancement of digital workflows.



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Do you want to see into the future of dentistry?

Understanding what lies ahead is the key to success and is the focus at 2025's Association of Dental Groups' (ADG) conference

Hosted in partnership with FMC at the International Conference Centre in Newport, South Wales, this year's event will take place on 6-7 November.

Launched last year, the ADG Conference, which is now back for a second year, boasts being the UK's only leadership event where dental groups come together to share insights and learnings on the 'business of dentistry' – offering delegates real-world growth strategies.

Who is the ADG Conference for?

Whether you're looking to scale your business, sharpen your leadership strategy, or learn how others are navigating growth, these are the conversations that don't happen anywhere else. The conference's content is designed specifically for C-suite executives, directors, and leadership teams shaping the future of dentistry in the UK. Attendees will gain exclusive insights into boardroom-level strategy, real-world operational challenges, and growth roadmaps shared openly by industry leaders. The ADG Conference is now the UK's biggest symposium for dental groups and DSOs – created specifically for executive teams and senior management.

Why you need to be there

The 'tectonic plates' of dentistry are shifting significantly. We are undergoing demographic changes, and an ageing population. This along with increases in cultural diversity, an increasingly health-savvy younger generation and breakthroughs in technology, mean that what a dental practice needs to offer is set to look significantly different in the near future. However, there are great opportunities for dental practices to grow and succeed in the UK.

By using the right strategies and approach, dental practices can reach their full potential and achieve significant growth in a short time. The reality is that smart dental practices, that can predict and adapt swiftly, will be well set up to succeed.

Listen to thought leaders

Experts from across the field of dentistry will be on hand to share insights on business growth strategies, how to integrate the best technology – as well as thought leaders on how to understand and plan for the seismic demographic changes that UK society is set to undergo.

Guest keynote speaker, Lord David Willetts will open the two day conference with insights based on his renowned book *The Pinch. How the Baby Boomers Took Their Children's Future – And How They Can Give it Back*, which looks at the impact on economics we can expect based



on demographic shifts. Lord Willetts will show how these landscape shifts relate to the business of dentistry.

Headline presentations and panels

- **Tomorrow's world:** How innovation is reshaping dentistry – this session will examine what dental group leaders must do now to future-proof their businesses in an increasingly tech-driven world
- **Disruption and opportunity:** what's next for group dentistry? – this session takes on what an era shaped by political upheaval, shifting policies, global conflict and economic uncertainty will hold for healthcare, and in particular dentistry
- **Boardroom confidential** – this session will provide rare access to unfiltered discussions from some of the UK's largest DSOs.

For smaller and scaling groups, the event also offers practical learning, including lessons on acquisition strategy, operational systems, and leadership development tailored to help practices grow confidently and sustainably.

What's included?

This is a free-to-attend event for guests of FMC and the ADG – open exclusively to senior leaders of dental groups and DSOs. It includes two full days of growth and leadership insights including straight-talking panels, an overnight stay (terms and conditions apply), lunches, dinner, drinks and informal social sessions – along with time to connect and build relationships beyond the lecture theatre. Delegates will also have access to handpicked event partners with growth-focused suppliers and service providers on hand. There is also a carefully curated social programme to encourage meaningful networking to ensure lasting impact after the conference ends.

Neil Carmichael, executive chair at the

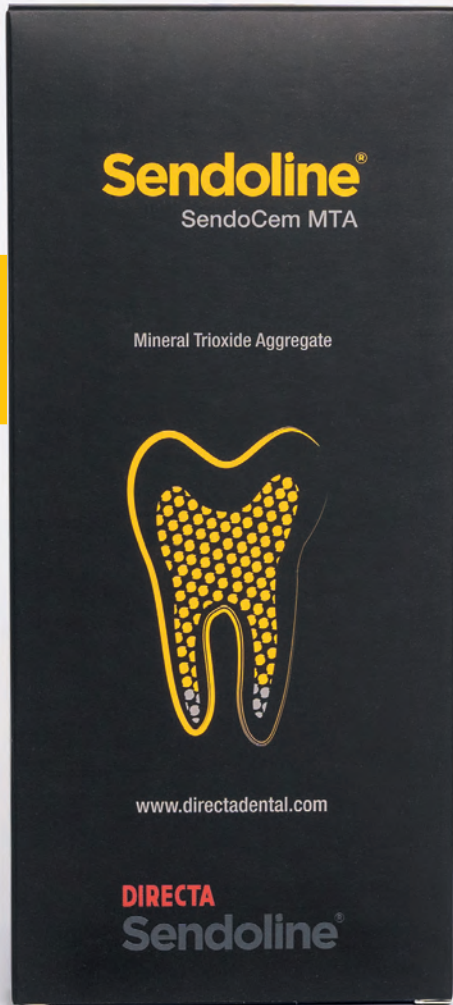


Association of Dental Groups, said: 'The business of dentistry is evolving faster than ever. I would urge anyone with a stake in running a dental practice who wants to feel confident about what the future will look like in the next few years to come along and listen to the stellar line-up of experts and thought leaders at what I am thrilled to say is our second Association of Dental Groups Conference.'

'We will hear insights, learnings and critical advice to super power your dental group business. The ADG is partially delighted to be welcoming the leading economics and demographics thought-leader, Lord David Willetts whose landmark account of intergenerational relations in Britain, *The Pinch*, makes for essential reading for both policymakers and business leaders.'

Discover more and register here: dentistry.co.uk/shows/adg-conference-2025

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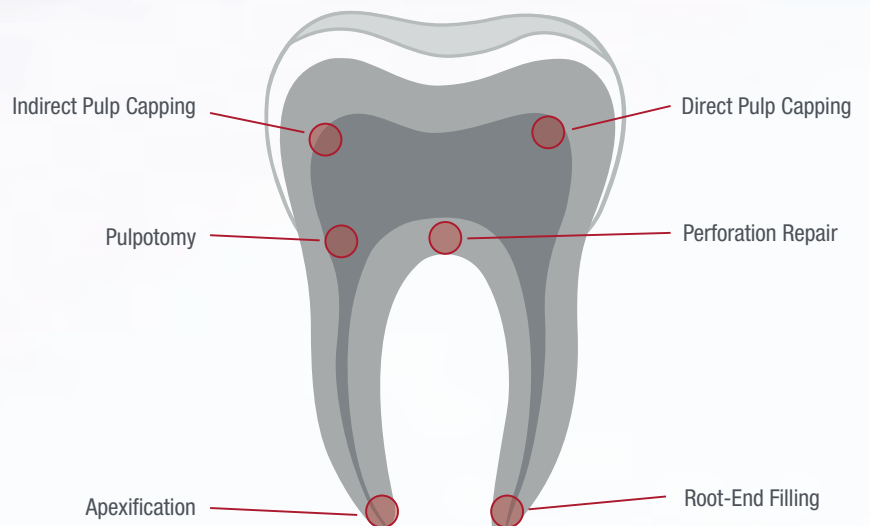
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Purpose, wellbeing and success beyond clinical dentistry

A new one-day event is inviting dental professionals to look beyond the clinical side of their careers

Beyond Dentistry brings together experts in leadership, branding, wellbeing and mindset for a day of learning, reflection and personal growth.

Taking place on Saturday 27 September 2025 at Bhaktivedanta Manor in Watford, the event is the latest initiative from Dr Ash Parmar, founder of Smile Design by Ash and The Academy by Ash.

The programme is designed to support dentists in building more fulfilling, sustainable careers. Topics range from leadership in a changing world to meditation, mental focus, values-based practice and personal branding. Sessions will also explore purpose, mindset and the idea of service in a professional context.

Combining personal and professional growth

The speaker line-up includes:

- Dr Mervyn Druian – pioneer of cosmetic dentistry in the UK and co-author of Dream, Believe, Achieve
- Dr Rana Al-Falaki – periodontist, executive coach and international speaker
- Mo Luthra – branding and business development expert
- Rajiv Nandha – NHS wellbeing speaker, pharmacist and leadership coach
- Jade Bovingdon – sharing her own powerful personal story.

Dr Parmar is a well-known figure in UK private dentistry, with over 30 years of experience

in high-end cosmetic and restorative care. He has taught and lectured internationally, appeared on television, and built a reputation for combining clinical excellence with a focus on personal and professional growth. Through The Academy by Ash, he now mentors other dentists on clinical skills, mindset, and business strategy – bringing a holistic perspective to career development in dentistry. **D**

Tickets are priced at £175, including a vegetarian lunch and a bundle of additional resources. All proceeds will go to charity. To find out more or book a place, visit theacademybyash.co.uk/beyond-dentistry.

Laboratory Leading 20 returns

Laboratory Leading 20 is returning for a third year – a list that celebrates skill, influence and dedication in the UK dental laboratory sector.

This initiative recognises the extraordinary individuals who are driving the future of dental labs and setting new standards, shining

a spotlight on the work being done in dental technology and its impact on the profession at large.

Lucy Veal, *Laboratory* editor, said: 'Now more than ever, it's time to spotlight the talent and dedication within dental technology.

Laboratory Leading 20 is back – let's celebrate the unsung heroes of the lab community.'

Have your say

Following the same format as the past two years, the *Laboratory Leading 20* will be selected by the FMC team in consultation with senior figures in the industry as well as you, the UK dental technology community. We want to hear who inspires you in dental technology, and who you think deserves to be recognised.

We invite you to participate by emailing newsdesk@fmc.co.uk with your nominations – don't forget to tell us why you believe they deserve to be selected. We will then compile the 2025 list over the coming months, based on the nominations received and feedback from industry figures.

Your input is crucial in helping us shape this list, so make sure you have your say!

The results will be unveiled in the Autumn 2025 issue of *Laboratory* magazine. **D**

Send your nominations by email to newsdesk@fmc.co.uk. Don't forget to explain why you believe they deserve to be on the list!

IT'S BACK!

Send your nominations to newsdesk@fmc.co.uk

Laboratory
Leading 20



Dr. Anne-Maree Cole – The Littleton Cole Dental Centre, Brisbane, Australia
DT Werner Sauer – Werner Sauer Smile Design, Brisbane, Australia

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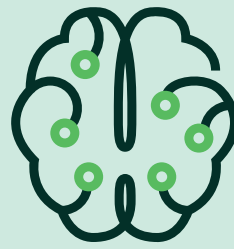
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Speakers



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Dr. Maciej Zarow



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'My employee's personal life is affecting my business'

Sarah McKimm shares her advice for helping an employee through a personal crisis

THE SCENARIO

I'm a practice manager at a busy dental practice, and I'm facing a dilemma with team management.

One of the DCPs has recently been turning up late for shifts. It started occasionally, but it's becoming more frequent, and it's beginning to impact the morning workflow but also morale. Our patients and team rely on everyone being in on time and it causes tension when someone is consistently late.

Here's the difficult part: I know they are going through a lot personally. They recently went through a difficult divorce, which has also led to issues juggling childcare. They haven't said much directly, but there are signs they are not coping well.

I genuinely care about their wellbeing but I also need to run a smooth, professional practice. How do I support them without compromising the team?

Dear Reader,

I want to start by saying I see you deeply care – that's apparent through every line of your message. You've picked up on signals from your colleague that they are not okay and you're trying to find a way forward for them and the team. You understand their struggle yet also need things to run smoothly. It sounds like you're trying to lead with both heart and head. That's not easy. But that's leadership.

Leadership in dentistry isn't just about rotas, regulations, and seamlessly running surgeries. It's also about the moments that you're experiencing now – where empathy and responsibility collide.

The truth is there is no right or wrong answer, so let's unpack and explore this gently together.

Invisible weight

What you describe is a situation many in the dental field experience but no one talks about: The invisible backpack that is carried into practice each day, loaded down by the weight of personal struggle. The expectation that this bag is left at the door and patients, procedures and protocol become the priority. However, just because a colleague clocks in doesn't mean emotionally they can or should clock off.

I've been the colleague who's shown up exhausted, carrying the invisible weight of a break-up, solo parenting, and a crumbling sense of who I was. I remember mornings where I was already overwhelmed before I'd even left the house.

I've also been the colleague who's there early, setting up extra surgeries, managing rising tension as someone else repeatedly turned up late. The sense that expectations are creeping up but

support isn't. I felt frustrated and overwhelmed with no acknowledgment or gratitude for the increased workload.

The truth that lives quietly in so many teams is that both sides are valid. It's hard to be the one struggling. And it's hard to be the one shouldering the impact.

So as a manager how do you respond in a way that's both compassionate and practical, holding the whole team in mind?

1. Start with an empathic conversation – not confrontation

Find a quiet space and lead with care rather than criticism. Try something like:

'I've noticed things have been harder lately with getting in on time. I understand you've got a lot going on personally, and I want to check in. What's going on at the moment, and what would help you manage things better – for yourself and for the team?'

This opens the door to honesty without blame. You're not demanding answers – you're creating safety and trust without judgement.

2. Offer support but co-create a plan

If your workplace has an employee assistance programme (EAP), make sure they're aware of it. EAPs often offer:

- Free confidential counselling
- Legal support
- Financial advice
- Parenting or family support
- Crisis support.

Sometimes, just one counselling session or legal consult can shift someone's capacity to cope.

3. Explore short-term, realistic workplace adaptations

You don't have to solve everything, but small, thoughtful changes can reduce pressure on everyone:

- Could their clinician adapt start times temporarily?
- Could their shifts be rearranged to start later for a few weeks?
- Is job-sharing or buddying up for morning set-ups possible?
- Could admin work or duties be flexed to rebalance the load?

The key is temporary adaptations, not indefinite changes that create imbalance.

4. Be transparent with your wider team without oversharing

Resentment thrives in silence. If others are picking up extra pressure, acknowledge it:

'I'm aware things have felt stretched lately. I'm working with [colleague] to put some supports in place. Thank you for how you're showing up. If

things are feeling heavy, come and talk to me.'

You don't need to share personal details. But honesty about the impact and reassurance that action is happening goes a long way.

5. Hold healthy boundaries alongside empathy

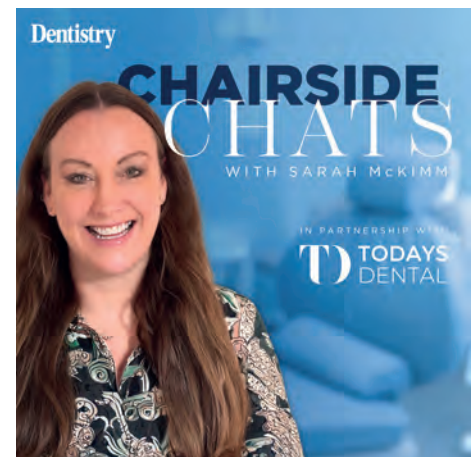
Empathy doesn't mean letting things slide forever. You can care deeply about someone and still need them to meet expectations. Set clear timeframes for review and let them know: 'We'll check in again in a few weeks. I'm here to support you, but we also need to protect the team's wellbeing. Let's work together to find a balance.'

6. And finally... take care of you, too

It's easy to forget, as a manager, that you're holding a lot too. Don't be afraid to reach out yourself. Talk this through with someone you trust. It could be a fellow manager, a peer, or your own access to EAP.

You're already doing the hardest part: noticing, caring, and looking for a way forward for everyone. That's the kind of leadership our profession desperately needs.

Take gentle care, Sarah. **D**



Today's Dental is a people-focused dental group, with a purpose to improve lives and create smiles. As a deeply human organisation, they believe that by starting with a clear purpose, they enable their people to connect with the business and find value in what they do. Where people feel supported and valued, they can reach their full potential.

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Send your questions and topics to Sarah at inconfidence@dentistry.co.uk or use the anonymous form on [dentistry.co.uk](https://www.dentistry.co.uk). Your requests will be treated anonymously and in confidence.

From locum to Lesvos

Dental nurse **Karima Ewida** shares how volunteering at a refugee camp in Lesvos reignited her passion for dentistry – and gave her the chance to make a real difference

As a locum dental nurse, I've always loved the variety and flexibility that comes with my role. But recently, I had the opportunity to use my skills in a completely different setting – volunteering with Crisis Management Association (CMA) at a dental clinic inside a refugee camp on the Greek island of Lesvos.

It's something I'd wanted to do for a long time but when I was an employee, it never quite felt doable, between work commitments and financial limitations. Now as a locum dental nurse, I finally have the flexibility to say yes to using my skills in a more meaningful way, to help others.

A warm welcome and smooth start

From the moment I arrived, I was blown away by how well organised everything was.

The CMA HR team supported me ahead of the trip with any questions and I was greeted at Mytilene airport by a coordinator who even gave me a mini tour of the island on the way to the volunteer house.

I arrived on a Sunday, which gave me time to settle in before meeting the rest of the team and heading to the camp on Monday. We were given a tour of the camp and an introduction to the work being done by various NGOs supporting the camp's residents.

Many of the residents have faced unimaginable hardships and I will never forget the looks of warmth, kindness and hopefulness on everyone's faces when we met them.

Inside Mavrovouni camp

The dental clinic is located inside Mavrovouni refugee camp on the Greek island of Lesvos.

The dental clinic is based inside an ISO container (similar to a shipping unit) but it functions just like a standard UK surgery. It's fully stocked with essentials thanks to donations and has everything needed to perform X-rays, fillings, extractions and even root canal treatments. The camp has housed up to 6,000 individuals, over a third of whom are children, some who are unaccompanied minors. Most of the patients we saw were from Syria, Afghanistan and Palestine.

Each appointment was approached case-by-case, often beginning with triage and pain management, followed by follow-ups for less urgent care. Many patients hadn't seen a dentist in years, if ever, so this service was a lifeline.

Building trust

It was incredible to see the shift in patients' demeanour! At first, many were understandably apprehensive but once we helped relieve their pain, they began referring friends and family.

That level of trust was one of the most rewarding aspects of the entire experience. We also ran oral hygiene education sessions for the children, which they were so engaged with! We talked about brushing techniques, sugar intake and prevention. One of the dentists even made up goodie bags with toothbrushes, toothpaste, colouring books and balloons. They were a hit!

One little girl was so excited about her new toothbrush that she started practising her brushing right there in the room, grinning through the foam and making the other children laugh. Moments like that showed how something so small could spark so much joy.

Thanks to my Arabic language skills, I was able to help translate during appointments and deliver oral health education more effectively. This made a real difference in building rapport with Arabic-speaking patients and ensuring they understood the care they were receiving.

One of our patients was so grateful that we squeezed him into an already busy day that he came to his dental appointment with a gift for the team, freshly baked bread from the bakery where he works, along with a bag of freshly picked oranges. It was such a thoughtful gesture, and a reminder of how much this service means to people.

Some of the moments I experienced will stay with me forever. They've left a mark I'll never forget.

Not long after I got home, CMA invited me to return over the summer to support the clinic again. I didn't hesitate for a moment. Being asked to come back was one of the biggest compliments I could receive as a volunteer. Going back felt like returning to friends – to a team and a community I'd quickly grown connected to. The second trip was every bit as meaningful, if not more so, than the first.

A life-changing trip

As a dental nurse who loves to travel, this experience ticked every box.

After clinic hours, I often stopped at the beach for a swim, explored Mytilene's charming streets, joined a gym or relaxed in the local geothermal spa.

The weather was gorgeous, the food was incredible and the people were even better! We also enjoyed team dinners, sightseeing trips and plenty of downtime to reflect. One dentist even brought his family along! What a great way to combine meaningful work with quality time.

Rediscovering my purpose in dentistry

Professionally, this trip reignited my passion for dentistry. It reminded me why I entered this field in the first place: to help others.

Personally, it was incredibly humbling. It gave me perspective and made me reflect on just how fortunate we are. Something truly incredible happens when you give someone a reason to smile! **D**



Interested in volunteering or supporting the cause? Email CMA at hr@crisismanagementassociation.com.

The impact of scanning every patient

Enhanced ethics and more comprehensive dental care

'Do you like your smile?' is the first question Dr Tommaso Weinstein and Dr Joshua Austin ask all new patients. They are both passionate about using advanced digital dentistry to foster better patient communication and believe this question changes the conversation entirely – encouraging a holistic discussion about oral health rather than focusing on 'single tooth' treatments.

