

October 2025

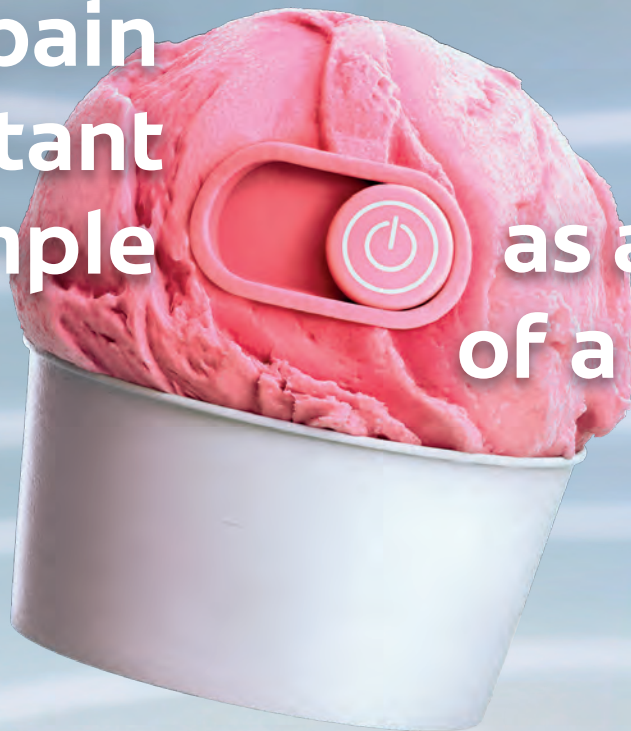
# Dentistry



FMC CONNECTING DENTISTRY  
Dentistry.co.uk

Colgate®

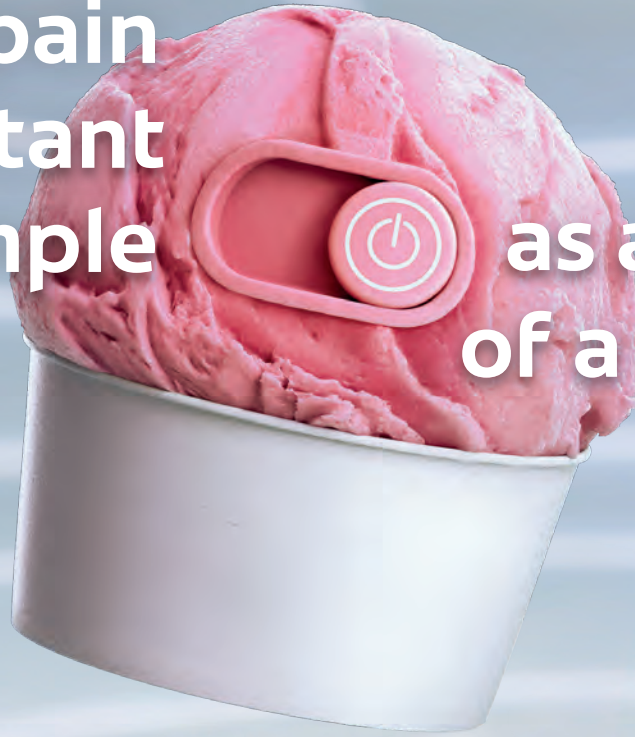
Turning off  
sensitivity pain  
is as instant  
and simple  
as a flick  
of a switch



PROFESSIONAL  
— ORAL HEALTH —

Colgate®

Turning off  
sensitivity pain  
is as instant  
and simple  
as a flick  
of a switch



**1.5X** more *in vitro* tubule occlusion  
vs competitive technology<sup>1</sup>

**100%** of patients experienced  
instant<sup>2</sup> & long-lasting pain relief<sup>3</sup>

Recommend Colgate® SENSITIVE INSTANT RELIEF



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.

PROFESSIONAL  
— ORAL HEALTH —



# Dentistry

## WELSH UDA SYSTEM SCRAPPED

A significant overhaul has been announced for the NHS dental contract in Wales, with a fresh focus on prevention and oral health need.

Released on 23 September, it is the first major reform of the contract in 20 years.

Under the new proposals – which come following a consultation in the summer – the current unit of dental activity (UDA) system will be scrapped. Instead, people will be seen based on their oral health needs, with those who need active treatment or support to maintain their oral health to be seen more regularly.

Those who pay for NHS treatment will pay 50% of their treatment package value, capped at a maximum of £384 regardless of how much care they need. This is a reduction from the 55% originally proposed.

The Welsh government hopes it ensures NHS dental care remains affordable and protects patients from unexpected costs.

### Commitment to accessible dentistry

The new contract also includes an increase in NHS payment rates, with general fee rates rising from the proposed £135 to £150 per hour.

Controversial proposals that would have seen patients being allocated to any available practice – rather than staying with just one – have also been dropped.

Under the new system, practices will receive payments to continue seeing existing patients for recall appointments, with dentists free to monitor oral health based on individual risk and need.

The changes will come into force in April 2026.

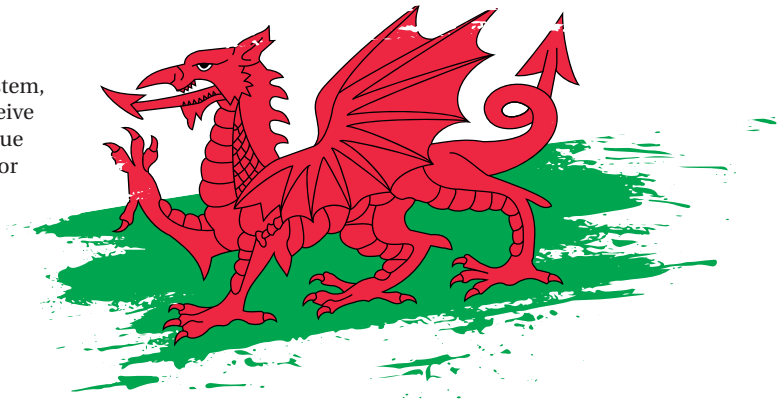
Cabinet secretary for health and social care in Wales Jeremy Miles said: 'Good oral health is vital to our quality of life.'

'These reforms demonstrate our commitment to making NHS dentistry more accessible, fairer, and sustainable for both patients and professionals.'

'We have listened to people and it is clear the trust and reassurance which comes with seeing the same dental professional over time is valued. We are making sure this is maintained in the new contract.'

### 'Superficial repairs' to NHS dentistry

However, Russell Gidney, chair of the British Dental Association's Welsh General Dental



Practice Committee, welcomed the changes but voiced caution.

'The Welsh Government says it has listened to the public and our profession, but we need to see the small print,' he said.

'There are some important wins here. But plastering over a few of the biggest cracks is just superficial repairs.'

'Ministers are taking forward the biggest changes NHS dentistry in Wales has ever seen via a route that will all but rule out fixes once draft laws reach the Senedd.'

'If our MSs can't iron out the creases later, the Welsh government must ensure real threats to this service don't make the final cut of their plans.'

## Campaign launched for fully funded NHS dental reform

A new campaign pushing for full funding for NHS dentistry has gained nearly 40,000 signatures in just three days.

Launched by the British Dental Association (BDA) alongside the Daily Mirror and campaign group 38 Degrees, it calls for the government to 'fix' NHS dentistry across the UK.

The association has welcomed pledges that promised reform will roll out within this parliament – but remains 'deeply concerned' that no new investment has been pledged to support this. Without it, it argues that it is unclear how the access gap can be closed and practices made sustainable.

At the time of writing, the petition has now

had more than 52,000 signatures – with a target of 75,000.

BDA chair Eddie Crouch said: 'Ministers have acknowledged NHS dentistry is at "death's door". That the horror stories we keep seeing are "Dickensian".'

'It's all true. But if we're going to save this service, we need them to put their money where their mouth is.'

'It's the practices delivering NHS care at a loss. The pay uplifts that are actual pay cuts. The vacancies that can't be filled.'

'It's simple economics. When it comes to NHS dentistry the government will get what it pays for.'





“Between Bupa  
Insurance and  
subscription plan

**patients**

my diary stays full.”

Ghasoon - Dentist

This is feeling at ease with  
your career in dentistry.



[jobs.bupadentalcare.co.uk](https://jobs.bupadentalcare.co.uk)

**This is health**



## Contacts...

Vol 32 No 9, October 2025  
FMC, Hertford House, Farm Close, Shenley, Hertfordshire WD7 9AB  
Tel: 01923 851777 Fax: 01923 851778 Email: info@fmc.co.uk

### Editorial team

Editor: **Guy Hiscott** [guy.hiscott@fmc.co.uk](mailto:guy.hiscott@fmc.co.uk) 01923 851754  
Deputy editor: **Heather Grimes** [heather.grimes@fmc.co.uk](mailto:heather.grimes@fmc.co.uk) 01923 851777  
Content contributors: **Siobhan Hiscott, Gaby Bissett, Lucy Veal, Rowan Thomas**

### Editorial advisory board

**Chinwe Akunou** BSc BDS  
**Shivana Anand** BDS  
**Hassan Asad** MChD/BChD Oral Science BSc MFDS RCS (Edin)  
**Sir Paul Beresford** MP BDS  
**Claire Berry** BSc  
**Robert Chaffe** BDS  
**Nick Collier** MA  
**Rhona Eskander** BDS MJDF  
**Mark Haswell** BDS MSc  
**Tony Kilcoyne** BDS LDS RCS MGDS RCS DipClinHyp FGDP(UK)  
**Raabiha Maan** BDS  
**Lottie Manahan** BSc  
**Robert McAndrew** BDS MScD PhD FDS RCS DRD MRD RCS PGCEd FHEA  
**Anna Middleton** RDH  
**John Milne** BDS  
**Rupert Monkhouse** BDS  
**Adam Nulty** BChD MJDF RCS Eng PGCert MSc (Dist) MAcadMed  
**Amit Patel** BDS MSc MClinDent FDS RCSEd MRD RCS  
**Shivani Patel** BDS MFDS RCSP MSc IMOrth RCPS FDS RCS RICD  
**Chris Potts** BDS MFGDPR(UK)  
**Victoria Sampson** BDS  
**Nishma Sharma** BDS  
**Harry Shiers** BDS MSc (implant surgery) MGDS MFDS

### Design and production team

Production manager:  
**K-Marcellyne McCalla** [k-marcellyne.mccalla@fmc.co.uk](mailto:k-marcellyne.mccalla@fmc.co.uk)  
Designer: **Glenn Baxter**

### Advertising team

**Tim Molony** [tim.molony@fmc.co.uk](mailto:tim.molony@fmc.co.uk) 07595 282680  
**Ivana Perkins** [ivana.perkins@fmc.co.uk](mailto:ivana.perkins@fmc.co.uk) 07760 887016

### Mission statement

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](mailto:guy.hiscott@fmc.co.uk).

### Want to subscribe?

All subscription enquiries: 01923 851771, [subscriptions@fmc.co.uk](mailto:subscriptions@fmc.co.uk)  
UK dentists £115 pa. Others £350 pa.

Printed by: Precision Colour Printing Ltd  
ISSN: 1470-9368

Dentistry is a monthly magazine available by annual subscription. The publisher's written consent must be obtained before any part of this publication may be reproduced in any form, including photocopies and information retrieval systems. Contact [newsdesk@fmc.co.uk](mailto:newsdesk@fmc.co.uk).  
Dentistry makes every effort to report clinical information and manufacturers' product news accurately but cannot assume responsibility for the validity of product claims or for typographical errors. The publishers also do not assume responsibility for product names, claims or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dentistry. Letters may be edited for space.

**Dentistry.co.uk**

Visit Dentistry's website for the latest breaking news stories, informative articles, video interviews, jobs and product information – a fresh, innovative and dynamic one-stop shop for dentists online.



The paper used within this publication is sourced from Chain-of-Custody certified manufacturers, operating within international environmental standards. This ensures sustainable sourcing of the raw materials and sustainable production.

**FMC**

**CONNECTING DENTISTRY**

Copyright FMC Ltd 2025. All rights reserved.



53,090  
(Jan 2023 – Dec 2023)

Dentistry is an official media partner of Dentaid The Dental Charity

FMC is a corporate member of the OHF

# Seasons of change?



**Guy Hiscott**  
Editor's view

The days are already shortening as autumn settles in, but while the world around us prepares to hibernate, NHS dentistry is starting to show signs of movement after years of stasis.

The consultation over contract reform in England has made noises about building more prevention into the system, and set out proposals that would prioritise urgent and complex cases.

These suggested 'care pathways' reflect the growing recognition that access must be targeted where need is greatest – and considering the long, frustrating history of the blunt instrument that is the UDA, simply acknowledging the problem is significant in itself.

But it's a mixed bag. It's not a new contract, after all. Jason Wong, CDO for England, has rightly pointed out that these changes are course corrections rather than full blown reform: the 'limits' of what can be done within the current law.

Critics see too much continuity with the old system, even with these changes, and as one would expect, the plans skirt around the issue of funding.

Raising patient charges and minor contract value uplifts don't do a great deal to dispel this concern – the pay uplift isn't enough, and higher patient charges all too often spell 'pay more, get less' to the populace.

Against this tumultuous backdrop, the widening of the role of dental hygienists and therapists is welcome news. But it's also the essential shuffling of the deck that needs to happen if the government wants to deliver more NHS dentistry more cheaply in the coming years – which is, of course, the ultimate plan.

In Wales, the path has been even bumpier. September's new contract proposals is the latest step in what's been a contentious process, to put it mildly.

Compared to previous iterations, these new proposals are a vast step forward. Banishing the hated UDA is, on the surface, a credible step towards valuing prevention, but questions remain over the details – those minor things like workforce capacity, access for high-need groups and yes, funding.

But still, taken together these things nevertheless paint a clear picture of change. Slow, painstaking progress, but movement nonetheless.

None of these things are wholesale reform, nor do they answer many of the questions that hang over NHS dental provision.

The government is still being coy about grasping the nettle over funding – and I think this is a nettle that the whole country will soon have to grasp as we stare down the barrel of the autumn Budget.

But nevertheless, change is afoot, after years of drift and perhaps more pertinently, months of pre-election pledges.

As autumn turns towards winter, it's important to take note of all this progress – but to remember that spring is a long way off, both figuratively and literally.

# GDC releases 2024-25 whistleblowing stats

The General Dental Council (GDC) has released its annual whistleblowing report, showing the number of blue-on-blue referrals it received in 2024-25.

The report reveals that the regulator received 79 disclosures of information from 1 April 2024 to 31 March 2025. This was the same as the number reported in the previous year's report. Of these, 51 concerns were raised by other dental professionals, 22 by non-registrants employed in dentistry and six were anonymous.

Conduct concerns were the most common disclosure, featuring in 54 of the 79 disclosures. This refers to issues relating to dental professionals' behaviour, whether in or outside of the workplace.

All of the disclosures were reported directly to the fitness to practise team and resulted in

regulatory action taking place – namely, the opening of a fitness to practice case.

In 32 cases, the GDC did not consider itself to have enough information to proceed and closed the investigation at the assessment stage. One was passed to a different regulator, and 29 are still being considered at the assessment stage.

The GDC said: 'We continue to receive a high proportion of disclosure for the size of the register. However, it is worth highlighting that the majority of dentistry is provided in a primary care setting and outside the more robust clinical governance framework that characterise some other forms of healthcare.'

'This may mean that alternative disclosure routes are not available in many dental settings, resulting in a larger proportion therefore being reported to the regulator.'

# Re-Evaluate Rinse

It's Time For An Evidence-Based Recommendation

Clinically-Proven  
Essential Oils  
Help Eliminate Bacteria<sup>1</sup>



Systematic reviews, meta-analyses, the **European Federation of Periodontology S3 level clinical practice guidelines**, and a recent consensus report from global experts, convened by **Spanish Society of Periodontology and Osseointegration (SEPA)\***, support the adjunctive use of antiseptic mouth rinses.<sup>1-3</sup>



# LISTERINE®



\*Sponsored by LISTERINE®

1. Bosma, M.L., McGuire, J.A., DelSasso, A. et al. Efficacy of flossing and mouth rinsing regimens on plaque and gingivitis: a randomized clinical trial. BMC Oral Health 24, 178 (2024). <https://doi.org/10.1186/s12903-024-03924-4>  
2. Figuero, E., S. Roldan, J. Serrano, M. Escribano, C. Martin and P. Preshaw (2020). "Efficacy of adjunctive therapy in patients with gingival inflammation. A systematic review and meta-analysis." J Clin Periodontol  
3. EFP: Guidelines for effective prevention of periodontal diseases (2014).  
Available at: <https://www.efp.org/news-events/perio-workshop/past-workshops/perio-workshop-2014/>



# Childhood tooth decay hospitalisations rise in 'public health emergency'

Tooth decay remains the most common cause of childhood hospital admissions, according to newly-published NHS England data.

The figures show that 21,162 children aged 5 to 9 were admitted to hospital for tooth decay in 2024/2025. This was 65% higher than the next most common cause, which was acute tonsillitis at 13,667 admissions.

The number of children in this age bracket admitted for tooth decay has also risen slightly on the previous year.

## 'Tooth decay is entirely preventable'

Charlotte Eckhardt, dean of the Faculty of Dental Surgery (FDS) at the Royal College of Surgeons of England (RCS England), called these findings 'a public health emergency'.

She said: 'Tooth decay is entirely preventable, yet thousands of children are hospitalised every year for procedures that could have been avoided with simple daily habits and better access to an NHS dentist. The government's dental contract must be boldly overhauled if they want to improve patient access and outcomes.'

'Every child in hospital with tooth decay is proof that prevention has failed. We must act now to spare children needless pain, time off school, and avoidable surgery.'

Dr Eckhardt also suggested some ways that the government could improve children's oral health. She said: 'The government's commitment to supervised toothbrushing schemes is welcome,

but it is not a fix-all solution. The programme must be sustained, not a one-off, reaching as many children as possible and helping families build lasting brushing habits at home.'

'We also urge the government to strengthen the Soft Drinks Industry Levy by lowering the sugar threshold from 5g to 4g per 100ml and extending it to milk-based drinks. This would be a major step towards protecting children's oral health.'

## 'The severity of dental disease is getting worse'

Dental professionals have responded to the hospitalisation data with concern. Paediatric dental surgeon Sondas Albadri said: 'As a consultant in paediatric dentistry with 15 years of experience and in an area of deprivation, I have seen a worrying trend. Instead of declining, the number of children requiring dental extractions continues to rise, with waiting lists for general anaesthetic procedures growing longer each year.'

'The severity of dental disease is getting worse, with many children presenting with multiple affected teeth and alarmingly, I now see children losing their permanent teeth at an early age due to extensive, preventable, decay.'

RCS England also cited statistics released by NHS Business Services Authority which suggest 43% of children have not seen an NHS dentist in the past year. Combined with the hospitalisation figures, it said 'reveals a deeply troubling picture of children's oral health in England'.

# Apple peel extract found to fight periodontal disease

A plant-derived compound found in apple peel has been proposed as an 'alternative to antibiotics' by a new study, which found it effective against periodontal disease.

Morin is a natural extract found in guava leaves, apple and fig peels, certain teas and almonds. Researchers from São Paulo State University found that it showed antimicrobial, anti-inflammatory, and antioxidant effects when tested against bacteria that cause periodontal disease.

The morin was trialled against a multi-species bacterial biofilm designed to replicate the effect of disease on patients' gums. It was applied in a powder form, obtained through a similar drying process as is used to create powdered milk.

Study author Luciana Solera Sales said: 'We started developing these systems in the form of tablets, films, and microparticles. But they were too large for oral use. In my PhD, we tried to improve these products by making them smaller.'

'That's why I developed this format, which looks like powdered milk. I prepared a solution containing sodium alginate and gellan gum to encapsulate morin in a controlled-release system,

which is already widely used for drugs but isn't yet widely used in dentistry.'

## What are the advantages?

Supervisor Fernanda Lourenção Brighenti said the powder could be used to make 'various types of oral hygiene products'. She continued: 'The idea is to provide a platform that acts as an adjunct and can be useful, for example, for people with reduced motor skills who are unable to brush their teeth properly, such as older adults and patients with special needs.'

Morin was chosen for the study because its presence in fruits make it cheap, natural and easily accessible.

Sales said: 'Morin is a flavonoid that can be obtained from various fruits. But simply eating it isn't enough; the substance needs to be processed.'

'The idea is to take advantage of this natural compound, its benefits and its advantages, and transform it all so that it can be used to prevent and treat tooth decay and periodontal disease.'

## NEWS IN BRIEF

### NHS trusts to be ranked in new league table

A new league table will rank every NHS trust in England according to performance metrics, the government has announced.



### Tooth colour 'more important to patients'



Having teeth that are the same colour was deemed more important to patients than a white smile in a new study.

### Toothpaste tubes now recyclable across the UK

All toothpaste tubes sold nationwide will now be made of recyclable polyethylene as part of a sustainability drive.



### Mediterranean diet linked to improved gum health



People in the UK whose food intake fit into the Mediterranean diet were found to have better gum health in a new study.

### Face masks may harm human health

Disposable face masks, such as surgical masks and filtering facepieces used in clinical dentistry, have been found to release harmful microplastics in a new study.



**SCAN**  
THE QR CODES  
TO READ ON!

# Pay uplift for NHS dentists dubbed 'unsustainable'

An overall contract uplift of 3.55% has been confirmed for NHS dentists in England, which experts have deemed a 'real-terms pay cut'.

Confirmed on 19 September, the 3.55% increase for 2025/26 does not meet the 4% uplift recommended by the Review Body on Doctors and Dentists' Remuneration in May.

The British Dental Association (BDA) said this represents 'another real-terms pay cut to England's struggling NHS dental service'.

Increases to national insurance and the national living wage, combined with rising lab fees and material costs, have seen practice overheads grow sharply in the past year. The 2.39% expenses element of the uplift is around a quarter of the BDA's estimate of the amount necessary to cover these increased costs.

In May, the government announced a consultation on the true cost of delivering NHS dentistry. However, the results are yet to be released.

The BDA said there has been 'no attempt to keep pace with the surging costs of delivering NHS dentistry'.

## Delays to pay awards

The uplift is expected to come into force from next month. The 2024/25 award was announced in January, which the BDA said was a 'record-breaking delay'.

The association is set to provide evidence for the 2026/7 pay award later in September, stating that there is 'no excuse for future delays'. The government has named ensuring that awards are in place at the outset of the financial year as an objective.

Shiv Pabary, chair of the BDA General Dental Practice Committee, said: 'Once again, government has chosen not to follow our pay review body's recommendations.'

'Awards will reach practices six months late and fail to reflect the soaring costs of delivering NHS dentistry. If ministers want this service to have a future, they must turn the page.'

## How has the dental profession responded?

**Neil Richardson, dental regional manager at Wesleyan**

Dentists will be disappointed that this contract uplift falls below the pay review body's recommendation.

At a time when the cost of running a practice is rising, dentists need all the support they can get. Adequate funding isn't just important for the basic delivery of NHS services – it's essential for supporting the morale of and retaining the dental professionals that show up to provide vital care to the public every day.

As we have said before, if we want a resilient public dental health service, we have to create a situation where dentists want to work for the NHS – and that means providing the resources they need.

### Nishma Sharma, dentist

Running costs are increasing and practice owners are struggling – especially NHS practices – so the uplift is very welcome but goes nowhere near enough to cover the costs of inflation.

Practice owners face huge financial pressures from staff and nurse wage increases, and as many leave dentistry for other jobs and nurses turn to locum work, it is difficult to retain a workforce.

The uplift is good news ultimately, but it's not going to have a profound impact on the dental team as a whole. It would be great if the uplift was enough for everybody to get a guaranteed increase, including nurses and receptionists.

Many good practices will, of course, give their nurses a yearly uplift in their wages and practice owners do deserve this as costs are ridiculously high. If the contract was fairer though, associates would also see the benefit of the uplift rather than it being benefitting providers solely.

### Nigel Jones, strategy director at Practice Plan

While disappointing, this decision shouldn't come as much of a surprise.

For the conspiracy theorists, this might be seen as further evidence of an attempt to constructively dismiss dentists from the NHS. For those favouring a blunder theory, it could be attributed to a lack of understanding of the business pressures facing NHS contract holders battling to recruit and retain team members while dealing with other escalating, dental-specific running costs.

However, I suspect it's more a reflection of the financial reality of the world in which we live leaving very little room for an increase in the budget allocation for NHS dentistry. Comments from the minister for care

Stephen Kinnock have suggested as much.

Political expediency is likely to hamper open discussion about the need to channel finite resources to those in greatest financial as well as clinical need.

However, confirmation of this uplift will no doubt prove to be the tipping point for many dentists previously loyal to the ideals of the NHS and will edge us ever closer to a core service created by stealth.

### Vinay Rathod, owner of VR Financial Solutions

Whilst any increase to NHS pay is a welcome one, many will feel that this falls short in many ways – short on the 4% recommended by the review body; short on keeping up with inflation – currently 3.8%; short on reflecting the considerable increase in cost of running an NHS dental practice.

In real terms, it's just a smaller pay-cut – but income in NHS dentistry has rarely kept up with inflation. One of the most commonly-voiced criticisms of the current contract is its failure to keep up with real life costs.

The increase will be swallowed up at practice level to absorb the impact of rising national insurance costs, minimum wage, and lab/material costs.

The public have little knowledge of the way NHS dentistry is delivered – by privately-owned practices with limited funding. Is this simply another blow to dentistry to push the profession itself to reconsider the viability of the NHS so that our government cannot be blamed for the privatisation of another public service?

We continue to see the exodus from NHS dentistry, aspirations toward private practice are popular, and practice owners appear to be getting tired of allowing the NHS to be supported by their and their staff's own sacrifices.





ONE-COMPONENT LIGHT-CURED  
UNIVERSAL ADHESIVE

# ONE COAT 7 UNIVERSAL

The bond for all situations



Only one universal bond for all indications  
and etching techniques



Extremely economical:  
up to 300 applications per bottle



Exceptional bonding values  
and excellent marginal seal



Exclusively available from  
participating suppliers.



LEARN MORE



ONE COAT 7 UNIVERSAL Refill Bottle - REF 60019539  
1 x Bottle 5 ml

\*Methacryloyloxydecyl dihydrogen phosphate

FREEPHONE 0800 254 5115  
INFO.UK@COLTENE.COM WWW.COLTENE.COM

 **COLTENE**

# DDU

## Discover the benefits of DDU membership



World class 24/7 advisory service



Professional dental indemnity for claims



Round-the-clock media advice



Self-employment contract review and advice



Exclusive member rate on accountancy



Industry-leading dento-legal CPD



New clinical CPD:  
Exclusive for DDU dentist members



Guide.  
Support.  
Defend.



[theddu.com](http://theddu.com)



# Urgent dental care incentive scheme launched by NHS

Providers will receive a payment on top of their annual contract value for additional courses of urgent treatment delivered under a new scheme.

Practices that deliver 125% above their baseline urgent care delivery will receive a payment of £50 for every course of urgent treatment. This is in addition to the 1.2 units of dental activity (UDAs) that the treatment is worth under the NHS dental contract.

Those that achieve between 117.5% and 125% of the baseline will receive a lower payment of £25 per urgent treatment course. However, those that deliver between 100% and 117.4% will earn no further incentive.

The baseline will be calculated by extrapolating the amount of urgent care delivered between April and July 2025 to form a 12-month average. This baseline will then be shared with participating practices.

The incentive scheme will be available to practices through an opt-in process via integrated care boards (ICBs). Each ICB will contact practices to express interest by 17 October.

Launched on 25 September 2025, the scheme will run until 31 March 2026.

## Is the 'reward worth the risk'?

While the need for more urgent care has been acknowledged, some experts in the dental profession have questioned if the scheme is the best way to achieve it.

Shiv Pabary is chair of the British Dental Association's (BDA) General Dental Practice Committee.

He said: 'This scheme is a further admission that the NHS underpays for urgent dental care, but there are better ways to pay for it and secure access for patients.'

'We tabled proposals for sessional payments with ministers as soon as they set out that delivering extra urgent care was a priority last summer. This model has a track record of local success.'

'At this stage in the year, it is difficult for dentists to accurately predict how much urgent care – that is demand-led – will be delivered by the end of March next year. Practices will need to decide for themselves whether the reward on offer is worth the risk of delivering additional urgent care, but missing the threshold and receiving just 1.2 UDAs.'

'For practices that have the capacity to deliver extra activity, there is an opportunity to earn extra funding, something that has rarely been on offer since the capped contract was introduced in 2006.'

**wealthwide**  
Life Unboxed

Looking for financial advice on your practice, your wealth and your future?

## Tune in to Season 1 of The Wealthwide Guide

Exclusive podcast for UK dentists and dental practice owners.

Join Thomas Dickson and his guests as they discuss the financial challenges UK dentists face today.

SCAN TO LISTEN



LISTEN TO SEASON 1 IN FULL



The Wealthwide Guide: Financial wisdom for dentists → Listen on



[wealthwide.co.uk/podcast](https://wealthwide.co.uk/podcast)

# MEDIT i900 Mobility

*Beyond Wireless, True Mobility*



Scan to book a **FREE**  
in-clinic Demo with Trigiene



01642 442910

[sales@trigiene.co.uk](mailto:sales@trigiene.co.uk)



## WHY MEDIT? WHY TRIGIENE?



1: No subscription or ongoing fees



2: Medit software is open-source, regularly updated with the latest features



3: Free initial training with every purchase through Trigiene



4: Ongoing unlimited support

# BSPD appoints new president

Oosh Devalia took over as president of the British Society of Paediatric Dentistry (BSPD) at its Annual Scientific Conference in September.

On 11 and 12 September, BSPD members gathered for a conference on the theme of 'foundations for the future' where Shannu Bhatia handed the presidency over to Dr Urshla (Oosh) Devalia, a paediatric dental consultant working at the Eastman Dental Hospital.

Dr Devalia's opening address set out her vision pushing for whole-person healthcare, including the Mini Mouth Care Matters (Mini MCM) initiative designed to support practitioners with holistic care for children.

Commenting on the success of the conference, she said: "Foundations for the future" was a strong theme that was brought to life throughout the two days of the conference. We know how important prevention is when it comes to children's oral health and as I listened to the presentations, I reflected on how determined and creative we must all be to look for every opportunity to protect children's teeth and gums to ensure that they can smile with confidence in the future.

'I am passionate about whole-person healthcare and the year ahead will be my opportunity to support Mini MCM. This programme, to give mandatory training for all healthcare professionals seeing children in their care, has already been expanded to numerous healthcare settings and is endorsed by BSPD and the Royal College of Paediatrics and Child Health (RCPCCH).

'However, I am determined to go further and push for Mini MCM to receive systemwide support and become part of the standard healthcare toolkit. Watch this space!'

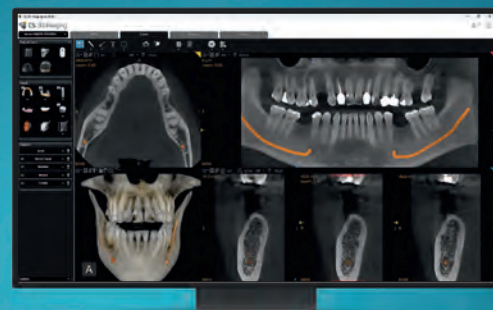






NEW

**CS 8200 3D**  
Advance Edition



# Looking for more possibilities?

Every patient is different, so your CBCT imaging system has to adapt. The new CS 8200 3D's Advance Edition enhances your diagnosis with a powerful 4-in-1 system for all your needs. It boasts more and extended fields of view and AI-automated implant planning<sup>1</sup> for faster workflow.



Scan to learn more

© 2025 Carestream Dental LLC.

NEW  
Extended fields of  
view up to 16 x 10 cm

NEW  
Three upgradeable  
FOV configurations

NEW  
AI-automated  
implant planning<sup>1</sup>



4-in-1 CBCT solution

Compact, award-winning design

Intuitive interface and software

75-micron resolution



<sup>1</sup>Work-in-progress, optional features available for sale starting Q3 2025



## Brush where your toothbrush can't

Interdental brushes are the most efficient, user-friendly tool for plaque removal between teeth. TePe offer a diverse selection of award-winning interdental brushes to suit every patient's individual needs.



Scan the QR code to view TePe's products suitable for interdental cleaning.

## AccuFilm® Articulating Films

The standard for precision occlusion marking, offering an ultra-thin profile at just 19 microns. AccuFilm features the highest plastic deformation among major brands, ensuring reliable bite force mapping without smearing or ghost markings.

Suitable for both wet and dry environments, including ceramic and metal surfaces, AccuFilm is now also available in an incredibly thin 8 µ version with integrated frame for easy positioning without the need for forceps.



## AccuFilm® FASTCHECK

AccuFilm®, the world-renown brand for marking occlusion, introduces its thinnest film yet. At only 8 microns, AccuFilm® FastCheck delivers the accuracy professionals trust with the added convenience of a built-in frame.

**Ultra-thin!**  
Now only **8 Microns**



Scan QR Code to learn more



Available through major UK distributors

+46708593481  
Parkell Europe AB  
Web: parkell.eu  
Email: infoeurope@parkell.com

**parkell®**



# Squaring the circle of NHS dentistry

**Nigel Jones** clings to glimmers of hope amongst the gloom



So, a fundamentally reformed contract for NHS dentists in England has been promised by the end of this parliamentary term and negotiations should begin this autumn. I say 'begin' but given deliberations about contractual arrangements have been going on since 2008, perhaps 'continue' or 'restart' would be more

accurate words to use.

Given that track record, it's hard not to be doubtful about the likelihood of landing on a solution which all the relevant stakeholders find acceptable. Squaring the circle for

patients, government and the profession was always going to be a tall order. And now accommodating the needs of practice owners including corporates, those of the wider dental team, including associates, hygienists and therapists, and the requirements of the GDC, it's never looked more like an unsolvable Rubik's Cube.

Perhaps, as I've noted before, the acceptance of the need to make difficult decisions to get the most out of a budget that most consider inadequate, will unblock the impasse. Possibly, there will be honest and frank discussions built around an acceptance that the only way to effectively target the use of that inadequate limited budget is to seriously contemplate some form of core service.

If that's the case, it would be my sincere hope that much of the deliberation centres on how best to cater for the estimated 10% of

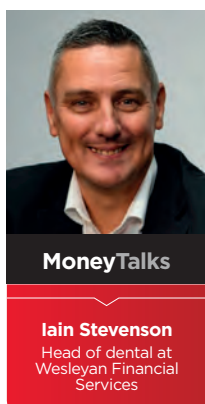
the working-age population considered to be the working poor. These are individuals living in households where at least one member is working but where the household income is below the relative poverty threshold. They are the people who could fall down the cracks left between a core service and private dentistry.

There are some fascinating ideas being tested around how to solve this conundrum that revolve around creatively blending together different contractual frameworks to align the needs of practice owners and the communities of which they are such an important part. So, there are glimmers of hope in amongst the gloom.

However, given how many voters would be affected, it will require political bravery so I fear that, whatever is agreed in principle behind closed doors, political expediency may well win the day, and the oral health of the nation will be poorer for it.

# Beware of autumn Budget ghost stories

Don't be spooked by the unknown, says **Iain Stevenson**



As Halloween approaches, it's easy to feel a chill in the air not just from the darker nights, but from the looming autumn Budget. Every year it arrives with its own mix of anticipation, rumour and for some, a little unease. Whispered predictions about tax rises, frozen thresholds or unexpected giveaways can feel like ghost

stories told around a campfire: unsettling, but not always reliable.

The reality is none of us has a crystal ball and however many leaks or headlines appear, no one outside of the chancellor's circle knows for certain what will be announced until the speech is delivered. Pre-emptively making potentially irreversible financial decisions

on speculation alone isn't a substitute for reality.

Instead, focus on what you can see clearly. Your current income, expenditure, savings, pensions and investments are the real lanterns that light the way. By mapping out your finances as they stand today, you can prepare for different scenarios without letting uncertainty spook you. For example, stress-testing your plans against potential tax rises or adjusting cash flow models to factor in frozen allowances helps you feel ready, whatever emerges from the chancellor's red box.



That doesn't mean ignoring the Budget. On the contrary, once the details are confirmed, it's important to revisit your plans quickly and adapt where necessary. But the foundations should always rest on facts, not fortune-telling, as many policies are subject to consultation or future change in any case.

So, as you carve pumpkins and stock up on sweets this October, don't let budget speculation haunt your peace of mind. Rely on what you know, prepare for what might come, and keep your long-term financial goals in focus. After all, the scariest thing isn't the budget itself, it's failing to plan at all. **D**

# What is the role of dental nurses in anxiety management?

**Amelia Hodgson** considers what dental nurses, alongside the wider practice team, can do to help nurture a positive experience for those experiencing dental anxiety

**Amelia Hodgson**  
Head of dental nursing at  
Bupa Dental Care



Many people experience dental anxiety, and for some it can be a significant barrier to accessing essential dental care.

From entering the surgery and having their first conversation, to sitting up in the chair at the end of their treatment, every interaction plays an important role in creating a calm, welcoming environment for anxious patients, something dental nurses are often central to.

## Working as a team

Helping patients to feel safe and supported is a responsibility shared across the whole dental team. Everyone plays their part, and this often happens naturally without us even realising it.

Whether booking their appointment online or over the phone, if a patient mentions they are feeling anxious there is often an opportunity for a member of the reception team to have a direct, human conversation with them and offer some initial reassurance.

They can also flag this in the appointment notes, giving the nurse and dentist time to prepare and adapt the appointment accordingly.

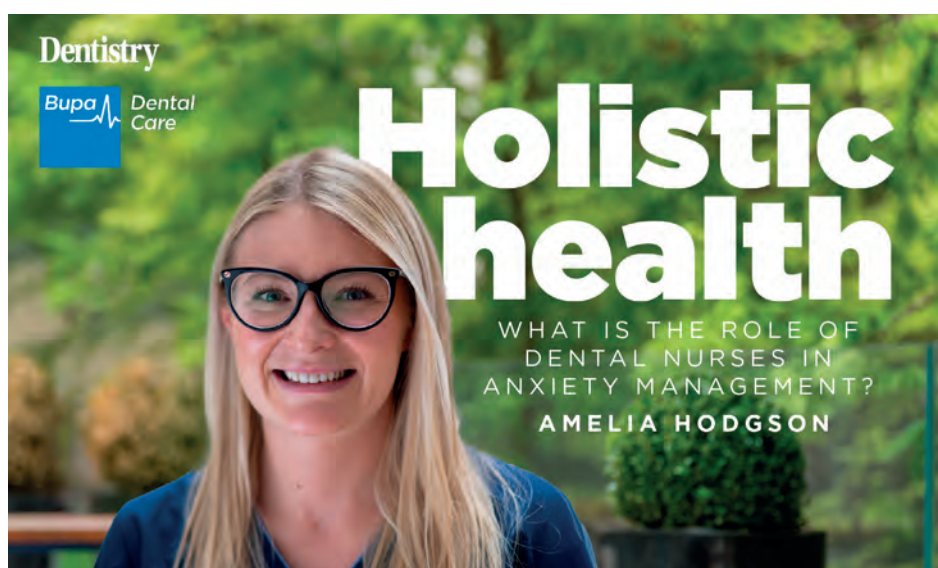
## Building trust from the start

One of my daily routines as a dental nurse is to check the list of appointments ahead of time, scanning for notes from previous visits, or comments from the reception team about worried or anxious patients.

This proactive approach helps us to plan, whether that be allowing extra appointment time, adjusting the environment, or reusing techniques that have worked well previously for the patient to create a personalised and familiar experience.

When the patient arrives for their appointment, my approach starts the moment I greet them in the waiting area; presenting an opportunity to engage in light, friendly conversation on our walk to the surgery which helps ease nerves and lay the foundations for a positive experience.

These small moments often make a big difference for someone who feels uneasy.



## Sustaining a calm environment

It's important the patient feels this relaxed, calm and controlled tone carry on into the chair. Nurses can help to sustain this by using a calm and gentle voice, keeping a relaxed walking pace without rushing around unnecessarily, and preparing all equipment in advance so the focus stays on the patient.

Environmental adjustments can also be made where possible, like offering to play music or a podcast, keeping dental instruments out of sight if they find them intimidating, or adjusting the lighting and chair position to their comfort.

## Clinical partnership

Supporting an anxious patient in surgery is a partnership between the nurse and dentist. Keeping constant dialogue is key to this, as when we appear well prepared and aligned in our approach, the patient feels confident that everything is under control and they are in safe hands. I try to pay close attention to the patient's body language throughout their appointment, and look out for signs they might be overwhelmed, such as fidgeting or shallow breathing. If I see these indicators, I can subtly alert the dentist so they can respond accordingly, whether that be slowing the pace, taking a break, or offering gentle reassurance.

## Celebrating the small wins

For many anxious patients, just attending their appointment is an achievement. Once they have successfully completed their treatment, offer praise and encourage them to reflect on their progress, reminding them that feeling nervous is completely normal. Celebrating these small wins helps to build confidence and reduce anxiety ahead of future appointments.

## Recognising and remembering

Once the patient has left, take note of everything that helped to create a positive experience, whether that was explaining things in a particular way, adjusting the environment, or a specific technique. Document this in the patient notes to help ensure continuity for future visits.

Dental nurses are uniquely placed to shape the patient experience. Often being the first and last point of contact during the treatment experience, our ability to build trust, create calm and provide reassurance is central to supporting those who feel anxious or overwhelmed, so they can access the important care they need. **D**

For more information on careers at Bupa, you can visit [jobs.bupadentalcare.co.uk](https://jobs.bupadentalcare.co.uk).



# Your future is in the Cloud.

Move to Dentally now.



At **Software of Excellence** we know what's next for dentistry. To keep ahead now is the time to move forward with **Dentally**, Henry Schein One's cloud-based practice management solution. It's designed to keep your dental practice competitive, efficient, and future-ready, with a continually evolving set of AI-enhanced tools to make your life easier.

#### Work smarter, anywhere

Full practice access anytime, from any device. No limits.

#### Streamline and save time

Faster bookings, easier treatment planning, and smoother daily workflows.

#### Unrivalled security

Top level security with real-time backups and encrypted data protection.

#### Powerful AI toolset

With Dentally Vision AI\* and AI Voice Notes, Dentally makes diagnostics faster and more accurate and clinical notes simpler. Plus there's more to come.

#### Seamless, supported switch

Our expert migration team makes the transition simple and stress-free.

\*Dentally Vision AI is powered by Second Opinion AI



Practices that thrive are already on Dentally.  
**2025 is the year to make your move.**

**SOFTWARE OF  
EXCELLENCE**

Visit [info.dentally.com/en-gb/move-to-dentally](https://info.dentally.com/en-gb/move-to-dentally)  
or scan the QR code to get started.

***dentally***



**Spherical composites  
... restorative magic in  
your hands.**

-  **Abrasion Resistance**  
*Ensures restoration longevity.*
-  **Mirror Reflection**  
*Emulates natural aesthetics.*
-  **Diffusion & Transmission**  
*No bevelling.. margins disappear.*
-  **10 Second Polish**  
*An unrivalled, lasting gloss.*



**Scan to find  
out more**



**01274 88 55 44 Trycare**

# Dental training facilities expanded at University of Lancashire

**Newly-expanded clinical dental teaching facilities will be used to train BDS students and overseas dentists looking to qualify in the UK**

A new unit has been added to the University of Lancashire's School of Medicine and Dentistry, increasing the number of clinical teaching bays to 24.

As well as additional dental chairs for training in both general and specialist dentistry, students will have access to newly-installed digital workflow for prosthodontics. This includes six wireless intraoral scanners and laboratory-standard 3D printers.

Dr Claudia Cunningham, head of dentistry at the University of Lancashire, said: 'Our expanded dental facilities in Preston now support clinical training for a further 16 students. These students will provide care to staff, fellow students, and the wider Lancashire population. In addition, by opening a new clinical unit in Preston, we're also encourage graduates to build their careers in the north west.'

The development was financed through funding from the Office for Students (OfS).

Professor St John Crean, pro vice-chancellor for research and enterprise, said: 'Since opening in 2008, the University of Lancashire's School of Medicine and Dentistry has been on a journey fuelled by an ambition to achieve the highest academic reputation.'

'This OfS funding is evidence of our success and our continued efforts to train health care professionals across the spectrum in response to the needs of the region's healthcare economy.'

## How will the facilities benefit overseas-qualified dentists?

Students using the new facilities will include those on the bachelor of dental surgery international (BDSi) route, which prepares overseas-qualified dentists for registration in the UK. Approved by the General Dental Council (GDC), this route to UK registration trains students on the standards and procedures of UK dentistry in addition to testing their competency.

Until recently, all BDSi clinical placements were based in Falmouth through the University of Lancashire's partnership with Mydentist. Students will now be able to complete their clinical training at the School of Medicine and Dentistry in Preston.

Dr Cunningham said: 'The model with Mydentist has proven highly successful, but we're excited to take the next step in widening our impact.'

In July, GDC statistics revealed that the number of dentists applying to take the overseas registration exam (ORE) increased by 53% in 2024. Overall, 628 ORE applications were received last year, up from 2,366 in 2023.

A total of 354 dentists joined the register via the ORE in 2024, representing 16.4% of all newly-registered dentists. This was significantly higher than the 9.3% of all UK-registered dentists who qualified via the exam. **D**



# Be inspired...

## Be Practice Plan.



Letitia McElmurray, Treatment Coordinator,  
at a Practice Plan event.

At Practice Plan, we believe that when you're enjoying yourself and having fun, you're taking more in. That's why our events are a little different. We work with many of dentistry's most inspirational speakers to deliver practical and relevant content in an engaging and entertaining way.

**Be inspired, get in touch...**

**Practiceplan**  
The business of dentistry

**The leading provider of  
practice-branded plans**



Scan the QR Code to find out what being part of Practice Plan could mean for you.

[www.practiceplan.co.uk](http://www.practiceplan.co.uk)



# Only one fluoride varnish carries the weight of clinical evidence\*

Colgate® Duraphat® is the only fluoride varnish  
licensed for caries control in the UK†

- Releases free fluoride ions for 6 months<sup>1</sup>
- Fast and easy application
- Temporary visual tint to aid application
- Pleasant taste and fruity smell<sup>2</sup>



22,600 ppm Fluoride



## Protect your patients, your team and your dental practitioners' prescribing responsibilities with Colgate® Duraphat® Fluoride Varnish<sup>3-7</sup>

Adverse events should be reported. Reporting forms and information can be found at [www.yellowcard.mhra.gov.uk](http://www.yellowcard.mhra.gov.uk). Adverse events should also be reported to Colgate-Palmolive (U.K.) by calling **00-800-321-321-32**.



<sup>3</sup>For caries control. <sup>4</sup>Colgate® Duraphat® Fluoride varnish for patients 3 years of age and over. **References:** 1. Seppä L. Caries Res 1984; 18: 279-281. 2. <https://www.childsmile.nhs.scot/parents-carers/fluoride-varnishing/> 3. Delivering better oral health - an evidence-based toolkit for prevention, Office for Health Improvement and Disparities' 2021. 4. Marinho VCC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews 2013. 5. The use of fluoride varnish by dental nurses to control caries. NHS. Primary Care Commissioning, 2009. 6. <https://www.england.nhs.uk/long-read/supply-and-administration-of-medicines-by-dental-hygienists-and-dental-therapists/> 7. <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/09/avoidance-doubt-v4-1.pdf>.

**Name of the medicinal product:** Colgate® Duraphat® 50mg/ml Dental Suspension. **Active Ingredients:** 1ml of suspension contains 50mg Sodium Fluoride equivalent to 22.6mg of Fluoride (22,600 ppm F<sup>-</sup>). **Indications:** For the prevention of caries in children and adults as part of a comprehensive control programme, desensitisation of hypersensitive teeth. **Dosage and administration:** Recommended dosage for single application: for milk teeth: up to 0.25ml (=5.65mg Fluoride), for mixed dentition: up to 0.40ml (=9.04 Fluoride), for permanent dentition: up to 0.75ml (=16.95 Fluoride). For caries prophylaxis the application is usually repeated every 6 months but more frequent applications (every 3 months) may be made. For hypersensitivity, 2 or 3 applications should be made within a few days. **Contraindications:** Hypersensitivity to colophony and/or any other constituents. Ulcerative gingivitis. Stomatitis. Bronchial asthma. **Special warnings and special precautions for use:** If the whole dentition is being treated the application should not be carried out on an empty stomach. On the day of application other high fluoride preparations such as a fluoride gel should be avoided. Fluoride supplements should be suspended for several days after applying Duraphat®. **Interactions with other medicines:** The presence of alcohol in the Duraphat® formula should be considered. **Undesirable effects:** Oedematous swelling has been observed in subjects with tendency to allergic reactions. The dental suspension layer can easily be removed from the mouth by brushing and rinsing. In rare cases, asthma attacks may occur in patients who have bronchial asthma. **Legal classification:** POM. **Product licence number:** PL 00049/0042. **Product licence holder:** Colgate-Palmolive (U.K.) Limited, Goldsworth Place, 1 Forge End, Woking, Surrey, GU21 6DB. **Price:** £22.70 excl VAT (10ml tube) **Date of revision of text:** June 2024.

**PROFESSIONAL**  
— ORAL HEALTH —



# Fast forward 30 years

After attending the 30th anniversary celebrations of Independent Care Plans, **Robert Donald** looks at what has really changed in that time



Directors of Independent Care Plans and their partners

The 30th anniversary celebrations of the launch of Independent Care Plans (ICP) were held at Cameron House Loch Lomond on 6 September. The event was attended by 80 colleagues and partners from all over the UK, including those who have been closely associated with ICP over the years. These included members of Highland Dental Plan (HDP) Lothian Independent Practitioners (LIDP), Fife Dental Care (FDC), Moray Firth, Grampian, Tayside and other individual dental practices throughout the UK.

## Success story

Who would have thought that something that started out as such a groundbreaking idea all those years ago would turn out to be such a success story? It doesn't seem that long ago since Highland dentists set up their own, locally-controlled private capitation scheme against a background of crippling NHS funding cuts and mounting bureaucracy. Some of my more senior colleagues will remember 8 July 1992 when the government imposed the now infamous 7% NHS fee cut. This was the catalyst for Highland dentists to take a concerted action in setting up HDP.

It all came about following the introduction of the UK government's 'new' dental contract in 1990. More patients had been registered and more work had been done on them – about £200 million more than government had



Gillian Graham, business development consultant, Independent Care Plans

budgeted for. In order to balance the books, fees were slashed by 7% and, following a hastily arranged ballot of British Dental Association (BDA) members, 58% voted not to accept new NHS patients of any age and 80% voted not to accept new NHS charge-paying adult patients. On the back of this advice, Highland Local Dental committee organised an emergency meeting of General Dental Practitioners and the foundations were laid for the setting up HDP.

From humble beginnings, in an attic room in 1993, HDP grew and prospered and in 1995 Independent Care Plans was launched following the recommendations of the HDP expansion committee enabling other like-minded dentists throughout the country to set



From left to right: Drs Neil and Bea Wallace beside Ann and Dr Robert Donald

up their own dental plans. These plans are now administered from a spacious suite of offices at River House in Inverness by 11 friendly, efficient and dedicated staff.

## Facing the same issues

History, they say, has a way of repeating itself and it seems that the more things change, the more they remain the same. Fast forward 30 years and here we are still facing the same issues of 'real terms' NHS funding cuts and mounting bureaucracy. I recently came across a media briefing that the BDA produced in 1999 on NHS dentistry. It stated: 'Dentists don't leave the NHS for ideological reasons. They leave because they are finding it more and more difficult to provide an acceptable quality



Dr Grant Rutherford, secretary of Highland Dental Plan and his wife Lynn

of care and spend the appropriate amount of time with each patient under the present fee structure and still maintain a viable practice.'

What has really changed in the intervening years? The government's approach to funding NHS dentistry continues to be unrealistic, unsustainable and creates a fundamentally flawed baseline for future funding arrangements. Access to NHS care is as much a postcode lottery as it ever was with the vast majority of Integrated Care Boards suffering from poor dental access and inequalities of care. Add in the workforce shortages sweeping across the country and the outlook looks bleak. In response, more of my colleagues understand the benefits of having a dental plan that allows their patients to budget for their dental care and, at the same time, reduce financial pressures for the practice.

While the profession continues to face difficult times ahead, particularly with the mounting pressures on the NHS dental budget, I am convinced that putting patients first is the only way forward. All dentists should be allowed to provide care in an environment where they are able to put patients interests first without having to worry about whether the system that is funding the care provides adequate resources for the treatment or the care that is needed. It's no surprise that the demand by dentists for dental plans advances apace. Here's to the next 30 years! **D**



Dr Amy Harper, chair of Fife Dental Care and her husband Colin

## KaVo exchange

With your exchange, a tree grows.



Save up to £250



Save up to £3,000



3D unit for <£25,000



Until December 15th, exchange any of your old equipment for **NEW KaVo equipment** & save £££s.  
[info@kavo.co.uk](mailto:info@kavo.co.uk)

**KAVO**  
Dental Excellence





 HENRY SCHEIN®  
DENTAL

 optident<sup>LTD</sup>

CELEBRATE  
IN STYLE

20 YEARS  
OF SETTING THE STANDARD

For two decades, the White Dental Beauty Professional Teeth Whitening Gels have remained unmatched in performance and quality.

Our unique formula, powered by the Novon® technology, delivers faster, more effective whitening results with less treatment time, setting a new standard in patient care.

This limited anniversary edition reflects everything we stand for: strength, sophistication and relentless pursuit of maximising performance.

Unchanged where it matters. **Reinvented** where it counts.



POWERED BY  
 NOVON®

WHITE DENTAL BEAUTY - BUILT ON TRUST & INTEGRITY.



# 'I'm nervous to return to dentistry after extended sick leave'

Coming back to the dental practice after a long period of sick leave can be daunting – **Sarah McKimm** shares her advice for easing the transition back to work

## THE SCENARIO

I'm a dental nurse due to return to work in a couple of weeks after being off on extended sick leave, and honestly I'm more nervous than I expected to be.

I've been away from the practice for several months due to a health issue that really knocked me off my feet – both physically and mentally. I'm recovering now and cleared to come back, but the thought of walking back into that surgery fills me with anxiety.

Part of me worries I'll have forgotten things, or that I won't be able to keep up. Dentistry moves fast and I've heard from my colleagues that there have been new staff members hired and small changes to our processes.

It's not just about the practical side of things too. I'm constantly wondering if people think I was off too long and if they will see and treat me differently.

I've always taken pride in being reliable, capable, and calm under pressure. But right now, I feel vulnerable and unsure of myself, which isn't very compatible with the demands of dental nursing.

I want to do well. I want to rebuild my confidence. But I'm afraid I'm just not up to it anymore. Do you have any advice on how to get through the first few days back?

Dear Reader,

Thank you for sharing your challenges. I'm here to help you view this situation differently with a hope to be able to manage those first few days with more ease.

First, I want to acknowledge your feelings and say that the anxiety you're feeling is entirely normal. Anxiety before a return like this is not a sign that you're not ready, it's a sign you've been through something big and your body is trying to protect and alert you. Those nerves are your system's way of saying: 'This matters to me.'

After being away from work for a significant amount of time, especially due to a health issue, it's no wonder your mind and body feel a bit shaky about stepping back into the surgery. You've been through something that's impacted you physically and mentally. Your nervous system has taken a hit, and it's going to need time, patience, and care to find its rhythm again.

## Getting your confidence back

You mentioned feeling worried you might have forgotten things. That's a common fear. Skills often

return quickly, but taking proactive steps before your first day can be helpful.

Could you refresh yourself on your practice's policies and procedures? Perhaps do a short CPD course to brush up on areas you feel less confident in? Even a couple of hours of revision can help your brain switch back into 'work mode'.

If possible, speak to your practice manager about a phased return. This could mean shorter days or fewer shifts at first, giving you time to rebuild stamina. You might shadow another nurse or work with a familiar clinician for a few sessions while your confidence grows.

Reception duties or non-clinical tasks could also help you ease in gradually while still being part of the team.

## Lean on your team

Consider whether there's a supportive colleague you can check in with if you feel overwhelmed. Having someone who knows your situation and can offer a quick grounding chat can make all the difference.

And if you can, maybe pop into the practice before your official first day. Say hello to the new team members, familiarise yourself with any changes, so your return feels less like jumping into the deep end.

It's natural to wonder what colleagues think about your time off. But you can't control their thoughts. What you can do is work with your own feelings about it. Often, we judge ourselves far more harshly than others do.

You're carrying vulnerability right now, but you're also still capable, reliable, and calm under pressure. Those qualities haven't disappeared – they've just taken a backseat for now.

You said: 'I want to do well. I want to rebuild my confidence.' I hear the drive in that. But maybe this isn't just about 'getting back' to who you were before. Maybe it's about discovering who you are now – post-illness, with the wisdom and resilience you've gained from getting through it. What would it take for you to feel safe and grounded in this next chapter?

Try using 'I' statements when you talk to your team: 'I feel a bit nervous and may need extra support in the first week', or 'I'm working on rebuilding my stamina, so I might take a short break after each session'. This opens the door for understanding and support.

## Coping techniques

You might also want to explore techniques to help regulate your nervous system.

- The 4-5-6 breath technique: inhale for four

seconds, hold for five, exhale for six – this helps calm the body's stress response

- Grounding technique: notice five things you can see, four you can touch, three you can hear, two you can smell, and one you can taste
- Mindfulness practices: even five minutes a day can improve focus, mood, and clarity.

If your practice offers an Employee Assistance Programme (EAP), now is the time to use it – confidential counselling or wellbeing support can give you an extra layer of reassurance.

Most importantly, show yourself empathy. You've been knocked off your feet, and now you're finding your way back to stability, safety, and routine. This is a process, not a test you can fail. All your feelings can exist together. You can be nervous and capable. Vulnerable and strong. Unsure and ready to begin again.

When you step back into that surgery, you're not the same person who left. You're someone who has faced difficulty, taken the time to heal, and is now choosing to show up again. That is something to be proud of.

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.

They are delighted to be the official sponsor of Chairside Chats!

Send your questions and topics to Sarah at [inconfidence@dentistry.co.uk](mailto: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.

# ‘Celebrate your wins’: advice from an award-winning dental technician

**Deepa Bharakhda**, winner of the Dental Technician award at the Dentistry Awards 2025, discusses her career so far and what winning meant to her

**Dentistry magazine (DM): Please introduce yourself**

**Deepa Bharakhda (DP):** My name is Deepa and I am a dental technician based in Leicester, currently working at J Vara Dental Laboratory. I have a special interest in prosthetics and implant prosthetics, with a growing passion for crown and bridge work.

I consider myself very fortunate to be in a workplace that encourages continuous learning, allowing me to develop my skills in both traditional prosthetics and digital dentistry, ultimately aiming to become a versatile and well-rounded dental technician.

What drives me most is the art of creating natural, lifelike smiles and the satisfaction of helping restore patient's confidence. I also believe in the importance of strong, collaborative relationships with dentists, ensuring every case is handled with care and precision.

Beyond the lab, I am proud to be the co-founder of Nightshift, a platform supporting dental technicians through education and community. I also serve as the social media coordinator for the dental

charity Den-Tech, helping raise awareness for access to dental care for those in need, and I am a key opinion leader (KOL) for Bredent UK, contributing to product development and education initiatives within the profession.

**DM: How and why did you become a dental technician?**

**DP:** It wasn't until secondary school that I started seriously considering a career in dentistry. I was eager to learn more about the field and took the initiative to arrange work experience placements at dental surgeries, immersing myself in the clinical environment.

When it came to my A-levels, I narrowly missed the grades required for dentistry. It felt like a setback at the time, but it turned out to be one of the best detours I could have taken. I decided to pursue a degree in dental technology at Manchester Metropolitan University, with the intention of applying for dentistry afterwards – that was the plan.

However, during my final year, everything changed. As part of our clinical sessions with second-year dental students, we worked together treating patients – with the dental students carrying out clinical assessments and myself fabricating dentures for the cases. That experience was a turning point. I realised just how much impact a dental technician could have on someone's smile, confidence and overall wellbeing.

**DM: If you were not in dentistry, what would you be doing?**

**DP:** If I wasn't a dental technician, I think I would have ended up in a completely different profession – either a teacher, a lawyer, or even a barrister!

Quite the opposite to dentistry, I know, but growing up I was always drawn to roles that involved problem-solving, communication, and making a difference in people's lives in some way. It's funny how life leads you to where you're meant to be, even if the path looks very different from what you first imagined.

**DM: What pushed you to enter the Dentistry Awards?**

**DP:** To be completely honest, the imposter syndrome in me would have never allowed myself to enter on my own. It was actually my best friend, Nina, who gave me the push I needed. She's my biggest cheerleader and has always seen the passion and dedication I have for this profession, even at times when I doubted myself.

It was her encouragement and belief in me that made me take that step, and I'm so grateful she did. Sometimes, it takes the people around you to remind you of your worth and to help you see what you're truly capable of.

**DM: How did it feel to win?**

**DP:** When my name was called, I was honestly shaking in disbelief – I couldn't believe it for a second. It was one of those surreal moments when you almost have to pinch yourself to make sure it's real. I felt so happy and overwhelmed with gratitude. It's a feeling that's hard to put into words, knowing that your work, passion and efforts to share knowledge, support fellow technicians, and give back to the dental community have been recognised.

To have my name out there and be celebrated among so many talented people in our profession truly means the world to me.

**Trycare**

**RELIABITES®**  
ALIGNER CHEWIES

**Classic Roll**

- 10 x Packs of 2
- Flavours available:

From **£9.20**

**Special Offer**

**Fully seats aligners for improved treatment.**

- ✓ Applies uniform force to properly seat aligners
- ✓ Ensures a snug fit and complete engagement
- ✓ Food grade elastomer material.

**Y-Shape**

- Packs of 10
- Hard & soft grades
- Flavours available:

From **£33.75**

**Special Offer**

Scan me

[www.trycare.co.uk](http://www.trycare.co.uk)  
**01274 88 55 44**





## Whether you're a student, newly qualified, or years into your career, **this profession is what you make of it**

### **DM: Do you have a standout career moment?**

**DP:** One of the biggest standout moments in my career was when the team from Bredent UK and my rep, Dave Hanley, asked me to do a hands-on demonstration at one of the world's largest global dental trade fairs. It was such a proud and surreal moment to be given the opportunity to showcase my skills and share my knowledge on an international platform.

To then be asked to become a KOL for Bredent was genuinely a dream come true. It was a huge personal and professional

achievement, and a reminder of how far you can come when you stay passionate and open to new opportunities.

### **DM: What's your top piece of advice for other dental technicians?**

**DP:** Believe in yourself and just go for it! This profession is full of opportunities, but so often we hold ourselves back because of self-doubt or fear of not being good enough. I've been there, and I've learned that the biggest thing standing in our way is usually ourselves.

Whether it's applying for an award, putting your work out there, attending a new course, or stepping out of your comfort zone, trust in your ability and take that leap.