Central to addressing the initial 'Do you like your smile' question is undertaking a scan using the iTero™ intraoral digital scanner. According to Dr Weinstein: 'The digital consultation is critical to building our connection to the patient; when we start to see and understand their clinical situation. Many patients may not be aware of their oral health status, but a digital scan provides them with images in colour on a big screen. It's this experience that completely changes the way we interact with patients.'

He believes sharing real-time information with his patients is also the most 'ethical' way to practise – allowing for more comprehensive dental care and transparency during treatment.

Dr Austin agrees: 'The iTero scan is essential for every new patient experience – that's non-negotiable, and about 95% of my comprehensive examination happens on the scanner screen.'

Tools for better patient communication

One of the key features of the iTero scanner is the Align Oral Health Suite – digital tools that support diagnosis and treatment planning throughout the patient journey.



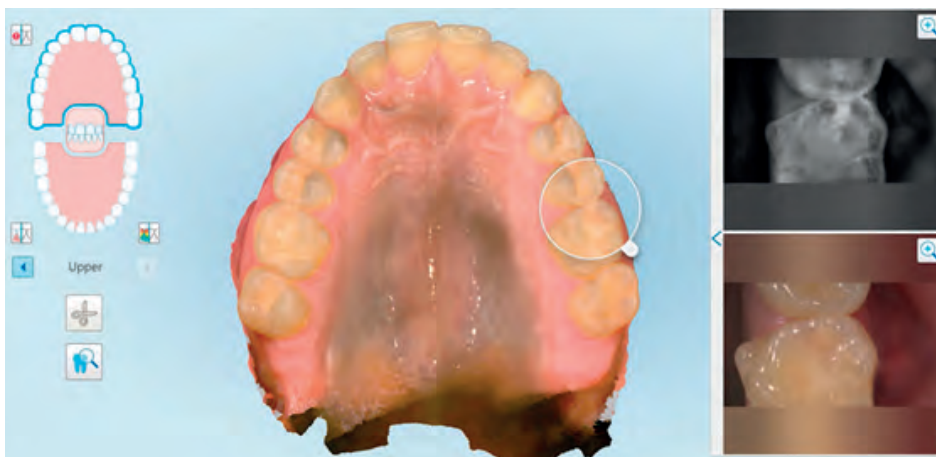
Three key tools sit at the heart of Dr Weinstein and Dr Austin's treatment protocols; iTero Niri technology (Near Infra-Red Imaging), which highlights the internal tooth structures, identifies the presence of interproximal caries and complements traditional X-rays; Invisalign® Outcome Simulator Pro, which simulates what a new smile could look like post-treatment, and iTero Time Lapse technology, software



Dr Tommaso Weinstein



Dr Joshua Austin



which allows practitioners to compare scans over time, identify tooth movements and any deterioration in tooth and/or gum health.

'iTero Niri technology allows immediate on-screen visualisation of a patient's interproximal caries,' explains Dr Weinstein. Independent studies confirm the accuracy of iTero Niri technology compared with traditional bitewings. One study in *Journal of Dentistry* (Metzger Z. et al, 2022) assessed 3,499 proximal surfaces of molar and pre-molars. 223 carious lesions were detected by bitewings, while 549 were highlighted by iTero Niri technology. Another study, published in *Journal of Esthetic and Restorative Dentistry* (Kantar Ö. et al, 2022) reported the accuracy of iTero Niri technology at 75-85% for detecting lesions in molars and premolars.

Because the Align Oral Health suite tools and patient records are accessible on MyiTero.com, via a PC, laptop, tablet or

smartphone, drawing on them is not restricted to time or place, freeing up the scanner for use by other practitioners.

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- Metzger Z, Colson D G, Bown P, Weihard T, Baresel I, Nolting T, (2022) Reflected Near Infrared Light versus bite-wing radiography for the detection of proximal caries: A multicenter prospective clinical study conducted in private practices. *Journal of Dentistry* 116

Visit www.iTero.com for more information

Enough was enough

After more than two decades working within the NHS, **Dr Fariba Zolfaghari**, Principal Dentist and Owner of Taverham Dental, reached a turning point

Exhausted by relentless targets and mounting stress, she knew something had to change. In this interview with Practice Plan, Fariba shares her honest and inspiring journey – from the fears she faced to the freedom she's found since making the move to private practice.

What were your reasons for leaving NHS dentistry and making the move to private practice?

I'd been working in NHS dentistry for over 24 years, so it wasn't a decision I took lightly.

However, I'd got to the point where I was constantly exhausted. At times, I was working six days a week to hit my UDA targets. It was relentless. I was stressed and running on empty. I decided enough was enough.

Did you have any concerns about making the move?

Yes, of course. I felt tied to the NHS, so the idea of leaving was scary. I was also worried about the financial risks and how my patients would react.

However, a couple of dentist friends had made the same move with Practice Plan a year or two earlier, and it had gone really well. What's more, I'd seen the impact it had – and that was the push I needed.

I'd spoken with Tina Wixon, my Regional Support Manager for Practice Plan, a few times over the years, but this time I was serious. I called her and I said: 'Tina, can you please help me.' And she did. I didn't speak to any other providers. I knew Practice Plan was the right choice because of the depth of experience and knowledge in their team.

What was the process for making the move with Practice Plan?

From the very start, Tina and the Practice Plan team took care of everything. Tina carried out some financial modelling that showed me how many patients I would need to retain to have a sustainable and profitable practice – which was very reassuring.

I also had support with membership plan design, team communications, patient engagement, marketing – everything really.

We began the conversion process in October 2023, and by January 2024 we were fully private. It was so smooth. There was no disruption and no stress for me or my staff. Tina and the team just made it happen.

We mailed our patient base with dates to come in and register and the response was amazing. On the first day, the queue was out of the door and into the street – traffic actually had to stop and we had to bring out chairs for



Dr Fariba Zolfaghari and Tina Wixon, Regional Support Manager at Practice Plan

people waiting. I couldn't believe it.

That showed us that patients wanted to stay. They valued us, and they believed in what we were doing.

What difference has the move made to you and your team?

The difference is incredible. The atmosphere in the practice has changed completely. It's calmer, happier, and more focused. My dentists are relaxed and my team is energised. We're all in a better place and so are our patients.

Financially, the practice is stronger. Clinically, the team can provide more

personalised, preventive care. And personally, I feel like a different person.

My mental health is in a much better place. I don't wake up worrying about targets anymore and I'm not burning myself out. I finally feel like I can breathe again – and I can focus on being the dentist I always wanted to be.

How different is your patient experience now that you're fully private?

This has been one of the big wins for me. My patients now get a full digital scan, X-rays, and a proper, unhurried examination. We take the time to talk through their oral health,

The difference is incredible!

The atmosphere in the practice has changed completely. It's calmer, happier, and more focused. My dentists are relaxed and my team is energised. We're all in a better place and so are our patients.



Dr Fariba Zolfaghari

show them the scans on-screen, and discuss treatment options. None of that was possible before.

I've also noticed that my patients are more engaged and interested in their own care – they're part of the conversation.

Did the support you received from Practice Plan stop after you'd made the conversion to private practice?

No, far from it. Practice Plan has helped us with in-practice TV slides, printed leaflets – and a 'new patient' leaflet drop. They even

helped us segment our patient list so we could tailor messages to different groups. I wouldn't have known how to do that.

I've always run my practice on instinct, and I've had to learn everything myself, so having someone like Tina, who's got all this experience and genuinely wants us to do well, is huge. She's always pushing us to succeed.

What would your advice be to any dentist in the NHS thinking of making the move to private practice?

That's simple... don't put it off a day longer!

My only regret is... I wish I'd done it 10 years ago.

You'll never feel 100% ready. But with the right support in place, you don't need to have all the answers. You just need to be open to change.

I was scared because I thought I depended on the NHS financially. But that wasn't true. You realise there's another way – a better way – and it's not as risky as you think.

The move was never just about leaving the NHS. It was about finding a better way to run my business, care for my patients, and live my life. Practice Plan made that possible.

We're the NHS to Private conversion experts.

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YOAT Wire Bender

The world's first chairside fixed retainer wire fabricator

In the world of orthodontics, precision and efficiency are critical to your outputs. The process of bending wires to fit the unique dental anatomy of each patient has traditionally been a labour-intensive and time-consuming task.

However, with advancements in technology, innovative solutions are emerging to streamline this process. One groundbreaking innovation is the YOAT Wire Bender II® Robot. This state-of-the-art robotic wire bender has revolutionised orthodontic wire bending, offering unparalleled precision, consistency, and efficiency.

Transforming orthodontic practices

The YOAT Wire Bender II Robot is an advanced robotic system designed specifically for bending fixed orthodontic retainers. Utilising cutting-edge technology, this robot automates the wire bending process, ensuring each wire is crafted to exact specifications with minimal manual intervention. The robot is equipped with sophisticated software and mechanical components that allow it to produce highly accurate and consistent bends, tailored to the specific needs of each patient.

One of the standout features of the YOAT Wire Bender II Robot is its precision. The robot uses advanced algorithms and high-resolution sensors to measure and bend wires with remarkable accuracy.

This level of precision ensures that each wire fits perfectly, 100% passive, reducing the need for adjustments and improving the overall effectiveness of orthodontic treatments.

Manual wire bending can result in slight variations from wire to wire, which can affect the consistency of orthodontic treatment. The YOAT Wire Bender II Robot eliminates this issue by automating the process, ensuring each wire is bent to the exact specifications



BENDER II®

Chairside Fixed Retainer Bending Robot



Scan here to see the workflow



every time. This consistency is crucial for achieving predictable and reliable treatment outcomes.

The automation provided by the YOAT Wire Bender II Robot significantly reduces the time required for wire bending.

What used to take minutes or even hours can now be accomplished in a fraction of the time. This efficiency allows orthodontic practices to increase their productivity, handle more patients, and ultimately improve their bottom line.

A patient can be debonded and have a fixed retainer created in the same visit. Saving chairside time and appointments for the patient.

Excels in customisation

Every patient's dental anatomy is unique, and the YOAT Wire Bender II Robot excels in customisation. The robot can be programmed to bend wires according to specific treatment plans, ensuring that each patient receives a personalised approach. This capability enhances the quality of care and contributes to better patient satisfaction.

The YOAT Wire Bender II Robot is designed with a user-friendly interface that makes it easy for orthodontic staff to operate. The intuitive software allows users to input specifications, adjust settings, and monitor the bending process with ease. This accessibility ensures that the technology can be seamlessly integrated into any orthodontic practice.

Built with high-quality materials and robust engineering, the YOAT Wire Bender II Robot is designed to withstand the demands of a busy orthodontic practice. Its reliable performance ensures that it can handle continuous use without compromising on accuracy or efficiency.

The introduction of the YOAT Wire Bender II Robot is set to have a profound impact on orthodontic practices. By automating the wire bending process, orthodontists can focus more on patient care and less on manual tasks. The increased efficiency and consistency also contribute to improved treatment outcomes

and higher patient satisfaction. Additionally, the robot's ability to produce precise and customised fixed retainers enhances the overall quality of orthodontic care.

The YOAT Bender II is on offer at £14,500, which includes the enhanced software for Minor Tooth Movement worth £1,000. One-year warranty on the machine, including free software updates. The YOAT Bender is a capital equipment purchase and may be offset against your annual tax bill in the first year, depending on personal circumstances.

Available now at Trycare. Contact John Lancaster for more information: call 07977 279 462 or email orthodontics@trycare.co.uk

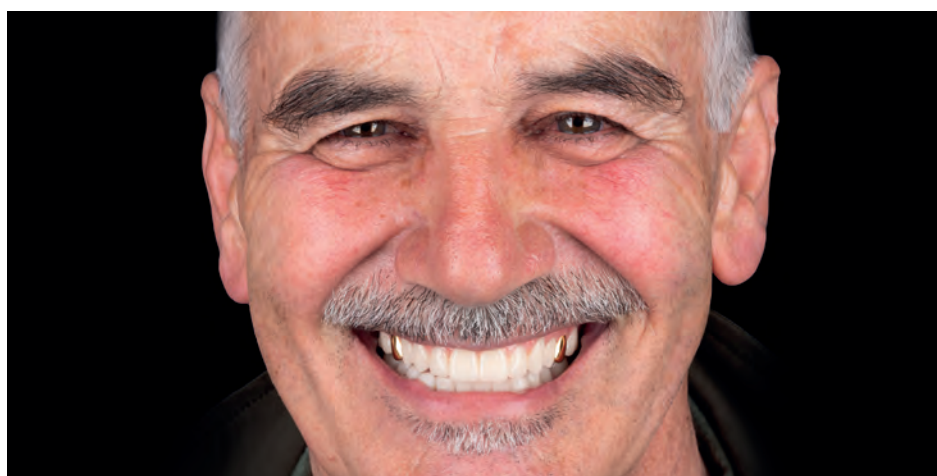
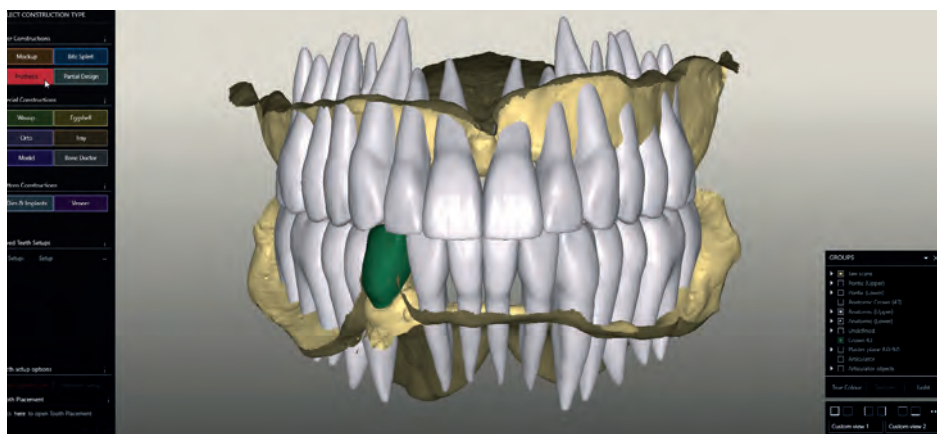
Lecture about the digital workflow for full dentures

Zirkonzahn's lecture tour in Birmingham, Cardiff and Southampton from 29 September to 1 October 2025

Zirkonzahn (South Tyrol, Italy) will soon begin the fourth part of its 2025 lecture tour, 'High-Tech Meets Handicraft – Optimisation of the Digital Workflow for the Fabrication of Full Dentures,' this time reaching dental technicians and dentists in Birmingham, Cardiff and Southampton from 29 September to 1 October 2025.

Lecturer DT Lorenzo Pelizzari (instructor and CAD/CAM expert at Zirkonzahn) will present state-of-the-art methods and techniques for the creation of functional and aesthetically pleasing full dentures as an alternative to implant-supported prostheses. Indeed, even if minimally invasive procedures are becoming increasingly important, there are still patients who need a complete restoration after total tooth loss. Participants will be guided through the challenges faced when creating a full denture with 28 teeth, considering the different initial patient situations: whether the patient is edentulous or wearing existing prostheses in good or poor condition, the lecture will provide insights into the tailored approaches needed for optimal results.

The process of creating high-quality dentures also involves digital technologies and correct materials. For this reason, the lecture will introduce new PMMA-based, nearly monomer-free resins and will demonstrate how digital solutions with automated set-up functions can simplify tooth placement and gingiva creation, ensuring an efficient, accurate and optimised workflow. Furthermore, participants will benefit from hands-on demonstrations of bonding teeth to denture bases using an innovative protocol based on the principle of cold welding.

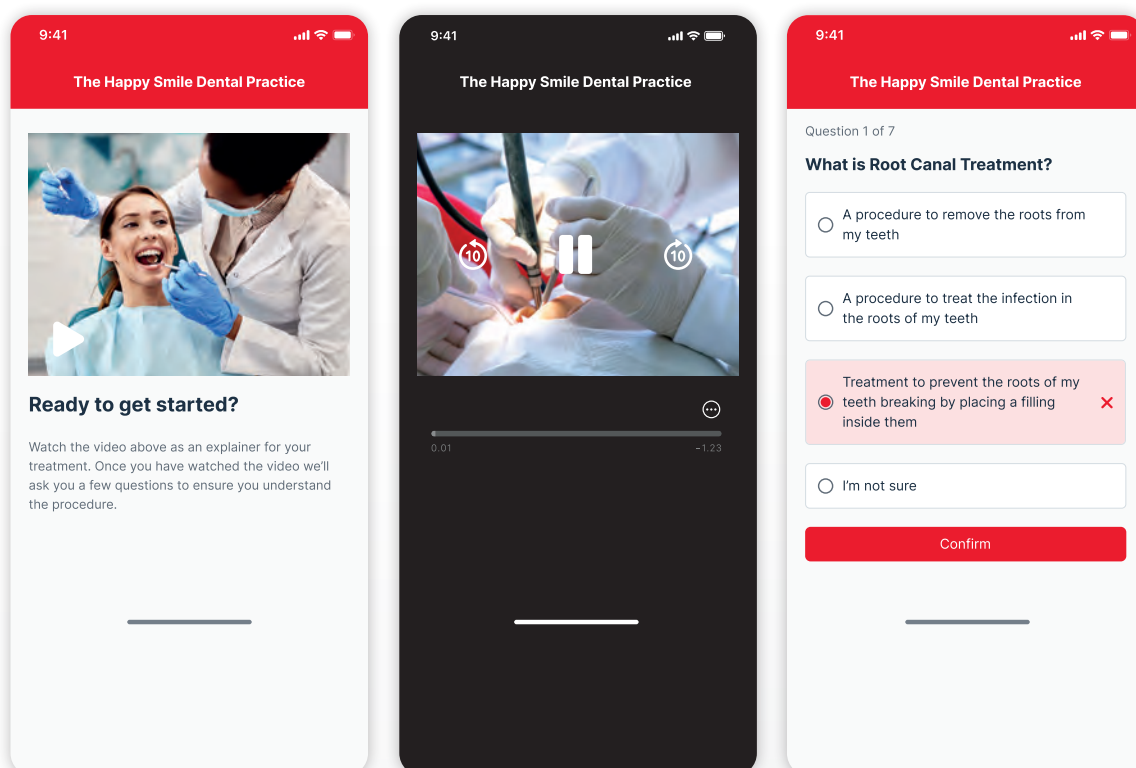


The lecture is for both dental technicians and dentists and meets the criteria for the UK GDC's development outcome C. Participation is free, but registration is obligatory.



To register, scan the QR code, visit www.zirkonzahn.com (events section), call Zirkonzahn UK team on +39 0474 066 680 or email carmen.ausserhofer@zirkonzahn.com, jasmin.oberstaller@zirkonzahn.com.

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Recommendations based on trust

Dental professionals can confidently recommend **Waterpik** to patients

Dental professionals have an important responsibility when advising patients on the care that they should undergo, and the oral health solutions that they should invest in. Whether advising patients use a specific brand of toothpaste, or an electric toothbrush over a manual option, it's vital that clinicians are confident that their recommendations can improve an individual's health.

This also applies to water flossers, which have gained rapid momentum as an effective and accessible oral hygiene adjunct. When recommending specific solutions to patients, clinicians need not look further than Waterpik™ – the only water flosser brand to be approved by the Oral Health Foundation.

As the original water flosser brand, and with innovations going back for more than 60 years, Waterpik™ has refined high-quality oral hygiene routines. That's why it's also the number one water flosser brand recommended by dental professionals, according to a 2025 independent survey.

Stamp of approval

Patients will recognise the Oral Health Foundation from their long-running campaigns that encourage improved oral health knowledge. Their approval system elevates effective oral health care products that have been assessed by an independent panel of internationally recognised dental experts to ensure that all claims made are true, and backed by evidence.

This also helps clinicians recognise the solutions that they can trust with confidence. Waterpik™ products are backed by more than

80 clinical research studies, each helping dental professionals

and patients understand how their water flossers can make a real difference.

The evidence speaks for itself. Waterpik™ water flossers are proven to provide significant oral health benefits, including:

- Improved gum health
- Effective removal of plaque and bacteria
- Access to areas that can't be reached with a toothbrush or traditional floss.