### **DM: What message would you give your younger self starting out in dental technology?**

**DP:** I would tell my younger self to spend more time on practical work, and to practise, practise and practise some more. Be patient with yourself; skills take time to develop, and it's OK not to get everything perfect straight away.

I'd also remind myself not to be shy about asking questions. No question is ever too small or silly, and every bit of curiosity helps you grow. The more you ask, the more you learn – and it's those moments of learning, even from mistakes, that shape you into a better technician. Trust the process and enjoy the journey.

### **DM: Is there anything else you would like to add?**

**DP:** I just want to remind anyone reading this, whether you're a student, newly qualified, or years into your career, that this profession is what you make of it.

Dental technology is an incredible blend of science, art and care. It's a career where your hands and your creativity can truly change people's lives.

Most importantly, be kind to yourself along the way. Celebrate your wins, no matter how small, and believe that you belong in every room you walk into. This profession needs passionate, driven people and if you've chosen this path, you have something special to offer. **D**

# Makes every wish come true



## 4 MM UNIVERSAL COMPOSITE IN 5 CLUSTER-SHADES

- **Universal:** For anterior and posterior region
- **No layering:** Up to 4 mm increment thickness
- **Highest stability:** 91 % filler content
- **Excellent aesthetics:** Outstanding polishability
- **5 Cluster-Shades:** Cover all 16 VITA® classical shades



**GrandiSO**  
*Unlimited*





# Common faults in CAD/CAM dental technology

**Tony Atkins** explores some of the most common faults encountered in CAD/CAM within dental technology, their causes, and strategies to prevent them

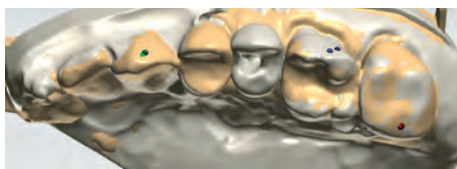
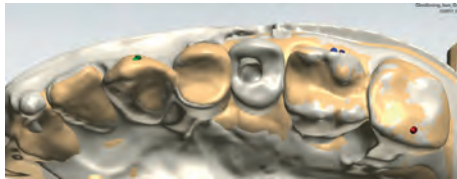
Digital workflows in dental technology have transformed how restorations and appliances are designed and manufactured. Computer-aided design (CAD) and computer-aided manufacturing (CAM) systems enabled laboratories and clinics to produce restorations with greater precision, and improved efficiency.

However, despite these advantages, faults and complications are not uncommon.

Errors within CAD/CAM can arise at any point from digital impressions, software processing, or during milling and printing stages. In many cases, these errors aren't obvious from the outset and often lead to costly remakes, reduced trust in digital solutions and, worse still, the laboratory fabricating the restoration.

## Common CAD-related faults

### 1. Inaccurate digital impressions



**Figures 1 and 2:** Same case, two different scans. Can you spot the error?

Digital impressions form the foundation of CAD workflows. Any inaccuracies at this stage are carried through the entire process.

Causes:

- Poor intraoral scanning technique (eg skipping surfaces, improper angulation)
- Presence of saliva, blood, or reflective surfaces during scanning
- Limited access in posterior regions.

Consequences:

- Poorly fitting restorations, open margins or poor occlusion
- Increased adjustments or remakes.

Prevention:

- Use of retraction techniques and moisture control

- Adhering to scanning protocols with proper angulation and overlap
- Verification scans before finalising.

### 2. Software design errors

CAD software provides powerful tools for designing restorations, but incorrect use or limitations can result in suboptimal designs.

Causes:

- Inadequate knowledge of software settings
- Over-reliance on default parameters (e.g., spacer thickness, occlusal clearance)
- Lack of anatomical understanding by the designer.

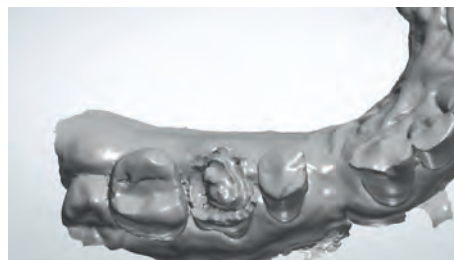
Consequences:

- Weak restorations due to thin walls or inadequate connector size
- Poor esthetics due to incorrect contouring or emergence profiles.

Prevention:

- Training and continuous professional development
- Customising parameters for each material and indication
- Using built-in verification tools to check thickness, contacts, and occlusion.

### 3. Marginal fit discrepancies



**Figures 3 and 4:** Visual comparison of well-defined vs. poorly defined margins

Even small errors in margin tracing or interpretation can compromise fit.

Causes:

- Poor visibility of preparation margins in the scan
- Inaccurate margin marking within the CAD software
- Operator misjudgment in subgingival areas.

Consequences:

- Microleakage and secondary caries
- Gingival irritation and long-term biological complications.

Prevention:

- Use high-resolution scans and multiple angles
- Careful manual verification of automatically detected margins
- Collaboration between dentist and technician when margins are unclear.

## Common CAM-related faults

### 1. Milling defects



**Figure 5:** Common milling faults from left to right: chipped screw hole channel caused by fractured burr, complete failure of molar restoration caused by fractured disc, holes within the occlusal surface, restoration designed to minimum thickness followed by inaccurate CNC calculation

Milling machines translate CAD designs into physical restorations. Errors in this process often relate to calibration, tool wear, or machine limitations.

Causes:

- Worn milling burs leading to rough surfaces or inaccurate fit
- Machine calibration errors
- Incorrect nesting of restorations within the block or disc.

Consequences:

- Surface irregularities requiring excessive manual adjustment
- Poor internal fit due to over- or under-milling

- Fracture during milling of thin restorations.  
Prevention:
- Regular maintenance and calibration of milling units
- Scheduled replacement of milling tools
- Appropriate nesting strategies to reduce material stress.

## 2. 3D Printing errors



**Figure 6: Failed 3D-printed bridge**

As additive manufacturing grows in dental applications (models, surgical guides, temporary restorations), printing errors are increasingly reported.

Causes:

- Incorrect orientation of the restoration during printing
- Insufficient support structures
- Resin contamination or expired materials.

Consequences:

- Warping, delamination, or inaccurate dimensions
- Fragile or incomplete structures.

Prevention:

- Follow manufacturer's recommendations for orientation and supports
- Ensure proper cleaning and post-curing protocols
- Regularly check resin quality and storage conditions.

## 3. Sintering and post-processing issues



**Figure 7: Zirconia crown with incorrect shade due to sintering error**

For materials such as zirconia, the post-processing stage is critical.

Causes:

- Incorrect sintering temperature or cycle
- Contamination during handling
- Insufficient polishing or glazing.

Consequences:

- Altered shade or translucency
- Warping or shrinkage errors
- Reduced strength and long-term durability.

Prevention:

- Strict adherence to manufacturer's sintering protocols.
- Proper handling to avoid contamination.
- Quality control checks after post-processing.

## Workflow-related challenges

### 1. Data transfer errors

Since CAD/CAM workflows rely on digital communication, file conversion or transfer issues can compromise accuracy.

Examples:

- STL file corruption during transfer
- Loss of detail due to excessive file compression.

Solution:

- Secure, cloud-based transfer platforms with version tracking
- Verification of files before manufacturing begins.

### 2. Human factors

Despite digital automation, human input remains essential. Errors often arise from insufficient training or miscommunication.

Examples:

- Incorrect material selection in CAD software.
- Misinterpretation of clinical instructions.

Solution:

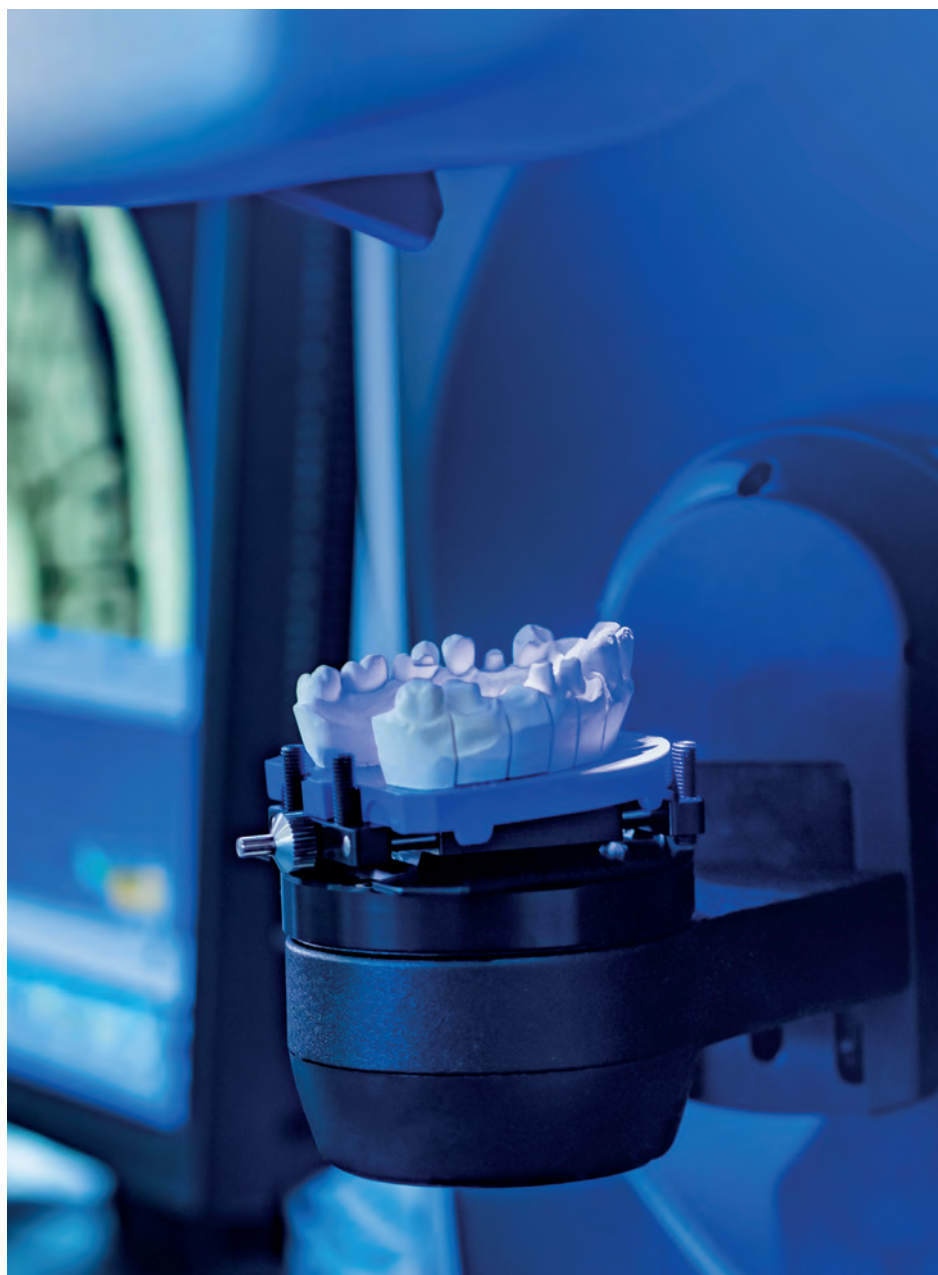
- Continuous training for both clinicians and technicians.
- Clear communication protocols between surgery and laboratory.

## Conclusion

CAD/CAM technology in dentistry has redefined the standards of precision and efficiency, yet it is not free from errors. Faults can occur at any stage – from scanning to design, milling, or post-processing. The key to minimising these issues lies in a combination of:

- Proper training and adherence to protocols
- Routine maintenance of hardware and software
- Effective collaboration between clinicians, technicians, and manufacturers.

By identifying and addressing these common faults, dental professionals can harness the full potential of digital workflows, ensuring restorations that meet both functional and aesthetic expectations for patients. **D**







# Sharper detail. **Smarter scans.** Faster workflows.

The next evolution of intraoral scanning is here

- ✓ **40 FPS frame rate**
- ✓ **Dual sensor technology**
- ✓ **25 mm depth of field**
- ✓ **IS ScanFlow 2.0 interface**

Meet DEXIS Imprevo, powered with IS ScanFlow: the scanner that redefines digital dentistry with precision, speed and versatility.

From AI-assisted accuracy to gesture-based control, Imprevo delivers a smoother, smarter scanning experience that adapts to your workflow.\*

**Experience the future of scanning.**



Visit [dexis.com/imprevo](https://dexis.com/imprevo) to get sharper and faster scans.



Dental Imaging Technologies Corporation

DEXIS™ Imprevo



\*Compared to previous DEXIS intraoral scanners.

© Dental Imaging Corporation. All Rights Reserved. DXIS01246/Rev00

# Highlighting patient care

Dentistry speaks to **Shi Karim**, and his patient, about a recent implant case

Shi Karim, principal dentist at Cheadle Hulme Dental & Cosmetics, discusses one of his recent cases and the team's patient approach, which highlights why the practice won Best Patient Care North West at the 2024 Dentistry Awards.

This male patient came as a referral from another practice seeking treatment to restore his smile. He communicated feeling self-conscious about speaking, smiling and showing his teeth in general. He had started to find it difficult to enjoy certain foods.

**Dentistry magazine (DM):** What were the key challenges in this particular case, and how did you approach solving them?

**Shi Karim (SK):** The patient had multiple acute infections in his upper arch and large cystic areas. This wasn't a case where I was comfortable immediately loading the uppers. We discussed the options available and decided the best course of treatment was to remove all upper teeth and provide a temporary bridge for three months to allow the active infections to settle and for things to improve, reducing our risks. Going from upper natural dentition to a complete denture obviously posed a challenge for the patient, luckily he understood why it was necessary and he was fully onboard with it.

The finances were also a challenge to discuss due to this being such a big treatment plan. I explained to the patient what each stage consisted of, and what each cost, and once again he was understanding and was happy to progress.

The patient really didn't want a lower temporary denture, so we removed his lower teeth, placed implants on the same day and also immediately loaded on the same day too, thanks to our lab technician.

**DM:** Can you walk us through the treatment plan you designed and why you chose these specific methods?

**SK:** We removed all lower teeth and placed four implants, which we immediately loaded using the skills of our lab technician.

For the upper arch, we removed all upper teeth and provided an immediate complete denture. The plan was created digitally and all records were sent to the lab prior to the surgery.

We left the upper arch for three months, then placed our implants and immediately loaded. We were able to do this in a clean and settled site.

The alternative treatment plan would have been full dentures for the long term.



**DM:** How do you balance the functional and aesthetic aspects of dental treatment in cases like this?

**SK:** The patient was fully aware from the start that with this type of bridge, his teeth weren't going to feel like individual teeth and that there would be a thin substructure (bar) connecting the teeth.

Examples of other implant bridges were shown to the patient.

We managed his expectations and he was made aware that he may also have a slight lisp at the start while he became used to the new prostheses.

The occlusion was carefully managed to ensure loading was spread out along the whole bridge rather than it being heavy in certain areas. This allowed a more even distribution of loading across all implants.

We also explained the concept of a shortened dental arch as we couldn't place the implants too distal in the 6/7 areas due to insufficient bone. The patient was fully aware that the full arch bridge was going to be 6-6 in

the final prosthesis and 5-5 in the temporary prosthesis in order to reduce any cantilever force and reduce fractures.

**DM:** What innovations or technologies were used during this treatment, and how did they enhance the outcome?

**SK:** We planned this case digitally with full intraoral scanning and also full case photographs. The surgery was also carried out part guided.

**DM:** Reflecting on this case, what do you think the broader implications are for your practice or the field of dentistry?

**SK:** We are seeing more and more of these complex cases being referred to us by other dentists. In addition, due to our reputation, we are also finding a lot of patients self-referring to us, too. Not only is this great for the business, it also brings the enhanced satisfaction of using an advanced skill mix to help patients, and in many cases, change their lives for the better.





### Patient

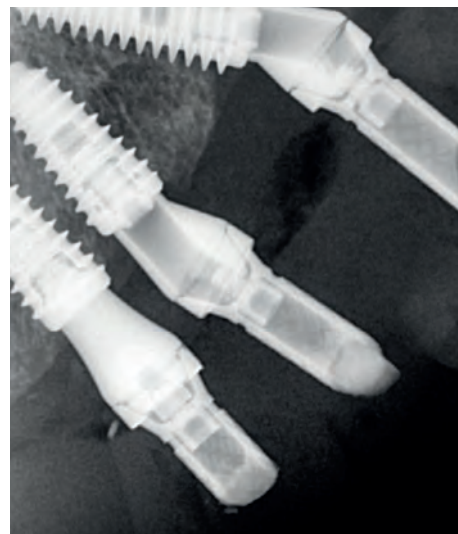
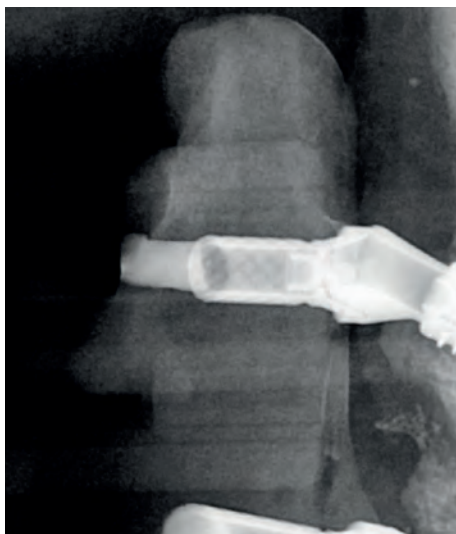
**DM:** What initially motivated you to seek dental treatment, and how did you feel about the process?

**Patient:** My teeth had become loose and unsightly and I had become self-conscious about smiling and showing my teeth. I also found it difficult to enjoy eating some foods I used to enjoy.



**DM:** How has this treatment impacted your daily life or your confidence?

**Patient:** Since having my treatment, my daily life has massively improved. I no longer have any worries about smiling or eating what I want. It has even impacted on simple everyday things, like being able to have a conversation without being conscious of how my teeth look.



**DM:** What was your experience like working with your dentist and the treatment team?

**Patient:** Shi and the whole team were great, they are extremely professional while

at the same time friendly. This gave me confidence in the treatment I was getting and made for a more relaxing experience than I was expecting.

**DM:** Were there any unexpected challenges or outcomes during your treatment journey that stood out to you?

**Patient:** Because my gum disease was severe there was a longer time frame for the treatment than I had initially expected. But Shi explained the necessity of waiting until my mouth health was at its optimum to ensure the best results from the treatment. The other thing that stood out was that Shi ensured that the whole process was pain free, and that was completely unexpected.

**DM:** What advice would you give to others considering similar dental procedures?

**Patient:** My only regret with the treatment is that I didn't get it done sooner. I would heartily recommend anyone to do it if they feel conscious about their smile. **D**





Association of  
Dental Groups | **2025**  
**CONFERENCE**

IN PARTNERSHIP WITH **FIMC** CONNECTING DENTISTRY

6 & 7 November, ICC Wales

# SHAPE THE FUTURE OF GROUP DENTISTRY

The UK's only leadership event for dental groups and DSOs - where real strategies meet real growth.

A two-day summit bringing together executive teams, senior management, and leadership teams from the UK's DSOs of all sizes.

Attendance is free for qualifying dental group leaders, but places are limited.

## Why attend?

- ▶ **Straight-talking insight** – Led by leaders from the UK's most successful dental groups.
- ▶ **Proven growth strategies** – From acquisitions and scaling to leadership and innovation.
- ▶ **Connections that matter** – Build relationships with peers, experts, and investors.
- ▶ **Partners with purpose** – Meet handpicked exhibitors who can help you grow.

**APPLY  
NOW**

Limited  
spaces!



HANDPIECE & SMALL EQUIPMENT PARTNER

**NSK**  
Create it.

LEGAL ADVICE PARTNER

**ACUITY  
LAW.**

DENTAL CHAIR PARTNER

**Belmont**



# IV sedation in paediatric dentistry

A thematic analysis of 482 parental testimonials highlights why IV sedation in a specialist primary care setting is an essential complement to traditional approaches

**Dr Chubin Zhang**  
Research scientist with a special interest in data mining



**Dr Willem Botha**  
Medical director of Sedation Solutions



**Dr Nicole Sturzenbaum**  
Clinical director at Toothbeary



With thousands of children waiting months or even years for hospital treatment under general anaesthetic, intravenous sedation in primary care is proving to be a safe and compassionate alternative. Drawing on the voices of 482 parents, this article explores what families value most about sedation services, from pain relief and tooth preservation to support for children with additional needs, and argues why access to high-quality sedation is an essential complement to standard approaches in paediatric dentistry.

**IV sedation: a vital role**

The pressures on paediatric dentistry in the United Kingdom have rarely been more visible. In 2023, *The Guardian* reported that more than 27,000 children were awaiting NHS dental treatment under general anaesthetic (GA), many experiencing prolonged pain while their conditions deteriorated. GA remains an essential intervention in hospital dentistry, but it is far from ideal: it carries inherent challenges, places strain on scarce theatre capacity, and frequently results in extractions rather than restorative care.

In this context, intravenous (IV) sedation in primary care has assumed a vital role. A recent large-scale audit established its strong safety profile and very high levels of parental approval (Zhang et al, 2025a), confirming the robustness of IV sedation as a treatment option. At the same time, national policy discussions are underway: the Intercollegiate Advisory Committee for Sedation in Dentistry is revising the Standards for Conscious Sedation in the Provision of Dental Care for Adults and Children. The general shift since 2015 in national standards towards limiting or removing access to IV sedation for children

under 12 within specialist primary care settings is concerning, not least because such restrictions risk further burdening already stretched hospital services while narrowing treatment choices for families.

In response to these developments, Toothbeary Dental Practice (a specialist primary care facility who have provided IV sedation to more than 5,000 paediatric patients) undertook a survey to gather evidence directly from parents. The practice surveyed all families whose children had received treatment at Toothbeary Dental Practice, with the aim of exploring the experience, value and need of accessing IV sedation.

The outcome of the survey was summarised in a letter to the editor in the *British Dental Journal* (Zhang et al, 2025b), which highlighted that IV sedation enabled timely and comprehensive restorative treatment, accompanied by exceptionally high parental satisfaction (99%) and a marked preference for delivery in a specialist primary care setting rather than a hospital. Parents also voiced significant concern that restricting IV sedation in primary care would lead to greater dependence on general anaesthesia, longer delays in access to care, and preventable morbidity (Zhang et al, 2025b). The contribution introduced parental testimonials in passing, but did not explore them systematically. The present article therefore extends this work by examining 482 written statements in detail, providing a thematic analysis that gives fuller weight to what families themselves identify as most valuable.

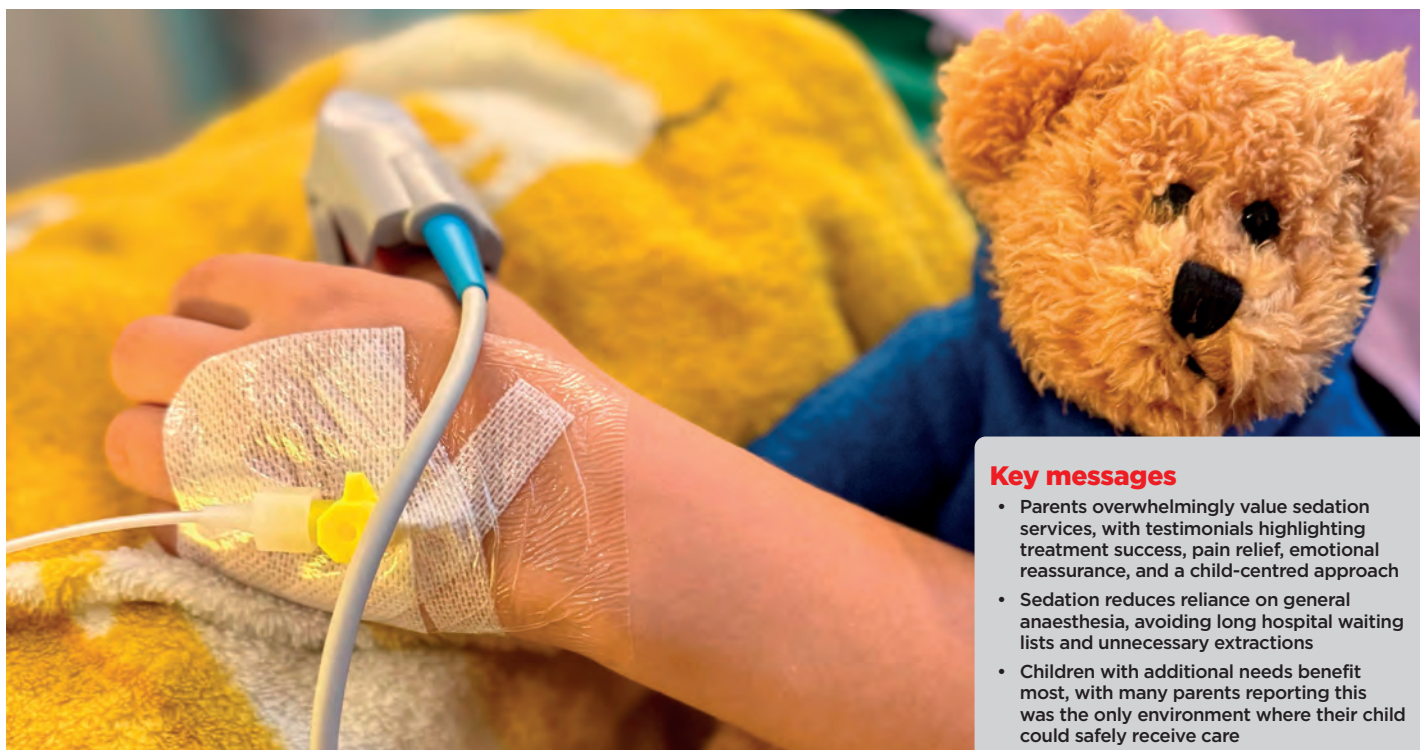
| Aspect of care      | IV sedation in primary care (Toothbeary)                                                                | NHS general anaesthesia (hospital pathway)                                                  |
|---------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Waiting time        | Treatment arranged promptly, parents relieved child was out of pain quickly                             | Long delays (often 12 months+), children left in pain                                       |
| Treatment approach  | Focus on tooth preservation and restorative care where possible                                         | Extractions often prioritised as standard treatment plan                                    |
| Environment         | Child-centred, calm, supportive setting reducing anxiety and trauma                                     | Clinical hospital environment, stressful for many children                                  |
| Suitability         | Effective for children with autism and additional needs, parents described it as the 'only safe option' | Many children with special needs refused or found treatment traumatic                       |
| Parental experience | Families felt reassured, supported, and grateful, trust in dentistry restored                           | Parents anxious about long waits and traumatic outcomes, some lost confidence in the system |
| Outcome             | Children calm, comfortable, smiling, treatment completed successfully                                   | Treatment delayed, often multiple teeth removed under GA                                    |

Comparative parental perspectives on Toothbeary versus NHS dental care

**The team focused on saving teeth wherever possible, unlike the NHS plan which was just to remove them all**

**Safe, effective, and valued by families**

For many families, IV sedation was not a preference but a necessity. Parents frequently described unsuccessful or distressing attempts at treatment elsewhere. One mother stated unequivocally: 'Dental work would have been unnecessary torture without sedation.' Another, whose child is autistic, explained: 'The only way my son could be treated safely was with IV sedation at Toothbeary.'



### Key messages

- Parents overwhelmingly value sedation services, with testimonials highlighting treatment success, pain relief, emotional reassurance, and a child-centred approach
- Sedation reduces reliance on general anaesthesia, avoiding long hospital waiting lists and unnecessary extractions
- Children with additional needs benefit most, with many parents reporting this was the only environment where their child could safely receive care
- Access to high-quality sedation in primary care must be safeguarded and expanded as waiting lists grow and families seek timely, compassionate treatment.

Parents repeatedly contrasted this experience with the hospital pathway, which they perceived as offering limited choice and often prioritising extractions. At Toothbeary, by contrast, the emphasis was restorative. As one parent observed: 'The team focused on saving teeth wherever possible, unlike the NHS plan which was just to remove them all.'

All 482 written testimonials were positive and supportive of the sedation service at Toothbeary. Within this consistent endorsement, several recurring themes emerged. The most common was treatment success, with nearly four in ten parents emphasising that sedation made possible care that had failed elsewhere. Families also spoke of the profound emotional impact, often using terms such as 'life-saving' and 'miraculous' to describe their relief.

Around one third highlighted the child-centred environment as critical in reducing anxiety, and a similar proportion reflected on the positive parent experience, noting reassurance, trust, and renewed confidence

Over **one in three** families described the impact of IV sedation using words such as 'life-saving', 'transformative', and 'miraculous'

in dentistry. Practical concerns were frequent too: almost three in ten mentioned the relief of avoiding long NHS waiting lists, while one in four praised sedation as a viable alternative to general anaesthesia. One in five highlighted the importance of rapid pain relief and tooth preservation rather than extraction.

Smaller but important themes also emerged. Nearly one in ten testimonials came from families of children with autism or additional needs, for whom sedation was often the only safe option. Parents also commended the professionalism of the clinical team, valued the avoidance of traumatic experiences that could undermine long-term dental confidence, and noted the reassurance of continuity of care and follow-up. Several families described travelling considerable distances to access Toothbeary, underscoring both the scarcity of such services and their perceived value.

Nearly **4 in 10** parents specifically praised IV sedation for enabling treatment that would otherwise have been impossible

### Painting a picture

Taken together, these themes paint a consistent picture: parents valued specialist IV sedation not only for its clinical effectiveness, but also for its ability to reduce distress, avoid extractions, provide timely access, and support children with additional needs.

The message conveyed by these parents is both consistent and compelling. IV sedation in primary care is not a luxury or an adjunct, it is an essential component of modern paediatric dentistry. It prevents trauma, facilitates the preservation of teeth, supports children with additional needs, and restores confidence for families who might otherwise lose trust in dental care altogether. As one parent summarised: 'Without sedation, my child could never have had this treatment. Instead, they walked out calm, comfortable and smiling.'

At a time when NHS waiting lists are growing and thousands of children remain in pain, the continuation, and expansion, of IV sedation in high-quality primary care settings is not merely desirable. It is necessary. **D**

### References

- Zhang et al, 2025a, Audit of 1,000 sedation cases showing safety and satisfaction >99%. *SAAD Digest*
- Zhang et al, 2025b, Parental perspectives on sedation in primary care (Letter to the Editor) *British Dental Journal*
- The Guardian*, July 2023, Report on 27,000 children awaiting GA
- The Guardian*, Feb 2025, Feature on access crisis in dentistry



# END OF SUMMER OFFERS

Limited stock on special offers!

## SALE

£750+VAT

**RRP £1,534.21+VAT**

VDW.Silver RECIPROC  
Motor with 6:1 Contra Angle



SCAN ME TO FIND  
OUT MORE ABOUT  
VDW.Silver RECIPROC



## SALE

£1,425+VAT

**RRP £2,408.47+VAT**

X-SMART® PRO+  
ENDO MOTOR  
with integrated  
Apex Locator



SCAN ME TO FIND  
OUT MORE ABOUT  
X-SMART® PRO+



ORDER ONLINE  
[www.qedendo.com](http://www.qedendo.com)  
or CALL 01733 404 999

# Achieving aesthetic excellence

A complex implant-supported bridge case with advanced soft tissue management

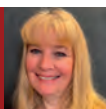
**Nigel Suggett**

Dentist and practice owner



**Emma Allsopp**

Dental technician, Nexus Dental



Implant-supported restorations have become a cornerstone of modern dentistry, offering predictable and long-term solutions for replacing missing teeth. However, achieving optimal aesthetics, especially in the highly visible anterior maxilla, presents unique challenges. This case report delves into a complex scenario involving multiple surgical interventions and intricate soft tissue management techniques to achieve a harmonious and natural-looking final restoration. It underscores the critical role of interdisciplinary collaboration and meticulous attention to detail in overcoming the complexities of aesthetic implant dentistry.

## Case overview

The patient presented with a severely compromised upper right central incisor, displaying significant discoloration, a large buccal soft tissue defect, and a periodontally involved and mobile upper right lateral incisor necessitating extraction. The patient's primary concern revolved around the aesthetic rehabilitation of their smile, aiming for a restoration that seamlessly blended with their natural dentition. The treatment plan encompassed extractions, guided bone regeneration (GBR), implant placement, multiple connective tissue grafts (CTGs), and meticulous soft tissue manipulation using a temporary cantilevered bridge. The ultimate goal was to fabricate an aesthetically pleasing implant-supported bridge, effectively addressing the initial aesthetic concerns and cultivating optimal soft tissue contours and papilla growth.

## Challenges

- Bone loss and regeneration: the extraction site of the upper right central incisor exhibited significant bone loss, requiring guided bone regeneration (GBR) to ensure long term stability of the implant
- Soft tissue aesthetics: achieving harmonious soft tissue contours and regenerating the large buccal defect, and black triangle management requiring papilla growth in the aesthetic zone demanded meticulous planning and execution



**Figure 1:** Pre-operative intraoral view showing the initial clinical situation with a severely compromised upper right central incisor



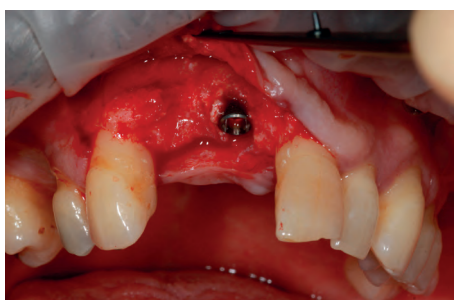
**Figure 2:** Intraoral view showing the temporary bridge in place, highlighting the visible 'black triangle' between the central and lateral incisor



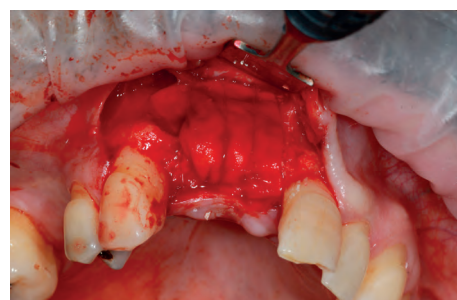
**Figure 3:** Intraoral view of the extraction sockets following the removal of the compromised teeth



**Figure 4:** View of the edentulous ridge after tooth removal and healing, illustrating the deficient bone volume prior to implant placement



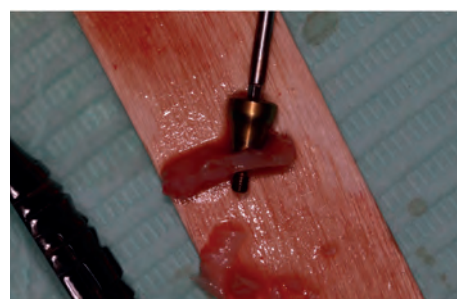
**Figure 5:** Implant placement a 4.2 x 8mm DS Primetaper implant was used, the implant was placed in the correct vertical dimension (3.5mm below the proposed gingival zenith)



**Figure 6:** GBR procedures to augment bone volume and support the implant, shows the Bio-Gide® being stabilised with periosteal sutures in 5/0 monocryl



**Figure 7:** Bone and soft tissue after implant placement and healing



**Figure 8:** Showing healing abutment placed through CTG to aid fixation of it



- Interdisciplinary communication: maintaining seamless communication and collaboration between the dentist and the dental laboratory throughout the extended treatment process was paramount.

## Surgical and technical work

### Extraction

The compromised upper right central incisor and lateral incisor were extracted under local anaesthetic. The soft tissue defects present

made it high risk for immediate implant placement, so the teeth were removed and the site was left to heal for three months. A temporary partial denture was used to manage the space in the healing period.

### Implant placement and guided bone regeneration (GBR)

Following a suitable healing period, a PrimeTaper EV 4.2mm x 8mm implant by Dentsply Sirona was placed in the upper right

central incisor space. The buccal threads of the implant were exposed so GBR was carried out. Autogenous bone (harvested bone chips from the left external oblique ridge with a Micros scraper from Geistlich) only was placed over the exposed threads, and then autogenous bone was mixed in a 50:50 mix with a Bio-Oss® 0.25mm-1mm particles from Geistlich. This was covered with a Bio-Gide® resorbable membrane also from Geistlich, and this was fixed with periosteal sutures using a 5/0 Monocryl resorbable suture.

### First connective tissue graft (CTG)

A CTG procedure was performed to augment soft tissue volume. The mid-palate was chosen as the donor site to harvest the graft, which was then placed as a 'table top graft' to enhance soft tissue thickness in a vertical dimension. A mid-crestal split thickness flap was lifted in the recipient site, and the graft was secured to the underlying connective tissue bed using a heal-design 3.5mm x 4mm healing abutment and some periosteal sutures in 5/0 monocryl.

### Temporary bridge fabrication

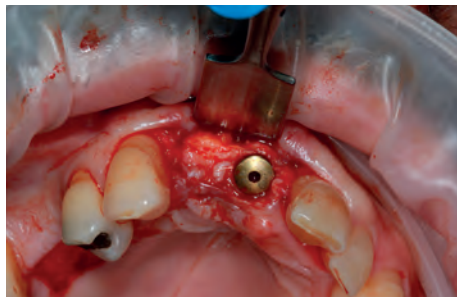
A temporary cantilevered bridge was fabricated at Nexus Dental Lab, with shade selection performed using visual shade matching. This temporary restoration served as a crucial tool for shaping the soft tissue and guiding its maturation. The bridge was fabricated with a stock temporary cylinder and composite, this allowed it to be adapted chairside.

### Temporary bridge placement

The temporary bridge was placed, allowing soft tissue conditioning and guiding the emergence profile for the final restoration. A 'black triangle' was evident when the bridge was placed, so further soft tissue work was needed.

### Second connective tissue graft

Second CTG was harvested, this time from the tuberosity. It was again placed as a 'table-top' graft this time only over the pontic and midline papilla space. 5/0 monocryl periosteal sutures were used to fix the CTG and then the buccal flap was sutured over the embrasure and used to support a pseudo-papilla and close the visible 'black triangle'. The temporary bridge pontic basal surface was adjusted to eliminate the tissue pressure to over build the area. ▶



**Figure 9:** CTG procedure to enhance tissue thickness with periosteal sutures and healing abutment to fix the graft



**Figure 10:** One of the photos sent to the laboratory to start the fabrication of the temporary bridge



**Figure 11:** Temporary bridge produced at the laboratory



**Figure 12:** Temporary bridge in situ



**Figure 13:** Second CTG



**Figure 14:** After 2nd CTG, pontic adjustment and soft tissue manipulation a sling suture can be seen using seralon 6/0



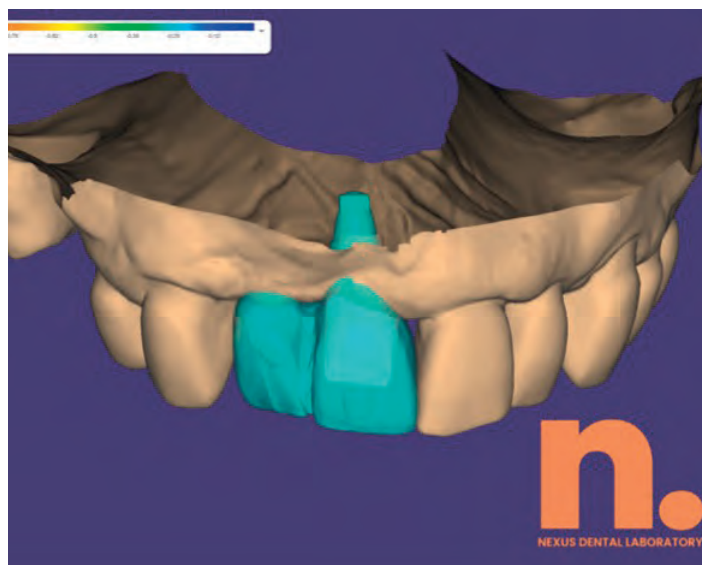
**Figure 15:** Temporary bridge with one of the adjustments made to the basal area of the pontic to eliminate soft tissue pressure



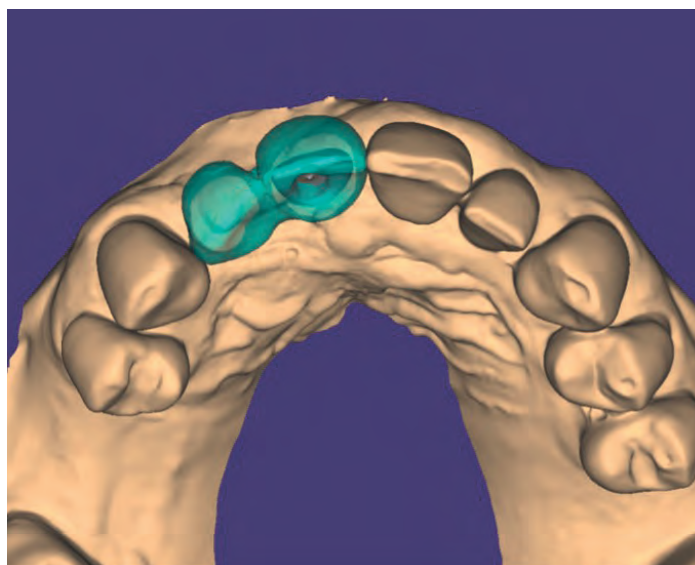
**Figure 16:** Temporary bridge after soft tissue manipulation using pontic site development



**Figure 17:** Digital dental design showcasing the emergence profile and custom abutment shaping from a proximal view



**Figure 18:** Digital dental design of the custom abutment shape from the buccal view



**Figure 19:** Digital dental design of the custom abutment shape from the incisal view

#### Temporary bridge adjustments

Precise adjustments were carried out on the temporary bridge, meticulously shaping the basal surface of the pontic to create an ideal environment for soft tissue maturation.

#### Final bridge fabrication

At Nexus Dental, after receiving the digital scan using a Trios 3 intraoral scan of both the implant and soft tissues and the temporary bridge, where the correct emergence profile was established using the temporary bridge, the CAD team meticulously replicated this emergence profile onto a titanium abutment (Atlantis abutment). This precise shaping ensures that the soft tissue maintains its integrity and natural contours, preserving both aesthetics and function.

This process highlights the critical role of custom abutments, which allow for a seamless transition from the temporary to the final restoration while maintaining the soft tissue architecture. Additionally, the use of titanium was chosen for its biocompatibility, which promotes tissue attachment and long-term stability.

To further enhance soft tissue integration, the zirconia bridge placed on top of the abutment was carefully polished around the cervical area. This polishing minimizes bacterial adhesion and encourages hemidesmosomal attachment, contributing to a healthier and more natural-looking restoration.

Ultimately, this approach ensures optimal aesthetics, stability, and long-term success of the restoration by preserving the natural contours established during the provisional phase.

#### Placement

The final implant-supported bridge was fabricated, the upper right central was produced with a slightly more 'squarish' shape on the mesial proximal area to effectively close the remaining black triangle between the two central incisors. The bridge was



**Figure 20:** Close look at the gum tissue after shaping around the temporary bridge



**Figure 21:** Final restoration in situ



**Figure 22:** Final result

made of zirconia with buccal layering. The laboratory technician (Emma Allsopp) worked closely with the dentist to achieve the desired aesthetic outcome.

#### Final product

The final restoration achieved excellent aesthetic results, characterised by optimal soft tissue contours, harmonious papilla growth, and complete closure of the black triangle. The patient expressed profound satisfaction with the outcome, noting the natural appearance and enhanced smile aesthetics. The final bridge was made of zirconia with buccal layering.

#### Reflections

This complex case presented numerous challenges, particularly in managing the soft tissue and eliminating the black triangle. However, through meticulous planning, precise execution, and unwavering commitment to interdisciplinary collaboration, an exceptional aesthetic outcome was realised. This case underscores the importance of a team-oriented approach and the invaluable role of persistent adjustments in achieving optimal results. The importance of a perfect communication needed between the dentist and lab along the process to achieve this amazing result. **D**



# Knowledge is power

**Invest in your education: courses about ultra-thin zirconia veneers and minimally invasive tooth preparation**

Take the opportunity to combine knowledge building in one of Zirkonzahn's Education Centers in the midst of the beautiful landscape of the South Tyrolean Aurina Valley by joining one of the upcoming courses for dentists offered by the "Zirkonzahn School".

## **Prettau® Skin® course**

2-day course to learn all about the new minimally invasive technique for producing ultra-thin zirconia veneers (0.2 mm) and how to restore the patient's smile with zero to minimal impairment of tooth substance.

The new technique is suitable for the aesthetic

correction of tooth discolourations, tooth gaps, crooked teeth, cone teeth and abraded teeth.

Participants will also master the complete workflow protocol using the correct parameters, focusing on both clinical and technical aspects.

The course will be held on 2-3 October 2025 by a qualified dentist, supported by a master dental technician, and allows a maximum of six participants.

## **Minimally invasive tooth preparation course**

2-day course on the importance of a minimally invasive approach to dental treatments, combining digital and analogue workflow steps.

It is conceived for all dentists willing to practice and improve skills on minimally invasive tooth preparation for different clinical situations.

In this course, participants cover the five preparation phases, apply theory to working

models, and use Zirkonzahn's Detection Eye intraoral scanner. Special attention will be also given to the cementation technique.

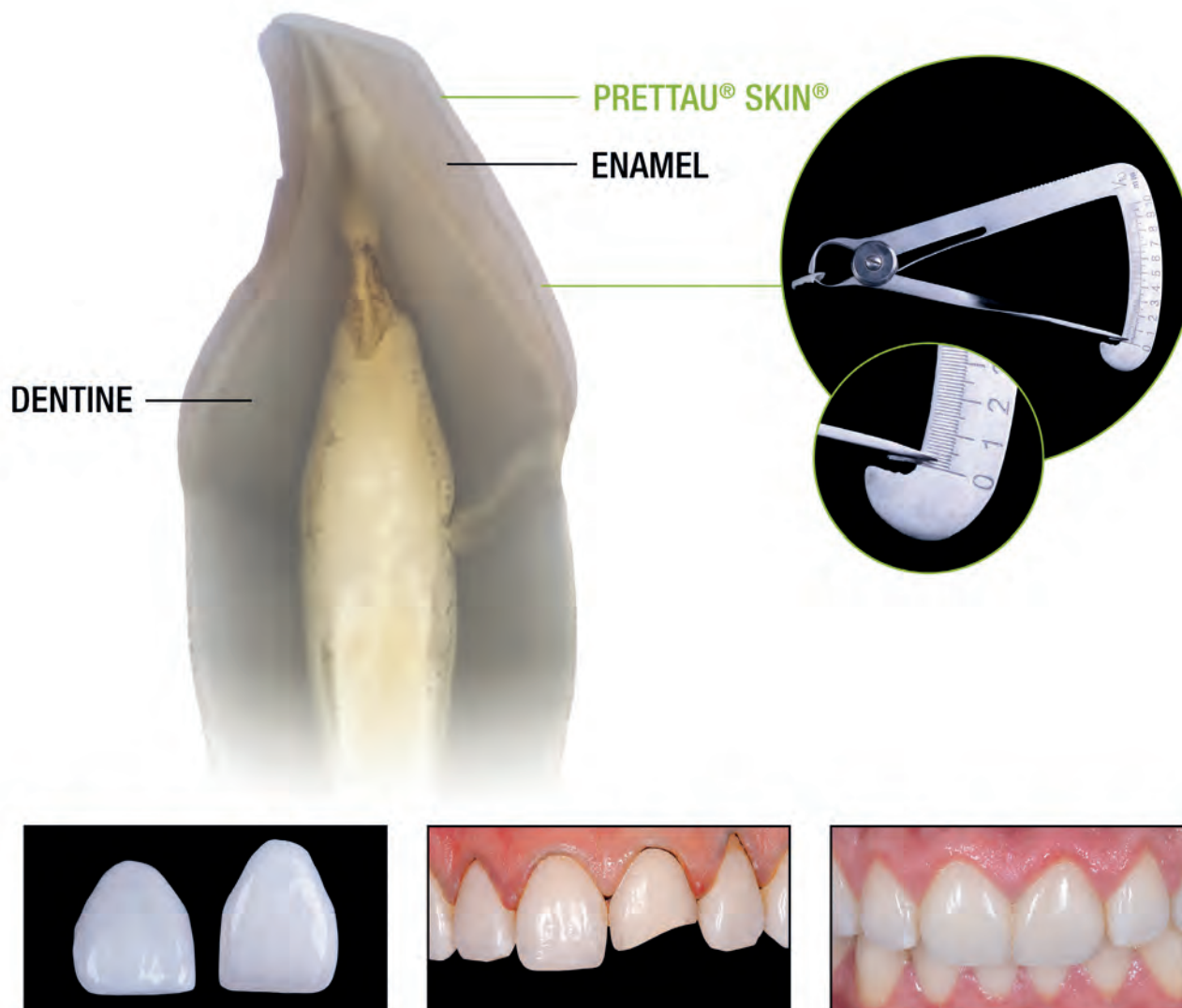
The course will be held on 30-31 October 2025 by a qualified dentist and allows a maximum of six participants.

## **Interdisciplinary collaboration**

Both courses take place at Zirkonzahn Klinik DeMedici, one of Zirkonzahn's nine training centres, which was designed to host events focusing on interdisciplinary collaboration between clinics and laboratories.

**Zirkonzahn®**  
*Human Zirconium Technology*

For more details and registration, scan the QR code, email [education@zirkonzahn.com](mailto:education@zirkonzahn.com), call +39 0474 066 650 or visit [www.zirkonzahn-education.com](http://www.zirkonzahn-education.com).



No prep veneers, the newest minimally invasive treatment that will change the way we think about dentistry

# Enhancing smiles

From Direct to Indirect – Shaping smiles with art and knowledge



GC's minimally invasive restorative solutions can take you from small direct restorations with a big aesthetic impact, to a range of conservative indirect restorations, including injection moulding, veneers and crowns - in collaboration with a dental lab.

Discover  
more:



G-aenial Universal Injectable



Initial LiSi Block & Press



Initial Zirconia Disk





# Simpler interdental cleaning support with Waterpik™

Become a proud supporter of effective and simple interdental cleaning with the new Advocacy Programme with **Waterpik™**

It's never been easier to inform your patients on the benefits of high-quality interdental cleaning solutions, and the Advocacy Programme with Waterpik™, the number one water flosser brand recommended by dental professionals in a 2025 independent survey, ensures your practice is uniquely prepared to support a wide variety of patients.

From a free CPD module that helps to develop clinical knowledge, to patient brochures and discount codes, everyone in the practice can benefit from the Waterpik™ Advocacy Programme.

But to first recognise the benefit of these, it's important to understand the value a Waterpik™ water flosser has in your patients' oral hygiene routines.

## Waterpik™ is backed by the evidence

As the only water flosser brand to be approved by the Oral Health Foundation, Waterpik™ is seen as a reliable source of support for interproximal cleaning solutions. This trust has been earned over more than 60 years of research and development of high-quality water flossers, driving innovation at every turn.

Now, with more than 80 research studies behind the brand, each solution is designed to be tailored to a patient's unique needs.

This includes the Waterpik™ Cordless Pulse, an affordable introduction to water flossing that ensures effective interdental cleaning can be completed by near enough anyone.

It is clinically proven to remove up to 99.9% of plaque and bacteria from a treated area in just three seconds (Gorur A et al, 2009). The easy-to-use, portable system accesses interproximal spaces and below the gumline, where brushing alone cannot reach.

The Cordless Pulse is also up to two times as effective as string floss for removing bacterial plaque and improving gingival health (Rosema N A, et al 2011). Conventional approaches are incredibly technique sensitive, with many patients requiring individualised instruction and reinforcement from the dental professional to see improvements (Basali D H et al, 2023). It can be difficult for patients to access small spaces with dental floss, but the Cordless Pulse ensures the entire dentition is accessible for a thorough clean.

## Know how to help your patients

When a clinician joins the Advocacy Programme, they receive a bespoke welcome kit, with access to a free CPD module (produced with Health Professional Academy) that enables them to develop

their knowledge for confidence in every recommendation. 'Should water flossing become an integral part of oral hygiene?' ensures dental professionals know how water flossing compares with traditional flossing and interdental brushing, and helps identify benefits for individuals with additional oral hygiene needs.

Advice provided to patients can be supported with dedicated brochures, available in the practice kit which is supplied to all Waterpik™ advocates. This helps patients recognise the solutions available to them, with key clinical benefits available on hand long after the appointment is over.

Patients can access discounts on leading Waterpik™ water flossers, with access to some of the best deals year-round. A unique code provided to each advocate also allows the practitioner to earn points as their patients select effective water flossers, which can be redeemed for rewards – meaning everyone benefits!

## Recommended by clinicians

Julie Deverick, renowned dental hygienist and past president of the British Society of Dental Hygiene and Therapy, says: 'As a dental hygienist I recommend that all my patients clean between their teeth on a daily basis so that they can disrupt that plaque bacteria. Often many don't, or they have an ineffective technique.'

'The Waterpik™ water flosser is so easy to use compared to some of the traditional flossing methods, and my patients are definitely enjoying using it on a daily basis. I've also found that there is an improvement in their oral health, which is why I don't hesitate to recommend the Waterpik™ water flosser.'

For a list of references, please email [newsdesk@fmc.co.uk](mailto:newsdesk@fmc.co.uk).

**waterpik**  
waterflosser™



To learn more about Waterpik™ solutions, and how you can join the Advocacy Programme, simply visit [www.waterpik.co.uk](http://www.waterpik.co.uk) today.



# Experts strengthen consensus on dental plaque biofilm management

**Oral diseases driven by a dysbiotic dental plaque biofilm are preventable, say key voices in oral health**

As dental plaque biofilm-driven oral diseases continue to place avoidable burdens on patients and healthcare systems, a collective of UK oral health leaders gathered in London on 18 July 2025 to reaffirm the evidence and align on shared prevention strategies.

Hosted by Kenvue\*, the event brought together representatives from the British Society of Periodontology (BSP), the Oral Health Foundation (OHF), the British Society of Dental Hygiene and Therapy (BSDHT), and the British Association of Dental Therapists (BADT), alongside leading clinicians, academics and key opinion leaders.

Opening the discussion, Professor Iain Chapple said: 'We're here today to assimilate the latest evidence from the S3-level guidelines, the Delivering Better Oral Health (DBOH) toolkit, and other sources that have changed our understanding of dental plaque biofilm-mediated diseases like periodontitis and caries. There are still many misunderstandings within the practising community, so we have brought national society leaders together to clarify the evidence and explore how we cascade this evidence consistently across the profession.'

The consensus below was developed and supported by all those in attendance. It reflects Kenvue's continued commitment to evidence-based practice and support for clinical education across the oral healthcare team.

## Oral diseases driven by a dysbiotic dental plaque biofilm are preventable

Oral disease prevention is multi-dimensional and requires cost-effective population-level approaches, as well as personalised guidance throughout the life course (WHO, 2022), with specific touch points at (pre-)birth, childhood, adolescence, independent adult living and assisted living. Effective self-care plays a critical role in the prevention of dental caries and gingivitis.

Mechanical plaque removal using a fluoride toothpaste is the mainstay of dental plaque biofilm control, but a significant proportion of the population are unable to achieve levels that stabilise gingival inflammation and dental caries activity in their mouths. In such cases, additional methods of dental plaque biofilm management should be considered: these include the use of mouthrinses containing chemical agents with proven antimicrobial capability, principally chlorhexidine (CHX), essential oils (Eos) and cetylpyridinium chloride (CPC) and fluoride for demineralisation/remineralisation efficacy (West



et al, 2021; DHSC, 2021).

For the use of fluoride-containing toothpaste formulations for adults, the DBOHv4 toolkit has been updated to 'spit don't rinse with water' (DHSC, 2021). For specific antimicrobial mouthrinses (West et al, 2021), spitting and rinsing with a fluoride mouthrinse containing at least 225ppm fluoride after brushing helps build the salivary fluoride reservoir for dental caries prevention (Sköld and Birkhed, 2012).

If using a mouthrinse, protocols may vary, but in periodontal care, antimicrobial fluoride-containing mouthrinse use after brushing is recommended and for caries management, fluoride mouthrinse use at a different time of day is advised.

## Key opinion leaders

The following KOLs contributed to the discussion and supported the consensus, representing a cross-section of UK dental leadership from clinical practice, academia, and national associations.

- Dr Ben Atkins – past president, Oral Health Foundation
- Professor Avi Banerjee – professor of cariology and operative dentistry, King's College London
- Leon Bassi – clinical lecturer, restorative dentistry (dental therapy)
- Dr Nigel Carter – chief executive, Oral Health Foundation
- Professor Iain Chapple – professor of periodontology and consultant in restorative dentistry at the University of Birmingham and the NIHR Birmingham Biomedical

Research Centre

- Debbie Hemington – BADT president
- Rhiannon Jones – BSDHT president
- Simone Ruzario – BSDHT president elect
- Dr Shazad Saleem – joint chair, BSP Education Advisory Committee and faculty member
- Dr Fiona Sandom – lead dental educator for Health Education and Improvement Wales
- Professor Nicola West – BSP president, chair and honorary consultant in restorative dentistry (periodontology) at the University of Bristol Dental School
- Professor David Williams – professor emeritus of global oral health, Faculty of Medicine and Dentistry, Queen Mary University of London.

'Kenvue is proud to support the advancement of oral healthcare through scientific collaboration, accessible education and clinical partnership. This latest consensus forms part of an ongoing programme to promote best practice and improve patient outcomes across the UK,' said Bas Vorstveld, area managing director, northern Europe at Kenvue.

*All attendees to this advisory board were paid a fair market value compensation for their time by Kenvue, which included creating and approving this consensus statement and content for release.*

\*Kenvue (Kenvue UK Limited)

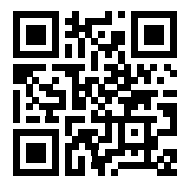
For references email [newsdesk@fmc.co.uk](mailto:newsdesk@fmc.co.uk).

For more information, visit [www.kenvuepro.com/en-gb/brands/listerine](http://www.kenvuepro.com/en-gb/brands/listerine).



# VISIT OUR NEW WEBSITE

Engaging design, upholstery colour picker tool,  
videos, testimonials and much more...



[Explore now](#)

# In a sphere of their own!

**Trycare** explains the benefits of Tokuyama's patented spherical filler particles

Tokuyama Dental are pioneers in the field of light-cured sub-microscopic spherical filler particles, resulting in composites of outstanding aesthetics, reliability and user-friendliness. The only manufacturer to use patented spherical filler particles, each variant utilises different diameter particles to maximise their optical and physical properties for the indication. In addition to optimised optical properties resulting in enhanced aesthetic restorations, Tokuyama's spherical filler particles offer other advantages to the irregularly shaped filler particles used by other manufacturers. They are quicker and easier to pack, reducing the risk of voids; easier to sculpt and carve; and have a much smoother surface finish with a natural high lustre requiring minimal, if any, polishing.

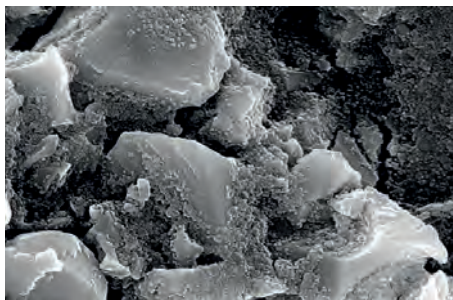
Tokuyama's spherical filler particles produce the highest gloss in the shortest time. Not easily dislodged, they create smooth surfaces that are highly resistant to abrasion. Tokuyama's spherical fillers ensure smooth restorations that stay smooth; diffuse and transmit light for optimal aesthetics; produce mirror reflection and high abrasion resistance that ensures a long-lasting polish, lustre, durability and colour stability.

## A pearl of an idea

Utilising patented Sol-Gel technology, Tokuyama 'grow' spherical filler particles to diameters optimised for their desired colour adaptation and outstanding physical properties. Some manufacturers grind their glass materials until the individual filler particles are within a desired, but random, size range, resulting in irregularly sized and shaped filler particles.

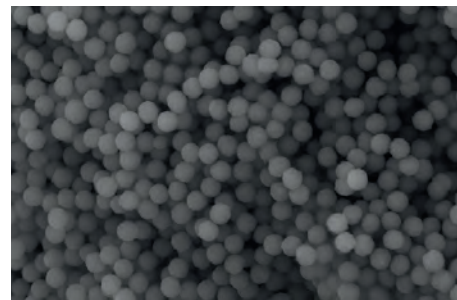
Advantages include:

- Mirror reflection and lustre: with identically shaped spherical particles, Tokuyama composites reflect light just like natural enamel, giving a natural lustre.



SEM of irregular filler composite material

- Unlike rough-surfaced composites that scatter light diffusely, producing a dull matte appearance
- Abrasion resistance: Tokuyama composites' uniform and small spherical filler particles are not easily dislodged and produce a very smooth surface that is highly resistant to abrasion. This abrasion-resistant surface remains smooth permanently, so that the initial lustre of remains permanent too. Unlike other manufacturers' irregularly shaped filler particles, which can become dislodged by polishing, etc, leaving a rough and irregular pitted surface which is very abrasive and difficult to polish
- Light diffusion and transmission: High light diffusion and transmission properties of Tokuyama composites ensure a uniform and gradual transition between tooth and composite. Unlike conventional composites, which exhibit minimal light diffusion and transition, resulting in visible margins
- Faster polishing: Tokuyama composites produce the highest gloss in the shortest time
- Radical Amplified Polymerisation (RAP) technology: this patented technology enables them to reuse camphorquinone repeatedly, not only speeding up the curing time, but also dramatically reducing the



SEM of Tokuyama's spherical filler particles

amount of camphorquinone required by other composites

- Longer working time, faster cure: RAP technology ensures faster curing plus high resistance to ambient light to ensure a generous working time, when required, followed by short curing time. Consequently, Tokuyama composites offer ease of placement, sculpting and finishing, which remains completely under your control until the moment you want it to cure, at which point it cures virtually instantaneously
- Deep cure: RAP technology ensures a higher degree of polymerisation, resulting in lower residual monomer, which leads to stronger, deeper and more complete curing
- Minimal shade change: when camphorquinone light cures, its shade changes to a yellowish hue. The RAP technology means there is a much lower proportion of camphorquinone, which ensures an imperceptible shade change after light curing.

## Join the Tokuyama course in London

Book now! Join us for Dentaesthique on 24-25 October at Glaziers Hall for two immersive days dedicated to modern aesthetic dentistry. Learn directly from world-renowned experts Dr Newton Fahl Jr, Dr Jurgita Sybaite, Dr Thomas Taha and Dr Rhodri Thomas as they reveal step-by-step protocols that turn complex challenges into predictable, beautiful results. Then put those protocols into practice in exclusive hands-on masterclasses with Newton and Thomas. Hosted by Dr Paul Midha. Sponsored by Trycare and Smile Dental Academy.