League of its own

When compared against traditional flossing solutions, Waterpik™ routinely comes up victorious. Their water flossers, such as the renowned Cordless Advanced, are up to 50% more effective for reducing gingival bleeding than string floss (Rosema N. A. et al, 2011). This especially supports patients who may know that they need to combat periodontal problems, but struggle to effectively debride plaque and bacteria with fiddly dental floss.

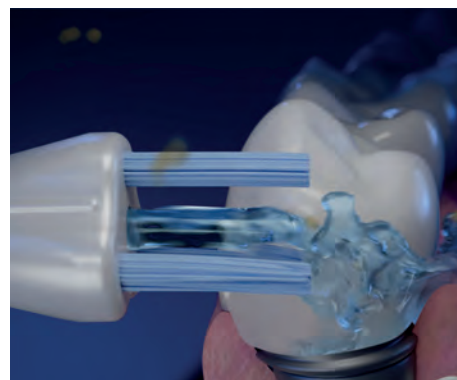
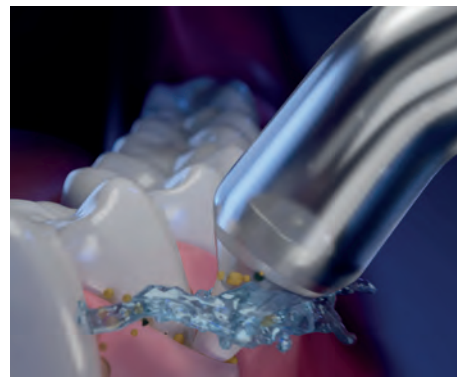
A Waterpik™ water flosser makes the oral hygiene routine simpler, as patients need only point the tip at the interdental spaces and along the gumline, and the unit does all the work for them. Not only does this mean patients can clean with confidence ahead of their next dentist or dental hygienist appointment, but it also minimises loss of motivation due to painful or difficult to use floss – the literature has found that struggling to use interdental cleaning solutions is a leading cause of irregular use (Caramida M. et al, 2023).

Upon activation, a Waterpik™ water flosser will remove up to 99.9% of plaque and bacteria from treated areas in as little as three seconds, for a speedy and reliable clean (Gorur, A. et al, 2009).

Plenty of choice

Not all patients have equal oral hygiene needs. Some patients are undergoing orthodontic treatment, others have dental implants, or dexterity issues, amongst a myriad of other considerations. When clinicians need to recommend improved interdental cleaning solutions however, Waterpik™ is certain to help.

The Ultra Professional water flosser from Waterpik™ features 10 unique pressure settings, a large reservoir with water capacity of more than 90 seconds, and five tips (including the Orthodontic tip, the Precision tip and Tongue Cleaner tip), so patients can find ultimate comfort. With the Plaque Seeker™ tip, the Ultra Professional is more than two times as effective as string floss for implant patients for improving gingival health (Magnuson B et al, 2013).



If patients prefer a cordless solution, the Cordless Advanced water flosser is a compact, ultra-quiet solution with rapid charging. It features three pressure settings and four unique tips, helping patients deliver high-quality oral hygiene routines – even when they're on the go.

Imitated, but never matched

Recommending effective oral hygiene solutions is an important responsibility for any dentist. Remind patients that Waterpik™ is the only Oral Health Foundation-approved water flosser brand, with clinical research backing up the range of effective Waterpik™.

Not all water flossers are equal. Recommend by name.

For references, email newsdesk@fmc.co.uk.



For more information on Waterpik™ water flosser products visit www.waterpik.co.uk. Waterpik™ products are available from Amazon, Costco UK, Argos, Boots and Tesco online and in stores across the UK and Ireland.



Expert advice, zero cost

Aura Infection Control's free decontamination reviews transform dental practice standards

Dental teams across the UK are being offered a unique opportunity to strengthen their infection control protocols – completely free of charge. Aura Infection Control, a leading authority in dental decontamination, has launched a service of complimentary reviews designed to provide practices with reassurance, clarity, and practical improvements.

These 30-minute online consultations give dental professionals direct access to Aura's expert decontamination advisers. Far from being a box-ticking exercise, the reviews create space for open conversation – where teams can ask questions, seek advice, and make sure they are interpreting complex regulations correctly.

With infection control at the heart of patient safety and practice reputation, the service is already proving to be a timely and highly valued resource.

First-hand feedback: a practice perspective

One of the first practices to take part was Desford Dental Care. Head nurse Bethany Powell and decontamination nurse Millie booked their session with Aura specialist Chontelle, and their feedback speaks volumes.

'I cannot express how impressed we both were with the quality of the call, the level of support and knowledge provided, and how lovely Chontelle was,' said Bethany.

'It was honestly an incredible call. We asked a lot of questions, and Chontelle gave us detailed, practical answers. The follow-up information I've received since has been amazing – full of useful resources and evidence to support our work.'

'It's very hard to know if what you are doing is truly the best it can be, so to have this service available is fantastic.'

Such glowing endorsements highlight the growing demand for impartial, expert input in an area where even the most experienced professionals often feel uncertain.

Empowering dental teams through knowledge

For Laura Edgar, managing director of Aura Infection Control, the reviews are about much more than compliance. They are about confidence.

'Regulatory guidance in infection control can be complex and sometimes open to interpretation,' Laura explained. 'That can leave dental professionals second-guessing whether their processes are truly robust. Our free reviews were created to fill that gap – ensuring teams have the knowledge and reassurance they need to deliver best practice every day.'

With over 20 years of experience in the field, Aura has become a trusted name in infection prevention. Known for its hands-on training, impartial advice, and innovative resources, the company has long supported practices in navigating the challenges of compliance. The new review service is simply the latest example of that commitment in action.

A broader mission

Aura's dedication to raising infection control standards does not stop at one-to-one consultations. The company also delivers industry-leading decontamination training programmes and collaborates with sector publications and professional bodies to celebrate excellence across the profession.

Through every initiative, the goal remains the same: to support dental teams with knowledge, tools, and recognition that help them excel.

'Infection prevention is at the heart of safe dentistry,' Laura added. 'By sharing expertise, offering free support, and recognising those who lead the way, we're building a culture of continuous improvement. This benefits not just dental teams, but also the patients and communities they serve.'

Raising the bar in UK dentistry

The UK dental landscape is constantly evolving, shaped by new technologies, regulatory updates, and growing patient expectations. Amidst this change, the need for reliable infection control guidance remains constant.

Aura Infection Control's free decontamination reviews are helping practices navigate that landscape with clarity and confidence. By combining expert advice with a supportive, accessible approach, Aura is setting new benchmarks for professional collaboration in infection prevention.

For dental teams seeking reassurance, fresh insights, or the confidence that comes from knowing they are meeting the highest standards, the message is simple: this service is not to be missed.



Free dental decontamination review

Navigate the maze of dental infection control with a free review

BOOK NOW

If you're looking to improve decontamination practices and protocols in your surgery, one of the simplest ways is to carry out an independent dental decontamination review.

The 30-minute review is free of charge. Our friendly expert auditors will assess your protocols and practices ensuring your surgery is safe for both patients and staff.

The dental decontamination review is a great way to understand best practice for your practice, and just as importantly, the results will enable you to save time and resources. A review can be taken at any time but it is particularly helpful to carry one out prior to a CQC inspection.

What's Included?

We can adapt the consultation to different circumstances and needs but a review normally consists of:

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Celebrating 50 years of gum expertise

Championing gum health through science and care

Dr Kate Fabrikant
Corsodyl spokesperson

At Corsodyl, the number one dentist-recommended toothpaste brand for gum problems, we remain committed to raising awareness of the vital role healthy gums play in long-term oral and overall wellbeing, as we celebrate our 50th anniversary.

Gums are the unsung heroes of the mouth, providing the foundations for a lifetime of confidence in good oral health. Yet, gum disease ranks as the 11th most common ailment worldwide and the second most common oral health condition after cavities (BBC, 2022).

A legacy rooted in science

Corsodyl launched its first product in the UK in 1975 – a chlorhexidine digluconate gel designed to help treat gum disease. Over the years the brand has developed a comprehensive range of specialist gum care products, including toothpastes, mouthwashes and interdental brushes, designed to help maintain healthy gums.

Corsodyl has firmly established itself as a trusted brand, offering a growing range of clinically proven products that play an integral role in the oral care of patients who experience gum problems.

Addressing the gaps in patient gum health understanding

To mark its 50th anniversary, Corsodyl commissioned research among 2,000 British consumers to explore current attitudes and behaviours towards gum care.

Gum disease is a highly prevalent condition, affecting millions of people in the UK, according to the British Society of Periodontology and Implant Dentistry, yet many people remain unaware of the associated risks, ranging from diabetes to cardiovascular complications (Holmstrup et al, 2017). In fact, in our recent research, 96% of respondents reported experiencing bleeding gums at some point in their lives, with 29% experiencing this symptom every couple of weeks or more.

The findings highlight a clear need for improved patient education on gum care. More than half of respondents (57%) admitted they don't always think about their gum health when brushing their teeth, while 12% say they rarely consider it at all* – revealing a widespread disconnect between

daily habits and long-term oral health.

Furthermore, only 63% brush for the recommended two minutes, and just 26% brush at a 45-degree angle – which is essential for allowing the bristles to reach under the gumline effectively.

Corsodyl's mission is to change this by making gum care simple, effective and accessible.

Addressing the nation's gum health

Gum disease, one of the two most prevalent oral diseases globally (Global Burden of

Disease, 2019), shares common risk factors with other non-communicable diseases such as diabetes, cardiovascular disease and stroke. These include high sugar intake, alcohol consumption, and an unhealthy diet (*The Economist*, 2024).

In 2023, Corsodyl reaffirmed its commitment to the nation's gum health with the launch of the Corsodyl Active Gum range. The innovative Active Gum Repair Fresh Mint toothpaste actively helps gums start repairing in just 1 week** by targeting plaque bacteria, the principal





culprit of early gum disease. The launch aimed to support those looking for options to best support their gum health, in a world where consumers struggle to obtain adequate dental care (BBC, 2022).

Building on this momentum, Corsodyl launched its Gum Strengthen & Protect range in 2024. The launch comprised of two toothpastes and a daily mouthwash, which are clinically proven to help protect against gum problems. The range supports preventative gum care, with continued twice daily use, and helps to strengthen the gum seal for long-lasting gum protection. Unique for Corsodyl, the product is enriched with hyaluronic acid, a key building block of strong gums.

A new era of oral health

For 50 years, Corsodyl has supported people in restoring and protecting their gum health,

driven by the belief that healthy gums are the foundation of every confident smile. The brand's vision is firmly focused on the future – one where gum health is prioritised, better understood, and cared for as diligently as our teeth.

With a growing emphasis on self-care, preventive health, and accessible treatment options, Corsodyl is well-positioned to remain at the forefront of the gum care conversation. Whether through innovative product launches, professional partnerships, or public awareness campaigns, the brand's goal remains the same: to help people maintain healthy gums for life.

References and disclaimers

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**When brushing their teeth*

***Greater improvement in gum health after 1 week compared to a regular toothpaste*

To find out more about Corsodyl's product range, or to access education materials, please visit the Haleon HealthPartner Portal.





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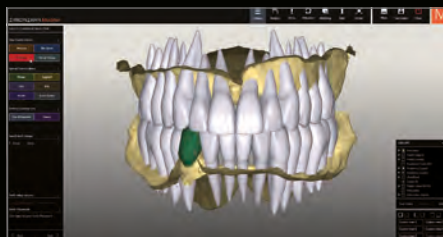
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- Cementation of the crown on natural tooth 43 and final insertion of the upper and lower denture in the patient's mouth



The solution to the workforce crisis?

David Smith discusses the urgent dental technician shortage and how to rebuild a skilled, future-ready workforce

David Smith

Dental technology lecturer, Yeovil College



I recently delivered a presentation on the innovative work being done at Yeovil College to help

solve the workforce crisis. My lecture began by drawing attention to the alarming data on the registration of dentists and dental care professionals (DCPs) on the General Dental Council (GDC) register. The data plainly shows that registration for the whole dental team has increased since 2008, while there is a clear decline of registered dental technicians – a figure which has fallen every year up to its lowest level of 5,025 in 2024.

Shockingly, the number of new technicians entering the UK register for 2024 was just 168. Dental technicians made up just 1.4% of the total 11,894 new registrants to enter the GDC register in 2024. In Germany, the ratio of dentists to technicians is 2:1, while in the UK it's 9:1.

Technology advancement

You may conclude that this decline in dental technician registration is a natural one due to the technological revolution happening within

dentistry. You may even ask, 'Do we need more dental technicians?'.

Many in the industry (including dentists) are using technology to change the way they work – often to reduce lab fees – by purchasing digital equipment to manufacture devices onsite. Does this new technology all come at the expense of us employing qualified technicians? Of course, we are transforming our design and manufacture from analogue manufacturing to digital design and manufacture.

But the redundancy is Bunsen burners, wax instruments and model trimmers, etc. The new way of design and manufacture uses digital tools, but still requires all the knowledge, understanding, creativity and skills to control the equipment and create the correct outcome. Undoubtedly, digital manufacturing does improve efficiency and productivity, but not at the expense of the real technician skills that make the device safe to be fitted in a patient and create excellent patient outcomes.

AI can't do it all

Not long ago, I was in a clinic with a dentist examining a recently fitted crown that had leaked and decayed. It was a full-contour restoration, and it was evident that the emergence angle of the crown had not adequately supported the soft tissue, resulting in recession and leakage. The contact points were also incorrect – the crown interfered with the occlusion and had caused wear to the opposing tooth.

We can use AI in the software to help identify the margin and adapt a library tooth to fit the margin and fill the space. But does that produce a crown that is safe to fit to a patient?

It still takes time to correct the margin line, reshape the crown to have the correct emergence angles to properly support the soft tissue, correct the contact points to allow for interproximal cleaning, and adjust the occlusion – not just in centric relation but also in group function. The crown also needs to be correctly stained, glazed, and sintered to achieve the best aesthetic outcome and optimal wear characteristics.

AI will be a tool that improves productivity and reduces minor errors, but it won't know the best decisions for a specific patient – and it won't take responsibility if something goes wrong. It cannot replace the creativity and technical judgment of the dental technician.

Reversing the decline

So how can we reverse this sharp decline? At Yeovil College, we've chosen to take the apprenticeship route.

We offer a Level 3 course as an entry point for school leavers and students without A-level equivalent qualifications. It runs for two years, with students spending four days in the workplace and one day at college. The delivery is blended – one week onsite, one week online.

We also offer a Level 5 course – a foundation degree in dental technology – which serves as the GDC-registerable qualification. This course lasts three years, also with four days in the workplace and one day at college, using the same blended delivery model.

I believe the apprenticeship model allows us to combine hands-on workplace training with structured college-based learning, covering all the underpinning knowledge needed to become dental professionals and meet the GDC learning outcomes.

In England, the NHS currently funds the course fees, so neither students nor employers have to pay for the training.

I believe it should become the norm for every laboratory to employ at least one apprentice. If every lab did this, we could solve the workforce shortage within five years.

Everyone – teach – one. Be part of the solution. **D**

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Presentation of restoration carried out with bar, Zirkonzahn-Loc Connectors and milled full dentures

Nicole Schenk
Dentist, Switzerland



Julia Kozik
Dentist, Switzerland



Alexander Bassermann
Dental technician,
University of Bern, Switzerland



Romina Töchterle
Dental technician, Zirkonzahn
Education Center Brunico, Italy



The middle-aged male patient was already equipped with dentures when presenting himself to the medical team. However, these were significantly worn and obsolete, temporarily converted from partial to complete dentures in the lower arch.

The patient approached the clinical team having a medical history of coronary artery disease, for which a heart valve replacement and pacemaker implantation were performed. Additionally, he reported a history of heroin use, which ceased in 2011. The patient was diagnosed with hepatitis C in the past but has since undergone successful treatment.

The underlying motivation of the patient for undergoing dental treatment was the significant dissatisfaction with his current prosthetic restoration. The original dentures were severely worn, with the occlusal surfaces completely abraded, rendering them non-functional. The lower denture was particularly problematic, consisting of a makeshift combination of an old partial denture and improvised teeth. Additionally, the lengthy and labour-intensive process involved in manufacturing traditional dentures in the past contributed to the patient's hesitancy in pursuing a new prosthetic restoration. However, this once extensive and time-consuming procedure significantly improved with the advent of digital technology, as the whole working process has become more efficient, precise, and also less labor-intensive.

Furthermore, the patient experienced a degree of psychological discomfort, as the appearance of the old dentures was a source of



Initial patient situation

embarrassment for him. Therefore, the primary goals of the new restoration were aesthetic and functional improvement, providing greater support and stability in the lower jaw. This situation underscores the potential benefits of digital denture technology, which can offer a more precise fit, enhanced comfort, and improved aesthetics, while also addressing functional concerns such as increased stability and support.

Workflow steps

Before setting to work on the actual treatment, the techno-clinical team started collecting all necessary data of the patient: impressions, face scans and DICOM data, in order to create a comprehensive treatment plan, ensure accurate fitting, and facilitate the integration of the dental prosthesis with the patient's anatomy. The patient data was collected by the dentists according to the digital work protocol developed by Zirkonzahn.

The technologies used allowed clear and smooth communication between the practice and the laboratory. The Zirkonzahn Software package used by the dental technicians was designed and developed as part of the workflow. Being fully compatible with the digital diagnostic instruments used by the practitioner, it enables a seamless and unified workflow from data collection up to the final steps of milling the dentures.

After the digital patient data had been determined, an initial setup was created and used to digitally plan the position of the implants. The two implants (Straumann RN 4.8) were placed in the lower jaw using the digitally created surgical guide.

The patient situation was transferred adopting the classical working method using impressions and plaster models.

The clinical team opted for the conventional workflow approach as it offers a highly personalised and precise method to prosthetic fabrication while it allows at the same time for accurate replication of the patient's anatomical and functional requirements.

Bar design and realisation

The next working step involved creating a bar for the mandibular prosthesis. The decision to realise a bar was motivated by a number of reasons: first of all, bars are a more stable option than titanium bases to fix the prosthesis firmly in the patient's mouth. Moreover are they improving the overall aesthetics of the restoration, allowing the dentist and dental technician to opt for zirconia typologies that show less flexural strength ▶

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to the advantage of higher aesthetics (eg the new generations of pre-shaded zirconia, such as Zirkozahn's Prettau Dispersive materials, already provided with natural colour gradient or with Gradual-Triplex-Technology).

In the rare cases of fractures of the zirconia superstructure, the bar remains untouched and only the zirconia structure needs replacements. The realisation of bars further offers great flexibility: permitting the creation of removable prosthetics, they still keep the stability provided by the metal substructure. This also greatly enhances hygiene, as the patient can remove the restoration himself and clean it underneath.

In the laboratory, the bar was designed in the Zirkozahn.Modellier software with the help of the previously created setup in Zirkozahn.Modifier.

One special feature of the Zirkozahn.Modellier software is the possibility to place virtually on the bar all screws and attachments needed (eg for locator bars, or double screw metal bars) and to create the related threaded channels. The 3D rendering provides the optimal position of the screw channel in the primary structure, as well as the ideal fit of the screw head in the superstructure.

The attachment incorporated into the bar during the design phase is called Zirkozahn LOC-Connector. It is a snap attachment system produced by Zirkozahn used to connect complete and partial overdentures to dental implants. Zirkozahn LOC-Connectors are available both as virtual and physical components. Locator bars combine the advantages of removable and fixed prostheses, and their snap-on mechanism allows both patients and dentists to insert and remove the restoration easily, enhancing hygiene.

The lingual rounding of the bar was chosen deliberately, as there was not so much space available towards the oral cavity's interior (lingual direction) and the round shape permitted the team to gain some additional space. Three threads for the Zirkozahn LOC-Connectors have already been digitally positioned on the bar. This means that the components can be easily screwed in later, providing additional support and stability for the mandibular prosthesis.