For details about the Tokuyama range or to book a place on the Dentaesthique course, contact your local Trycare representative, call 01274 885544 or visit [www.trycare.co.uk](http://www.trycare.co.uk)

**DENTÆSTHIQUE**  
24 – 25 OCT  
Tokuyama



# GROW STRONG BONE FASTER

ethOss® Grow Stronger®

EthOss® is a 100% synthetic bone graft material for dental implant surgery. With no risk of cross-contamination, EthOss® works with the body's healing process by creating a calcium-rich environment and is completely absorbed.



☎ 01535 656 312  
✈ SWALLOWDENTAL.CO.UK  
✉ SALES@SWALLOWDENTAL.CO.UK

ORDER NOW



**SWALLOW**

# Venus<sup>®</sup> PURE

# TAKE

CHOOSE IT.  
USE IT.  
LOVE IT.



kulzer.com/venus

# IT

Do you want to reduce chair time while delivering anterior and posterior restorations effortlessly? With **Venus Pure solutions**, you will meet your patients' demands while simplifying your workflow to the max.



# EASY.

- ▶ **Venus Pearl Pure Shades:** Four-shade packable composite system delivering reliable aesthetics and easy handling for everyday anterior and posterior restorations.
- ▶ **Venus Diamond Flow Pure Shades:** Flowable composite with simplified monochromatic layering offering precise application through optimised flow properties.
- ▶ **Venus Bulk Flow ONE:** Single-shade, flowable bulk-fill solution for fast and reliable posterior restorations up to 4 mm without the need for an additional capping layer.





# Is your practice inspection-ready?

**Bilkis Hussain** shares the secret to seamless compliance

**Bilkis Hussain**

Head of compliance at FMC



Let's be honest, dental compliance and CQC inspections aren't exactly everyone's favourite topic. They can feel like a never-ending mountain of policies, audits, and checklists. But here's the good news: compliance doesn't have to be stressful or confusing.

What if you could stay inspection-ready, protect your patients, and keep your team confident – all without drowning in paperwork?

## What do inspectors really want to see?

Inspectors aren't hunting for perfection. They want to see a practice that learns and grows, with clear policies that match what you do day-to-day. That means:

- Policies everyone understands and has signed off on
- Regular risk assessments and audits – and,

crucially, evidence that you act on what you find

- Well-maintained equipment that's always ready to go
- Thorough patient records with proper consent
- Meaningful patient and team feedback that drives improvement.

## Work smarter, not harder – with technology

Keeping up with ever-changing regulations is a challenge. Paper checklists and manual reminders can quickly become overwhelming. That's where Dentistry Compliance changes the game. It automates your audits, schedules your essential tasks, and keeps the whole team on the same page – freeing you up to focus on your patients, not the paperwork.

## Help is at hand

You don't have to figure this out alone. Whether you want a digital tool that streamlines your day or hands-on support

that manages it all for you, we're here to help.

Dentistry Compliance is built specifically for dental practices of all sizes. It gives you:

- A clear, real-time view of your compliance status
- Easy-to-use and built-in tools for audits and documentation
- Ongoing support to keep your team confident and inspection-ready.

# Dentistry Compliance

If you want to take the guesswork out of compliance and get back to what you do best – caring for your patients visit [www.dentistrycompliance.co.uk](http://www.dentistrycompliance.co.uk) to book your free demo and see how seamless and stress-free compliance can be.





**MILLING TIME**  
FOR BOTH PROSTHESES  
**~2 HOURS**  
20 MINUTES



## FLORENCE TOTALPROX® DENTURE SYSTEM

THE ZIRKONZAHN CULTURE

*Digitally fabricated full dentures made of Abro® Basic Multistratum® and Denture Gingiva Basic Mono Pink resins*



Follow us on Facebook and Instagram!



MORE INFO ABOUT  
FLORENCE TOTALPROX®  
DENTURE SYSTEM

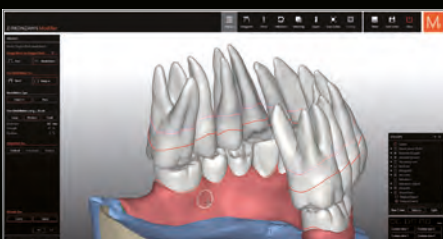


r.zirkonzahn.com/eli

Case made by DT Alexander Lichtmannegger – Zirkonzahn Education Center Brunico, South Tyrol, Italy

# ABRO® BASIC MULTISTRATUM® AND DENTURE GINGIVA BASIC MONO PINK

- Digital acquisition of the oral situation with the Face Hunter 3D facial scanner and the PlaneSystem®
- Correct tooth scaling and occlusal positioning using the Plaster Plate; automatic creation of the gingival portion
- Assessment of aesthetic, functional and phonetic aspects in the patient's mouth via try-ins, which then serve as functional trays for taking the final impression
- Digitisation of the new impressions as well as the newly adapted aesthetic and functional situation; adaptation of the digital tooth set-up to the new impressions
- CAD/CAM production of teeth and denture bases and final insertion in the patient's mouth



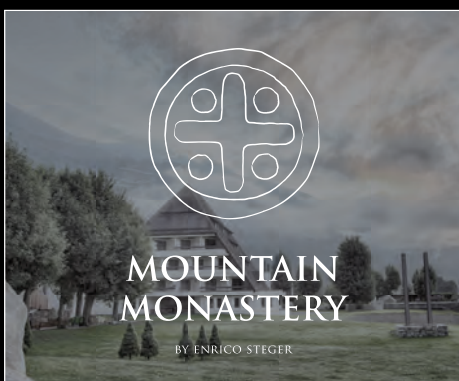


## NEVER STOP LEARNING!

### EXPERT-LED TRAINING PROGRAMMES IN LONDON, SOUTH TYROL AND WORLDWIDE

*Enhance your expertise with innovative techniques and new technologies:  
attend our schools in South Tyrol (Italy), and participate in courses at the  
School of London or at our other Education Centers around the world.*

**NEW!**





# One to one finance surgeries... back to personal banking

Whether you're buying a practice, launching a squat or simply feel it would be sensible to review your current financial arrangements, **Nigel Crossman**, explains how Medifinance's new service will save you valuable time and ensure you'll be getting the best deal

## Nigel Crossman

Healthcare finance specialist,  
Medifinance



In the ever-evolving world of dentistry, clinical excellence is only half the equation. Behind every successful dental practice has to lie a robust financial strategy – one that supports growth, innovation, and long-term sustainability. Recognising this, Medifinance, one of the UK's leading financial brokers for healthcare professionals, has launched a unique initiative: local finance surgeries – visits tailored to help dentists navigate the financial landscape with confidence.

### A personal touch to professional finance

Medifinance has long been known for its specialist knowledge in dental finance, offering everything from practice acquisition loans to equipment leasing and working capital solutions. Now, they're expanding their service by offering in-person consultations in locations across the UK – from Lincoln to Lyme Regis, Margate to Manchester, Evesham to Edinburgh – letting you choose where they go next. In short, Medifinance is making financial advice more accessible, personal, and relevant than ever before.

These visits are designed to be more than just number-crunching sessions. Dentists will sit down with a seasoned financial

consultant who was a former bank manager and start-up expert to discuss the unique challenges they face. Whether it's expanding a practice, upgrading technology, or managing cash flow, Medifinance provides tailored solutions that reflect the true realities of running a dental business.

### Local support, national expertise

The beauty of this initiative lies in making it local and relaxed. Dentists no longer need to rush a meeting into a lunch hour, travel to distant offices or rely on virtual meetings. Medifinance brings its expertise directly to the local area, fostering a more collaborative and comfortable environment. This is especially valuable for practitioners in smaller towns, where access to specialist financial services can be limited.

Medifinance not only supports individual dentists but also strengthens the broader dental community. These face-to-face meetings allow for deeper conversations about business goals, operational hurdles, and long-term planning – conversations that are often difficult to have over email and phone.

### Addressing the real issues dentists face

Dentists today grapple with a range of financial concerns. Rising operational costs, staff recruitment, regulatory compliance, and the need for continual investment in new

technologies all place pressure on margins. Medifinance's local visits are structured to address these issues head-on.

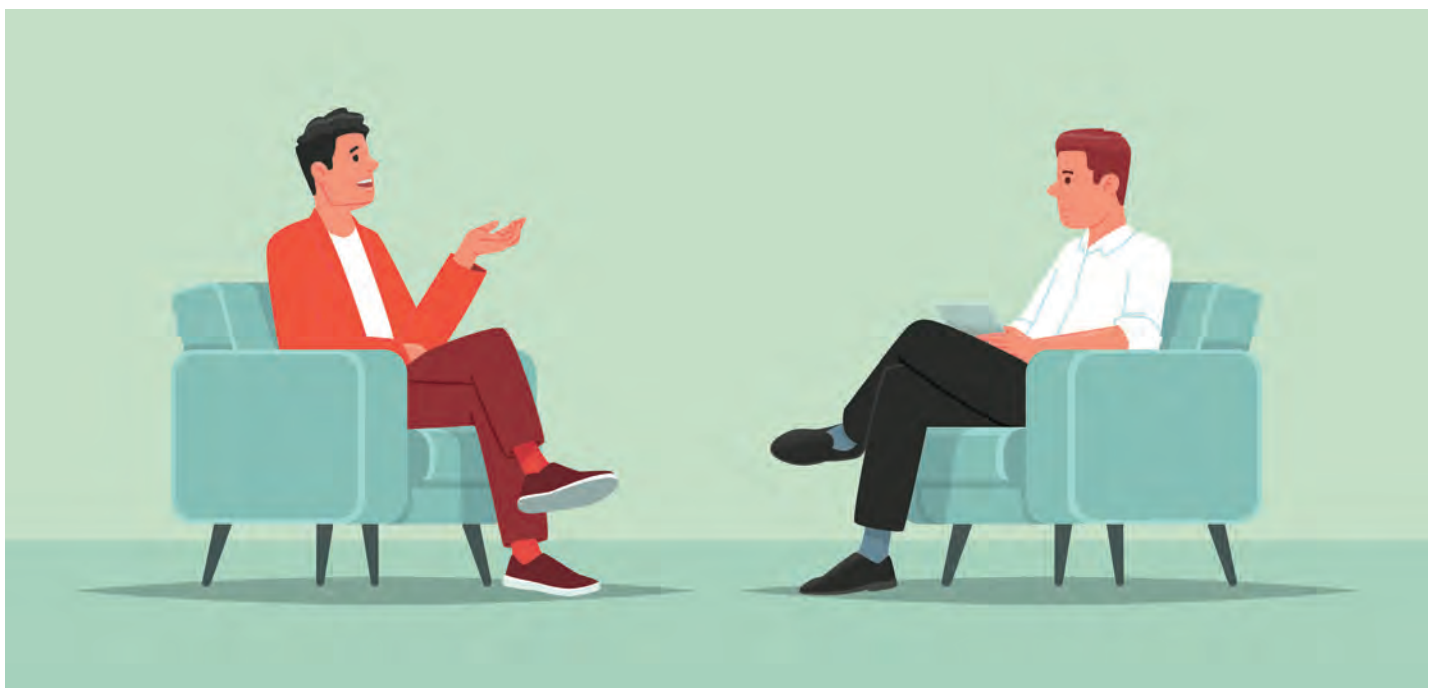
During a typical session, consultants might review a practice's current financial setup, identify areas for improvement and propose funding options that align with the dentist's vision. They also offer impartial advice on interest rates, repayment structures, and lender negotiations – ensuring that dentists get the best possible deal without the red tape.

### Building trust, one practice at a time

What sets Medifinance apart is its commitment to long-term relationships. These local visits will reinforce that trust, offering continuity and reassurance in an industry where financial decisions can make or break a practice.

In a world where healthcare is becoming increasingly commercial, Medifinance's initiative is a refreshing reminder that personalised, community-focused support still matters. By meeting dentists locally, they're not just offering financial services, they're investing in the future of dentistry, one dentist at a time.

Want Nigel to visit your town? Send an email to [nigel@medifinance.co.uk](mailto:nigel@medifinance.co.uk) or call him on 07542 610817





# DENTÆSTHIQUE

THE FINE ART OF MASTERING RADIANT SMILES

24 OCTOBER ————— 25 OCTOBER

**Dr Newton Fahl Jr**  
Dr Thomas Taha  
Dr Rhodri Thomas  
+ more

**Host:** *Dr Paul Midha*

**Dr Newton Fahl Jr**

**Exclusive:**  
Hands-on Course

**Trycare**



**MORE INFO  
AND TICKETS**





# Colosseum Dental Group pilots AI

**Dr Farzeela Rupani** explains how Hello Pearl's AI-powered diagnostic software is currently being piloted to help Colosseum Dental Group's clinics support clearer patient communication and more consistent diagnostic outcomes

## Dr Farzeela Rupani

Group chief medical officer of  
Colosseum Dental



Colosseum Dental Group, Europe's largest dental provider with more than 630 clinics across 11 countries, is piloting Hello Pearl's Second Opinion software. The AI technology analyses radiographs in real time and highlights areas of concern, such as caries, bone loss, and other signs of dental disease, using clear colour-coded markers. The goal of implementing the software is to support clinicians in interpreting images with greater accuracy and confidence, while giving patients easy-to-understand visual evidence of their oral health and its implications.

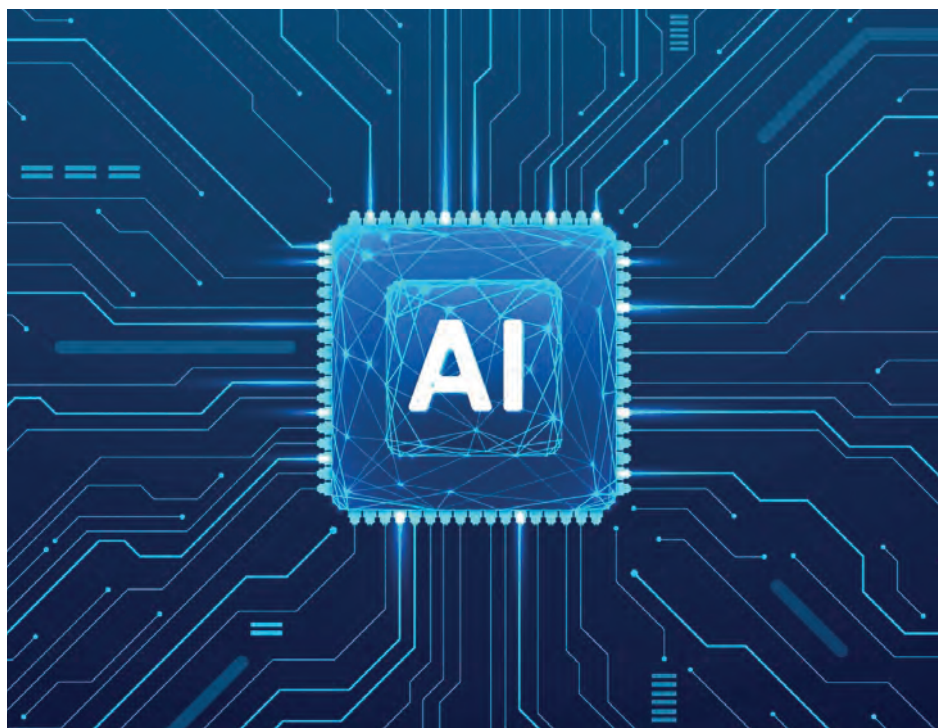
According to group chief medical officer Dr Farzeela Rupani, early feedback from the pilot phase has been encouraging. 'The beauty of Hello Pearl is that it doesn't overcomplicate things. It helps patients understand what's going on without needing a detailed lecture about radiography. Clinicians can show the problem easily whilst they explain it, and that visual proof makes a big difference when discussing treatment options.'

Colosseum Dental Group serves more than six million patients a year, so improving clarity and consistency across diagnostic consultations has long been a focus for the group. While Hello Pearl is still in its early testing phase within some of the group's clinics, Dr Rupani says the impact on communication has been noticeable. 'When patients can clearly see what healthy tissue looks like next to areas of concern, they're more engaged in the conversation. It's not just about improving treatment uptake, it's about building understanding and trust.'

## Patient understanding, clinician support

The pilot is being supported with structured onboarding and one-to-one training to ensure the software fits smoothly into existing practice workflows. By tracking how the software is being used across different sites, the group is identifying clinicians who are leading the way and encouraging peer learning across practices.

Dr Rupani, an experienced dentist with a background in health management, dental education and clinical leadership, believes the value of tools like Hello Pearl goes beyond treatment planning. 'This



technology gives clinicians more confidence when presenting a diagnosis. It helps structure the conversation with the patient, which ultimately leads to better shared decision making.'

Colosseum is also exploring the benefits of combining Hello Pearl with other early-stage interventions. For example, in some pilot sites, clinicians are using the AI visualisation to identify incipient caries lesions and offer non-invasive treatments such as Curodont Repair. 'It gives patients options. That's something we're really focused on across the group – personalising care and making prevention feel achievable.'

As well as traditional metrics such as treatment uptake, the group is monitoring qualitative outcomes, including patient feedback, online reviews and clinician satisfaction. 'We've already had comments from patients saying they appreciated being shown the images in a way that made sense to them. For us, that's a sign we're heading in the right direction.'

## Part of a wider digital strategy

The adoption of Hello Pearl forms part of a broader strategy to integrate contemporary technologies into Colosseum's clinical

and operational approach. Alongside radiographic AI, the group is piloting digital technologies to reduce administrative tasks and free up more time for direct patient care. While the rollout is currently limited to selected practices, Dr Rupani says the longer-term goal is to bring the benefits to a wider part of the network. 'We're taking a measured approach. We want to learn what works, refine the process and then scale effectively. But there's no question that this kind of technology has a place in the future of dentistry.'

For Dr Rupani, tools like Hello Pearl are not about replacing clinical judgement but enhancing it. 'We've built a group culture that values autonomy and clinical quality. Hello Pearl supports that by giving clinicians another layer of evidence to draw on and another way to connect with their patients.'

She adds: 'Technology should help us do what we do best, not get in the way. That's why this pilot is so encouraging. It's a simple tool that adds real value where it matters most.'

For more information, visit:  
<https://say.hellopearl.uk/book-live-demo/>

# New 'Return to practice' course

LonDEC's new course for dental professionals looking to return to clinical practice is now open for enrolment

LonDEC is excited to announce the launch of its brand new six-module 'Return to practice with confidence' course at King's College London's renowned dental education centre. Located just minutes from London Waterloo Station, LonDEC is ideally placed for easy access from across London and the UK.

This comprehensive new course has been designed specifically for dental professionals looking to return to clinical practice with renewed confidence, up-to-date knowledge, and refreshed practical skills. Whether you've taken a career break, relocated, or stepped away

from the clinic for personal reasons, this course offers a structured and supportive way to rebuild your clinical readiness in today's evolving dental landscape.

## WHAT TO EXPECT

Delivered over six intensive, hands-on modules, the course blends theoretical learning with practical sessions, all facilitated by experienced educators and clinicians. The curriculum focuses on:

- Restoring core clinical skills
- Reinforcing patient safety and compliance
- Refreshing techniques in line with current best practices
- Gaining confidence with equipment and materials
- Working within modern regulatory frameworks.

Each session has been designed to create a safe, welcoming, and motivating environment that supports dentists in regaining their clinical rhythm and professional assurance.

## A SMART INVESTMENT IN YOUR FUTURE

Committing to this course is more than just a step back into practice – it's a meaningful investment in your professional future. With the

growing demand for skilled practitioners and the evolving expectations of patients, this course offers the tools, training, and confidence you need to restart your career on the right foot.

To support participants, flexible payment options are available. LonDEC understands the challenges of re-entering practice and is committed to making this opportunity accessible by allowing payments to be split over time.

## WHY CHOOSE LONDEC?

LonDEC is part of King's College London, a global leader in dental education. Its modern, purpose-built facilities include some of the most advanced simulation and training environments in the UK. Being based near Waterloo Station, LonDEC is not only easy to reach but also connected to one of the most vibrant areas of central London. Whether you're re-entering the workforce after a career break or refreshing your skills to boost confidence, the 'Return to practice with confidence' course is here to support you every step of the way..**D**

## Enrolment is now open for Cohort 1

Don't miss the opportunity to take control of your next chapter.

Venue: LonDEC, King's College London, near Waterloo Station

King's College London  
3rd Floor Franklin-Wilkins Building  
150 Stamford Street  
LONDON  
SE1 9NH

Reach LonDEC today to discuss course fees and payment plan: **0207 848 4573**.





ECODONT™  
COMBI RETAINER

**£109**

**Single Arch Jig**  
Jig = Fixed Wire +  
Removable  
Clear Retainer.

**INCLUDES:**  
TWO SPARE  
REMOVABLE  
CLEAR  
RETAINERS!

**TRIO**®  
CLEAR

# Revolutionary Retention

Dual Arch options available,  
pricing on request.



The Ecodont™  
**Combi-Retainer** combines  
the functionality of a  
removable clear retainer and  
fixed retainer in a single,  
easy-to-place  
orthodontic appliance.

**50% OFF YOUR FIRST ORDER!**

Order an Ecodont™ Combi-Retainer before 31st Oct 2025 and we will discount your order by 50%.  
Online Ordering and Placement Video - details below.

## HOW TO ORDER ONLINE

Ordering Your **First Ecodont™ Combi-Retainer** is easy. Visit the below webpage, complete the form and remember to upload your patient's .stl intraoral scan files.

[trioclearaligners.eu/order-the-ecodont-combi-retainer/](https://trioclearaligners.eu/order-the-ecodont-combi-retainer/)

SCAN ME



## HOW TO PLACE

We have designed the **Ecodont™ Combi-Retainer** to be incredibly easy to place in your patient's mouth and have created an **instructional video** to provide you with some helpful tips.

SCAN ME



## INFORMATION & CONTACT



*Hello, my name is Nathan. I am here as your direct point of contact to answer any queries you may have on the Ecodont™ Combi-Retainer and to ensure that your orders progress successfully from submission to delivery at your practice. I look forward to working with you."*

SCAN ME



READ MORE ABOUT  
THE ECODONT™  
COMBI-RETAINER HERE

Please contact: Nathan Stewart, Ecodont™ Combi-Retainer Product Manager,  
M. 07703 471 313 / E. [nstewart@scdlab.co.uk](mailto:nstewart@scdlab.co.uk)



Discover how dynamic digital workflows can boost your accuracy and reduce complications. Be among the first to master the techniques shaping the future of dentistry.

# Become a Pioneer in 4D Dentistry

Precision | Performance | Predictability

- ✓ 45% Increase in Treatment Accuracy
- ✓ 30% Reduction in Treatment Duration
- ✓ 40% Higher Success Rate



Register your interest now for our FREE 4D Dentistry webinar series!

*Ahman Barfeie*  
Prosthodontist

**Advanced Implant & Restorative Training in 4D Dentistry**

**24<sup>th</sup>/25<sup>th</sup> Jan  
28<sup>th</sup>/1<sup>st</sup> Feb-March**



# 4D Dentistry

Solving the challenges of full-arch implantology and tooth wear rehabilitation

Dentists across the UK are facing the same frustrating challenges: screw loosening and fractures in full-arch implant cases, ceramic chipping, prosthetic failures and, on the other side, unpredictable outcomes when managing severe tooth wear. Despite following textbook protocols, cases often don't behave the way we expect.

The missing piece? Dynamic occlusion.

For decades, dentistry has relied on static models, articulators, and photographs to plan treatment. While useful, they don't capture how patients truly function. Chewing, speaking, parafunction, all these movements happen in motion, not in snapshots.

Without understanding the dynamic envelope, even the most carefully planned restorations can fail.

## THE COMMON PROBLEMS DENTISTS FACE

- In full-arch implantology: prosthetic fractures, screw loosening, excessive wear, and patient dissatisfaction despite achieving textbook occlusion
- In tooth wear rehabilitation: difficulty determining correct vertical dimension, repeat failures of composites or indirect restorations, and instability in long-term function

These issues are not rare, they are the everyday frustrations that cost dentists time, money, and reputation.

## WHY 4D DENTISTRY IS THE ANSWER

4D Dentistry integrates digital jaw motion tracking, photogrammetry, and advanced planning tools into the workflow. By analysing how each patient actually functions, clinicians can:

- Prevent occlusal overload in implant cases
- Plan biologically compatible occlusions that reduce fractures and screw loosening
- Rehabilitate tooth wear cases with predictable vertical dimension and stable function
- Reduce remakes, save chair time, and build patient trust.

As Dr Arman Barfeie, specialist prosthodontist and founder of London Dental Arts, explains: 'When we understand teeth in motion, we stop treating them blindly. 4D Dentistry allows us to achieve excellence in our precision, predictability and performance. This is how 4D Dentistry is shaping the future of dentistry.'

## TWO DEDICATED TWO-DAY PROGRAMMES AT LDA

To restore confidence and equip clinicians with the skills to improve workflows, enhance the patient journey and increase success rates in challenging cases, The AB Academy at London Dental Arts is launching two intensive



courses in 2026 under the 4D Dentistry Mastery heading alongside a series of free webinars.

## FP1 IMPLANTOLOGY AND 4D FULL-ARCH

January 2026 – London Dental Arts, Forest Hill

### Day 1

Evidence-based lectures on FP1 design, the role of dynamic occlusion in implantology, photogrammetry integration, digital smile design, and immediate loading protocols.

### Day 2

Live surgery and hands-on. Delegates will observe a full-arch case from implant placement to same-day provisionalisation using 3D printing. Practical sessions include photogrammetry scanning, digital provisional design, and soft tissue sculpting for FP1 restorations.

CPD: 12 hours (verified)

## TOOTH WEAR IN MOTION: A 4D APPROACH TO REHABILITATION

February 2026 – London Dental Arts, Forest Hill

### Day 1

Understanding wear patterns, occlusal diagnosis, and vertical dimension management using Modjaw jaw tracking. Lectures cover preparation strategies, materials, and functional planning for predictable long-term outcomes.

### Day 2

Hands-on training with jaw tracing, digital

planning, mock-ups, preparation techniques, and functional delivery of restorations for advanced tooth wear cases.

CPD: 12 hours (verified)

## WHY TRAIN WITH US

Both courses are taught at one of the UK's fastest-growing, award-winning, implant and prosthodontic referral centre in the heart of South East London.

Delegates benefit from:

- Real patient exposure and live case demonstrations
- Integration of the latest technologies, including Modjaw, SmileCloud, CBCT, and photogrammetry
- Mentorship from Dr Barfeie, who has placed and restored over 1,000 implants and is recognised as a global ambassador and educator in 4D Dentistry
- Practical, repeatable workflows that can be implemented immediately.

## BECOME A PIONEER IN 4D DENTISTRY

These courses are more than CPD. They are designed to give clinicians the skills, confidence, and digital tools to handle the most complex and profitable cases with precision and predictable outcomes.

£1650 early bird (before 1 Nov 2025)

£1990 standard

£2150 final release (after 1 Dec 2025). **D**

Referrals: 020 3143 0080  
Academy: 07907 561 329  
[www.drarmanpros.com](http://www.drarmanpros.com)  
Instagram @drarmanpros



# Aesthetic dentistry training taken to Dubai

University College London's (UCL) Eastman Dental Institute has come together with Liberty Dental Clinic to launch expert veneer training in the UAE



The consultancy arm of UCL – known as UCL Consultants Ltd (UCLC) – has signed an agreement with Liberty Dental Clinic to deliver a bespoke aesthetic dentistry training programme in Dubai, starting early next year.

The intensive, hands-on course will be created specifically for dental professionals seeking to enhance their expertise in aesthetic procedures. It offers the opportunity to apply evidence-based knowledge in a practical, real-world setting.

The training programme has been developed by Dr Dina Dedi, director of aesthetic dentistry programmes and clinical associate professor at the UCL Eastman Dental Institute.

## WHAT WILL THE AESTHETIC DENTISTRY PROGRAMME INVOLVE?

Delivered over two days at Liberty Dental Clinic facilities in Dubai, the in-person training will be complemented by online seminars focused on treatment planning.

Participants will engage in lectures, skills labs, and supervised case presentations covering key topics such as smile design, veneer preparation, cementation techniques, and interdisciplinary treatment planning.

Dr Dina Dedi, project lead at UCL Eastman, said: 'I am delighted to have the opportunity to present – in collaboration with Liberty – our evidence-based teaching in Dubai, and to support colleagues in the region in enhancing their smile makeover cases and delivering

veneer clinical procedures with confidence.'

Participant recruitment and final scheduling for the programme is currently underway. UCLC will oversee all contractual, financial and administrative aspects of the project, ensuring adherence to the highest professional standards. Dr Majd Naji, founder and director of Liberty Dental Clinic, added: 'After Liberty Dental Clinic received the Leadership Award from the Ministry of Human Resources and Emiratisation as the best private establishment in the UAE, we felt it was necessary to pursue another milestone to crown this exceptional year.

'This was achieved through our partnership with UCL Eastman, which stands among the top five dental schools globally.' **D**





Sponsored by

**straumann**

**OSSTEM<sup>®</sup>**  
IMPLANT

**SWALLOW**



## Cadaver Course for Complex Surgical Implant Procedures 2025



### 1 Day of Lectures

- Surgical anatomy with emphasis on advanced augmentation procedures
- Sinus floor elevation and augmentation procedures
- Sinus pathology, recognition and management
- GBR procedures
- Block grafting
- Soft tissue grafting procedures
- Evidence based treatment planning
- Prevention and management of complications



### 2 Days Hands-On Cadaver Training

- Anatomy review
- Avoiding complications
- Sinus floor elevation procedures
- Block grafting techniques
- Soft tissue grafting procedures



### NEW: Pre-course CT Scan Planning

- Plan your procedures like a real case
- Enhance decision-making & confidence

Dates:  
26–28 November 2025  
Times: 09:00 – 17:00

Venue:  
West Midlands Surgical  
Training Centre, Coventry,  
CV2 2DX

CPD: 19.5 Hours

Fee: £3,399 + VAT

- ✓ Fresh cadaver training
- ✓ 2:1 delegate-to-cadaver ratio
- ✓ Scan-based planning workflow
- ✓ Taught by industry leaders
- ✓ For implant dentists ready to grow



**APPLY NOW**



☎ 020 8012 8400

✉ [courses@vssacademy.co.uk](mailto:courses@vssacademy.co.uk)

🌐 [www.vssacademy.co.uk](http://www.vssacademy.co.uk)

# Zirkonzahn®



*All our components are designed and produced in South Tyrol at our production sites, Zirkonzahn Molaris I and II. Here, we have versatile pro CNC machinery, and highly accurate turning, milling, grinding and coating techniques are used to produce our implant abutments. Being the sole process owners, we have full control on the complete manufacture process. We know our materials and can ensure that they form a perfect match. This is the only way to take full responsibility for our products and to ensure the highest quality.*



**140+**  
IMPLANT SYSTEMS



EVERYTHING FROM  
A **SINGLE** SOURCE



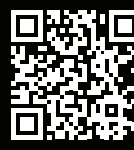
UP TO A **30-YEAR**  
WARRANTY



**6000+** COMPONENTS

**ZIRKONZAHN IS OPEN!**

With the free *Zirkonzahn Library Download Center*,  
all components are also available for exocad® and 3Shape users



[r.zirkonzahn.com/60s](http://r.zirkonzahn.com/60s)



Follow us on Facebook and Instagram!



COMPONENTS FOR **MORE THAN 140 IMPLANT SYSTEMS.**  
SCAN THE CODE TO KNOW MORE!



r.zirkonzahn.com/dlky

# IMPLANT PROSTHETIC COMPONENTS

LABORATORY ANALOGUES



HEALING CAPS



SCANANALOGS



SCANMARKERS



WHITE SCANMARKERS



WHITE METAL SCANMARKERS



IMPRESSION COPINGS



**UP TO A 30-YEAR  
WARRANTY**

CONICAL TITANIUM BASES  
NON HEX



PARALLEL TITANIUM BASES HEX



NARROW TITANIUM BASES  
NON HEX



NARROW TITANIUM BASES HEX



TITANIUM BASES NON HEX K80  
ANGLED SCREW CHANNEL (ASC)



TITANIUM BASES HEX K80  
ANGLED SCREW CHANNEL (ASC)



CONICAL TITANIUM BASES  
NON HEX K85



PARALLEL TITANIUM BASES HEX  
K85



ABUTMENT SCREWS METAL



ABUTMENT SCREWS ZIRCONIA



ZIRKONZAHN MULTI UNIT  
ABUTMENTS NON HEX



ZIRKONZAHN MULTI UNIT  
ABUTMENTS 17° + 30°



ZIRKONZAHN LOC-CONNECTORS



RAW-ABUTMENT® HEX



TOOLS





# medenta

putting finance into practice

Supporting you to provide **0%** interest-free  
credit to your patients

**““““**  
**The hands-on  
approach from Medenta  
is phenomenal!**

Amit Jilka : Dentist and Practice Owner,  
Abbey House Dental

Let us support you...

**01691 684175**

Medenta Finance Limited is acting as a credit broker not a lender. Funding by  **Retail  
Finance**

Medenta Finance Limited, authorised and regulated by the Financial Conduct Authority No: 715523. Registered in Scotland, No: SC276679. Registered address: 50 Lothian Road, Festival Square, Edinburgh, EH3 9WJ. Tel: 01691 684175. Medenta act as a credit broker, not a lender and will introduce practices to V12 Retail Finance Limited for which Medenta will receive an introduction commission from Secure Trust Bank plc, V12 Retail Finance Limited's parent company.

V12 Retail Finance Limited is authorised and regulated by the Financial Conduct Authority. Registration number: 679653. Registered office: Yorke House, Arleston Way, Solihull, B90 4LH. Correspondence address: 25-26 Neptune Court, Vanguard Way, Cardiff CF24 5PJ. V12 Retail Finance Limited act as a credit broker, not a lender, and only offers credit products from Secure Trust Bank PLC. Not all products provided by V12 Retail Finance are regulated by the Financial Conduct Authority. Secure Trust Bank PLC trading as V12 Retail Finance are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration number: 204550. Registered office: Yorke House, Arleston Way, Solihull, B90 4LH.

Calls are recorded for training and compliance purposes.



# From telling to listening

**Justin Leigh** explains how coaching creates independence in dental teams

**Justin Leigh**

Founder of Focus4Growth



If you're a dental practice leader, you've probably felt that constant queue of team members waiting outside your office with questions, issues, or requests.

It's flattering at first, you feel needed, important, indispensable. But over time, it becomes exhausting. You're firefighting every day, constantly pulled into the detail, and left wondering: 'Why can't my team just get on with it without me?'

The answer often comes down to one thing: how you communicate.

## The leadership trap

Many practice owners and managers fall into the trap of telling.

- You tell people what to do
- You give them the answers
- You jump in to solve problems because it feels quicker.

And in the short term, it is quicker. But in the long term, you create a culture of dependence. The team learn they don't need to think for themselves, they just need to ask you.

This is how firefighting starts.

## The shift

Great leaders flip the script. Instead of telling, they listen first and coach second.

When a team member comes with a question, resist the urge to dive straight in with an answer. Instead, ask:

- 'What do you think is the best way forward?'
- 'What options have you considered?'
- 'What outcome do you want to achieve?'

This small change puts the responsibility back on them. You're showing that you value their thinking, and you're building their confidence to act independently.

**Building a team that can think, decide, and act without constant hand holding is what creates a practice that runs smoothly**



## Why coaching works in dentistry

Dentistry is a high-pressure environment. Every clinical minute matters. But building a team that can think, decide, and act without constant hand holding is what creates a practice that runs smoothly.

Coaching communication does three things:

1. Frees your time – fewer interruptions, less firefighting
2. Builds capability – your team learn to problem-solve and make sound decisions
3. Strengthens trust – people feel respected and empowered when you listen.

## Practical steps

Here's how to shift your conversations from telling to coaching:

- Pause before answering – give your team the space to think
- Ask one good question – 'What do you think?' is the simplest and most powerful
- Listen with intent – show you're genuinely interested in their ideas

- Encourage ownership – let them choose and act, even if it's not how you'd do it
- Review and reflect – afterwards, ask what worked and what could improve.

## Final thought

Listening and coaching isn't about stepping back completely, it's about creating independence in your team so you're not stuck in firefighting mode.

When you stop being the person with all the answers, you become the leader who develops others to find their own. And that's how you build a dental practice where the whole team thrives... and you get to breathe again. **D**

If you'd like to help your team to become more independent and free yourself from having to make all the decisions, consider joining our 'Coaching Dental Leaders' Programme in 2026. Email [justinleigh@focus4growth.co.uk](mailto:justinleigh@focus4growth.co.uk) for details.

# Looking out for colleagues

**Anne Budenberg** explores how practices can promote wellbeing in the dental team and avoid losing dedicated colleagues to burnout

**Anne Budenberg**  
DDU dentolegal advisor



Dentistry is more than a career. Practitioners care deeply about doing the best for their patients and set high standards for themselves but that does mean that the work can be emotionally demanding at times, and it can be challenging to remain calm and in control in a busy clinical environment with the weight of patient expectation.

Many also find it demoralising if they are unable to provide the best level of care, so it's not surprising that mental wellbeing within the profession has declined in recent years, as the dental service has struggled to respond to patient need.

At the beginning of 2023, 86% of the respondents to a DDU survey said that workplace pressures had increased over the last two to three years. An earlier study commissioned by the GDC (2021), found that: 'Studies showed high levels of burnout among dentists', which was increasing through the years.

Burnout is now such a concern that the chief dental officer for England devoted his recent LDC Annual Conference presentation to mental resilience within dentistry, and is supporting Breathe Dental Wellness, a new mental wellbeing platform the profession.

You might not be able to directly control pressures such as workload and challenging patients, but it's important not to ignore their impact or the signs of burnout because of the risk this poses to individual dental professionals and their patients.

## What is burnout and what causes it?

According to the World Health Organization, burnout is defined as a syndrome resulting from 'chronic workplace stress that has not been successfully managed' and is characterised by exhaustion, increased feelings of detachment, negativity or cynicism, lack of empathy and reduced personal efficiency. At its worst, those affected might start to make avoidable errors or resort to self-medicating, with alcohol or drugs, to try to keep symptoms at bay.

Although overwork and work pressure are the prime causes of burnout, dental professionals are more vulnerable if they don't have a strong support network around them, including family, friends and colleagues.

## Spotting signs of burnout

While some people are adept at disguising or deflecting problems, members of the dental team are often in the best place to notice behaviour which seems out of character or problematic. It might be that someone is becoming increasingly quiet, short-tempered or distant at work, not completing paperwork on time or being late. These signs aren't necessarily dramatic but taken together they might suggest that something is wrong.

The GDC expects dental professionals to act promptly if patients or colleagues are at risk and take measures to protect them (Standards for the dental team, para 8.2). Those in a senior role should encourage staff to raise patient safety concerns (para 8.3.3) and have 'systems in place for supporting staff who may be having problems with their health, behaviour or professional performance' (para 8.4.1). This might include access to an occupational health service or workplace counselling.

## What to do

It's possible to recover from burnout with the right support but it's important not to leave it too late.

If you're concerned about a colleague's wellbeing, the simplest way forward might be to ask them how they are feeling and if they respond with, 'fine', to ask again how they are really feeling, which should encourage them to open up. If you are uncomfortable about doing this, you could talk to someone who knows them better or raise concerns with a senior colleague.

If they decide to take you into their confidence, it's an opportunity for you to signpost them to sources of support, either through the practice or independently. However, you're not expected to be their therapist, and you shouldn't agree to keep quiet out of professional loyalty if they refuse to seek help.

Equally, if you are worried about burnout yourself, you should seek help as soon as possible, even if it feels awkward or embarrassing. The GDC warns: 'You must not rely on your own

assessment of the risk you pose to patients. You should seek occupational health advice or other appropriate advice as soon as possible.' (Standards for the dental team, para 9.2.2).

## Sources of support

There are many different organisations out there to listen, advise and support dental professionals. You can find a detailed list on the DDU website – [www.ddu.com](http://www.ddu.com) – but they include:

- Your GP
- Your Local Dental Committee or professional association. The DDU also offers a free counselling service for members
- The NHS Practitioner Health Scheme in England and Wales
- The Dentists' Health Support Trust – [www.dentistshealthsupporttrust.org](http://www.dentistshealthsupporttrust.org)
- Wellbeing Support for the Dental Team – [www.supportfordentalteams.org](http://www.supportfordentalteams.org)
- Confidential helpline – 0333 987 5158.

Remember that seeking help is not a sign of failure, it shows that you are a conscientious professional who wants to be at their best for patients and colleagues. **D**

## Reference

Anastasios Plessas, Martha Paisi, Marie Bryce, Lorna Burns, Timothy O' Brien, Robert Witton, Yaniv Hanoach (2021) Mental Health and Wellbeing in Dentistry: A Rapid Evidence Assessment. Commissioned by the General Dental Council







Straumann AXS is more than a platform - it's the future of dentistry. Connect everything in the cloud, streamline workflows, and focus on what matters most: your patients.



Straumann AXS™ is a cloud based platform at the core of the Straumann® Integrated Digital Ecosystem.

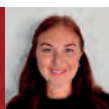
It provides a modular, open and secure environment, enabling convenient and seamless dental treatment workflows that deliver an elevated customer experience.

# The human side of dental staffing

**Jen Upton** reminds us all that agency nurses are people, not placeholders

## Jen Upton

Marketing and people engagement director at S4S Team



Behind every mask, uniform, and GDC registration is a person. They have a career, a family, ambitions, worries, and pride in their work. Yet in the hustle of back-to-back patients, staffing rotas, and diary management, it can be easy to forget that the dental nurse arriving for a day of locum cover is more than 'just the temp.'

They are, in every meaningful way, part of the team that day. And how they're treated affects more than just morale. It affects performance, patient safety, team dynamics, and the reputation of the practice.

## More than a name on the rota

Dental agency nurses are among the most adaptable professionals in the clinical workforce. They walk into unfamiliar environments, adjust to new systems, and integrate into existing teams, often with no induction and very little preparation.

This level of agility takes emotional intelligence, confidence, and a genuine commitment to patient care. It's not just about clinical competence. It's about resilience. But all too often, agency staff are overlooked when it comes to communication, inclusion, and recognition.

## The emotional load of being 'the temp'

Working as a locum can be both empowering and isolating. Many choose agency work for flexibility, autonomy, and variety. But it can also mean constantly proving yourself, adapting quickly, and starting from scratch again and again.

Imagine walking into a new practice each week. You don't know where anything is, who you'll be assisting, or whether you'll be welcomed or barely acknowledged. Now imagine doing that while maintaining high standards of care and professionalism. That's the lived experience of many agency nurses.

A simple: 'Good morning, we're glad to have you' or: 'Thanks for today, you really helped' can go a long way.

## Temporary role, permanent impact

Even during a single shift, a locum nurse can make a significant contribution.

- They uphold infection control procedures
- They keep surgeries flowing efficiently
- They reassure anxious patients



- They lend support to overstretched teams.

They do all of this without familiarity or routine. They adapt quickly, remain calm under pressure, and deliver quality care without cutting corners.

Patients don't know who is agency and who is permanent. What they do notice is whether the team feels joined up, attentive, and caring. When locums are properly integrated, they support this experience and contribute to a safe, consistent environment.

## Why inclusion matters more than ever

Dentistry today faces rising demand, ongoing recruitment challenges, and a growing reliance on temporary staff. This makes it more important than ever to treat agency nurses with respect and inclusion.

When locums are excluded, ignored, or under-supported, it impacts their performance and your practice's culture. But when they feel valued and welcomed, they are more likely to return, integrate smoothly, and become trusted team members over time.

This consistency benefits everyone.

- It improves retention
- It reduces recruitment costs
- It enhances team cohesion
- It supports patient continuity.

## Kindness is a strategy, not a soft skill

If someone is working with your team, even just for a day, treat them as you would want

**When locums are excluded, ignored, or under-supported, it impacts their performance and your practice's culture**

your own staff to be treated elsewhere. A proper welcome, a quick handover, and an invitation to lunch or a team chat aren't luxuries. They are the foundation of safe, effective teamwork.

The way you treat temporary staff reflects your leadership, values, and standards.

## People first, always

It's time to rethink how we view agency nurses. They are not placeholders. They are skilled professionals. They are people.

The next time a locum walks into your practice, remember this. You're not just filling a shift. You're shaping a culture. One that values people, prioritises care, and recognises that everyone who walks through your door plays an important part in delivering excellence.

Patients don't know who's agency and who's permanent. What they do notice is whether the team feels joined up, attentive, and caring. When locums are properly integrated, they support this experience and contribute to a safe, consistent environment. **D**





13 FEBRUARY

AO ARENA  
MANCHESTER  
M3 1AR

**Join the conversation that goes off script.**

Challenge, reimagine and accelerate  
the future of dentistry.

N.O.E.2026 Dentistry SHOW



# We blend innovative AI with human expertise to redefine dental marketing.

From automated lead qualification to AI-driven patient engagement, we're shaping the future of practice growth.

The Future of Practice Growth Starts Here



07834 978 074

[xceleratordental.com](https://xceleratordental.com)



# My (not so) big, beautiful build

**Diana Ferati** offers a lesson in the art of small, subtle and carefully calibrated business growth

Economist EF Schumacher, in his book *Small is Beautiful*, advocated for development that prioritises people and emphasises sustainability. Subtitled 'A study of economics as if people mattered', it challenged the idea that 'bigger is better'. Now synonymous with ethical, community-focused business practices, it certainly embodies the style of growth that has influenced Dr Diana Ferati's practice ownership.

Diana is a strong advocate of this philosophy – expanding only when demand dictates. This approach has helped her evolve Floss Dental Care, a boutique clinic housed in a Victorian building in Northampton, into the family-focused dental powerhouse it is today.

The organic growth of her 'magnum opus' is largely thanks to her ability to respond swiftly to change. It's been a journey that has been both measured and successful.

She took over the reins of the clinic 10 years ago. As a young mum working as a dental associate, Diana nurtured a dream of owning her own dental practice one day. When the opportunity to purchase Floss Dental Care arose in 2015, she seized it. The small boutique dental practice was operating below full capacity, but she managed to turn it around.

Reimagining the clinic, she transformed it into a fully operational business, creating a warm and relaxed setting complete with a tranquil courtyard garden and a pleasant outlook from the waiting room. Patients were provided with excellent patient-centred dental care and outstanding customer service. Business boomed and grew organically via word-of-mouth. A decade later, she was ready to expand as demand continued to increase.

'I was busy in a good way,' she says. 'Since 2015, the practice has seen increasing business, leading to a growing patient base. I was disappointed that we were turning away potential patients. We needed to meet demand, but it created a catch-22 situation: the onus was on us to expand, but I wondered if I could afford and manage it.'

However, the ultimate motivation was the demand itself – and the desire to deliver care to a community in need.

'We simply needed more capacity to treat everyone, so I decided to take what I felt at the time was a risky step.'

## Guilt-free moves

Diana has not looked back. The team at Floss Dental Care had already grown since she took over as principal. With an additional treatment room, she could facilitate future patient growth and accommodate another dentist as well as a dental therapist.



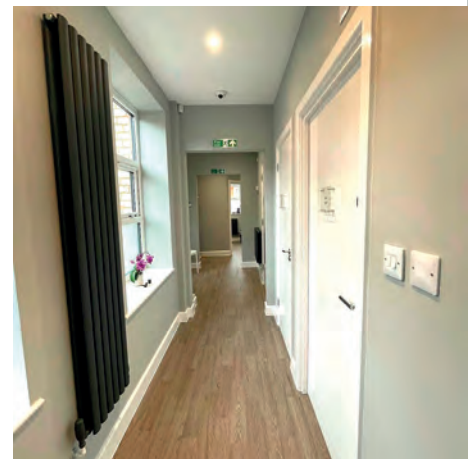
'The property was residential but had been converted into a dental practice on the ground floor and a one-bedroom flat upstairs, both of which were completed by the previous owner before 2004.'

'Initially, I had only one room on the ground floor, which limited scope for expansion. When I took over the freehold in 2022, it opened up options. I discussed the possibilities with colleagues and specialised dental architects, weighing the pros and cons of potential development.'

Meanwhile, reluctant to ask the tenant to vacate the flat, serendipity intervened.

'The tenant suddenly announced they were looking to move, so thankfully, the process was without guilt. I used specialist healthcare architects to design the project – I prefer to play it safe and never use substitutes – and, once we got CQC and council approval, we completed the refurbishment in approximately seven months.'

Incredibly, the clinic remained open throughout the process, with the project completed in two stages, starting from the top down, utilising the two doorways – to the flat and the existing practice entrance.



'We were only closed for four or five days for fitting of the new equipment, servicing and testing, with minimal interruption to patients. We had their understanding and cooperation, and they were on our side. Patients pay for a high-quality service, and they deserve a fresh, elegant environment in which to enjoy it.'

## Reconstructed and refreshed

The interior of the whole property area was stripped down to the brick foundation and reconstructed, with new equipment installed on both floors, including a new Belmont Eurus S6 with its below-the-patient swing-arm delivery system, an intuitive touchscreen and advanced instrument control.

'My experience with Belmont treatment centres has always been positive. The Eurux S6, featuring a folding leg rest, doesn't appear or feel overly clinical and is appropriate for all ages. It resembles a normal chair, fostering a relaxed, conversational environment before automatically elevating the patient's legs for treatment. It's practical, comfortable, but the design is sleek, too.'

Maintaining the building's character while modernising its interior for dental use did involve some compromises, but Diana preserved it as much as possible.

In the long waiting area, stylish wood laminate flooring complements the cream-washed and exposed brickwork, enhancing the airy feel. A charcoal feature wall and black modular furniture create contrast, echoing the colour of the window fascia and external door. A Velux window in the high, half-vaulted ceiling lets in natural light, while patio doors, framed by large windows, provide a clear view of the courtyard garden, with its topiaries and a French-style wrought-iron white table with chairs.

'We refreshed the courtyard and retained some brick walls. And it makes for a pretty and relaxing backdrop while patients wait for their appointments,' she says.

The colour scheme continues up the stairs with more exposed brickwork. A large statement wall clock that greets patients as they ascend the



stairs adds a nice aesthetic touch. Overall, it feels more like a stylish home interior than a dental practice and offers patients a pleasant segue into the clinical atmosphere of the treatment rooms.

### Opening up

Once the refurbishment was complete, Diana hosted an open day, and local dignitaries and officials joined patients to celebrate the clinic's expansion. 'The mayor came and we welcomed

others in the community along with family, friends, colleagues and patients,' Diana explains.

It was also a gesture of gratitude towards other local businesses, as she had utilised the skills of community builders and companies to reach her goal. 'The project simply wouldn't have been possible without the help of local tradespeople.'

She adds: 'Strong relationships are important and together we have managed to navigate the challenges of transforming the practice smoothly, with minimal disruption to the patients. As a result, we've created a positive environment for us as well as them.'

Essentially, Diana's approach to Floss Dental Care is a testament to the 'small is beautiful' philosophy. By focusing on personalised care, building community connections and growing little by little rather than prioritising quick ways to maximise profit, she has ensured consistent, patient-focused dentistry that emphasises quality over quantity.

And this incremental business development has not stopped here. At some point, when demand increases, she hopes to incorporate specialist care as well. 'There is still potential for growth, and we already have the capacity to develop a third treatment room that is fully plumbed for when the need arises. However, we will remain a small, organically grown practice with a boutique feel, which I believe is what our patients value most.' **D**

## Setting up a new practice?

### We can provide:

- ✓ Funding for building conversion/refurbishment
- ✓ Funding for surgery equipment, cabinetry and IT hardware

### We can also help with:

- ✓ Business plans
- ✓ Cashflow forecasts

**Speak to the experts and start to realise your dream of your own dental practice.**

*Sam did it, so can you...*



**We are a direct funder**

**PERFORMANCE FINANCE**  
Funding your success



**Call: 01536 52 96 96**  
dentistry@perfin.co.uk  
[www.performancefinance.co.uk](http://www.performancefinance.co.uk)

**★ Trustpilot**  
★★★★★  
Rated Excellent



# RESTORATION REBELS



British Academy of  
Cosmetic Dentistry



*Time to pick up  
your tools*

## THE BACD 21<sup>ST</sup> ANNUAL CONFERENCE

06 - 08 November 2025 | Manchester  
THE LOWRY ARTS CENTRE

*Headline Act*

## UK vs USA COMPOSITE vs CERAMIC

featuring Dr Bob Winter  
and Dr Jason Smithson  
Who will win this battle?

## THE BACD 21<sup>ST</sup> ANNUAL CONFERENCE

Dr Simon Chard  
Dr Sandra Hulac  
Dr Federico Brunner  
Mr Mark Oborn  
Dr Mark Hughes  
Mr Scott Hippey  
Mr Sascha Hein

**For cosmetic dentists  
ready to rewrite history**

CURTAIN UP ON BACD'S 21<sup>ST</sup> ANNUAL CONFERENCE:  
*DARE TO RESTORE* – THE CERAMIC VS COMPOSITE SHOWDOWN  
PLUS MANY MORE SUPPORTING ACTS. MASTER NEW SKILLS  
WITH HANDS-ON WORKSHOPS, CATCH SHOWSTOPPING  
LECTURES, AND SHINE ALONGSIDE COSMETIC DENTISTRY'S  
STARS AT OUR GALA DINNER.

**DON'T MISS THE SHOW!**

# CONNECT TO WHAT'S NEXT



## A-dec 500 Pro: Experience a new level of connection.

Everything you've come to appreciate about the A-dec 500 dental chair, is now available with a new delivery. Enabled with A-dec+ and an updatable software platform, the A-dec 500 Pro delivery system supports your dental team with a new level of connection.



**a-dec**  
a-dec.co.uk/500



# Why cultural sensitivity matters in consent

True informed consent must ensure understanding, respect for beliefs, and space for values, explains **Biju Krishnan**

**Biju Krishnan**  
Clinical director, FMC



'You want to do what to my tooth?' Is not a question we want to hear halfway through our best attempt at explaining a root canal. But behind that raised eyebrow or politely confused nod may lie a far deeper issue than dental anxiety: a mismatch between clinical intention and cultural understanding.

In our increasingly diverse patient population, consent is no longer a matter of ticking a box and trusting the patient 'got the gist'. True informed consent, the kind that holds up legally and ethically, must go beyond simply telling. It must ensure understanding, respect for beliefs, and space for values that may not mirror our own.

And yes, it's more complex than ever. But thanks to emerging tools that check and reinforce patient understanding – not just record a signature – it's becoming easier to do this well.

## From legal obligation to ethical opportunity

On paper, informed consent requires that the patient understands the nature, benefits, risks, and alternatives of a treatment. But in practice? It often involves navigating language barriers, cultural frameworks, and family dynamics that shape how information is received.

Take the example of Mr H, a 67-year-old man with limited English proficiency who nods through your treatment plan, largely translated by his teenage grandson. Post-op, he's livid – not because the outcome was poor, but because he had no idea a tooth was going to be removed. The grandson 'simplified' the message to 'they will fix it.'

The issue often stems not from malice but from misalignment between what's communicated and what's understood. This underscores the importance of structured tools that support clear, consistent communication.

### Five steps toward better cultural consent

- Know your community. Understand the demographics and beliefs that shape your patient base
- Use interpreters, not relatives. Or better yet, use validated tools with multilingual content and structured guidance
- Ask before assuming. A simple 'What are your thoughts about this?' can open up crucial conversations
- Use technology. Digital consent platforms don't replace communication – they enhance it, document it, and safeguard it
- Keep learning. Cultural competence isn't a one-off training, it's a mindset.

Digital consent platforms can guide clinicians with evidence-based scripts and offer patients concise, often multilingual explanations, followed by comprehension checks. The goal is more than completing a form – it's ensuring mutual understanding.

### Culture, belief, and tradition

Dental treatments touch on more than enamel. In some cultures and religions, teeth are linked to identity, dignity, even the afterlife.

**Body integrity and burial traditions:** For some Orthodox Jewish and Islamic patients, maintaining the body whole – even after death – is vital. Extractions can raise serious concerns unless sensitively addressed.

**Gender roles:** In some communities, female patients may decline treatment from male dentists or defer decisions to male relatives. This isn't passivity, it's cultural structure.

**Fasting:** Patients observing Ramadan may avoid procedures during daylight hours, especially those involving water, anaesthetic, or ingestion.

**Blood-related restrictions:** Jehovah's Witnesses may refuse surgical interventions involving blood transfusions or derivatives – even when medically advisable.

A deeper understanding of a patient's traditions and customs is essential, as it shapes how information is received, processed, and acted upon. Tools that provide tailored, patient-accessible content – particularly in multiple languages and cultural contexts – help mitigate these gaps. They make it easier to approach sensitive issues with both clarity and respect.

### Language: the great divide

Communication breakdown is one of the biggest threats to valid consent. Dental terminology is a minefield for many patients. 'You'll need an apicectomy under local anaesthetic' might sound like wizardry to someone unfamiliar with even basic dental concepts, especially in a second language.

The risk is particularly high when we rely on ad hoc interpreters – well-meaning family members who may filter or rephrase clinical details. This can lead to incomplete understanding, and sometimes, entirely wrong decisions.

Digital consent tools offer a safety net. Instead of relying solely on verbal explanations, they supplement conversations with visual aids, videos, and interactive text, designed to be accessible to patients with varying levels of health literacy.

Crucially, many such platforms incorporate a 'check for understanding' feature where patients

answer simple questions to confirm they grasp the essentials. It's not a test; it's validation that consent is truly informed.

### Values, assumptions, and the unexpected

Not all challenges to consent are cultural. Some are deeply personal:

- A staunchly vegan patient who refuses any product derived from animals, including polishing pastes or denture materials
- A patient opposed to fluoride on philosophical grounds
- An elderly gentleman who refuses anaesthetic because 'real men don't need it.'

These aren't obstacles, they're insights. When patients express values that influence treatment preferences, it's an opportunity to build trust. Listening without judgement, exploring safe alternatives, and clearly documenting these preferences shows that we respect the individual behind the mouth.

Once again, tools that provide flexible consent pathways – allowing clinicians to adjust treatment options and flag patient-specific concerns – make it easier to meet patients where they are.

### Why bother?

Because culturally attuned consent doesn't just tick a legal box, it improves outcomes. Patients who feel heard and understood are more likely to:

- Accept and complete treatment plans
- Comply with post-op care
- Recommend the practice to others
- Avoid litigation or complaints.

In a world of online reviews and regulatory scrutiny, there's a tangible business case for ethical clarity.

### Less guesswork, more good work

Let's be honest: none of us got into dentistry dreaming about paperwork and legal disclaimers. However, consent isn't just a form, it's a bridge between what we know, and what the patient understands.

So, when you next reach for that consent form, remember: it's not just a document, it's a dialogue. One that can be better supported – and less risky – with the right tools and the right attitude.

In the end, being culturally sensitive isn't about walking on eggshells. It's about walking beside the patient, not ahead of them. **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.

Visit [www.dentistry.co.uk/consent](http://www.dentistry.co.uk/consent) to get started.

# Your team's mindset is contagious

Why the biggest factor in patient experience isn't your clinical skills – it's the energy your team brings every day

## Mark Topley

Leadership and culture coach



It's 8:30 AM on Monday morning. Patient number one walks through your practice door and within 30 seconds, they can tell what kind of day it's going to be. Not from your equipment or clinical expertise – but from the energy radiating from your team.

That receptionist who greets them with genuine warmth versus forced politeness. The dental nurse who moves with purpose versus reluctant compliance. The atmosphere that says 'you're welcome here' versus: 'we're just getting through the day.'

Here's what most dental practices miss: mindset isn't just about individual attitude. It's a collective force that shapes everything – staff retention, patient satisfaction, clinical outcomes, and practice profitability. And crucially, it's contagious.

## The mindset multiplier effect

When we talk about mindset in dental teams, we're talking about the attitude everyone brings that shapes how they work and how they make others feel. Think about your own team. Is there someone whose energy lifts everyone else? When they're having a good day, somehow everyone performs better.

Equally, we all know the team member whose mood shifts the entire practice atmosphere – one person's negativity rippling through reception, into the surgeries, and ultimately reaching your patients.

This isn't about forced positivity. It's about recognising that mindset – whether positive or negative – spreads throughout your practice like a virus. The question is: are you consciously cultivating the right kind of contagion?

## The four pillars of team mindset

Great dental teams are built on four fundamental elements:

- **Belief** – the shared vision of what's possible when your team really clicks. When everyone believes they're part of something meaningful, that energy becomes infectious
- **Safety** – psychological safety means team members feel secure enough to admit mistakes, ask questions, or suggest improvements without fear of judgement. When people feel safe, they contribute more and provide better patient care

- **Wellbeing** – recognising that energy is finite and needs protection. Your team members are in different 'eras' – some high-energy, some recovering, some reinventing themselves. Great practices actively support these differences
- **Culture** – the lived experience of working at your practice. It's the actual atmosphere people feel the moment they walk through your door, whether they're staff or patients.

## Why this matters more than ever

In today's dental landscape, technical competence is table stakes. What differentiates practices is how people feel when they're there. And that feeling is directly determined by your team's collective mindset.

When your team operates from psychological safety, they spot potential issues early, communicate effectively with anxious patients, and collaborate smoothly during treatments. When they're energised and engaged, that enthusiasm transfers to patient interactions.

Conversely, when your team operates from stress or negativity, patients sense it immediately. They become more anxious, less trusting, and less likely to accept treatment recommendations.

## The patient experience connection

Patients aren't just buying dental care – they're buying an experience. A dental nurse who feels heard and valued is more likely to make patients feel the same way. A receptionist who experiences kindness from colleagues naturally extends that energy to patients. It's reciprocal and inevitable.

Think about the practices in your area that patients rave about. Yes, they do good clinical work – but so do many others. What sets them apart is the feeling patients get when they're there. That feeling is the direct result of a team that has consciously cultivated a positive, supportive mindset.

## The leadership challenge

As dental professionals, you're not just clinicians – you're culture creators. Every interaction is either building the mindset you want or eroding it.

The most successful practices recognise that managing team mindset isn't soft, fluffy stuff – it's strategic business practice. When your team feels psychologically safe, energised, and united by shared purpose, everything improves: staff retention, patient

satisfaction, treatment acceptance, referrals, and profitability.

But most practice leaders don't know where their team mindset is leaking energy, trust, or engagement. They sense something's not quite right, but can't pinpoint what's undermining their team's potential.

## Taking action

Your team's mindset isn't set in stone. It's something you can consciously shape, protect, and develop. The practices that transform their culture don't wait for problems to become crises. They proactively assess their team dynamics and take specific actions to build environments where both staff and patients thrive.

Your team's mindset is affecting your practice every single day. The question is whether you're going to let it happen by chance or start shaping it by choice. **D**

Is your team's mindset building your practice up or holding it back? Book a free 15-minute Leadership Leak Call to identify exactly where your team dynamics might be undermining your potential and discover practical steps to create the positive, high-performing culture your practice deserves. For more information, visit [www.great-boss.com](http://www.great-boss.com).





# Are You Leaking £10k a Month?

*Most practice owners are – they just don't know where.*

Every week, I meet smart, committed leaders running good practices who are stuck in the weeds.

- 🕒 Time is slipping
- 💷 Productivity is down
- 😓 The team is coasting or chaotic

If your team isn't stepping up, it's probably not about them. It's about the leadership rhythms, expectations, and clarity they're working with.