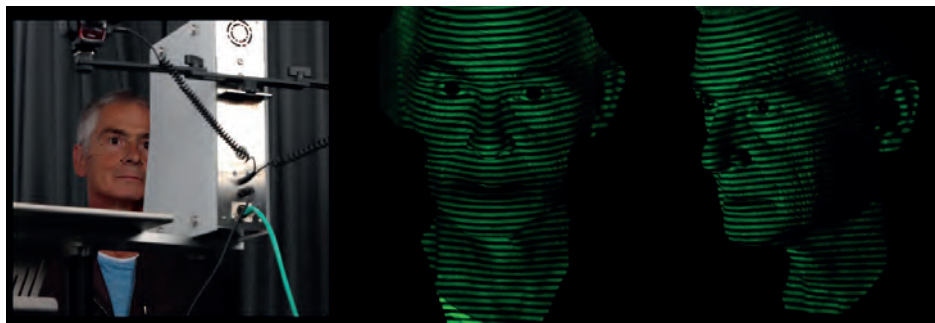
At this stage, the bar was milled in Titanit (Zirkozahn). Titanit is the material of choice when creating metal bars. Titanium is indeed lightweight and provides great flexibility. However, its processing requires machines suitable for hard metals. To control and reduce the grey value of the restoration, the material can be anodised at a later stage in a golden or lighter colour.

Finishing steps of the bar

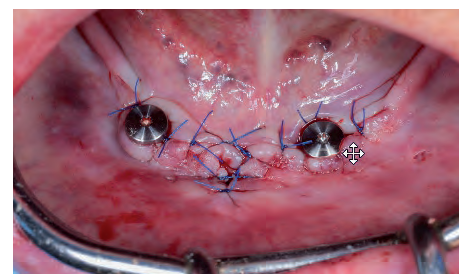
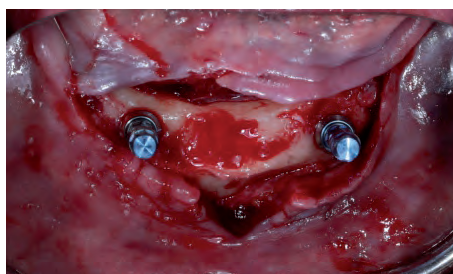
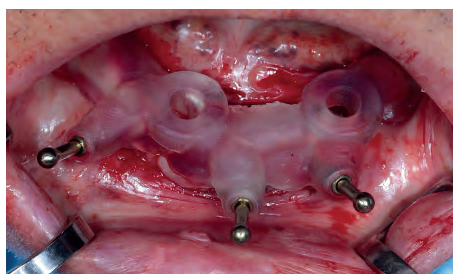
This was followed by the finishing. Once again, care was taken to make the bar a little more delicate to simply create enough space for the cover needed later. Once the bar had been finished and polished, the construction of the cover began.

The finished bar was scanned in. The cover with the distal extension, which is intended to reinforce the prosthesis, was designed in Zirkozahn.Modellier. This design was then milled in Cocronit Superior (Zirkozahn).

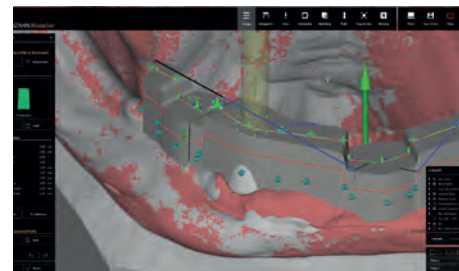
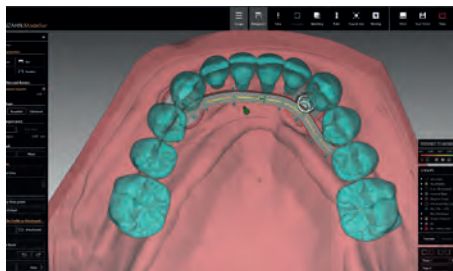
After the cover was finished and fitted, the entire model was scanned again to obtain the correct situation for the creation of the prosthesis. Later in the working process the covering was sandblasted,



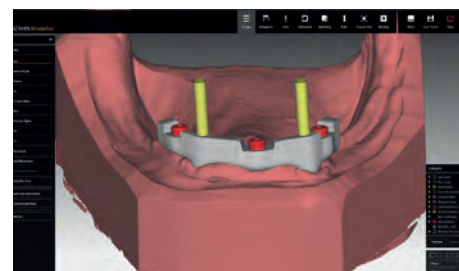
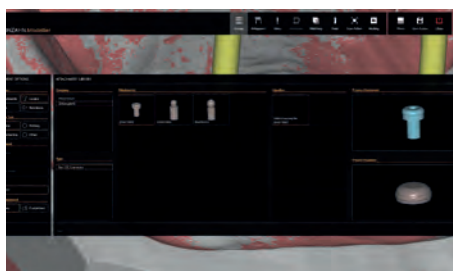
Recording of face scans with the help of the Face Hunter 3D facial scanner



Intraoral situation during and after implantation with surgical guide



Bar design in the Zirkozahn.Modellier software with the setup imported from Zirkozahn.Modifier



Digital positioning of the Zirkozahn LOC-Connectors in the software

silanised and the Metal Opaquer (Zirkozahn) in the colour Tissue Light was applied.

The two prostheses for upper and lower jaw were planned and designed in the Zirkozahn.Modifier software.

Prosthesis manufacturing

The denture fabrication process began with the setup and arrangement of the prosthetic teeth,

carefully designed to achieve the desired occlusion and aesthetics. After this step, the blockout model was created and the correct insertion direction set. This was followed by marking the gingival margins to define the borders of the gingiva, which was then designed digitally.

The prosthetic base was carefully designed to provide a stable foundation, helping to distribute chewing forces evenly. The form ▶

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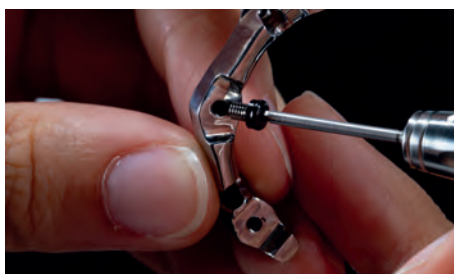
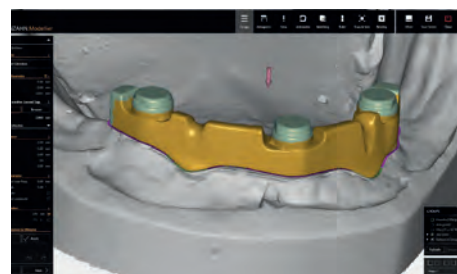
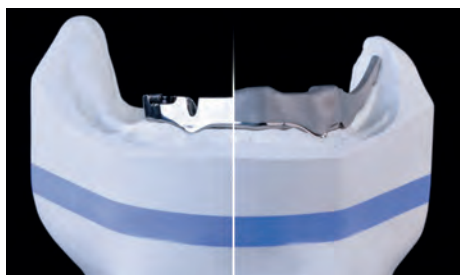
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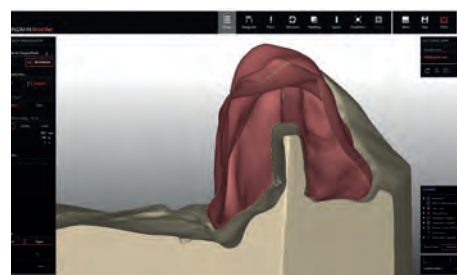




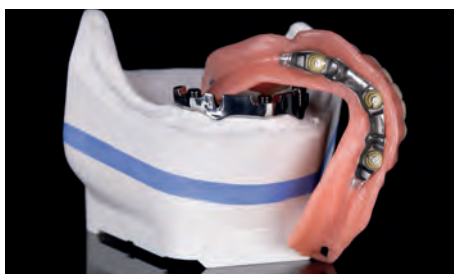
Finished bar in Titanit blank

Screwing in the Zirkonzahn
LOC-ConnectorsDesign of the cover in the
Zirkonzahn.Modellier software

Bar without and with cover

First fit evaluation with face scans after
setup modification

Prosthesis design over bar

Bonding of the resin structures with
PolibondCover fitted in the prosthesis with bonded
Locator matrices

The bar in situ

of the alveolar ridges was selected based on the patient's anatomical requirements. After determining the optimal insertion direction, the prosthetic teeth were grouped and aligned with the chosen path of insertion. Finally, the dentures were digitally designed, and the connectors placed onto the prosthetic teeth to ensure adequate retention and stability.

This workflow, using digital tools, ensures precision and efficiency in the fabrication of dentures, resulting in improved fit, functionality, and high aesthetics.

The original setup of the lower jaw was slightly modified and adapted to the current situation. The setup for the upper jaw was also added and the gingiva was designed. The 'Retention' option in the software helped to create the bases to acquire easy-to-mill alveoli.

This software option permits the user to create clean, flat alveolar ridges, which are adequate for milled dentures and where the prosthetic teeth fit precisely.

The dentures were then milled in Denture Gingiva Basic Mono and Abro Basic Multistratum resins.

After the milling process in the M2 Dual Teleskoper milling unit (Zirkonzahn), teeth and bases were finished and pre-polished, then the teeth were 'welded' to the base with the help of Polibond (Zirkonzahn). The high shine polishing of the dentures was done after the bonding was completed.

This workflow, using digital tools, ensures precision and efficiency in the fabrication of dentures

In the next step, the cover and the female part housing were bonded with cement. At the very end, the cover with the bonded housings was fixed in the prepared prosthesis with cold-curing resin and smaller areas were corrected again.

Conclusion

Both patient and dental team were satisfied with the final outcome of the treatment. The patient expressed a high level of satisfaction with his new dental restoration, noting improved comfort and a highly accurate functional and aesthetic outcome. Likewise, the dentists were pleased with the successful completion of the work, remarking that the treatment goals have been fully achieved.

In summary, this case report highlights the importance of a comprehensive approach to diagnosis and treatment planning. Through careful assessment of the patient's medical history, clinical presentation, and treatment needs, a tailored intervention was implemented, resulting in a positive outcome. The collaboration between patient and techno-clinical team played a key role



Final situation

in achieving the desired results, emphasising the importance of patient-centred care. To ensure the long-term success of the treatment, regular follow-up visits will be necessary to monitor the patient's progress and make eventual adjustments in time, if needed. **D**

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Federico Brunner will share a comprehensive exploration of a modern approach to full mouth rehabilitation

Federico Brunner

Expert in restorative and aesthetic dentistry



Few treatments in dentistry are as demanding as full arch rehabilitation. By replacing an

entire arch of missing teeth with a fixed or removable prosthesis, dental practitioners can tackle edentulism and restore function and aesthetics for patients. This can dramatically enhance their quality of life by increasing the foods they can comfortably eat, with the chance of improving diet for an overall healthier body. But delivering a full arch treatment requires extensive skill and experience – hearing from a seasoned professional can illuminate the best approach to planning such a case.

Federico Brunner is a smile designer and oral architect based in Madrid. He is known for his advanced, patient-centered approach to full mouth rehabilitation, integrating digital technology and emotional dentistry into daily practice. An international lecturer, Dr Brunner often focuses his sessions on sharing modern protocols that improve outcomes and predictability. He is also a champion for ethical cosmetic dentistry, noting: 'Every dentist has their own ethical framework that is shaped by many factors. These include their teachers, their mentors, their influences – even how they were raised. Ethics in dentistry

means providing the best possible diagnosis and an interdisciplinary treatment plan. It's about execution guided by thoughtful planning. Too many dentists jump straight into treatment without properly analysing the case. Ethical dentistry is about achieving the best long-term results biologically, functionally, and aesthetically.'

A transformative treatment

Dr Brunner will be attending the BACD 21st Annual Conference to deliver a lecture entitled 'Facially driven and emotionally connected full mouth rehabilitation'. He outlines the content: 'In my presentation I will take you through my journey in full mouth rehabilitation, beginning with my first experience in facially guided treatment planning, and how I have developed my current protocol: EGOP – esthetically guided, occlusally protected. It will be a comprehensive exploration of a modern approach to full mouth rehabilitation – one that combines facially driven planning, emotional dentistry, and guided execution. Attendees will be immersed in workflows that bridge digital precision with care that is centered around the patient – from treatment planning to final quality control.

'There are several learning objectives that I hope attendees of the lecture will achieve. This includes understanding the principles of facially driven treatment planning and how they impact restorative outcomes, and learning how emotional dentistry influences patient experience and treatment acceptance. Another learning objective is how to apply guided workflows and reverse engineering techniques for predictable full mouth rehabilitation – I hope that these skills are then applied in daily practice to optimise patient care.

'One of the main challenges when it comes to tackling advanced cases is simplifying the clinical complexity. Transforming such a case into a clear, step-by-step plan is crucial, and having a well-defined protocol like EGOP is absolutely essential. I want attendees to feel more confident and secure when performing these treatments, eliminating stress by following a comfortable protocol and achieving excellence in complex cases.'

Calling all cosmetic dentists

Alongside his lecture, Dr Brunner will be overseeing an in-depth hands-on workshop entitled 'Modern execution of full mouth rehabilitation'. This will be a practical supplement to the lecture, giving attendees a richer learning experience to empower their daily workflow: 'Most aesthetic cases require a deep understanding of vertical dimension, tooth alignment, interdisciplinary collaboration and facially driven planning. For dental professionals looking to gain confidence in how to approach cosmetic cases, the conference has a rich programme of lectures, hands-on workshops and networking opportunities that make it ideal to enhance knowledge and skills.'

Along with the diverse spread of educational sessions, the BACD 21st Annual Conference will also house a trade exhibition filled with industry leaders and the products and services that sit on the cutting edge of technology. From finding a game-changing innovation that will streamline your workflow to finding a new supplier, the trade show is always brimming with possibility. **D**



BACD 21st Annual Conference, 6-8 November 2025, Lowry Arts Centre, Manchester. For further information and enquiries about the British Academy of Cosmetic Dentistry visit www.bacd.com

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Nigel Crossman

Associate director, Medifinance



Over the years, I've had many conversations with dentists – particularly women – who are considering buying their own practice. Two questions come up time and again:

1. Will lenders provide me with a loan as a female dentist?
2. I've been on (or am returning from) maternity leave, will this affect my application?

These are valid concerns, and they reflect broader questions about fairness, transparency, and how personal circumstances intersect with financial decisions. Having joined National Westminster Bank in 1976 – yes, nearly 50 years ago – I've witnessed a significant evolution in attitudes and practices within the banking industry. Back then, formality was the rule: everyone was addressed by their surname, and suit jackets stayed on regardless of the temperature. Thankfully, times have changed and so have the values that guide lending decisions.

Let's address these two questions clearly and directly.

1. Gender and lending decisions

Your gender does not influence whether a lender will approve your loan. Lending decisions today are based on objective financial criteria.

Banks and financial institutions are regulated and guided by policies that promote equality and fairness. What matters to lenders is not who you are, but whether the business proposition is sound and financially viable.

Here are the key factors lenders consider:

- Profitability of the business: Is the practice generating or projected to generate sufficient income?
- Professional experience: Do you have the qualifications and experience to run the practice successfully?
- Affordability of the loan: Can the business support the loan repayments while allowing you to meet your personal financial needs?
- Alignment with lending policy: Does the application meet the lender's internal criteria and risk appetite?
- Quality of the application: Is the business plan well thought out, realistic, and supported by relevant financial data?

These are the metrics that matter. Gender is not one of them.



2. Maternity leave and loan applications

The second question, about maternity leave, is equally important. Taking time off for maternity leave does not negatively affect your eligibility for a loan. Lenders understand that professionals may take career breaks for various reasons, including parental leave, further study and personal development.

However, maternity leave may impact your reported earnings over the past 12 months. Since lenders often assess income over a period of time, a temporary reduction in earnings might raise questions. But these are easily addressed with a clear explanation. If your income dipped due to maternity leave, simply state that in your application. Lenders are not looking to penalise you, they just want to understand the context.

In fact, any temporary change in earnings – whether due to maternity leave, sabbatical, or part-time study – can be explained. As long as the overall financial picture is strong and the business is viable, lenders will take a balanced view.

What matters most in your application

When preparing your loan application, focus on the fundamentals. These are the elements that will determine whether your application is successful:

- Profitability: Demonstrate that the practice can generate enough income to cover operating costs, loan repayments, and your personal drawings

- Experience: Highlight your qualifications, clinical experience, and any management or leadership roles you've held
- Debt servicing and affordability: Show that you can comfortably meet the financial obligations of the loan without compromising your lifestyle or financial stability.

A well-prepared business plan is essential. Include realistic financial projections, a clear strategy for growth, and evidence of demand in your chosen location. If you're returning from maternity leave, mention your plans for reintegration into practice and how you'll manage the transition.

Final thoughts

The world of finance has come a long way since I first stepped into a bank branch in 1976. Today, lenders are focused on supporting viable businesses and helping professionals succeed, regardless of gender or personal circumstances.

If you're a dentist considering buying your own practice, don't let concerns about gender or maternity leave hold you back. Focus on building a strong, well-supported application, and be confident in your ability to lead a successful practice. **D**

If you'd like help preparing your business plan or understanding what lenders are looking for, I'd be happy to assist. Please contact Nigel Crossman at 07542 510817 or email nigel@medifinance.co.uk.



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Message received

John Makin hopes decision makers are becoming better informed about the plight of dental professionals, thanks to the work of the DDU and others

John Makin
Head of the DDU



A recent news story about a practice in Sheffield encapsulated the downwards spiral that has affected NHS dentistry in recent years.

As reported by the BBC in early May, the practice had taken on an extra 4,000 reallocated NHS patients since 2022, many of whom required complex treatment. However, it was struggling to provide the same level of service following a cut in funding and was bearing the brunt of patients' frustration, anger and, sadly, abuse.

Readers will know this isn't an isolated example, but it shows precisely why so many in the profession are choosing to risk manage their working lives by working in a less target-driven environment where they have time to deliver the high-quality care demanded by patients and meet GDC standards.

Unfortunately, the more who leave NHS dentistry, the greater the pressure on those who are left and the harder it is for patients to access dental care. The inevitable result is that no one is happy and more people feel forced to leave the crumbling system.

The full story

The DDU has consistently championed a fairer deal for the profession, so I was pleased to have the opportunity to talk with MPs and their staff about the climate in UK dentistry and plummeting professional morale. Alongside representatives from Community Dental Services CIC and NHS Education for Scotland, we covered several issues during our roundtable discussion, including the NHS dental contract, dental training, the dento-legal climate and the urgent case for regulatory reform.

The roundtable event was the first to be convened by the new All-Party Parliamentary Group (APPG) for healthcare workers, which was set up by my MDU colleagues. From a DDU perspective, it's so important that policymakers and politicians can hear from the experts, so they are properly informed about the issues.

We need them to understand that better funding is essential, but it isn't the whole story. It's equally important to address the burden on dental professionals and the climate of fear about complaints, GDC investigations and claims (sometimes all at once). As I pointed out during the meeting, dental anxiety is now afflicting practitioners as much as patients

which is bad news if we want to retain highly skilled, committed dental professionals.

Bearing fruit

The DDU's efforts to draw attention to the issues is already bearing fruit. During a Commons debate on Access to NHS Dentistry on 22 May, two MPs mentioned our concerns about increased workplace pressures and professional morale, alongside the obvious need to reform the NHS contract.

It's a promising sign that the message is getting through on the backbenches, as is the GDC's willingness to acknowledge that the regulatory system is part of the problem. The regulator's new Corporate Strategy 2026-28 says: 'We know that our current approach to fitness to practise can feel punitive and disproportionate to those under investigation and that as a result it can negatively impact the mental health and wellbeing of those involved. We also know that fear of fitness to practise is a key factor in levels of stress for dental professionals and a driver of the climate of fear.'

We'll also continue to press the government to keep its promises to legislate for a modern regulatory system and a better support for dental professionals

For its part, the GDC has promised to 'explore less adversarial ways of handling and resolving concerns' within its existing legislative framework and shift 'to a more prevention-focused regulatory model – one that prioritises support, risk-mitigation, and professional development.' This statement of intent is welcome in the light of the Government's unaccountable failure to include dentistry in its proposed reforms to professional regulation, despite the GDC having the oldest governing legislation of any UK-wide healthcare professional regulators.