**That's what we can fix.**

## Book a free 30-minute Leadership Leak Call

- ✓ Diagnose where you're leaking time, energy, and revenue
- ✓ Walk away with 3 practical actions to take right now
- ✓ Only 3 slots available each week



# OIL-LESS COMPRESSORS

## HIGH QUALITY, CLEAN, DRY AIR

DELIVERING A MINIMUM OF 50 LITRES / MINUTE PER CHAIR\*

### RELIABLE SYSTEMS

#### SINGLE SURGERY TO BESPOKE SYSTEMS

Our range of compressors produce clean, dry, oil-less air, protecting the dental unit, rotary instruments, staff and patients.

Compressor filters provide superior air purification, filters can be further upgraded to **HEPA H14 FILTERS** providing an even higher level of filtration.

**HAND BUILT AND QUALITY CHECKED** at every stage of production and fully conform to ISO standard 22052.

#### BIOCOTE® SILVER ION TECHNOLOGY

Our compressor receivers are coated internally, delivering effective protection against microbes such as bacteria and mould. The exterior is coated with an electrostatic paint.

#### LOW MAINTENANCE

Cattani compressors are built with a self-purging drying column, requiring minimum maintenance.

#### SPECIALIST COMPRESSORS FOR MILLING MACHINES

Oil-less compressors which can run up to 10 bar.

#### SOUND REDUCING HOODS AVAILABLE



All compressors can be supplied with fitted sound reducing hoods.

Our AC100, AC200 and AC300 compressors can be fitted with a sound reducing cabinet which reduces noise levels to an impressive 52dB(A).

Supplied with a 5 year warranty\*. An additional 2 year warranty\* can now also be purchased, increasing the warranty from 5 to 7 years.



\* Cattani compressors when correctly specified will deliver the minimum requirements of 50 Litres / minute per chair (at 5 bar pressure) when running simultaneously. Registration on SmartApp should be completed by an engineer upon installation and is a requirement of the units warranty (see our terms and conditions for further information). Warranties are subject to Terms and Conditions of servicing schedule. Additional 2 year warranty must be purchased with the unit at point of sale.



### MORE THAN 50 YEARS EXPERIENCE IN AIR TECHNOLOGY

HOW IS IT WE LEAD IN OUR FIELD, WHEN WE COST LESS THAN THE ALTERNATIVES? THIS IS HOW:

#### Constant research

This lets us apply the latest technology in all of our products and solutions.

#### We enhance performance

Electronic and information technology allow us to increase the performance and reliability of our products.

#### We reduce costs

Less maintenance and energy costs mean on a cost-benefit analysis we are always the most economical.

#### We reduce environmental impact

We save 50% on raw materials in the production stage and our customers save between 30% and 50% on electrical consumption thanks to inverter drive technology.





# Coping with patient cardiac arrest in practice

**Lydia Austin** shares one of the most shocking moments of her professional career – the death of a patient

## Lydia Austin

Dental therapist and north east  
BADT rep

Earlier this year our practice experienced a severe medical emergency. A patient had a cardiac arrest, and despite our CPR efforts, along with the care delivered by the paramedics, they sadly passed away on our waiting room floor.

Every year I do my medical emergency training for our CPD requirements, talking about emergency drugs, reviewing the emergency drugs kit, practising using the oxygen cylinder and simulating medical emergency scenarios, but deep down hoping that I never really need to use it.

## What happened

It was a normal, routine day, nothing out of the ordinary. My nurse and I had gotten through a busy and stressful morning in NHS general practice and were on our last patient before lunch. With a rumbling tummy, and a thought in my head of what tasty food I had brought in for my lunch, I asked my lovely apprentice dental nurse to call in the patient from the waiting room. My nurse came rushing back into our room saying our patient had told her she thought someone had collapsed in the patient toilet. What happened after that is slightly hazy in my memory. I remember my nurse and I opening the door to the patient toilet, which is in the corridor to the waiting room, and a patient fell out onto the floor. The colour of the face instantly registered in me that this was a serious emergency. I burst into my principal dentist's room, which is next door to mine on the ground floor, and called for urgent help. The steps that we trained for kicked in, and whilst I felt shaky and surreal, I got the emergency drugs kit and defibrillator. CPR was undertaken until the emergency ambulance arrived, and then a series of paramedics arrived with different bits of kit and took over the treatment.

Most of our staff had a role to play in the next few hours; clearing the waiting room, telephone management of patients with imminent appointments, dealing with patients who were still being treated in the three surgeries upstairs and unaware of the medical emergency unfolding downstairs, making sure they all exited from the rear of the building, giving appropriate advice to the patients who were mid appointment when we had to urgently down tools, or had been sitting in the waiting room in pain waiting for their emergency appointment.

The time spent debriefing with the paramedics and police took most of the afternoon, and I remember feeling so overwhelmingly tired and emotional.

After 13 years in dentistry, I can say that deep down, I thought I might sail through my career unscathed by medical emergencies, and with some luck only having to deal with faints or vomiting.

In my opinion, the ripple effect this situation had on the practice staff was quite profound. I can't speak for others, only for myself, but it took me a good few days to be able to process what had happened, and that my face might have been one of the last that patient saw. I felt numb and grieved for this patient who I didn't know but felt connected to by the events of that day. I still find using the patient toilet difficult as it resurfaces memories of the day.

## The aftermath

I have been present in death before, and am a very reflective person, so that evening after some deep conversation with my colleague who is a mentor to me, I could start to process the event in my own way and prepare myself to move on.

This experience has made me consider the resources available for dental professionals to help them cope with events that cause mental trauma. Without the guidance of my colleagues, I wouldn't have known where to start looking for help.

In a study by Muller et al, 2008, it was found that around 60% of dental professionals will face one medical emergency a year. It made me wonder about how many other dental professionals had been through something they considered very traumatic and shocking at work, and what help was available.

I came across a useful document for dental professionals called [www.supportfordentalteams.org](http://www.supportfordentalteams.org), which can be downloaded and shared amongst your team, and it had some valuable ideas in there for dealing with tricky situations and ways of getting support.

I found that talking about my experience with some close people, who are not associated with work, helped me. I could offload my feelings and allow myself time to grieve and move on.

My first day back at work (which was in a different practice to where the medical emergency happened) was very nerve-wracking. I felt a bit shaky as I picked up my scaler, and kept thinking 'If this happens again, who is in the building who can help me? What if I'm

working with an apprentice and I have to lead the medical emergency response?' The morning went by without issue, and I allowed myself to relax. I knew I couldn't live in fear of this happening again. I'm always very diligent at checking

medical histories, and I signed myself up for some local refreshers in pharmacology update and sim man training at my local deanery. That day I decided I couldn't live in fear of a medical emergency, and whilst I could prepare myself and keep up to date as best I was able, if this does happen again in my career, I know I will do my best to respond to the situation, and ultimately that is all I can ask of myself.

Once I allowed my fear to go, I could move on. Now I can reflect on the situation without feeling a gut-wrenching sense of dread. It happened, I did my best on the day, and I am continuing with my job. I have a new sense of appreciation for the annual medical emergency training, as well as the hard situations that paramedics must deal with every day in their jobs.

The next medical emergency training we did was a bit harder, but I found it useful to practise the defibrillator simulation, and the experience of the doing it in real life helped me relate the steps more vividly. I am a partial kinetic learner, so being hands on with the equipment is a fundamental way for me to remember details.

## It's good to talk

I would say if you should find yourself in a similar situation, do seek the support if you feel you need it, and I encourage you not to bottle up your feelings. Going by the statistics in the research, there is a lot of us out there who have undergone similar events as we go about our day-to-day jobs, but it's not talked about much. It is possible that if we did talk more about it, we could all reflect on our individual places of work and staffing, and perhaps predict or figure out some hurdles we may have to overcome in the face of a medical emergency before it happens for real.

Fortunately, we need to do medical emergency training yearly, so the chances are if this does happen to you, you're probably more mentally equipped and able to cope with it than you may think. And remember, there is support out there if you need it. The BADT or your indemnity are good places to start for finding out about wellbeing and counselling services, as well as your GP. **D**



# Toxin Experts

WHERE EXPERTISE  
MEETS PERFORMANCE

Take your aesthetic expertise to the next level with guidance from the Merz Aesthetics Faculty. Whether you're refining your skills or expanding your knowledge, this programme is your next step toward becoming a toxin expert.



Scan the QR code to access  
BOCOUTURE UK & Ireland  
Prescribing Information



# BOCOUTURE®

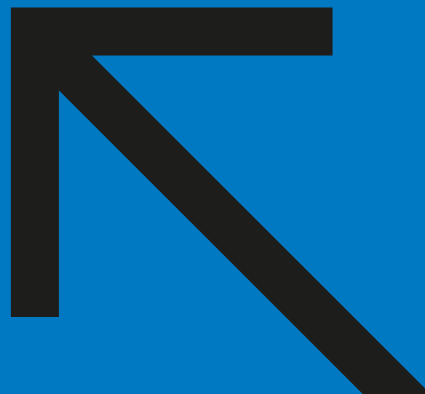
(Botulinum toxin type A)

Free from complexing proteins

## Register your interest today



Scan the QR code to  
get in touch with one  
of our Aesthetic  
Account Managers



Adverse events should be reported. Reporting forms and information for United Kingdom can be found at <https://yellowcard.mhra.gov.uk/>. Reporting forms and information for Republic of Ireland can be found at <https://www.hpra.ie/homepage/about-us/report-an-issue>. Adverse events should also be reported to Merz Aesthetics UK Ltd by emailing [UKdrugsafety@merz.com](mailto:UKdrugsafety@merz.com) or calling +44 (0) 333 200 4143.

## MERZ AESTHETICS®

# 5 ways AI is transforming marketing in 2025

**David Nelkin** shares how to take advantage of the shift to AI-driven marketing

## David Nelkin

Founder and CEO of  
Xcelerator Dental



Picture this: your next dental patient discovers your practice through a 15-minute conversation with Google's AI assistant about their dental anxiety and treatment options. The AI doesn't just recommend your practice – it explains why you're perfect for their specific needs and suggests the best time to call.

This isn't science fiction. Q4 2025 will see the most significant change to Google Ads in 25 years, as they fully integrate advertising into AI mode for over 100 million users. Here are five ways AI is already reshaping how dental practices connect with patients.

### 1. The death of keyword targeting

Traditional SEO strategies built around keyword rankings are being replaced by AI-driven algorithms. Instead of targeting individual search terms, Google's AI now analyses entire conversational contexts, digital footprints (YouTube views, past bookings, website behaviour), and rich intent data.

**What this means:** Your practice could appear during a patient's extended AI conversation

about dental anxiety or treatment options – moments that never existed before. Search queries are getting longer as people have actual conversations with AI assistants rather than typing short keyword phrases.

### 2. AI Mode ads transform patient discovery

Google's new system works like a personal assistant for users. AI may potentially complete appointment bookings based on detected intent, with intent signals becoming 10 times more powerful than traditional keyword matching.

**What this means:** Ads will be served to people genuinely interested in dental treatment at the exact moment they're ready to take action. Your practice information, patient reviews, social media content, and website data all become part of how Google's AI decides whether to recommend you.

### 3. Feed hygiene becomes critical

As Google has coined it, 'feed hygiene' – keeping all your online information current and comprehensive – has become critical. Outdated or incomplete data can disqualify practices from AI recommendations.

**What this means:** Your online presence across all touchpoints matters more than ever – not just paid ads but organic social media, reviews on multiple platforms, website content, and Google Business Profiles.

### 4. Hyper-personalised patient experiences

AI systems analyse digital footprints – pages visited, time spent on content, previous interactions – to customise entire nurturing sequences. CRM systems use predictive analytics to identify which leads are most likely to convert, automatically scheduling follow-ups at optimal times.

**What this means:** When someone enquires about Invisalign through your website, AI customises their journey based on their specific interests and behaviour patterns. This isn't about being intrusive; it's about being relevant at exactly the right moment.

### 5. Conversational content wins

The shift to conversational AI means practices need to optimise for entire patient journeys rather than individual keywords. Content must align with how people actually talk to AI assistants.

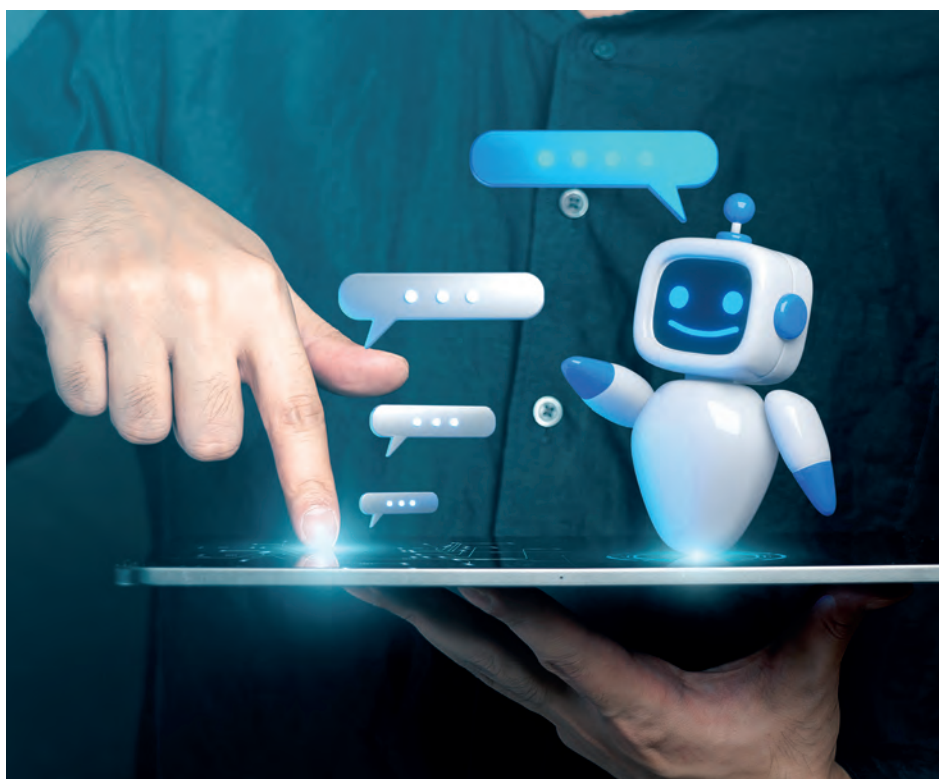
**What this means:** Structure your website and social content around natural patient questions rather than just keywords. Fresh, regularly updated content across multiple platforms becomes essential for AI visibility.

### What you should do now

The window for competitive advantage is open, but it won't stay that way long. Here's your action plan:

- Audit your online presence – ensure practice information, photos, reviews, and content are current across all platforms
- Invest in authentic content – high-quality photos and videos of your actual practice remain competitive advantages
- Optimise for conversations – structure content around natural patient questions
- Prepare for new ad formats – start working on AI Max campaigns now
- Work with specialists – implementing AI marketing effectively while focusing on patient care requires expert guidance.

The shift to AI-driven marketing isn't coming – it's here. Practices that understand and implement these changes now will have significant advantages over those who wait. Your patients are already using AI to find dental care. Make sure they find you. **D**





# Check Image Plate Quality with your Mobile

For consistently sharp images, you need  
high-quality image plates

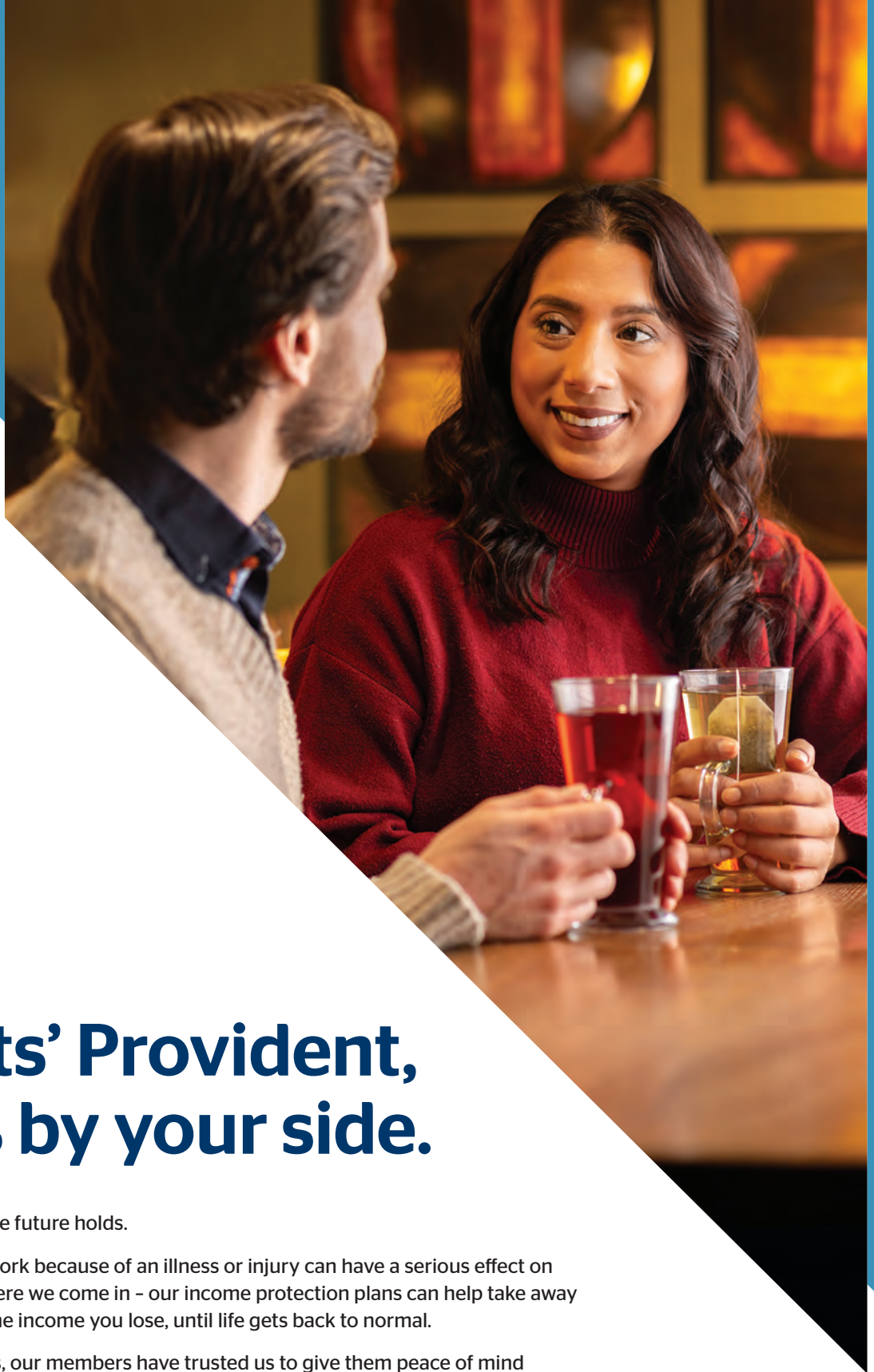


New functionality within Dürr Dental's VistaSoft Monitor app allows users to effortlessly check a plate's quality by simply holding a mobile phone over the plate. The app provides a clear rating – from 'A' for excellent condition, to 'E' when it's time for a replacement, making it easy to maintain optimal imaging performance. Even those using 3<sup>rd</sup> party imaging software, instead of VistaSoft, can check the quality of their plates. Great images allow for accurate diagnostics.

For more information visit [www.duerrdental.com/en/GB/products/software/networking-for-dental-practices/vistasoft-monitor/](http://www.duerrdental.com/en/GB/products/software/networking-for-dental-practices/vistasoft-monitor/)

 @durr\_dental\_uk  Duerr Dental UK





# Dentists' Provident, always by your side.

None of us know what the future holds.

Having to take time off work because of an illness or injury can have a serious effect on your finances. This is where we come in – our income protection plans can help take away the worry by replacing the income you lose, until life gets back to normal.

For over a hundred years, our members have trusted us to give them peace of mind when they need it most. Isn't it time you did the same?

**To get a quote for an income protection plan please visit [www.dentistsprovident.co.uk](http://www.dentistsprovident.co.uk)**

**To discuss a new plan just for you or review your current plan please contact our member services consultants on 020 7400 5710 or [memberservices@dentistsprovident.co.uk](mailto:memberservices@dentistsprovident.co.uk)**

## **Protecting your lifestyle. Securing your future.**

Dentists' Provident is the trading name of Dentists' Provident Society Limited which is incorporated in the United Kingdom under the Friendly Societies Act 1992 (Registration Number 407F). Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom (Firm Reference Number 110015) and regulated in the Republic of Ireland by the Central Bank of Ireland for conduct of business rules (Firm Reference Number C33946). Calls are recorded for our mutual security, training and monitoring purposes.

**Dentists'  
Provident**

Protecting your lifestyle. Securing your future.



# How to become a mixed dental practice

If you're planning the shift from NHS to private, **Amy Hansford** suggests some things to consider to ensure the ground is prepared properly

## Amy Hansford

Regional support manager at Practice Plan



We've all been warned about not putting all our eggs in one basket. So, as the recent NHS 10-year plan was somewhat heavy on aspiration but light on detail for dentistry, a number of NHS dental practice owners may want to consider adding private dental services to their list.

To say that many NHS dentists have been feeling the pinch since the changes to the National Minimum Wage and the employer's National Insurance contributions in April is a bit of an understatement. Bound by the terms of the NHS dental contract, there has been no scope for them to pass on these increases in practice costs to the patient, leaving many struggling financially.

Many have considered handing back their contracts and leaving behind NHS dentistry in favour of a fully private practice. According to the most recent figures published by the GDC in its Workforce Patterns data report, around 66% of UK dental practices operate a mixed model. So, introducing private dentistry need not be a case of 'all or nothing'.

## Benefits

Adopting a mixed practice model can have many benefits. From a business point of view, it allows practice owners the opportunity to set their own pricing structure for their private treatments, giving the opportunity to increase charges when economic conditions are unfavourable. Having the freedom to increase charges, when necessary, helps practices to weather the storms of increased costs.

Private dentistry also provides scope to offer a wider range of services to patients while continuing to provide NHS dentistry to those unable or unwilling to pay for private dentistry. In many cases, the income from the private side of the business subsidises the NHS treatments, allowing the practitioner to afford to continue offering NHS services.

A mixed model can help dentists emotionally, as it allows those who feel it's a matter of conscience to provide NHS care to their patients to continue to do so, to a greater or lesser extent. In our experience, guilt is often one of the main reasons practice owners cite as a reason not to hand back their NHS contract.

So, what are the main things to consider when introducing private dentistry into your practice?

## Communication

Like everything in life, clear, timely communication will determine the success of your endeavour. Whether that's with your team or your patients, it's essential to ensure you communicate clearly what you are doing and why you're doing it.

Your team needs to be behind the move for it to be a success. That's why it's important that they understand what is happening and when. Springing things on them at the last minute is unlikely to help them feel involved and part of the change, especially if they have strong convictions about NHS treatment.

It's best to make sure your team is informed of what you plan to do and give them an opportunity to ask questions and raise any concerns they may have. After all, you're asking them to change the way they work and some of them may feel a little nervous about this. Provide them with the information they need to feel comfortable talking about the changes with patients. In a practice, it may be the dentist who recommends a treatment plan, but a patient could approach any member of staff



with a question about private treatment, so it's important they're trained to be able to respond confidently.

### The NHS contract arrangements

While you're introducing private dentistry you will still need to deliver your NHS contract or risk facing clawback. How you go about this will depend on the size of your contract and your plans for the private side of your business.

Could this be a time to enquire about rebasing your contract? Will this be the beginning of a gradual move away from NHS dentistry towards private while you 'drip feed' in private patients? How will you divide up clinicians' time and how will this affect the diary? Do you need to consider bringing in a new associate or can your current contract be fulfilled by a well-established member of your team? These are all things that need to be considered.

How easy will it be for your current NHS patients to get an appointment in the future? Handled properly, having fewer NHS slots could be an opportunity to help encourage patients to remain with the practice as a private patient.

### Introducing a membership plan

Many practices choose to introduce a membership plan when they begin to offer private dentistry. Having a membership plan provides a regular predictable income for the practice, which helps with cash flow. For patients, as well as allowing them to budget for and spread the cost of maintaining their oral health, it helps engender a sense of being a member of the practice, increasing their loyalty. It also gives them the confidence that they will be able to get an appointment regularly and that their smile will receive the attention it needs.

As part of an NHS conversion, a membership plan provider will carry out an assessment of your business. This will help inform both your pricing structure and the number of patients needed to make the move viable.

This process serves to give some peace of mind about the move as practice owners are often pleasantly surprised at how many patients they can afford to lose to make a full or partial conversion work for them. However, at Practice Plan we will never push anyone into a conversion if it's not right for them. Over the years, as access to NHS dental

treatments has become more difficult, the likely success of a move away from NHS dentistry has become greater. However, even now, if the numbers didn't add up, we would be honest and advise against such a move.

### Have a transparent pricing structure

There's no doubt about it; private fees are generally higher than NHS patient charges. So, it's important to be transparent about your prices. Publish them on your website and perhaps have a leaflet available for when patients come into the practice. If you set out the difference in cost between NHS charges and your private fees, they may see the difference isn't as vast as they at first thought.

If a patient is dentally fit, then plan membership is usually more cost-efficient than pay-as-you-go pricing. You may also want to offer a discount on treatment to plan members, which will save them even more money should they need it.

If you're introducing new treatments that aren't available on the NHS, then it's important to set out the costs clearly. There's nothing more damaging to a patient's trust in their dentist than for them to be presented with a treatment plan and then charged for lots of 'hidden extras'.

---

**By and large, the standard of dentistry will be the same, but the patients' experience will be different**

---

### Managing the NHS/private patient expectations

Many dentists making the move from NHS to private dentistry are concerned that their patients will expect a lot more when they make the move. This is probably true. By and large, the standard of dentistry will be the same, but the patients' experiences will be different.

You may want to have separate lounges for your NHS and private patients to give them a feeling of value for money. The private lounge may have comfortable sofas and complimentary drinks, while the NHS one could be furnished with ordinary chairs and a water fountain.

Although the standard of dentistry for both may be largely similar, private dentistry removes the time pressures an NHS contract imposes so dentists can spend longer with each patient. They can take the time to get to know their patients better and to understand how they might want to improve their smile as well as keeping their teeth and gums healthy. There's time to offer a personalised service without the feel of there being a revolving door on the surgery.

Running a mixed practice can provide benefits to both the practice and patients. It can be the best of both worlds, as long as the ground is prepared properly. **D**

if you're considering a full or partial move away from the NHS, why not start the conversation with Practice Plan on 01691 684165, or for more information visit: [www.practiceplan.co.uk](http://www.practiceplan.co.uk)





# Expanding Specialist Care, Strengthening Our Network



CLYDE MUNRO  
DENTAL GROUP

**At Clyde Munro, collaboration underpins our approach. With practices across Scotland, our dentists benefit from streamlined referrals and access to a growing network of specialists.**

The appointment of oral surgeon Andrew Brewer enhances this support, helping clinicians manage complex cases with confidence and expanding access to high-quality care across our network.



**Andrew Brewer**  
Oral Surgeon

Torwood Dental Practice, Inverness

Find out more



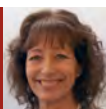
Find out more  
[careers.clydemunrodental.com](https://careers.clydemunrodental.com)

# GDPR and data protection

**Pat Langley** asks, how safe is your practice?

**Pat Langley**

Chief executive, Apolline



Safe from what? Surely GDPR and data protection aren't unsafe, are they? GDPR and data protection regulations have many requirements we must all comply with, but does not complying mean your practice is unsafe? The answer to that is potentially yes because breaching GDPR and data protection requirements carries significant penalties, but there are far more risks than that when it comes to the digital world we all now live in.

This article seeks to explore how best to make your practice as safe as possible in the digital era. We will look at the potential data protection pitfalls and how to avoid them with guidance on implementing safe methods of protecting all data in your practice.

We will also look at how best to protect practices that are using paper-based systems.

## Digital dangers

Whilst the digital world brings many benefits and advantages, it is also true to say that it also brings many risks that we need to be aware of and mitigate if we are to make our practices as safe as possible.

The media in recent months has been awash with potentially dangerous data breaches in which the identities and personal details of thousands of people have been leaked, with far-reaching consequences.

Add to that the high-profile hacking of such stalwart institutions as M&S, the Coop, and Harrods that caused months of chaos and

concern, and it adds up to a scary digital world.

It is imperative that we understand the threats and risks and do all we can to reduce them. In addition, it also means understanding the robust regulations that protect us all.

## Protecting personal data

GDPR is entirely focused on protecting personal data, and before we talk about protecting personal data, we need to understand what this is.

Put simply, it is any information about an individual from which that person can be identified.

There are two distinct types of personal data:

1. Personal data (e.g. name, address, phone number)
2. Sensitive personal data (e.g. medical information, ethnic origin)

If someone who is not entitled to see these details can obtain access without permission, it is unauthorised access.

## Data processing

The words 'data processing' are seen and heard often, so it's important to understand what the term encompasses.

In the context of GDPR, data processing includes:

- Collecting personal data
- Using it
- Storing it
- Securing it
- Disclosing it
- Deleting or destroying it.

In short, all measures needed to ensure personal data and sensitive personal data is handled safely and is protected.

## Personal data

Think about what personal data you hold about your patients and what personal data you hold about your team members. This is all the information you need to 'process' safely in line with GDPR.

## Personal data inventories

You should maintain two personal data inventories: one for patients and one for team members. In addition to being a requirement under GDPR and the DSP Toolkit, they are a great reminder of the significant amount of personal data you hold and, therefore, of all the information that needs to be protected.

You must ensure your personal data inventories are accurate and up to date, and any inaccurate data must be updated or deleted.

## Policies and paperwork required to comply with GDPR and data protection

- Data protection policy, including GDPR
- Personal data inventories for patients and team members
- Privacy policy
- Privacy notices for patients and team members
- DSPT registration
- Robust agreements with third parties
- Referral policy.

In addition, you should have consent forms for:

- Sending marketing information
- Sending email/text reminders
- Taking photos
- Referrals
- Sending information to third parties.

## Personal data storage

Personal data must be stored securely, and this applies whether you store personal information electronically or in paper format, with each format having risks that must be mitigated.

## Data risks

### Paper records risks

- Paper records are stored in an unlocked filing cabinet, with a risk of unauthorised access
- Storage is not fireproof, with a risk that you could lose it all if you have a fire
- Misfiling of records, with a risk that data could be lost
- Data in some records is out-of-date or incorrect, with a risk that you are in breach of GDPR requirements.

### Digital records risks

All the digital risks outlined earlier, and in addition:

- Password sharing
- Insecure password
- Password never changed
- Leaving screens unattended
- Screens visible to anyone at the desk.

All of these bring with them the risk of unauthorised access.

### Reducing the risks of digital storage

- Do not leave data displayed on a screen – use a screensaver
- Do not leave your computer logged on and unattended
- Change your password frequently
- Don't choose a password that's easy to guess

## Safety – what should we think about?

- Practice systems
- Financial security
- Practice data
- Personal data (patients and team members)
- Sensitive personal data
- AI – clinical risks
- Fake news
- Social media
- Hackers
- Cyber threats and risks
- Data breaches
- Ransom demands
- Identity theft
- Intellectual property theft
- Other stuff I haven't thought about!





- Don't give your password to anyone, ever
- Back everything up
- Ensure you have excellent virus protection.

### Disclosing personal information

You should not disclose any personal information without the data subject's consent. If you receive an inquiry about someone's personal data, e.g., an appointment time or the purpose of an appointment, verify the enquirer and ensure you have the data subject's consent to disclose the information. This can be problematic, though, when a couple has been attending your practice for many years and one partner is asking for information about the other because the other partner is suffering from memory loss or dementia. Ideally, you should get consent from the partner in question so that you can share their personal information. This isn't always possible, though, so in this situation, compassion, common sense, and proportionality are key.

### Email risks

Email is not secure, so treat it with caution. Always check an email before you send it to make sure you have sent it to the right person at the right address.

Ensure you don't:

- Send a 'reply all' when you don't mean to
- Forward the email to anyone you don't mean to send it to
- Copy people who have not given their permission for you to share their personal details with third parties
- Send referrals via email unless your service is encrypted.

### Subject access risks

All data subjects (that's you and me and everyone you know and everyone you don't know!) have the right to access all personal data held about them in any format.

This means:

Data subjects can request copies of everything you hold, including:

- Their clinical records
- Photographs/videos
- Emails
- Text messages/WhatsApp messages
- All correspondence
- Recorded phone calls
- Anything that counts as personal data.

### Clinical records

Make sure:

- They are kept safely and securely
- They can only be accessed by those with authority to access them
- You don't leave paper records lying around at reception, in surgeries, or where they are at risk of unauthorised access.

And finally, never write anything derogatory or defamatory about anyone under any circumstances whatsoever, because we all have the right to access all our personal data.

### Referrals

When referring a patient for treatment, advice, or a second opinion, you must ensure you protect their personal information while it is in transit.

The majority of referral information will be sent and received by post or electronically. Alternatively, it could be hand-delivered by the patient.

### Checklist for achieving ongoing GDPR compliance

- Appoint a Data Protection Lead – ideally, this should not be the practice owner
- Provide induction and ongoing training to all team members
- Risk assess your current GDPR and data protection compliance
- If necessary, introduce enhanced data protection measures
- Make a list of things that could cause a data or security breach in your practice and put measures in place to reduce the risks
- Have robust contracts with practice management software suppliers and all other external data processors, such as laboratories, that ensure they comply with UK GDPR.

The NHS is phasing out paper-based referrals and has a secure system for receiving referrals. Practices that refer to an NHS provider should follow local guidelines from the hospital/facility they are referring to.

Private referrals can usually be made by post, in which case you should use first class post, ideally registered post.

Ensure you have an agreement in place to protect your patient's data 'at the other end' in line with GDPR requirements.

### Referrals by email

Email is insecure – it can be hacked even with security in place. Send the referral via an encrypted service – the major software suppliers all have an encryption service. Alternatively, you could send information anonymously using the patient's unique identification number or an allocated code for that patient and advise the referee of the identity of the patient via a different method.

If you send identifiable personal data via insecure email (i.e., without encryption) and your email is hacked, this would need to be reported to the ICO as a data breach.

### The Data Security and Protection Toolkit (DSPT)

All dental practices that have access to NHS patient data and systems must complete the DSP Toolkit annually. The DSPT advisors are of the view that all private practices should also complete the DSPT annually.

The deadline for completion every year is 30 June.

### Cybersecurity threats and risks

These are evolving and becoming more threatening all the time.

Ensure you have appropriate protections in place to keep your data and your practice as safe as possible, and make sure you have cyber insurance in place. **D**

Fulfil all your compliance requirements with Dentistry Compliance. Visit [dentistry.co.uk/compliance](https://dentistry.co.uk/compliance) for more information to sign up.

# CERAMIR PEDIATRIC CROWNS

The future of modern pediatric dentistry



- **Optimal fit & function** – Prefabricated to match natural shape and colour
- **Minimally invasive** – Preserves as much dentine as possible
- **Fast, simple workflow** – Improves the treatment experience for the child
- **Safe & healthy** – Biocompatible, BPA-free, and non-toxic



Scan the QR code with  
your mobile for more  
information.



# The end of an era

As Sam Jethwa reflects on his year as BACD president, he is reminded of the community spirit that is central to the academy



British Academy of  
Cosmetic Dentistry

**SAM JETHWA**

PRESIDENT, BRITISH ACADEMY OF  
COSMETIC DENTISTRY (BACD)



Fifteen years ago, I walked through the doors of the British Academy of Cosmetic Dentistry (BACD) as a young, curious new dentist after having attended a single regional lecture whilst in my final year. I did not yet know that this academy would shape not just my professional path, but my purpose.

This year, I have had the privilege and responsibility of leading the BACD as its president during one of the most pivotal times in its history, and I'm proud to say that we've faced challenges and emerged stronger.

For restructuring the Annual Conference going forward and reimagining the way we bring value to our members, we have leaned into our strengths: our community, our passion, our integrity. We have had more members within the BACD accreditation than before, unprecedented interest in events like The Young Dentist Day, and a growing digital presence, with the new and improved BACD website at the centre of this. I am incredibly proud of our digital advances this year and believe that investing in online growth enables the academy to remain innovative and provide a smooth service.

## Community

Our members are at the heart of the BACD. Whether you've been with us from the beginning or you're attending your first BACD conference – you matter. It's because of you that this organisation is thriving. Membership benefits within the dental and non-dental space have been a priority; the annual BACD ski trip has become a tradition, along with the driving and golf day, and boutique event invites for members to exclusive product sampling and tastings have also proven popular. These exist to strengthen what the BACD is known for: its community.

Education has and will always be the top priority for this academy, and the 2026 calendar has been designed with considerable thought by our Education Committee, taking note of what members want. Hands-on sessions, lectures, webinars, and international and home-grown speakers together bring a unique offering that aims to position BACD members at the forefront of what they do.

## Reflection

At the end of my tenure as president, I must thank our incredible board members. You give your time and your expertise selflessly. Your passion is not only inspiring; it's contagious.

Of course, Suzy Rowlands our executive administrator – your devotion to the academy is unmatched, and we are endlessly grateful for your dedication behind the scenes. Quite simply, we couldn't do this without you.

As I reflect on my journey from student to president, I'm reminded that this academy is not defined by one person or one year – but by the collective spirit of those who care enough to contribute, connect, and create something extraordinary. The future of the BACD is bright because it will be in the hands of exceptional individuals who care deeply and dream boldly.

So here's to community. Here's to resilience. Here's to the next chapter of the BACD – one we'll write together. **D**





# Building resilience in dentistry

**Mahrukh Khwaja** sat down with **Rhiannon Jones** to talk about why wellbeing strategies are vital for dental professionals and how small, science-based habits can protect mental health in high-pressure environments

## Dr Mahrukh Khwaja

Dentist and founder of Mind Ninja



## Rhiannon Jones

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



**Rhiannon Jones (RJ):** What led you to pivot towards psychology and wellbeing?

**Mahrukh Khwaja (MK):** A few years into practice I went through burnout and depression. It was a toxic work environment combined with personal challenges.

I sought therapy, which gave me practical psychological tools such as mindfulness, self-compassion and cognitive behavioural techniques. That experience made me realise prevention is always better than cure. I wanted to bring these evidence-based strategies to dentistry so that others could build resilience before reaching crisis point.

**RJ:** Burnout is a word we are hearing more often nowadays, but the early warning signs can be subtle. What should dental hygienists and dental therapists watch for?

**MK:** Burnout has three key features, according to Maslach (2016): an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.

In practice, this might look like waking up already drained, feeling you are not making a difference with patients, or becoming overly critical of yourself and your workplace.

Other early signs include pessimistic thoughts, low mood, disrupted sleep, changes in appetite or withdrawing from colleagues. Noticing these patterns early allows us to intervene sooner.

**RJ:** Your work focuses on positive psychology, mindfulness, and acceptance and commitment therapy. For clinicians new to these ideas, what are some practical tools they could try today?

**MK:** Mindfulness does not need to mean long meditation sessions. It is about paying attention to the present. You can anchor yourself with a mindful breath while waiting between tasks or before bringing in the next patient. Extending the out-breath triggers the parasympathetic nervous system, promoting calm and focus.

Gratitude is another simple but powerful practice. In a busy surgery, it is easy to dwell on what went wrong. Sharing daily wins with your team, even small moments of success, shifts perspective and boosts resilience.

**RJ:** Resilience is often misunderstood as simply toughing it out. How should we reframe it?

**MK:** I see resilience as navigating adversity and growing through it, using both internal and external resources. Internally, that means emotional awareness, optimism and flexible thinking. Externally, it is about seeking support from colleagues, mentors or professional organisations. Resilient people do not go it alone.

**RJ:** If a colleague feels overwhelmed right now, what is the first step?

**MK:** Validate their experience. Burnout and low mood are sadly common in our profession. Listen mindfully before offering advice. If they are open, signpost them to resources such as Confidential, the Dentists' Support Trust, or NHS Practitioner Health, which offers cognitive behavioural therapy sessions.

**RJ:** Your Mind Ninja workshops introduce a framework called PERMAH. Could you explain how it helps?

**MK:** PERMAH is a positive psychology model for wellbeing, and it is made up of six areas

that support resilience. The first is 'positive' emotions, which is about intentionally building joy and gratitude into daily practice. Then there is 'engagement', finding activities that create flow, whether that is a clinical task you enjoy or a hobby outside of work. The third pillar is 'relationships', and even micro-moments of connection with colleagues, patients or friends can make a real difference. 'Meaning' comes next, aligning with your personal and practice values so that you do not lose sight of why you chose this profession. 'Accomplishment' is about setting achievable goals that bring a sense of fulfilment. Finally, there are 'healthy habits', from good ergonomics and hydration to taking mindfulness breaks. Together, these areas provide a practical checklist you can return to at different points in your career to see which aspects might need strengthening.

**RJ:** Finally, what gives you hope for the future of mental health in dentistry?

**MK:** There is a growing recognition that mental health is as vital as physical health. I am encouraged by the shift towards preventive approaches and by the fact that we are starting to have more open conversations about flourishing, not just crisis management. My hope is that organisations invest more seriously in leadership training and culture change so that individual wellbeing is supported at every level. **D**

## Reference

Maslach M, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry* 2016; 15(2): 103-111. doi: 10.1002/wps.20311

Mahrukh will be among the first guests on BSDHT's new podcast Dental Health Matters, launching later this year. Register now at [www.bsht.org.uk/podcast](http://www.bsht.org.uk/podcast)



# Accelerate Practice Growth Through **Implant Dentistry**



HOSTED BY

**CARESTACK** **straumann**

Keynote by

**Rory Sutherland**

Leading Voice in Behavioural Psychology,  
Best-selling Author, & TED Global Speaker



## Elite Speakers Delivering Elite Content



**Adrian Dray**  
Director of Partnerships (UK),  
CareStack



**Lucie Simic**  
Dental Business Consultant



**JW Oliver Jr.**  
Voluntary Entrepreneur | Philanthropist |  
Adventurer



**Robert van Geffen**  
Chief Marketing Officer,  
Straumann Group



**Dr. Shilpa Julka**  
Head Global of Marketing & Education  
Enterprise Solution, Straumann Group



**Dr. James Kleiber**  
Managing Director at KleiberCare Ltd



**Dr. Simran Chaggar**  
Clinical Director at LivoDental



**Dr. Sarah Ramage**  
MSc, BDS, MFDS, PGDent Med Ed  
Head of Clinical Affairs, Enterprise  
Solutions EMEA, Straumann Group



**Dan Hall**  
VP of Sales, CareStack



**Dr. James Hamill**  
BDS MRD MClinDip Imp Dent MClinD



**Dr. Mario Imburgia**  
DDS PhD  
Periodontist and International Lecturer

COUPON CODE  
**FMC15**

SCAN TO SECURE YOUR SEAT

HAVE QUESTIONS?  
[ukevents@carestack.com](mailto:ukevents@carestack.com)



**30<sup>TH</sup>**  
**OCT 2025**

MILLENNIUM POINT BIRMINGHAM

## Pro50 dental unit: continuous evolution

**Planmeca**

The result of 50 years of close co-operation with our customers, the Planmeca Pro50 dental unit is a masterpiece of ergonomics, technology, and infection control.

With a slim backrest and small chair base for optimal access to the treatment area, as well as a folding leg rest, it's the perfect option for dental treatments and examinations. The chair also offers a wide height range to allow dental professionals to work comfortably, sitting or standing. And balanced instrument arms guarantee an ergonomic use of instruments.

Also featuring the Planmeca Halo interactive touch screen so you can easily access patient data and dental unit management information chairside. As well as integrated and automated cleaning systems with step-by-step procedure guides on the unit's screens to make infection control easy and guarantee a smooth workflow.

0800 5200 330

[www.planmeca.com](http://www.planmeca.com)

0800 254 5115



## Innovative, future-proof imaging

**Carestream Dental**

Carestream Dental's CS 9600 CBCT Scanner, is a comprehensive imaging platform designed for revolutionary diagnostics with exceptionally versatile possibilities. Its intelligent innovation means precision with every exam, utilising the power of AI positioning to maintain consistent results with ease.

Its customisable workflow offers both flexibility and comfortability for professionals, whilst its integrated retractable patient seat offers the same for patients, with increased stability for better results.

The CS 9600 delivers dependably high-quality images regardless of the clinical scenario. Designed for multispecialty practices and large clinics, the CS 9600 helps drive success with its five-in-one design, including imaging software with optional implant, orthodontic, restoration, and airway analysis modules to assist in taking complete advantage of digital dentistry.

Integrated AI tools streamline image capture and allow training to be simplified. With its scalable design, innovative software, and award-winning technology usability, the CS 9600 is the gold standard for practices looking to augment their practice's imaging capabilities, for now and the future.

[www.carestreamdental.co.uk](http://www.carestreamdental.co.uk)



## One phone call away

**A-dec**

A-dec is not just renowned for quality dental equipment, it takes pride in providing customers with an exceptional personal customer service because quite simply, A-dec cares.

Whether you contact one of the team of four territory managers in the UK or David Miles, special markets manager, you'll receive a first-class experience as jointly their experience in the dental sector spans over 40 years.

So, whether you are looking to set-up a new practice or revamping your practice, A-dec is just a phone call away.

A-dec is all about real-time, human support. The dedicated UK-based customer service team brings decades of combined experience and

## New materials for full dentures

**Zirkonzahn**

With Abro Basic Multistratum and Denture Gingiva Basic Mono Pink resins, Zirkonzahn introduces new PMMA-based materials which are particularly biocompatible and health-friendly due to their low residual monomer concentration.

Abro Basic Multistratum shows a natural colour gradient from dentine to the enamel and improved material properties in terms of translucency values, flexural strength as well as fracture and abrasion resistance which make it particularly suited for the manufacture of denture teeth. However, it can also be used for long-term temporaries and various secondary and tertiary structures.

On the other hand, Denture Gingiva Basic Mono Pink is a gingiva-coloured resin with improved material properties in terms of flexural strength and fracture resistance, specifically conceived for the production of denture bases. The resin blanks are also available in Ø 125 mm for the manufacture of up to two denture bases in just one milling process.

The gingival area of the restorations can be then characterised individually with Gingiva-Composites. Their colour spectrum is based on the company's ICE Ceramics Tissue shades from light to dark: through the temporary, dentists and patients can get an immediate aesthetic impression of the final restoration.

39 0474 066 680

[www.zirkonzahn.com](http://www.zirkonzahn.com)



**Zirkonzahn**  
Human Zirconium Technology

## Contoured anterior matrix

**Garrison Dental Solutions**

Blue View Varistrip is the contoured anterior matrix from Garrison Dental Solutions. It offers optimal curvature and band height for anterior restorations. The 0.05mm thin polyester strip is three-dimensionally preformed and can be placed and moved interproximally until the height fits perfectly.

Thanks to the pre-contouring, dentists can replicate occlusal-gingival anatomy and achieve precise results. At the same time, problems such as flat interdental spaces, black triangles or food traps are reliably prevented.

The bluish tint provides excellent contrast between matrix and tooth structure without interfering with composite polymerisation. Preparation margins and placement remain clearly visible at all times.

With its variable width of 5 to 10mm, Varistrip always offers the right height for all front teeth, making it the ideal solution for high-quality aesthetic restorations.

0800 011 2738

[www.garrisdental.com](http://www.garrisdental.com)



is ready to assist you. From tips on cleaning your chair upholstery to troubleshooting technical issues, the team is here to help quickly and with genuine care.

A-dec believes that service should be as reliable as the equipment it produces. From first conversations to after-sales support, you'll experience the same commitment to quality, honesty and integrity that has made A-dec a trusted name in dentistry for over 60 years.

To find your local territory manager, scan the QR code.





Originated in aesthetics.

# Exceeding in versatility.



UNLOCK YOUR  
EXCLUSIVE OFFER  
SIGN UP NOW

[ivoclar.com/en\\_gb/local/campaigns/variolink-campaign](https://ivoclar.com/en_gb/local/campaigns/variolink-campaign)

Experience the unmatched versatility of Variolink Esthetic. It allows you to reliably cement any restoration in the anterior and posterior region and is suitable for all common materials. With its streamlined solution and impressive aesthetic results, you can approach every adhesive cementation case with clarity and confidence.



THROUGH THE PRINCIPALS CLUB YOU GET ACCESS TO:



#### FORUM

Ask Q's, share ideas, get advice,  
ask for recommendations



#### FREE BUSINESS SCORECARD

Highlighting easy ways to  
implement improvements  
in your practice



#### A COMPREHENSIVE BUSINESS INDEX REPORT

A full analysis of non-financial  
areas with an integrated  
development plan



#### ACCESS TO THE DENTAL DATA VAULT

37 years of financial  
benchmarking data  
personalised for your practice



#### PRACTICE GROWTH PLAN

We assess your practice and  
develop a tailored, measurable  
plan to optimise workflows, improve  
efficiency, and boost its value



#### WEBINARS

With experts in their field about  
critical business areas



POWERED BY FRANK TAYLOR & ASSOCIATES



## Redefining precision in occlusion marking **Parkell**

In modern dentistry, accuracy is everything. A small occlusal discrepancy can affect comfort, function, and long-term outcomes. That's why professionals trust Accufilm, an industry-leading solution for sharp, reliable occlusion markings. With decades of proven performance, Accufilm brings the thinnest, most precise, versatile options to simplify occlusal analysis. Whether working with polished metal, porcelain, or zirconia, Accufilm delivers clarity you can rely on.

Accufilm Standard (19 microns) – this ultra-thin film ensures patients feel no thickness while biting, preventing mandibular reflexes and allowing clinicians to detect true contact points. Its stretchable material prevents breakage, preserving every mark.

It delivers sharp markings on teeth and restorations, with no smearing or false readings. Available as single and double-sided, Accufilm works in wet and dry conditions, including ceramic and metal surfaces, in multiple colours.

Accufilm Fastcheck (8 microns) – with its built-in frame, Accufilm Fastcheck makes positioning over posterior teeth simple – no forceps needed. It delivers sharp markings, even on polished metal, ceramic, and zirconia. Fastcheck identifies small discrepancies, and the double-sided coating marks both arches at once. Thanks to its stretchable, non-snapping design, results stay consistent and distortion-free – even in wet conditions.

High precision occlusion films like Accufilm give accurate occlusal readings, increase restoration longevity and prevent implant failure and TMJ disorders.

+46 708 593 481

[parkell.eu/infoeurope@parkell.com](mailto:parkell.eu/infoeurope@parkell.com)



## Prevention of musculoskeletal complaints **Bambach**

A recent systematic review shows that 64% to 93% of dentists experience work-related musculoskeletal disorders during their careers.

This highlights the urgent need to integrate ergonomic training and preventive aids into dental education.

Working at the treatment chair often results in poor posture, with the back bent and the viewing angle restricted for hours at a time. These stressful positions lead to chronic pain, restricted movement, and reduced performance in the long term. The Bambach Saddle Seat is a proven solution for these problems. Its patented saddle shape provides optimal pelvic support and encourages a natural, upright posture, enabling the spine to maintain its healthy S-shape.

The seat enables a semi-sitting, semi-standing experience that improves hip joint mobility and blood circulation. This relieves tension, has a positive effect on breathing and digestion, and supports healthy head posture. Users report a rapid reduction in neck and back pain, increased vitality and a noticeable improvement in their ability to concentrate and the quality of their work.

Key product highlights include the patented rear seat curvature, optimal pelvic alignment, promotion of natural spinal curvature, improved blood circulation in the legs, and support for healthy muscle development in the back.

Interested dental practices can test the Bambach Saddle Seat free of charge for a week.

[www.bambach.co.uk](http://www.bambach.co.uk)



## A reliable time-saver **Coltene**

Dr Max Pura, clinical director at Green Lane Dental Centre, comments on his experience with the Brilliant Bulk Fill Flow from Coltene, maker of products he has used for more than 20 years.

'I find the composite material very easy to use. Handling is smooth and predictable, allowing for faster placement with fewer adjustments. It offers excellent malleability and maintains shape well before curing. Shade matching is natural, seamless, and polishes beautifully, achieving a high-gloss finish with minimal effort.'

'I was particularly surprised by the 4mm curing depth being achievable in 20 seconds. It significantly streamlines my workflow and the depth of cure is reliable, with no signs of under-curing or post-operative sensitivity. This feature is a real time-saver in busy clinical settings, especially in posterior restorations and children.'

'The customer service from Coltene is brilliant – always available to help, very knowledgeable and consistently updating me on new products.'

The Coltene Brilliant Bulk Fill Flow offers speed, reliability, and versatility with three translucency levels. Its high abrasion resistant properties promote beautiful restorations in one step, removing the need for excessive layers.

[colteneuk.com/BRILLIANT-bulk-fill-flow](http://colteneuk.com/BRILLIANT-bulk-fill-flow)

[info.uk@coltene.com](mailto:info.uk@coltene.com)

0800 254 5115



**COLTENE**

## Complete control of canal shaping **Coltene**

Endodontic treatment requires confidence in every sector, including in the tools being utilised. The Canalpro X-Move from Coltene offers assurance through its easy-to-use cordless endodontic motor designed for safe and controlled canal preparation.

The compact and ergonomic design of the Canalpro X-Move allows extended flexibility for wider visibility during procedures with its 360° contra angle rotation. The intuitive interface simplifies handling through its simple navigation settings, with adjustable speed from 100-2500rpm, torque ranges of 0.4-5.0Ncm, and even auto-reverse functions. These adaptable features, combined with the cordless design, give clinicians uncompromised control.

While the product is compatible with other file systems, preparation time is minimised due to the device's pre-programmed settings for Coltene's own Hyflex EDM files, ensuring that the flexibility of clinical preferences is prioritised.

The product offers meticulously designed reduced noise levels, and with the product's lightweight, wireless, flexible design, comfort is augmented for both patients and clinicians without any compromise on performance and treatments.

For controlled and efficient endodontic preparation, contact Coltene today to explore the Canalpro X-Move.

[colteneuk.com/CanalPro\\_X-Move](http://colteneuk.com/CanalPro_X-Move)

[info.uk@coltene.com](mailto:info.uk@coltene.com)

0800 254 5115



**COLTENE**

*Glenn Mason*  
Specialist Dental Upholstery

## The Premium dental chair refurbishment company



QUALITY  
CRAFTSMANSHIP  
WITH JOB PRIDE

Services include  
weekend, 24hr and on  
site to suit your needs.

**Mob:** 07774 641017  
**Tel/Fax:** 01403 754774  
glenn@glennmason.co.uk  
www.glennmason.co.uk

## Share your studies **ADI**

Have you got a case study that you are particularly proud of? Or a research project that has revealed something surprising? The ADI Members' National Forum is the perfect place to share such findings.

The biennial event returns on Saturday 22 November and will be held at the Royal College of Physicians, London. Gathering ADI members from all over the country, it provides an unmissable platform to share expertise with fellow dental professionals, as members deliver 20-minute presentations on the topics that are shaping the implant field.

Alongside the rich spread of educational talks, members can also expect a trade exhibition of the latest products and technologies in the implant market, the Annual General Meeting in which the next president will be announced, complimentary refreshments, and a drinks reception for some relaxed networking opportunities.

[www.adi.org.uk](http://www.adi.org.uk)



**ADI** ASSOCIATION  
OF DENTAL  
IMPLANTOLOGY

## New possibilities **Carestream Dental**

The all-new CS 8200 3D Advance Edition from Carestream Dental has arrived, and delivers even more possibilities for exceptional CBCT scanning in your practice today.

Extended fields of view now reach up to 16x10 cm, capable of scanning the full jaw, including the TMJ and the airway. New opportunities are afforded to clinicians who can scan the full mandible and maxilla, or bilateral TMJ. To minimise exposure for patients, a localised exam can also be performed, as small as a specialised 4x4cm field of view.

Clinicians can also take the next steps in their workflow with automated AI-powered implant planning. The software simplifies and accelerates each step, by automating case set up, data matching with digital impressions, and even automated virtual crown design and implant placement based on all available anatomical information.

The CS 8200 3D Advance edition changes the way dentists work, opening up new possibilities for everyday and advanced treatments.

[www.carestreamdental.co.uk](http://www.carestreamdental.co.uk)

**Carestream**  
DENTAL



## MDR certification for Ceramir Crown & Bridge **Directa Dental**

Ceramir Crown & Bridge is once again available – now MDR certified. This innovative dental cement is a natural and biocompatible bioceramic cement intended for conventional permanent cementation. It is radiopaque, 100% resin free and tissue-friendly with excellent handling properties. The material integrates with the tooth structure and creates a permanent seal which minimises the risk of secondary decay.

Reasons to use Ceramir Crown & Bridge:

- Natural and biocompatible – composition close to natural tooth structure
- Permanent and stable – integrates with dentin, minimizing the risk of secondary decay
- User-friendly – generous working time, easy excess removal, reliable in moist conditions
- Cost-efficient – no additional pretreatment steps or materials required
- Clinically proven – a five-year study confirms excellent biocompatibility, with over 25,000 patients showing no cement-related post-op sensitivity.

The innovative Ceramir Crown & Bridge combines science, safety, and simplicity – giving both clinicians and patients a long-lasting and dependable solution.

[www.directadental.com](http://www.directadental.com)

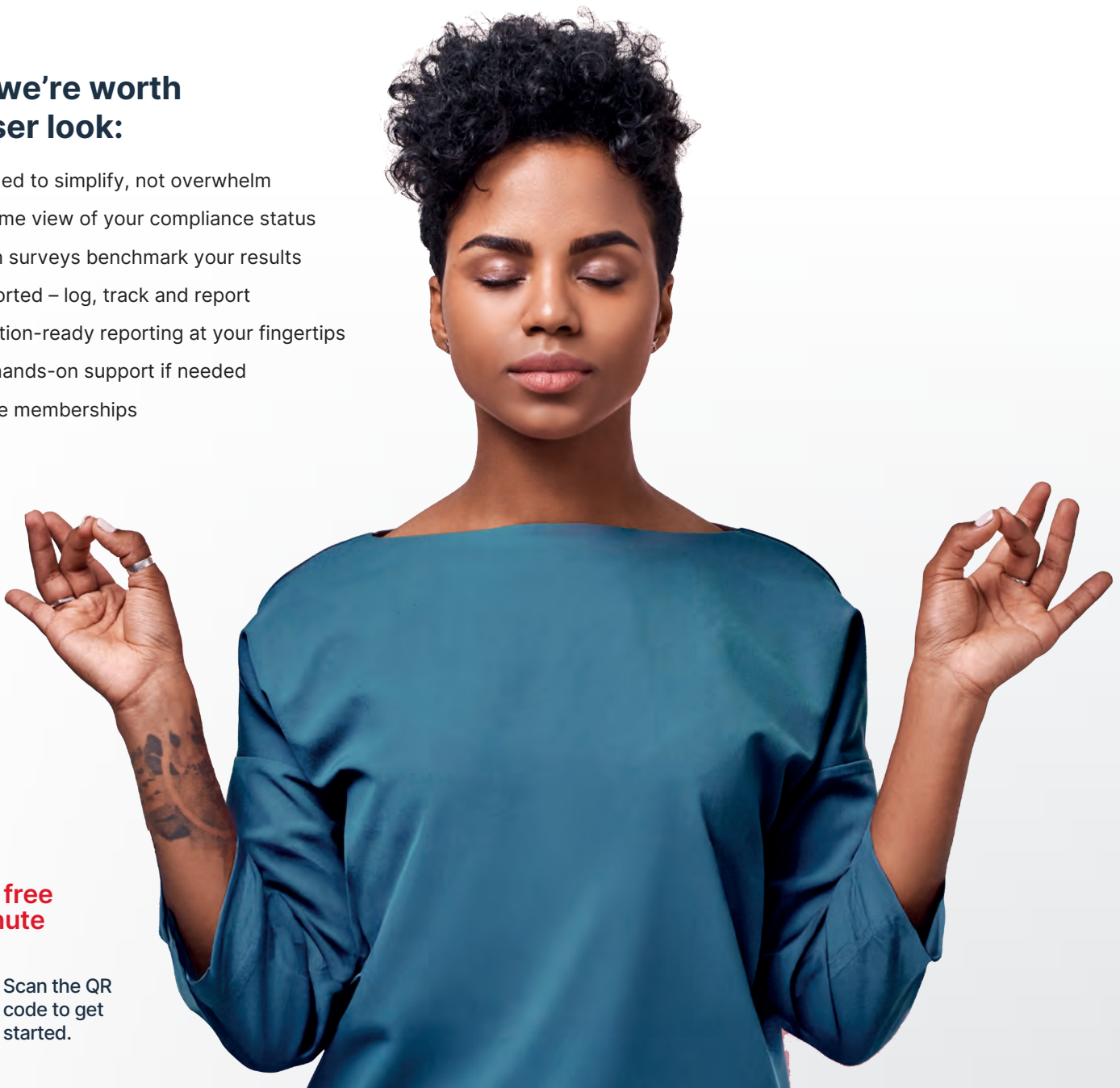




# Compliance pressure is real. Support should be too.

## Why we're worth a closer look:

- Designed to simplify, not overwhelm
- Real-time view of your compliance status
- Built-in surveys benchmark your results
- CPD sorted – log, track and report
- Inspection-ready reporting at your fingertips
- More hands-on support if needed
- Flexible memberships



**Book a free  
30-minute  
demo**



Scan the QR  
code to get  
started.

**For more information**

Call 01923 964 778 or visit [dentistry.co.uk/compliance](https://dentistry.co.uk/compliance)

T&Cs apply. For full details please visit [dentistry.co.uk/dentistry-cpd-terms-conditions/](https://dentistry.co.uk/dentistry-cpd-terms-conditions/)

# Re-Evaluate Rinse

It's Time For An Evidence-Based Recommendation

Clinically-Proven  
Essential Oils  
Help Eliminate Bacteria<sup>1</sup>



Systematic reviews, meta-analyses, the **European Federation of Periodontology S3 level clinical practice guidelines**, and a recent consensus report from global experts, convened by **Spanish Society of Periodontology and Osseointegration (SEPA)\***, support the adjunctive use of antiseptic mouth rinses.<sup>1-3</sup>



# LISTERINE®



\*Sponsored by LISTERINE®

1. Bosma, M.L., McGuire, J.A., DelSasso, A. et al. Efficacy of flossing and mouth rinsing regimens on plaque and gingivitis: a randomized clinical trial. BMC Oral Health 24, 178 (2024). <https://doi.org/10.1186/s12903-024-03924-4>  
2. Figuero, E., S. Roldan, J. Serrano, M. Escribano, C. Martin and P. Preshaw (2020). "Efficacy of adjunctive therapy in patients with gingival inflammation. A systematic review and meta-analysis." J Clin Periodontol  
3. EFP: Guidelines for effective prevention of periodontal diseases (2014).  
Available at: <https://www.efp.org/news-events/perio-workshop/past-workshops/perio-workshop-2014/>