The DDU will also review the Corporate Strategy, which closed on 21 August, and will publish our response in due course. But we'll also continue to press the government to keep its promises to legislate for a modern regulatory system and a better support for dental professionals, alongside contract reform.

In the current climate, the DDU must use our influence to advocate for the profession, wherever we can make a difference. **D**

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Coaching your team to own the diary

Justin Leigh shares the key to eliminating white space for good

Justin Leigh

Founder of Focus4Growth



White space in the diary. It's the silent killer of productivity and profitability in dental practices across the UK. Most practice leaders know that under-utilised diary time leads to lost revenue and poor patient flow. But here's the real challenge: eliminating white space isn't just about systems and scheduling, it's about people. You can have the best processes in the world, but if your team doesn't own the diary, gaps will keep creeping in.

In too many practices, diary management is seen as someone else's job. The TCO might glance at it. The receptionist does the heavy lifting. And clinicians? Often they feel it's out of their hands. But the most successful practices we work with don't leave diary management to chance or to one individual, they build a culture of shared ownership. That means every team member, from front desk to clinician, sees themselves as responsible for keeping the diary full, ensuring patients are booked in appropriately, and helping each other spot and fill white space before it happens. It's about shifting from passive scheduling to proactive capacity planning together.

The rolling week view

One of the most powerful tools you can introduce is the rolling week view. Every team member should be trained and coached to regularly look seven to ten days ahead in the diary and ask: Where are the gaps? Are there any underutilised sessions? Have patients cancelled or failed to rebook? Are the right treatments being prioritised in the right sessions? This kind of forward-facing planning stops white space from becoming an afterthought. It makes it a daily priority. Even a 15-minute team huddle on a Monday morning to review the week ahead can radically reduce lost time, and it builds habits that last.

Great diary conversations

Coaching your team to take ownership isn't about blame, it's about belief. It starts with helping them understand why diary optimisation matters. Not just for profitability, but for patient care, job satisfaction, and team morale. From there, it's about creating safe, consistent opportunities to reflect on what's working in diary management, spot patterns and recurring issues (e.g. cancellations on Fridays, hygiene gaps on Wednesdays), and



practise having better conversations with patients about booking and rebooking. Many of these conversations can feel transactional. But with the right coaching, they become opportunities to build relationships, educate patients, and make their care more effective.

Here's what great diary conversations sound like: 'Would you prefer a morning or afternoon appointment next time?' 'We're currently booking four weeks ahead, would you like us to let you know if an earlier slot becomes available?' 'To stay on track with your treatment plan, we recommend seeing you again in X weeks. Let's get that booked now.' It's not about being pushy. It's about being helpful. Patients are busy. If we don't guide them, they won't always book. If we don't invite them to rebook, they won't always think to ask. Every touchpoint is a moment of influence, and every conversation is a chance to protect the diary.

The flexibility list

One often overlooked tactic is maintaining a flexibility list – a shortlist of patients who are happy to be seen sooner if a slot becomes available. It's a low-tech, high-impact strategy that keeps patients moving forward in their care, reduces last-minute white space, and builds goodwill and convenience into your service. Train your team to ask the simple question: 'If anything comes up sooner, would

you like us to give you a call?' You'll be surprised how many patients say yes. And when the inevitable cancellation happens, you're ready.

Culture shift

The biggest mistake practice leaders make? Telling the team what to do instead of coaching them on how to think. Diary ownership can't be micromanaged. It must be embedded through ongoing coaching and trust-building. That means giving your team permission to flag diary issues proactively, make decisions in the patient's best interest, and hold each other accountable for diary performance. You don't need a hero at the front desk. You need a team that sees the diary as a shared responsibility.

Eliminating white space is a culture shift. If your team sees the diary as someone else's problem, you'll always be chasing your tail. But if they see it as everyone's business, the diary starts to work for you, not against you. **D**

Join Dr Paul Abrahams and Justin Leigh on Friday 12 September 2025 for the Eliminating White Space course at the EMS Head Office in St. Neots, Cambridgeshire. This is a one-day workshop that will transform your team's approach to diary management.

Book your place here: <https://go.focus4growth.co.uk/white-space-course>



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The NHS pension puzzle: are you missing a crucial piece?

Adam Thompson puts the missing puzzle piece in place for pension awareness...

Adam Thompson

Dental specialist financial adviser at Wesleyan Financial Services



For many general dental practitioners (GDPs), the NHS pension can feel like a complex and confusing puzzle. With different scheme sections, working contracts and patterns to consider, it's easy to overlook just how important this piece is in your long-term financial plan.

But with a clearer understanding of how the NHS pension works and how it applies specifically to GDPs, you can take steps to ensure your retirement outlook isn't just stable, but something to genuinely look forward to.

Here's what every GDP needs to know to put the NHS pension piece firmly in place in their retirement planning.

What defines the NHS pension scheme?

The NHS pension for general dental practitioners is a Career Average Revalued Earnings (CARE) scheme. In simple terms, this means that each year you work and contribute to the scheme, you build up a portion of pension based on your earnings for that year.

That portion is then revalued annually to keep pace with inflation, so it retains its value over time.

When you retire, all those yearly portions are added together to provide you with a guaranteed, inflation-protected income for life. Unlike final salary schemes, which are based on your earnings at the end of your career, CARE schemes use the average of your NHS earnings across your working life. It's an often fair and sustainable way to build up a reliable pension.

The scheme is administered by differing authorities depending on which of the devolved nations you belong to and is available to many GDPs working within NHS dentistry. If you're employed by an NHS organisation or contracted to deliver NHS dental services, there's a good chance you're eligible to be a member. However, eligibility isn't automatic, especially if you work in a mixed practice or move between NHS and private roles.

2015 scheme vs legacy schemes

The NHS Pension Scheme has three sections – the 1995 section, the 2008 section, and the 2015 scheme. The 1995 and 2008 sections are part of the older, legacy scheme, while the 2015 scheme is the version most GDPs will now be building benefits under.

If you joined the scheme before April 2015, you may have benefits in one or more of the legacy sections. Each section has slightly different rules, including retirement ages, accrual rates, and how benefits are calculated. Understanding how these different sections interact is an important part of effective retirement planning.

Part-time work and career breaks

Many GDPs work part-time at various stages in their careers. It's your actual earnings that count toward your pension, not a full-time equivalent, so part-time workers aren't disadvantaged in the same way they may have been previously.

Breaks in NHS service can also impact your pension, especially if you leave the scheme for more than five years. If you've moved between NHS and private roles or taken time out, it's important to check how much service is preserved in your pension record.

Flexible working and portfolio careers

Today's dental careers are often more varied, with GDPs working across different practices or balancing NHS and private income. This can make your pension position more complex. In some cases, you may not be eligible for NHS pension membership in all roles, particularly where the NHS contract or income is limited.

That's why it's crucial to review your contributions regularly and consider whether additional savings might be needed to fill any gaps.

Seek specialist guidance

The NHS pension is a highly valuable benefit, but it isn't always easy to navigate. With changing scheme rules, mixed practice, and legacy entitlements to consider, tailored guidance is key.

Getting guidance from a financial adviser with specialist knowledge of the dental profession can help you make informed decisions, avoid potential pitfalls, and ensure your pension forms a strong part of your overall financial plan. **D**

Book a conversation with a dental specialist financial adviser at Wesleyan Financial Services by visiting wesleyan.co.uk/pension-aware or call 0808 149 9416.



Maximise your event

If you're looking to hold an open day, **David Nelkin** shares eight steps to implement for a 100% conversion rate

David Nelkin

Founder and CEO of
Xcelerator Dental



I've just reviewed results from an Invisalign open day we ran with a client: 18 consultation slots, £87,000 in treatment commitments, 100% uptake rate. Six months earlier, the same practice ran an open day with only four conversions. What changed? They followed our systematic approach.

Here's the framework that transforms open days from expensive experiments into revenue-generating engines (it's the same process for any orthodontic open days, whether Invisalign or not).

1. Plan like a conversion event, not a clinic day

Start planning at least 6 to 8 weeks ahead. Block your entire diary – no routine appointments, just open day patients. Saturdays or weekday evenings tend to work well – choose a time when your target demographic can attend without work conflicts.

Build scarcity from day one: limited slots, countdown timers, and day-only offers aren't just marketing tactics – they're decision-making tools that move patients from consideration to commitment.

2. Design a patient journey that flows to 'yes'

Welcome patients warmly. Their journey begins with your treatment coordinator in a comfortable, non-clinical setting to build rapport. In this initial stage, the coordinator will also take photos and scans. This seamless process allows for a more personalised and efficient clinical assessment later on.

Next, the patient will meet the clinician for a detailed treatment discussion. Show before-and-after examples to demonstrate potential results. The patient then returns to the treatment coordinator to discuss financial options and make a commitment.

Every patient leaves with confirmed next steps – either a treatment start date or a specific follow-up appointment booked.

3. Prepare your team for conversion success

Hold a planning meeting six weeks beforehand covering patient journey, responsibilities, and objectives.

Run weekly huddles, tracking enquiries and campaign performance.

The week of the event, rehearse the patient experience and role-play difficult scenarios. Consider staff incentives – when your team has personal investment in success, conversion rates can improve significantly.

Call every patient the day before and send a WhatsApp the morning of the event expressing excitement.

4. Market to existing patients first

Your patient base often delivers the highest conversion rates. Use email, WhatsApp, and SMS campaigns, plus referral incentives for previous Invisalign patients to fill slots before starting paid advertising.

For new patients, run targeted Meta and Google campaigns; they work best together. Use this opportunity to re-engage cold leads – open days are perfect for bringing dormant prospects back into your conversion process.

Include video testimonials; social proof from patients with similar concerns builds trust more effectively than generic marketing.

5. Qualify every single enquiry

Your qualifying calls with each prospect should last 15 to 20 minutes. Understand motivation, check treatment suitability, discuss estimated costs

and finance options, and confirm genuine attendance commitment.

Ten qualified prospects will always outperform 20 casual browsers.

6. Nurture before and after

Pre-event: Send WhatsApp sequences, personalised video messages, and clear guidance about what to expect, what to bring, and how to find your practice.

Post-event: Call non-committed patients within 48 hours while the experience is fresh. Begin nurturing sequences with testimonials, finance reminders, and friendly check-ins.

Significant dental investments typically take weeks or months to decide. Patients who don't commit immediately aren't lost opportunities, but if you prepare in the right way, they'll come to your open day with a different mindset, ready to start their journey.

7. Track everything for continuous improvement

Monitor enquiry sources, show-up rates, same-day conversions, and seven-day follow-up conversions. Understanding which marketing channels delivered the highest-quality leads optimises future events.

Hold team debriefs within a week. Celebrate successes, identify improvements, and document changes for next time. Consistent improvement comes from treating each event as a learning opportunity.

8. Avoid the conversion killers

The most common failures: not qualifying enquiries (poor attendance, unsuitable prospects), failing to take deposits (weak commitment, cancellations), insufficient existing patient marketing (wasted high-conversion opportunities), and no systematic follow-up with non-committed patients.

The bottom line

At Xcelerator Dental, we've seen practices achieve these results consistently by treating open days as conversion systems, not extended consultation sessions. When executed systematically, Invisalign open days become reliable revenue generators rather than expensive experiments.

The transformation lies in recognising that success comes from conversion optimisation alongside clinical excellence. You need both working together to maximise your results. **D**



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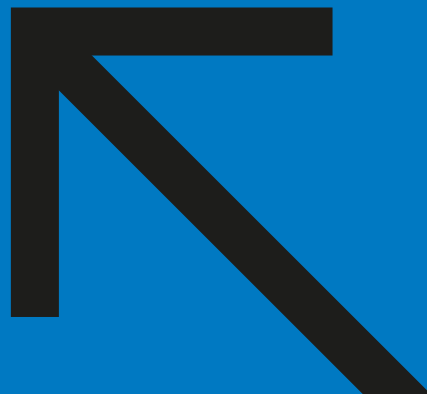
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People, purpose, progress

Patrycja Galonzka discusses modern management in dentistry

Patrycja Galonzka

Practice manager, Aspire Smiles



Before being named a finalist, and later a highly commended Practice Manager of the Year at the 2025 Dentistry Awards, someone gave me advice I didn't know I needed: 'Pause. Look at the mountain you've already climbed.'

That moment of stillness led me to reflect, write my first article, and finally acknowledge the journey from barista to business manager of a multi-clinic operation. But the real story didn't stop with that recognition, because modern leadership isn't a destination. It's an ongoing, intentional practice. A commitment to growth that's structured, people-first, and tech-enabled.

The evolution of a modern manager

Dental management today goes far beyond rotas and recalls. It's about vision, agility, and alignment. The modern practice manager sits at the intersection of clinical care, operational strategy, digital innovation, and team culture. And when these elements align, true transformation begins.

At Aspire Smiles, I've led initiatives that bridge innovation with people. We've implemented AI to optimise recruitment and onboarding, used cloud-based systems to align clinical and admin teams, and introduced data-driven tools that elevate everything from handovers to patient journey. These are strategic choices designed to create clarity, reduce friction, and keep people; our team and our patients at the centre.

Purpose drives performance

One of the most valuable lessons I've learned is that structure creates freedom. I now treat my diary as a strategic framework – blocking time not only for meetings and tasks but also for learning, reflection, and development. Managing time is closely linked to managing vision. When you separate those activities instead of letting them blur, each gets the focus it deserves.

That structure has allowed me to lead with intention instead of reacting to chaos – and that mindset has spread across our team. We've seen dental nurses evolve into compliance leads and



treatment coordinators. These transitions weren't accidental. They were built on clear expectations, coaching, and a belief that every team member deserves a pathway, not just a job.

Technology is not the goal, people are

Tech isn't about bells and whistles. It's about impact. We use AI not just to screen CVs, but to identify candidates who align with our values. Our onboarding is digital but human-led, ensuring new team members feel supported from day one. Our systems reduce overwhelm, enhance compliance, and build autonomy.

But innovation alone isn't enough. Purpose must guide every system we adopt. Technology only transforms when it's backed by training, trust, and context. Without those, we risk alienating the very people it's meant to help. Tech training should be routine, not reactive. Build digital confidence into every role.

Bridging the digital divide

With AI becoming central to practice operations, managers must go beyond implementation – we must ensure our teams understand and use these tools with confidence.

It's not enough to say: 'We're going digital,' we must build digital fluency across all roles. That includes:

- Creating clear AI policies that define usage, boundaries, and ethics
- Providing regular, bite-sized tech training that empowers, not overwhelms
- Linking every new tool to patient care and team wellbeing.

I've always had a love for tech, from replacing graphics cards at age 12 to troubleshooting systems at work. But I've learned that not everyone shares that confidence. That's why we've introduced weekly digital micro-trainings, simplified platforms, and open forums for asking 'silly' questions without fear. Because if your

team isn't ready for digital evolution, neither is your practice.

Aesthetic dentistry, operational reality

The rise of aesthetic dentistry has raised the bar, not just clinically, but experientially. Today's patients expect seamless journeys, warm environments, and brand consistency across every platform. That means managers are now brand custodians, culture drivers, and patient advocates.

We shape the tone, energy, and experience of the practice. That includes:

- Designing 'wow moments' during patient journeys
- Creating systems that support both safety and satisfaction
- Empowering team members to be brand ambassadors – online and in-person.

This isn't soft stuff, it's strategy. Because a supported team and a trusted brand build loyalty faster than any offer ever could.

What leadership looks like today

Leadership today is often quiet, unseen but deeply felt. It's revising a job description so someone can grow. It's pausing a meeting to check in with a team member. It's saying: 'We can do better,' and then actually doing it.

As a practice manager, you're often in the middle, between business owners and the wider team. It's a space that requires clarity, empathy, emotional intelligence, and operational calm. These aren't soft skills, they're success skills.

For me, leadership means staying grounded in the day-to-day while stepping back to learn, reflect, and plan. It means mentoring emerging leaders, advocating for structured career development, and implementing the AI-led platforms our sector needs.

Progress with purpose

The practice manager is no longer just the operations person. They are the culture architect, the brand voice, and the strategic anchor.

Being a modern manager means choosing progress over perfection, every single day. It means showing up with clarity, leading with purpose, and believing in your people – even before they believe in themselves.

The future of dentistry isn't just clinical – it's operational, it's digital and it's deeply human.

And the managers shaping that future? They're not waiting to be told what to do. They're already building it. **D**



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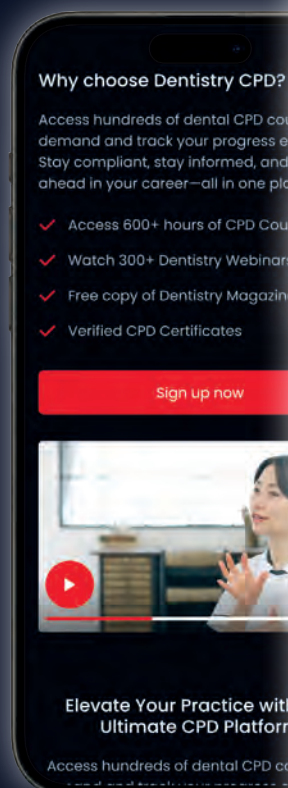


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What happens when the worst happens?

Carol Somerville Roberts shares, from personal experience, how to navigate a Fitness to Practise investigation

Carol Somerville Roberts

Founder and clinical director of
Evolve Dentistry



It was a beautiful spring day when I opened the letter that would flip my world upside down. The letter no dentist ever wants to receive: notification from the General Dental Council (GDC) that a complaint had been made against me and a Fitness to Practise (FtP) investigation was underway. In that instant, everything changed.

Until then, I naively assumed that only 'bad' dentists were investigated. So, what did that make me? As the panic set in, I had to compose myself and carry on with my day. I was, after all, a practice owner and a busy clinician. Patients were waiting. But internally, I was screaming, disoriented by disbelief. The hardest part was putting on my game face every time I stepped into my treatment room. For a long time, none of my team knew what I was going through, I felt like I was living two lives.

The complaint wasn't even from a patient. It came from a charity who took issue with some wording on my website. They hadn't ever contacted me directly, nor had the GDC. The investigation began without warning. Fifteen months later, it concluded with a bit of advice about website wording. No case to answer, yet the experience shook me profoundly.

If you ever receive that dreaded notification, here are six ways to prepare yourself mentally and emotionally:

1. Don't panic

It sounds obvious, but your mind will likely spiral. Stop, breathe, and slow everything down. Call your indemnity provider straight away. I wrongly assumed that because the complaint wasn't patient-related, I wouldn't be covered, I was. These organisations handle FtP cases regularly and can guide you through the process.

2. You are not a bad person

The GDC is legally obligated to investigate complaints. It doesn't mean you're guilty of anything. A caseworker will be assigned to assess the evidence both for and against you. Many cases are dropped after initial review. But the waiting game can be mentally exhausting. Every email or update can reignite anxiety. In those moments, remember: your job does not define your

entire worth. If you're overwhelmed, reach out. Services like Confidential offer peer support from trained professionals.

3. Choose your attitude

It's natural to feel angry, scared, or helpless. But one thing remains within your control: your attitude. You can't dictate the outcome, but you can choose how you show up each day. This process doesn't have to dominate your life. It can exist alongside your relationships, your passions, and your purpose. Your family, your team, and your patients still need you.

4. Understand the process

The FtP process begins when the GDC receives a complaint. After initial triage, a case examiner gathers evidence, and you're invited to respond.

If there's an immediate risk to patient safety, the case may go to the Interim Orders Committee, which can impose temporary conditions or suspension. Otherwise, the matter might proceed to a formal hearing before a Professional Conduct, Health, or Performance Committee. There, evidence is presented, and your fitness to practise is evaluated. Outcomes range from no action to erasure from the register. You may also appeal decisions to the High Court.

If the case progresses to a hearing, your indemnity provider will assign a solicitor, who may in turn instruct a barrister. I never imagined I'd be in chambers at the Inner Temple, but there I was (that part of London is actually quite beautiful!).

5. Manage the narrative

One of my biggest mistakes was staying silent. Aside from a few close friends and family, no one knew what I was going through. The night before my hearing, I discovered the case had been made public. The GDC lists upcoming hearings online, and mine had made its way onto social media. I was horrified, but then something unexpected happened: people reached out with messages of support. I realised I wasn't alone, others had walked this path.

Talk to people you trust. Don't let rumours shape your story. You don't have to announce it on social media but being proactive and open with your circle can bring comfort, perspective, and solidarity.

6. What actually happens at a hearing

FtP hearings are legal proceedings, but

they don't take place in grand courtrooms. Any appropriately sized room can serve as the venue. The panel usually includes three people, there is also a legal adviser, a court recorder, and representatives from both sides.

Witnesses are called and cross-examined. You are most likely to be called to give evidence and be cross-examined by the GDC's barrister.

The hearing usually unfolds in stages: first, determining whether there is a case to answer; second, assessing whether your fitness to practise is impaired; and finally, deciding on appropriate sanctions if needed.

There's a lot of waiting involved, and it's helpful to bring distractions – books, podcasts, or mindfulness tools. You're not kept isolated, friends and family can accompany you, and their presence is grounding.

That first day was terrifying. But it's the GDC's job to prove their case, not your job to prove innocence. Be honest, be clear, you are human.

When the panel read their decision, the room fell silent, I was shaking. In my case, they began by stating there was no case to answer. Relief washed over me – followed by a full reading of their considerations. Then, it was simply over.

After months of fear, uncertainty, and emotional exhaustion, I heard the words: 'Miss Somerville Roberts, you can leave.' And that was that, the room cleared, life moved on, my legal team and the GDC were all focused on the next case.

I walked to a champagne bar with my sisters whilst I called my husband, who was at home with our children. There were tears.

Learnings

So, what can you take from my experience?

1. You are probably more resilient than you think
2. You will never please everyone
3. You will discover who your true friends and allies are
4. You do not have to suffer in silence
5. Some things are out of your control – and that's okay.

Finally, whilst my story is unique to me, I continue to support the role of the GDC in upholding professional standards and ensuring patient safety.

Their role is necessary, but we must also remember the human impact of the process. If you're ever in that position, take heart, you are not alone and you will get through it. **D**

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Are generational assumptions killing your culture?

Mark Topley delves into why your gen Z hygienist isn't lazy and your boomer receptionist isn't stuck in the past

Mark Topley

Leadership and culture coach



Walk into any dental practice staffroom and you'll hear the whispers: 'The younger staff have no work ethic,' or 'The older team members resist every change we try to implement.' Sound familiar? If you're nodding along, you're not alone, but you might be part of the problem.

The truth is, your gen Z dental nurse isn't lazy, and your baby boomer practice manager isn't rigidly opposed to progress. What you're witnessing are the natural expressions of worldviews shaped by vastly different formative experiences. Understanding this distinction isn't just good leadership but it's essential for practice survival in today's competitive market.

The generational reality check

Consider this: your 25-year-old hygienist grew up during the 2008 financial crisis, watched their parents lose job security, and entered adulthood during a global pandemic. Is it any wonder they prioritise work-life balance and seek regular reassurance about their role? Meanwhile, your 60-year-old receptionist built their career during an era when loyalty was rewarded with job security, face-to-face communication was the norm, and hierarchy provided clear structure.

Neither approach is wrong – they're different responses to different worlds.

Gen Z team members, those digital

natives born between 1997-2012, aren't asking for flexible hours because they're uncommitted. They're seeking the autonomy and balance that their lived experience tells them is essential for long-term success. When they request regular feedback, they're not being needy, they're applying the continuous learning mindset that helped them navigate constant technological change.

Millennials, now representing 75% of the workforce, bring entrepreneurial energy and purpose-driven motivation. That dental nurse who questions your patient communication protocols isn't being difficult, they're applying their natural inclination to seek meaning and improvement in their work.

What this means for your practice

The most successful dental principals I work with have stopped trying to force square pegs into round holes. Instead, they've embraced what I call 'curious leadership' – approaching generational differences as assets to leverage rather than problems to solve.

Where practices fail

Most leadership failures in dental practices stem from what I call 'assumption-based management.' You assume you know why someone behaves a certain way, then respond to that assumption rather

than the reality. This creates a leak in your leadership effectiveness that slowly drains your practice culture, staff satisfaction, and ultimately, patient care quality.

The antidote is to replace certainty with curiosity. Before concluding that your dental nurse is 'disengaged', ask yourself: Do they need clearer expectations? Are they craving more meaningful patient interaction?

Building bridges, not barriers

Effective generational leadership isn't about treating everyone the same, it's about understanding what motivates each person and creating systems that allow different strengths to complement each other. Your gen X associate might thrive with independent project ownership, while your gen Z receptionist might excel with regular check-ins and collaborative goal-setting.

The practices that will thrive in the next decade are those led by principals who view generational diversity as a competitive advantage. They understand that a team spanning multiple generations brings varied perspectives on patient care, different problem-solving approaches, and complementary skills that create a more robust practice culture.

Moving forward

Remember: people aren't necessarily difficult – they're different. Small changes in your leadership approach can remove significant barriers to performance. Inclusion isn't extra work; it's better leadership that happens to benefit everyone.

Your 'lazy' gen Z team member might just need clear career progression pathways. Your 'inflexible' boomer colleague might simply prefer structured communication over casual feedback. Your 'entitled' millennial might be seeking the meaningful work that keeps them engaged for the long term.

The question isn't whether generational differences exist – they do. The question is whether you'll let them divide your team or leverage them to create the strongest, most effective dental practice your community has ever seen. **D**

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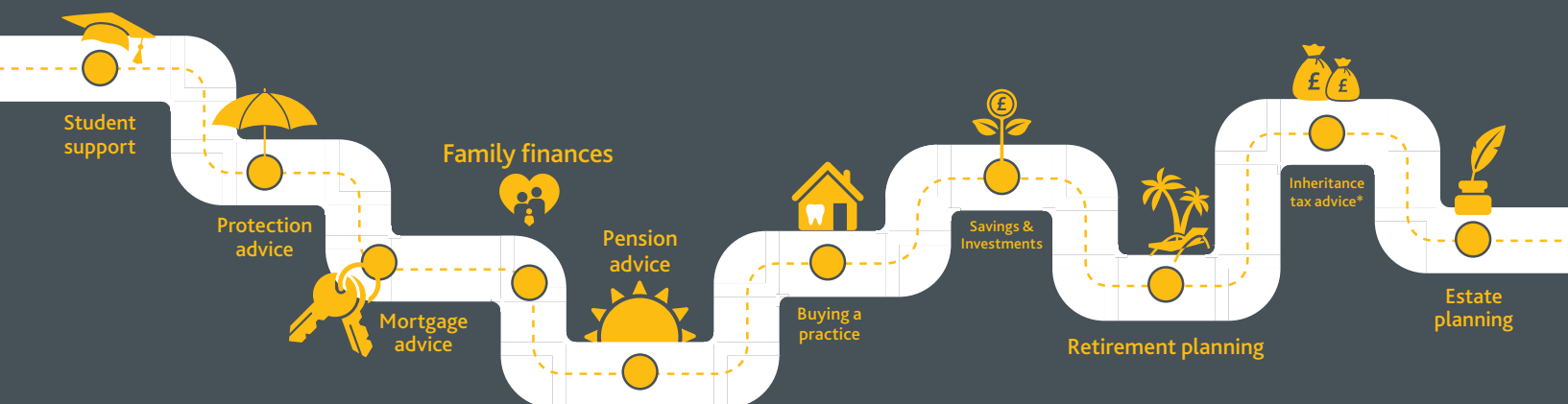
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From associate to practice owner

Zain Remy shares his journey in dentistry and business

Zain Remy

Owner and principal dentist,
Auckland Cosmetic Dental Clinic



Nine years ago, fresh from graduating at King's, I'd never have imagined that I'd own a dental clinic – let alone settle in the North East of England. Yet, here I am: a practice owner, business strategist, and still as passionate about patient care as the day I qualified.

The clinical foundation

After my foundation year, I worked across NHS, mixed, and fully private practices. From the start, I made a promise to deliver the best clinical care possible and minimise repeat emergencies. I asked for advice often, sought feedback, and embraced learning from failure.

Communicating with patients – especially nervous ones – was once daunting. But over time, I grew to love the challenge.

My experience in customer service during university taught me the value of clear, empathetic communication. No course can teach that skill, it comes with time and effort.

Over the years, I began involving patients more deeply in treatment discussions, helping them make informed decisions without pressure. This honest, open approach eventually became my personal brand; one built on trust, quality, and care.

Building confidence and community

After a few years, I pursued a postgraduate diploma in restorative and aesthetic dentistry with Smile Academy. It reignited my love for dentistry and introduced me to a network of driven, like-minded clinicians. Surrounding yourself with the right dental community is essential – especially when the early years can feel isolating.

Award ceremonies also became a source of inspiration for me. Whether I walked away with a trophy or not, being surrounded by extremely dedicated fellow clinicians was always motivating. Seeing how others push boundaries showed me that mindset is everything in this profession.

The more I grew as a clinician, the clearer it became: I wanted more than the NHS model could offer. Under time constraints and target pressures, quality was compromised. Private dentistry brought a different kind of accountability – if I didn't plan well, I'd be redoing treatments at my own cost. This pushed me to plan, execute, and communicate at a higher level.

Making the leap

I started working at a mixed practice, investing in private materials and aiming for high-quality outcomes. But limitations on time and materials clashed with my values. I knew I had to find a clinic that aligned with my vision, or create one myself. I interviewed widely and was surprised by how competitive private dentistry was. Some clinics didn't align with my ethos, while others weren't ready to embrace the personal brand I'd built through collaborations with companies like Zima and Skrubz. Eventually, I decided to stop searching and start building.

The reality of ownership

Starting a clinic was overwhelming – EBITDA, leasehold vs freehold, plan providers – it was a new language. In addition, my wife was expecting a baby and we were navigating the post-COVID uncertainty – the pressure was real.

I teamed up with a broker and financial planners, built a five-year business strategy, and committed to buying a care plan-based private clinic in Bishop Auckland, an area on the rise. Despite warnings from accountants and dental advisors, I believed in my vision.

I took some risks and learnt from them, including: investing in an open day and not expecting patients to leave, switching plan providers, introducing a hygiene and therapy model that patients didn't take to, moving away from suppliers that did not share the same ethos, and losing patients to make way for those who valued the dentistry we offer. Some of these decisions were right and some were wrong but if you are not willing to take the risk by learning to fail, then you will never succeed.

Crafting a vision

From the outset, I created a strategy rooted in five core values:

- Integrity – we believe in acting ethically and adhere to the highest professional standards to maintain trust within the community
- Quality – we promise to deliver high calibre dental care through clinical excellence, continuous professional development and the latest technology and equipment
- Collaboration – we believe working together is a fundamental element of dental care and patient treatment which includes teamwork within the practice and building partnerships with other organisations
- Participation – we consider honest and open communication is key to building trust. We welcome new ideas to elevate the care we offer to patients
- Sustainability – we are committed to delivering optimal oral healthcare whilst

recognising our environmental and social responsibility for future generations of our community and respecting the world's natural resources.

These values guide every decision, from patient journeys to recruitment. Leadership, I've learned, is about inspiring others to uphold that same standard.

The best advice I can give? You can't do it all yourself. Build a strong team, trust them, and make sure everyone shares the same drive.

Reflect, learn, grow

Ownership has given me a deeper appreciation for the sacrifices other principals make; for their staff, their patients, and their families. My wife has been my biggest supporter, she keeps me grounded and ensures I do not overspend!

If your motivation is money, you'll burn out fast. But if you build your strategy around patient care, learning, and team culture, the rewards – while not instant – will come.

If you are thinking of purchasing your first clinic, listen to podcasts, research and write down what you want to achieve in five years. Do not let other principals put you off and say you cannot do it. It's okay to take calculated risks as long as you can learn from any failed decisions. Everyone has their own journey and trust me, I've never regretted purchasing my practice.

Final thoughts

Practice ownership is not a straight road. It takes resilience, adaptability, and support. I've created a Facebook group, Diary of Dental Practice Owners, to connect others on the same journey. Each week I share personal reflections and invite others to do the same.

I've also shared my experiences as a podcast guest, including: 'What It Takes To Start A Dental Practice in 2025' with James Martin, CEO of Dentists Who Invest, and 'Sharing Associate Stories' with Alex Sharp, CEO of Dental Disrupters.

Since purchasing my clinic in October 2023, I've been fortunate to pick up industry recognition: Highly Commended Best New Practice, North at the Private Dentistry Awards 2024 and Highly Commended Best New Practice, North and Winner Best Young Dentist, North at the Dentistry Awards 2025. But it's the journey I'm most proud of. **D**

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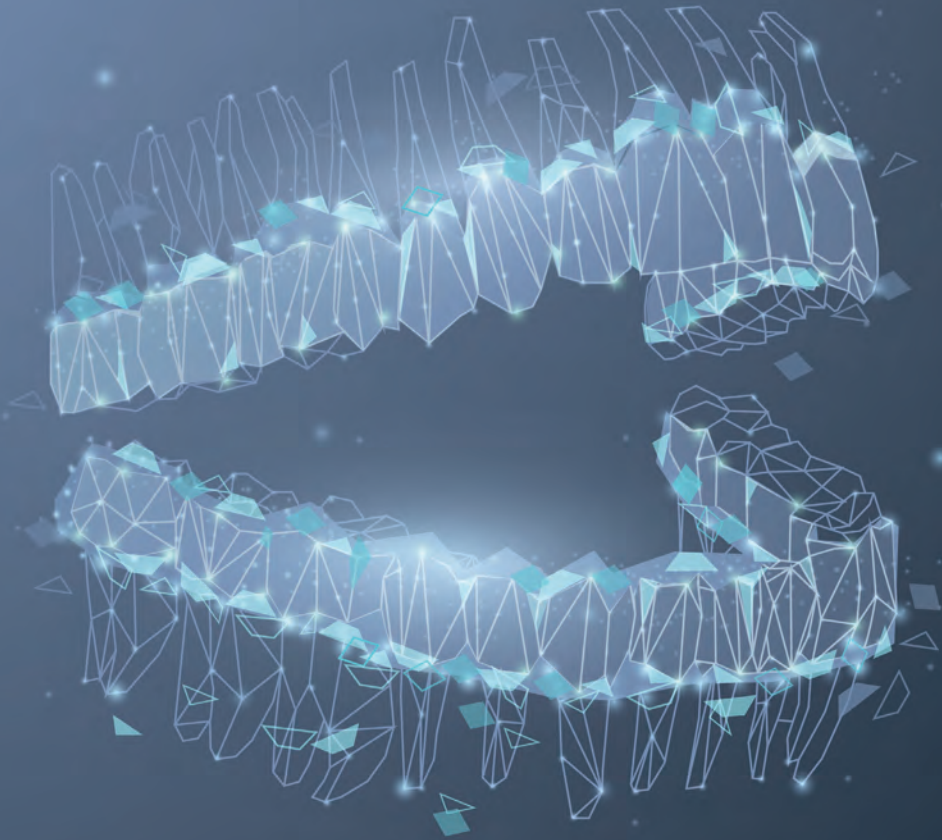
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Navigating orthodontics in the age of artificial intelligence

At BOC 2025, **Farooq Ahmed** will share new insights into AI in diagnosis, digital learning and the evolving identity of the modern orthodontist

Farooq Ahmed

Consultant orthodontist, podcast host and researcher



When it comes to orthodontics, Dr Farooq Ahmed wears many hats; clinician, educator, researcher, and host of the popular Orthodontics in Summary podcast. He has made it his mission to connect the academic and clinical worlds in a way that feels both practical and inspiring. At this year's British Orthodontic Conference in Wales on the opening Wednesday, Farooq will deliver a session focused on artificial intelligence and its role in modern diagnosis. It's a well-timed topic and one that speaks directly to the heart of how orthodontists will work in the years to come.

'AI is no longer some abstract idea that's coming in the future,' he says. 'It's already here. What we need now is a thoughtful discussion about how we use it wisely.' Farooq's talk will be grounded in recent research, including a study he led comparing the diagnostic accuracy of AI systems with human clinicians. The findings, published in the *American Journal of Orthodontics and Dentofacial Orthopaedics*, sparked discussion around the reliability of machine learning and where the boundaries should lie.

'The results were fascinating,' he explains.

'There were areas where AI performed very well, and others where clinical judgement was clearly still superior. What I want to explore at BOC is not just what AI can do, but what it can't do, and why we must remain in control.'

He is quick to point out that this is not a session about replacing orthodontists with computers. 'The tools are improving rapidly, but the value we bring as clinicians is our ability to contextualise, to communicate, to empathise. That's where AI still falls short.'

A respected voice

Farooq's interest in accessible education has also made him a respected voice beyond the research world. His podcast, Orthodontics in Summary, distils complex academic papers into short, digestible episodes aimed at busy clinicians. Since launching it in 2020, he has recorded more than 200 episodes and built a global following. He commented: 'In 2024, Kristos Livas' research showed that reading peer review articles from the *Angle Orthodontist* were viewed on average 1,296 times, and by contrast average plays for each of our podcasts and hits to our blogs number between 4,000, to 6,000. That tells you something about how people want to learn today.' He believes that digital platforms, if used responsibly, can be powerful tools for professional development.

'There's definitely a risk of oversimplifying or spreading misinformation online. But there's also a huge opportunity to engage with evidence-based knowledge in ways that are more flexible and inclusive.'

As someone who works in both primary and secondary care, Farooq has a broad perspective on what orthodontists face day to day. His career spans hospital consultancy, private practice and academic teaching. He believes that technology should enhance, not replace, the patient experience.

'There's a real temptation to over-automate,' he says. 'But we must not lose sight of the human connection that defines good dentistry. Patients don't just want straight teeth. They want to feel listened to, understood and cared for.'

Thinking critically

At BOC 2025, Farooq aims to start a conversation rather than deliver a verdict. 'This is not a lecture where I tell you what to think,' he says. 'It's a chance for us to reflect, share experiences and think critically about where we're heading.' For those who have not heard him speak before, expect a relaxed but thoughtful delivery style, grounded in real clinical questions and backed by solid evidence. He will also be sharing practical ways to evaluate AI tools, avoid common pitfalls and apply them safely in practice.

'BOC is the one time in the year where we all come together,' he says. 'It's not just about CPD. It's about community. It's where you get to step back, take stock and get excited about the work we do.' Farooq is also keen to hear from early career orthodontists and those considering research. 'We need more people asking big questions and challenging assumptions. BOC is a brilliant place to start those conversations.' **D**

Reference

Vaughan, M., Mheissen, S., Cobourne, M. and Ahmed, F., 2025. Diagnostic accuracy of artificial intelligence for dental and occlusal parameters using standardized clinical photographs. *American Journal of Orthodontics and Dentofacial Orthopaedics* 167(6) 733-740

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Dentistry's wild ride...

Raabiha Maan shares her tips on how to ride the emotional rollercoaster you were never trained for

Raabiha Maan

Practice principal and founder of the Patient Journey Academy



At 9am, a woman slammed the surgery door behind her, cheeks flushed. 'Why can't I have this on the NHS?' she demanded. Ten minutes later, I was helping her breathe through her fear of needles and she was apologising for her anger.

By 11.30am, the next patient was grinning from ear to ear at their new smile, but it was a long and stressful case.

The very next patient quietly told me she'd lost her father, and we sat in that heavy silence together.

Before lunch, a teenager came in beaming about her new relationship. Only months before, she'd told me she was being bullied, and it made me fear for my own daughters and how cruel the world can be.

All of this... before 1pm. And that's not unusual.

Where the magic lives

Dentistry is full of technical skills we're trained for. But this part? No one teaches you how to carry it. The constant shifting from anger to joy to grief can feel like whiplash. Some dentists hate it, and I get why. It's exhausting to keep showing up for other people's feelings while keeping your own in check.

But I've come to learn that this is where the magic lives.

If someone's anxious, I give them time to tell me why. If they're proud, I celebrate with them. If they're grieving, I pause and connect before the dentistry begins. These moments aren't distractions from the work. They are the work.

But here's the problem. The emotional part of dentistry can leave you feeling drained. It is all too easy to give, give, give until you have nothing left. And in a profession where the pace is relentless, 'self-care' can sound like something that happens to other people with lighter schedules.

Habit stacking

That's where habit stacking comes in. It is the idea, from James Clear's *Atomic Habits*, that you attach a new habit to something you are already doing. Instead of trying to add more to your day, you weave small actions into the moments that already exist.

Here are a few ways you can use it in practice:

- Set an intention for the appointment – when you go to walk a patient in. It could be as simple as 'listen more than I talk' or 'be calm'. A single sentence can reframe your mindset in seconds
- Micro check-in – when you put on your gloves, ask yourself: 'Am I carrying the last patient's mood?' If yes, release it

In the end, the emotional rollercoaster is part of the job. It is not something we can control, but we can control how we show up for it

physically. Roll your shoulders, stretch your hands, or even shake your arms lightly. It only takes a few seconds, but it resets you for the next interaction

- Take a tiny recharge – when X-rays are processing, or you're taking impressions or light-curing. Use the time to take a few deep breaths, stretch your neck, or relax your jaw. These small physical releases stop tension from building in your body across the day
- Mini debrief – when a patient leaves, as you walk them out, think of one good thing about that appointment. Maybe they trusted you with a personal story or you made them smile. It trains your brain to notice positives even on high-pressure days.

Recharge yourself

These small habits will not remove the emotional highs and lows, but they will help you ride them without burning out. They are simple, invisible to the patient, and most importantly, doable in the reality of a dental day.

Because in the end, the emotional rollercoaster is part of the job. It is not something we can control, but we can control how we show up for it. And if we learn to take care of our own emotional reserves along the way, it can become the most fulfilling part of what we do.

In a world where kindness and humanity feels like it is running low, take time to recharge yours. **D**



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A digital embrace

AI is here to stay, says Sam Jethwa



British Academy of
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SAM JETHWA

PRESIDENT, BRITISH ACADEMY OF
COSMETIC DENTISTRY (BACD)



Technology is often the culprit for a changing landscape. In the last few years, AI has brought the realm of science-fiction to our doorstep. Not that it's new – it's existed quietly for a long period of time, sorting emails into inbox or spam, or answering your voice as an Alexa, Siri or Google Assistant. But now, to the general public, AI is synonymous with ChatGPT, and awareness of its capabilities is everywhere.

Scepticism towards such AI is inevitable, particularly around written material – how do we know that what we read came from a human instead of ChatGPT? And so is fear – will we be made redundant by advancing technologies? These worries are understandable but ultimately unwarranted; the machines aren't going to take over. AI is much, much more than a service that writes emails for you.

of human error, having a reliable technology to help catch the tiny details that may be missed can enhance the workflow and improve the patient's experience. Furthermore, AI-powered notetaking services have also streamlined the workflow, transcribing every appointment and ensuring greater legal protection with highly accurate records.

Trust and responsibility

But reliability is an issue, and one of the reasons why dentists may resist the digital embrace of AI tools. It's no secret that the broader dental industry can be slow to adapt to new technology. This is because we want to test before we can trust. Many of these AI tools have only recently emerged so it's understandable that we don't make the initial

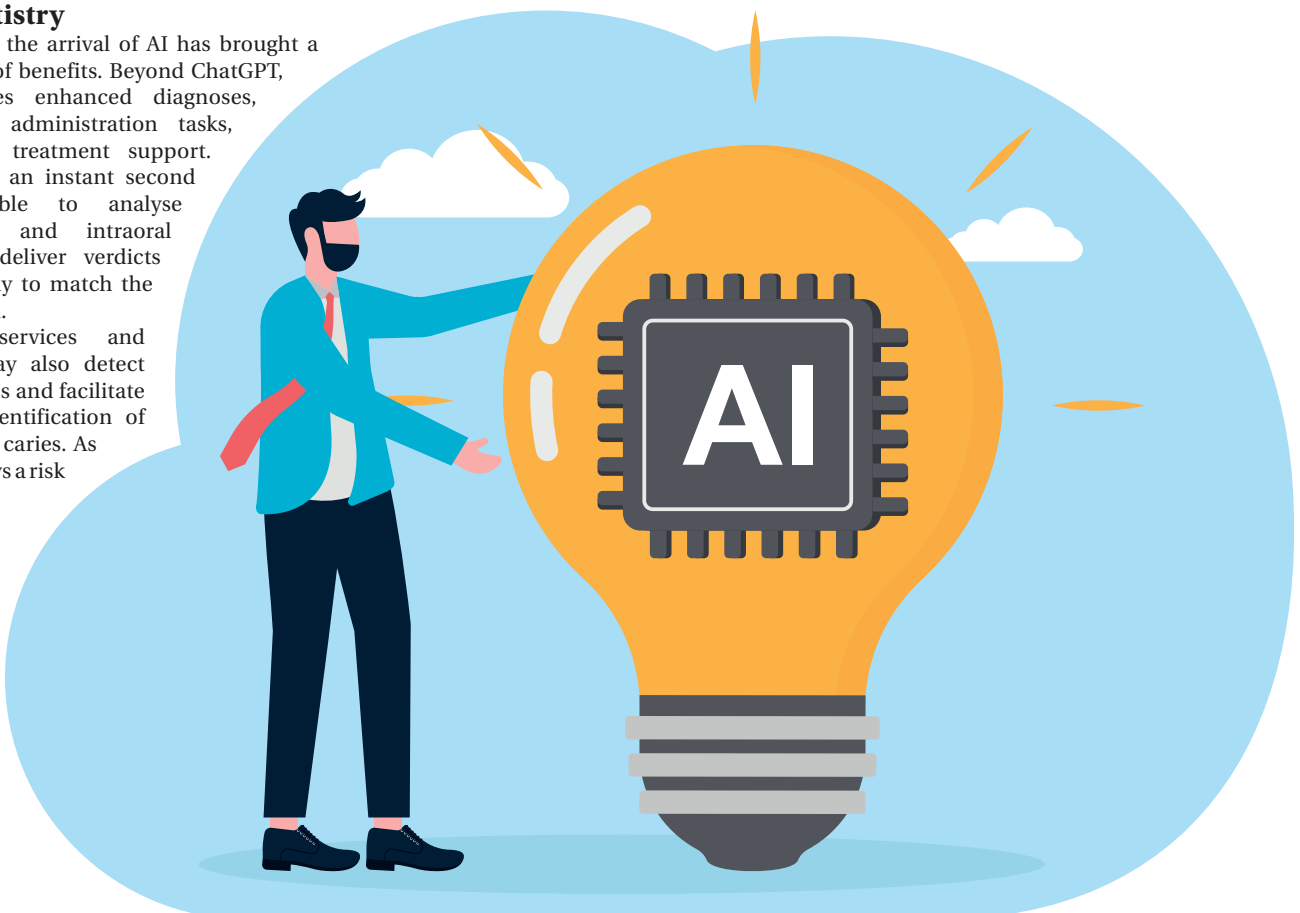
purchase – we wait to hear from others. There are also yet unanswered questions regarding its use and possible over-dependence. In particular, if an AI-driven treatment plan fails, who is responsible: the dentist, the machine, or the practice?

I've always thought that AI, in general, would be used for the taxing, time-consuming, and sometimes unpleasant jobs, making life easier for all, and giving us more time to focus on more creative endeavours. This hasn't been the case so far when we think of the world at large, but the application of these tools in healthcare is truly revolutionary and should be actively encouraged. Pandora's box has been opened and AI cannot be put back – we should embrace it whilst still promoting safety and consistency in the daily dental workflow. **D**

AI in dentistry

For dentists, the arrival of AI has brought a cornucopia of benefits. Beyond ChatGPT, this includes enhanced diagnoses, streamlined administration tasks, and overall treatment support. AI can offer an instant second opinion; able to analyse radiographs and intraoral scans and deliver verdicts that are likely to match the dentist's own.

Certain services and products may also detect abnormalities and facilitate the early identification of diseases like caries. As there is always a risk





Supporting the implant process

Nina Farmer explores nutrition and lifestyle considerations for the dental implant patient

Nina Farmer

Dual trained dental therapist and nutritional therapist, trade liaison and joint editor for the BADT



In May of this year, I was delighted to be invited to the association of dental implantology (ADI) conference to discuss nutrition and lifestyle considerations and the dental implant patient, and I am now just as delighted to be giving a very brief overview of my presentation in this article.

The aim was to discuss nutrition and, in particular, the nutrients that can prepare and support the implant process. Covering preparation, implementation and longevity, while considering any functional testing needed, safe supplementation, and a multidisciplinary approach.

The procedure timeline

The procedure timeline can take 3-12 months depending on the case. It consists of consultation, potentially a tooth extraction and bone grafting (where required), the placement of the implant, and prosthetic placement and post treatment reviews; so the patient is going to need to be consistent with nutrition and lifestyle to support this process.

The dental implant patient

The first thing to consider with the potential implant patient is: why did they lose the tooth in the first place? Was it due to trauma, caries or periodontal disease?

'Periodontitis is the second most common reason for tooth extraction (following caries), with around 35% of tooth extractions occurring as a result of periodontitis' (King et al, 2016).

Why is this relevant? Because research shows patients with periodontal disease have increased risk of co morbidities (Holmstrup et al, 2017), so it's important to note that the risk factors are potentially already present in these patients, and we need to be vigilant for the signs.

In the S3 EFP clinical guidelines on peri implantitis (West et al, 2024), it mentions the importance of primordial prevention for the prevention of risk factor development prior to placement – so this is where nutrition and lifestyle interventions should start to be considered; prior to placement, maybe even prior to referral for the implant.

One of the risk factors with a lot of evidence surrounding implant failure, is uncontrolled diabetes (Cosola et al 2025).

The office of national statistics advise that 30% of the population are walking around with undiagnosed type II diabetes or prediabetes, that equates to around 1 million people, and any of these people could be a dental implant patient.

What to look out for with these patients

- Carrying weight around the middle
- Extreme thirst and frequent urination, especially at night
- Sweet cravings and energy dips throughout the day
- More than three new skin tags per year (NHS, 2017)
- Acanthosis nigricans which manifest as dark patches on the neck, armpits or elbows (NHS 2017).

Any, or all, of these symptoms require signposting to the GP for a HbA1c test to test for pre or type II diabetes.

Alongside plaque control and the risk factors, it is also important to consider the host response to support inflammatory pathways and the immune system.

Each cell in the body needs macro and micronutrients to perform its actions and work effectively, and nutritional deficiencies are linked to 'impaired immune response' and 'loss of the host resistance to infection' (Munteanu et al, 2022).

'Chronic stress has been shown to significantly disrupt immune function' (Sisto et al, 2024). It can also contribute to nutrient depletions, as more nutrients are needed to support digestion, so absorption of nutrients may be impacted too. Eric Graber concluded in an article titled 'Nutrition and stress: a two way street' that: 'Stress has its own deleterious effects on health, but eating junk food while stressed synergistically leads to



Advice for patients:

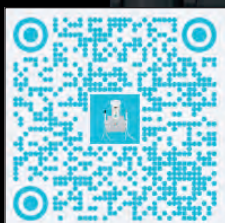
- Aim for 30-40 portions of fruits and vegetables a week, with a focus on vegetables if possible, which will provide vitamins, minerals, and vital antioxidants to aid the healing process and reduce inflammation
- Protein needs to be at least 0.8g per kilo of bodyweight and during placement and healing, this should increase to 1.2-1.4g per kilo of bodyweight
- Healthy fats to support the central nervous system, reduce inflammation, absorption of fat-soluble vitamins and support the health of cell membranes.



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Helping to shape what comes next

Rhiannon Jones reflects on how national policy recognition is giving dental hygienists and dental therapists the platform to help shape the future of oral care

Rhiannon Jones

President, British Society of Dental Hygiene and Therapy (BSDHT)



For decades, dental hygienists and dental therapists have worked at the coalface of oral health. We have educated, listened, prevented, supported. We have made a difference in clinics, in communities and in the lives of patients who may never fully understand the value of what we do. Until recently, however, our profession has not always had the opportunity to influence national policy from within. That is now changing.

The BSDHT has secured formal representation in key policy conversations shaping the future of oral healthcare in the UK. This is not a token gesture. It is the result of persistent advocacy, and it gives our profession a voice in the decisions that will define the next generation of care. It also marks a profound shift in how our skills and contributions are understood. We are not on the margins. We are in the room, and we have a seat at the table.

Being part of the conversation

This shift in recognition means that the people who understand prevention best are now being asked how it should be delivered. The BSDHT is involved in working groups on neighbourhood health teams, community delivery models and NHS reform.

These are practical discussions about what healthcare will look like in the future, and how teams can be structured to meet the needs of a changing population. Dental hygienists and dental therapists have a vital role to play in prevention, education and early intervention. They can help reduce pressure on secondary care, increase access to underserved groups, and deliver better outcomes in a more sustainable way.

The formal recognition of our roles within these wider structures is welcome. But it has not come out of nowhere. The BSDHT has spent years

building trust and influence through consistent dialogue with the General Dental Council, advocating for professional development, fair regulation and clearer recognition of our scope.

That foundation has helped open the door to national policy conversations. Now, with that recognition in place, comes responsibility. As a profession, we must be ready to step up and help shape what comes next.

Prevention is the priority

For those of us in the profession, prevention has never been a buzzword. It has been the foundation of our practice for years. We have always focused on stopping disease before it starts, helping patients make informed decisions, and promoting long-term oral health.

What is different now is that prevention is being recognised as a critical component of system-wide reform. The move towards community-based care is grounded in the understanding that early intervention reduces the need for complex treatment and improves patient outcomes. In this model, the value of dental hygienists and dental therapists is clearer than ever. However, to deliver prevention at scale, we need the right infrastructure. That means funded pathways, integrated roles and leadership opportunities. It also means practical support for the professionals expected to take on new responsibilities.

Practical support for evolving roles

The BSDHT is investing in helping our members prepare for these changes. We know that taking on a new role, or returning to clinical practice after time away, requires more than motivation. It requires structure, training and a community of support.

We are providing hands-on courses, access to updated guidance, mentoring and coaching. For dental therapists who have not used their full scope recently, or for dental hygienists exploring expanded responsibilities, we are creating the conditions that enable confidence to grow.

This work matters because no one can be expected to deliver transformational care without the tools to do it well. Empowering our members with the resources they need is a critical part of our advocacy. It ensures that progress is not just aspirational, but achievable.

Removing barriers and advocating for fairness

Alongside practical training, we continue to advocate for the removal of barriers that limit access and progression. That includes the exemptions mechanism to improve access to medicines, as well as wider issues of pay, pensions and fair employment.

These are not abstract concerns. They affect the daily lives of professionals across the country. If we are serious about unlocking the full potential of the dental workforce, we must ensure that the working conditions reflect the importance of the roles being performed.

The BSDHT also recognises that change can bring uncertainty. That is why we are committed to supporting both the emotional and professional wellbeing of our members. Through peer engagement, active listening and clear communication, we are creating a space where people feel heard and empowered to thrive. Our policy work is shaped not just by national priorities, but by what our members tell us they need. Their experiences and concerns feed directly into the conversations we have with policymakers.

Looking ahead with purpose

The year ahead presents enormous opportunity. The reform of NHS dentistry is gaining pace, and prevention is increasingly seen as a practical solution rather than a policy aspiration. For the BSDHT, the priority is clear. We will continue to represent our members in national discussions, provide the support they need to succeed in evolving roles, and advocate for fair treatment across all settings. **D**

Miscommunication in consent... and its consequences

Biju Krishnan shares how we can make misunderstanding obsolete, and keep our patients, our records, and our sanity intact

Biju Krishnan
Clinical director, FMC



Consent: the cornerstone of ethical dental practice, the legal safety net we cling to – and sometimes, a misunderstood ritual of nods, forms, and crossed fingers. While most clinicians genuinely strive to inform and empower patients, consent can become a casualty of miscommunication. Whether due to rushed explanations, jargon overload, or assumptions made on both sides of the chair, these gaps can lead to patient dissatisfaction, complaints, and in worst-case scenarios, litigation.

This article explores a few real-world case studies (anonymised, of course), where the consent process was undermined by miscommunication, and offers practical suggestions to restore clarity – and credibility – to one of the most vital parts of patient care. And we'll look at how digital tools like Dentistry Consent can help move consent from checkbox to conversation.

Case study 1: the 'little filling' that wasn't

Background

A 29-year-old patient came in for what he believed was a 'small filling' on a back tooth. The dentist had identified deep caries on the lower first molar and explained that a large composite restoration might be needed. During the appointment, the decay was more extensive than anticipated, and the dentist performed a near-pulpal excavation and indirect pulp cap. The patient left numb, sore, and alarmed: 'I thought it was just a tiny filling!'

Outcome

The patient didn't complain – but he did leave a lukewarm review online about the procedure being 'more serious than expected' and 'not fully explained.' Trust was dented, and the patient never returned for the crown the dentist recommended.

Where it went wrong

The dentist may have mentioned the depth of the decay, but the patient only registered the word 'filling.' The procedure escalated during the visit without the patient fully grasping the possible complexity beforehand.

How to fix it

- Set expectations ahead of time. Say: 'There's a chance this may be more than a simple filling. If we find it's close to the nerve, here's what we may need to do...'
- Flag language like 'small' or 'routine.' These can downplay significant risks in the patient's mind
- Provide clear, written or digital explanations

in advance. Using tools that deliver tailored information and check patient understanding before treatment can help ensure that everyone is on the same page – especially when the situation may evolve mid-procedure.

Case study 2: the extraction assumption

Background

An 11-year-old patient with crowding was referred for an orthodontic assessment. During the consultation, the orthodontist mentioned the possibility of premolar extractions if fixed braces were chosen. The parents nodded along. Six months later, extractions were scheduled, and only then did the parents object, stating they: 'Never agreed to having healthy teeth removed.'

Outcome

The treatment was delayed, the referring dentist was looped into a drawn-out blame chain, and trust eroded faster than enamel in a fizzy drink habit.

Where it went wrong

The discussion was framed in terms of 'possibilities' without clearly identifying what was likely to happen or what the parents were being asked to consent to. The consultation notes were minimal and failed to reflect any discussion of risks, benefits, or alternatives.

How to fix it

- Document specific conversations. 'Discussed ortho options' is meaningless in hindsight
- Provide written follow-ups of decisions, ideally with educational content to reinforce it. Avoid passive phrasing
- Consider using structured digital consent tools for complex or multi-phase treatment plans. Breaking down information into manageable parts and confirming patient (or parent) understanding at each stage can help avoid confusion later – particularly in orthodontics, where plans often evolve over time. It also makes it far less likely that a frustrated parent will return quoting internet forums and asking for your records.

Case study 3: implant expectations implode

Background

A 58-year-old man consented to a single implant to replace a missing molar. He later complained bitterly that he couldn't 'chew steak like he used to,' and claimed he'd been led to believe the implant would restore full bite strength. When shown the consent form (which mentioned 'aesthetic and functional improvement'), he dismissed it as 'legal waffle.'

Outcome

An official complaint to the GDC was narrowly averted thanks to detailed notes and a second opinion, but the clinician spent weeks battling anxiety and second-guessing every conversation.

Where it went wrong

Despite accurate documentation, the patient's expectations weren't managed. He assumed 'implant' meant 'bionic tooth,' when in reality, he had bone loss that reduced the long-term load capacity.

How to fix it

- Spell out limitations and avoid vague claims
- Use analogies to explain capabilities
- Check comprehension
- This is where a well-structured consent process really matters. Clearly presenting the pros, cons, and realistic outcomes – and then taking a moment to check that the patient has actually understood – can make all the difference. It's like having an extra layer of reassurance that everyone is genuinely on the same page before treatment begins.

Bridging the consent gap

What do these cases have in common? The illusion of understanding. Consent isn't a form; it's an agreement based on shared comprehension. Problems arise from assumption.

Traditional consent processes often rely on verbal explanations, occasionally supported by written forms. But memory fades, misunderstandings happen, and not every patient feels comfortable asking for clarification.

Digital tools can help address these challenges by presenting procedure-specific information in clear, accessible formats, offering simple comprehension checks to highlight any gaps, and creating a record not just of what was explained, but what was understood.

In essence, it brings transparency, clarity, and mutual accountability back into the room.

Less guesswork, more good work

Consent is more than a legal checkbox, it's an ethical dialogue, and it's time we used every tool at our disposal to make it better. Miscommunication costs time, trust, and peace of mind.

If a smart digital assistant can reduce risk while raising standards, then why not let tech do what it's good at? **D**

To mark its launch, Dentistry Consent is offering full access to the platform for just £1 per month for the first three months. It's a risk-free way to explore a smarter, safer approach to consent.

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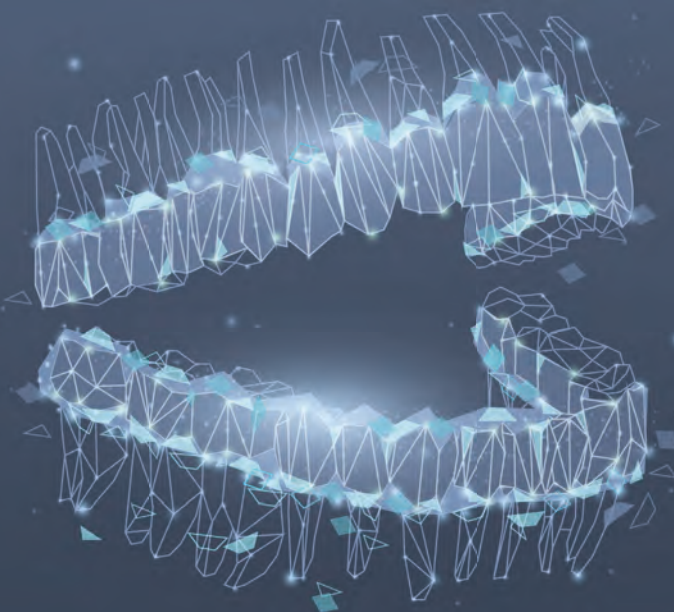
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03



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05



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Redesigning digital dentistry: a vision from the front lines

Guy Hiscott speaks to **Pete Bailey** about the challenges – and opportunities – of leading Mydentist's digital transformation

Technology is driving unprecedented transformation in dentistry. Patients are expecting more, clinicians are stretched thinner, and digital tools are evolving at breakneck speed.

The question facing the profession is no longer whether to change – it's how to evolve alongside this wave of innovation in a way that makes a meaningful difference.

Pete Bailey leads the digital transformation strategy at Mydentist. With a background in hospital systems and clinical operations, he brings a unique blend of healthcare experience, technical expertise, and human-centred design thinking to the world of dentistry.

And since joining, he's made it his mission to reimagine the dental experience – focusing not just on new technologies, but on the culture, workflows, and emotional journey that underpin every patient visit.

For all the lofty goals, it's a grounded approach. He's as interested in reducing admin as he is in exploring AI. For Pete, digital transformation is not an abstract goal; it's a daily effort to make real improvements that benefit clinicians, patients, and the broader dental ecosystem.

Perhaps counterintuitively for a head of digital, that transformation is therefore not just adopting shiny new tech for the sake of it. Instead, Pete fixed on answering what he calls 'the only question that really matters' in dentistry: 'How does this improve care for patients and the working lives of dental professionals?'

Listening, learning, and 27,000 miles

When Pete joined Mydentist, one of his first acts was to hit the road. In just nine months, he visited over 120 practices across the UK, putting more than 27,000 miles onto his own car (one that's subsequently been retired!). The aim wasn't to audit or enforce – it was to understand.

'From two-surgery practices in community centres to large, multi-chair clinics, every location had its own rhythm and needs,' he recalls. 'You can't design tech that works for everyone unless you've sat beside them.'

Just as dental practices are not uniform in presentation, one of the biggest obstacles to digital transformation in dentistry is the fragmentation of the tech stack.

In simple terms, the 'tech stack' is the combination of software tools, platforms, and technologies that work together to run digital operations in a business. In dentistry, this can include everything from patient booking systems and clinical record software to imaging tools and compliance platforms.



The problem, as Pete sees it, is that these tools often don't talk to each other – leading to inefficiency, duplication, and user frustration. It's not uncommon for clinicians to juggle five or six systems just to complete routine workflows.

His vision is a unified, simplified system: 'One source of truth, one streamlined experience,' he says.

But how do you take that and turn it into real-world change? For Pete and his team, the answer lies in active collaboration and honest, grassroots feedback. He's developed a roadmap to navigate the way – a living framework, but one that can only succeed if tested and shaped in partnership with those using the technology every day. So that's exactly what he's doing.

Critics and advocacy

The tech rollout at Mydentist follows a clear phased approach: test in controlled environments, expand regionally, then allow practices to opt in. This 'hands-up' method, Pete believes, builds trust and leads to more successful long-term adoption.

Much of the experimentation that underpins this happens within a unique space at Mydentist Support Centre: 'A digital twin' – a concept which acts as a virtual version of the technology used in Mydentist practices. The virtual practice includes servers, switches, routers and other technical equipment. Having a virtual set up allows the team to run tests on the software and integrations before they go live to the full estate.

But when it does meet the real world, Pete is quick to reject the idea that innovation comes only from enthusiasts and early adopters.

Some of the most important insights, he says, come from the sceptics.

'One particularly vocal critic gave us brutally

honest feedback during a rollout,' he recalls.

'We implemented her suggestions in 24 hours. The next day, she became one of our strongest advocates. That feedback loop – listening, iterating, improving – is everything.'

A vocal advocate himself for systemic digital reform across dentistry, Pete is keen to see his work benefit practices beyond the boundaries of Mydentist.

He's spearheaded a number of initiatives to that effect, from piloting access to NHS medical data in general dental practice to pushing for the rapid adoption of electronic forms during COVID-19.

'It's about showing what's possible, not hoarding progress,' he explains.

He's taken this viewpoint on the road again – though not to the tune of 27,000 miles this time! – to discuss progress in technology more widely through the profession, tackling everything from cybersecurity to the rise of generative AI.

With AI in particular becoming the topic on everyone's lips, he's keen to foster balanced, informed perspectives. 'We can't afford to be either blindly enthusiastic or blissfully unaware of the risks as much as the benefits of these technologies' he explains.

Emotions over processes

Pete has put a focus on empathy at the heart of Mydentist's digital transformation. With his team, he developed an emotional model to map how patients feel during each step of their visit. One key finding: asking anxious patients to fill out multiple forms upon arrival only adds stress.

'We don't see the journey as a straight line,' he explains.

'It's a circle. A cycle of care. Our job is to keep patients in that circle – supported, not just processed.'

Looking ahead, Pete is excited by the potential of large-format practices, through which Mydentist is working to increase accessibility by opening state-of-the-art practices conveniently located on high streets and retail parks. These allow for new patient experiences – from intelligent asset tracking to interactive children's zones. But he's just as focused on what he calls the 'unsexy' tech: reducing admin burdens, streamlining compliance, and helping clinicians focus on care.

'That's the real vision. Technology that empowers; that supports; that gets out of the way when it needs to.'

Because for Pete, digital transformation in dentistry isn't just about systems – it's about people. And if done right, he believes it won't just mean better practices. It'll mean better care all round. **D**

Exploring the role of vitamin D in periodontal health

Emily Lu shares insights from her upcoming session at the Dentistry Show London

Dr Emily Lu

Senior clinical lecturer and honorary consultant in periodontology at King's College London



Ahead of Dentistry Show London, we spoke with Emily Lu about her upcoming session around the impact of vitamin D on periodontal health.

We discussed why this topic matters for everyday practice, what the evidence tells us so far, and what delegates can expect to take away from the session.

Dentistry magazine (DM): Your presentation is titled 'The impact of vitamin D on periodontal health: biological basis and clinical relevance'. Why did you choose that focus, and what message do you hope it conveys to attendees?

Emily Lu (EL): My presentation explores vitamin D's role in oral and periodontal health because growing evidence links vitamin D deficiency with the development and progression of periodontal disease. I'll highlight the biological mechanisms, including vitamin D's anti-inflammatory, antimicrobial, and host-modulatory effects, and its clinical relevance in patient care. Ultimately, I want to convey that vitamin D influences not only oral health, but also a patient's overall wellbeing.

DM: Your work looks at vitamin D in innate immunity and epithelial defence. How do these mechanisms translate into benefits for periodontal health in clinical practice?

EL: Patients at high risk of deficiency such as older adults, people with darker skin, or those with limited sun exposure should be screened, as deficiency may increase periodontal disease risk. This is particularly relevant for patients with systemic conditions like diabetes or inflammatory

bowel disease, which share inflammatory pathways with periodontitis. Screening and awareness of vitamin D status can therefore play an important role in holistic patient management.

DM: From your perspective, what does the current evidence tell us about the link between vitamin D and periodontal health, and how should clinicians apply this knowledge today?

EL: Evidence shows vitamin D is crucial for inflammation control, antimicrobial defence and bone health. Clinicians should identify patients at higher risk of deficiency and provide advice or interventions that could benefit both oral and systemic health. That said, more robust longitudinal studies are needed to determine the optimal dosage and long-term effects of vitamin D supplementation in the context of periodontal disease.

DM: Your session outlines the vitamin D pathway and findings from long-term studies. Which insight will practising dentists find most surprising or useful?

EL: Many clinicians associate vitamin D only with bone health, but it also directly influences antimicrobial peptide production, inflammatory regulation, and epithelial barrier function in the oral cavity. The immunomodulatory role of vitamin D is particularly relevant. While more research is needed to clarify supplementation strategies, clinicians can already consider screening at-risk patients and advising on over-the-counter supplements, which are widely recommended during the winter months.

DM: Maintaining vitamin D levels seems simpler than many clinical interventions. How can this fit into broader patient management strategies?

EL: It can be integrated into broader patient management as a preventive or therapeutic measure. Screening, lifestyle advice, and supplementation guidance can all be incorporated into routine examinations, especially for at-risk groups. Beyond bone health, vitamin D influences immune function and may affect the progression of chronic conditions, so it fits well into a whole-patient approach to care.

DM: Screening for vitamin D deficiency isn't yet routine. What advice would you give to clinicians who are unsure about including it in their practice?

EL: Routine screening of low-risk patients isn't necessary. However, screening or lifestyle assessment for at-risk groups can be valuable. Even without testing, clinicians should maintain awareness of lifestyle factors such as diet, sun exposure, and supplement use that can influence vitamin D levels, and offer advice where appropriate.

DM: What are the biggest challenges in translating vitamin D research into clinical practice?

EL: There are several. First, different agencies use varying thresholds for vitamin D sufficiency, making consensus essential. Second, lifestyle factors – diet, geography, sun exposure – complicate study design. Third, most studies are cross-sectional, so more high-quality clinical trials are needed. Finally, cost, practicality, and awareness remain barriers. Continuing professional education on vitamin D could help bridge this gap.

DM: What is the single most important message you'd like delegates to take away from your session?

EL: That vitamin D supports oral and periodontal health by reducing inflammation, enhancing antimicrobial defence and maintaining alveolar bone. It's a simple, modifiable factor that can have a profound effect on both oral and systemic health.

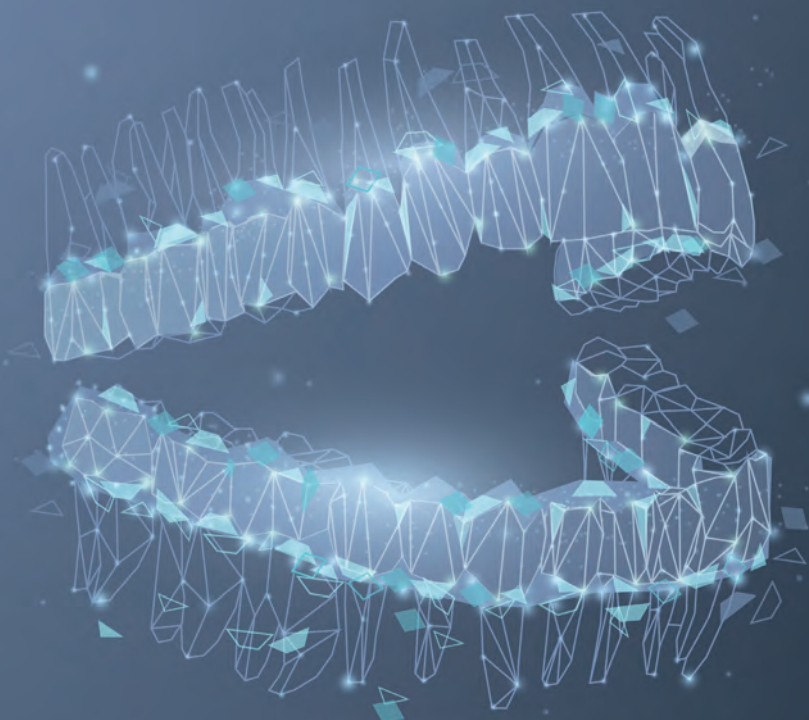
DM: And beyond your own presentation, what are you most looking forward to at Dentistry Show London?

EL: I'm excited to immerse myself in the atmosphere of the event, from exploring the latest innovations and technologies on the exhibition floor to attending educational sessions in areas like digital dentistry, and of course, the opportunity to connect with colleagues across the profession.

Don't miss Dr Emily Lu's session at Dentistry Show London on 4 October at 2.30pm-3.15pm. Register now to secure your place.

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Carbon appoints new director

Carbon

Carbon, a leading product development and manufacturing technology company, has announced that dental industry stalwart, Christoph Meyer, has been appointed as director of oral health sales, Europe to drive the company's ongoing commitment to customer-centric growth.

Christoph Meyer possesses almost 20 years' dental sector experience, most recently leading the European business for dental service organisations at Dentsply Sirona. Based near Frankfurt, Germany, Christoph's new role will see him focus on the continued growth of Carbon's dental proposition in Europe, particularly in DACH (Germany, Austria, Switzerland), the Netherlands, the Nordics and the UK.

'I see great potential for Carbon to build on its success within digital dentistry,' said Christoph. 'From digital dentures that cut production from weeks to hours, to advanced materials, the opportunity is enormous. What impressed me most about Carbon is the way in which its technology enables labs to work smarter, reduce manual bottlenecks, and deliver higher-quality appliances at scale.'

'My goal is to strengthen partnerships with our new and existing dental lab customers across Europe and help them unlock the full value of this technology – not just as a production tool, but as a driver of real business growth and better patient outcomes.'

Christoph will be based close to Carbon's Customer Experience Centre in Neu-Isenburg, where he'll also meet with customers, provide demos, and support adoption.

www.carbon3d.com



A Peaky Blinders themed occasion

BES

This year's British Endodontic Society (BES) Regional Meeting will be held at The Belfry Hotel, Birmingham – an excellent setting for two-days of networking, learning and socialising.

The BES is excited to reveal that this year's conference dinner will be *Peaky Blinders* themed! By order of the BES, attendees are encouraged to get involved, with a dress code of black tie or *Peaky Blinders* attire. So gents: dust off your tuxedos or flat caps and waistcoats, and ladies: don your silk dresses, fur coats and bandeau headbands, and join your colleagues and friends for a meal on the evening of Friday 21 November!

Why not extend your stay at The Belfry and make the most of their award-winning golf courses and outstanding spa facilities for some rest and relaxation?

www.britishendodonticsociety.org.uk

07762945847



New zirconia for primary structures

Zirkonzahn

With ICE Plus, Zirkonzahn launches a new zirconia developed specifically for high-performance, metal-free primary structures. This new material is ideal for reduced frameworks and is characterised by an exceptionally high flexural strength of approximately 1,650 MPa (without HIP) or up to 1,900 MPa (with HIP). This makes ICE Plus a safe choice even for complex and heavily loaded restorations such as implant-supported restorations or large-span bridges.

Thanks to the outstanding mechanical strength, the material ensures maximum load-bearing capacity while allowing for an elegant, delicate design of restorations. ICE Plus also stands out for its versatility: using Zirkonzahn's Fusion Powder, a secondary structure made of zirconia can be bonded directly onto a primary structure made of ICE Plus. This represents a significant advancement in the fabrication of aesthetically demanding, fully ceramic hybrid restorations without any metal components.

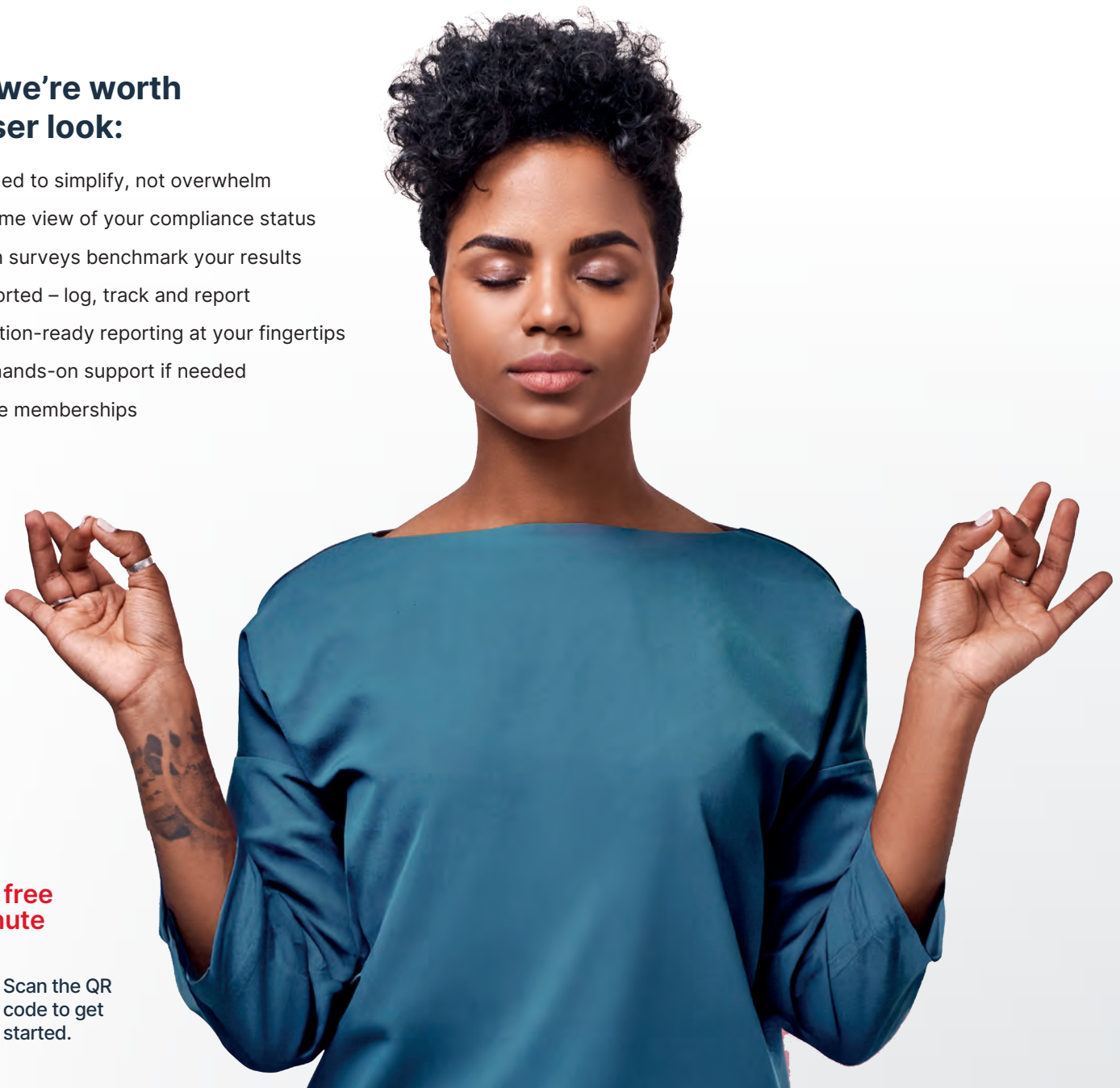
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