

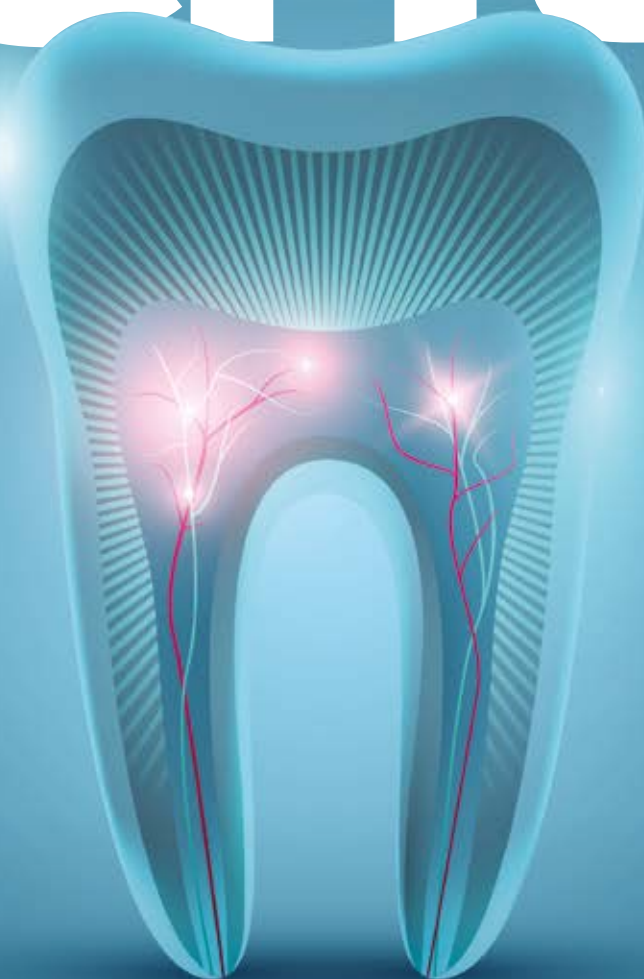
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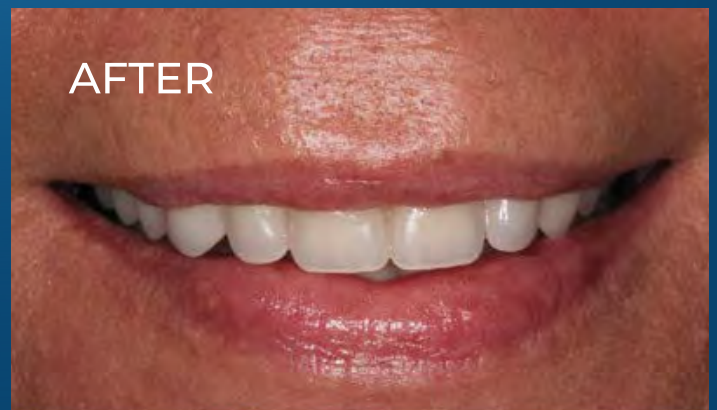
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A positive step

Anticipating a more flexible and transparent system that reflects the evolving nature of dental practice

In July, the General Dental Council (GDC) launched a 10-week public consultation focused on proposed changes to the Specialist List Assessed Application (SLAA) routes, which govern how registered dentists can join the GDC's specialist lists. These amendments aim to streamline the application process while maintaining rigorous standards for patient safety.

The consultation closed last month, and now we await its outcome. Key proposals include introducing an additional route for UK-trained specialists in oral surgery and orthodontics, merging the remaining 11 specialty routes, and aligning with international recognition regulations. The GDC was seeking stakeholder feedback to ensure clarity and fairness in the specialist registration process.

Oral surgery and orthodontics

A significant aspect of the proposed changes involves the introduction of a new route for specialists in oral surgery and orthodontics with UK-gained qualifications, if they are ineligible for the Certificate of Completion of Specialist Training (CCST). This addresses a major gap, as currently, UK-trained applicants without a National Training Number (NTN) lack a straightforward pathway to specialist listing.

This additional route could open doors for UK-trained professionals who have completed equivalent training but don't meet the strict criteria for a CCST. These changes are designed to make the system more transparent and inclusive, aligning with the broader goals of improving access to specialist lists for eligible dentists without compromising patient safety.

The remaining 11 specialties

For the remaining specialties, the current SLAA routes will be merged into a single, streamlined application process. This would allow applicants to demonstrate their equivalent skills and experience, reducing administrative complexity and improving efficiency. This change aims to reduce confusion and make the application process clearer and more consistent for specialists across different fields.

By consolidating the various routes, the GDC hopes to make it easier for dentists who have acquired equivalent qualifications and experience – whether through non-

traditional routes or international training programmes – to gain entry to the UK's specialist lists.

International recognition

Changes related to the Recognition of Professional Qualifications and Implementation of International Recognition Agreements (Amendment) Regulations 2023 are also being incorporated. This will establish a new route for dentists trained internationally, ensuring compliance with updated legal requirements. This change reflects the GDC's commitment to maintaining high standards while ensuring that suitably qualified professionals from outside the UK can enter the specialist workforce.

The GDC acknowledges the potential for future changes in UK legislation concerning the alignment with European Union requirements. If the UK Government decides to remove this alignment, the GDC plans to extend the proposed unified regime for the 11 domestic specialties to oral surgery and orthodontics. This would create a consistent process across all dental specialties, simplifying the regulatory landscape further.

It has already made strides in improving the SLAA process, having successfully reduced application backlogs by bringing the assessment of complex applications in-house. However, regulations, initially established in 2008 under European legislation, have presented ongoing challenges. The proposed reforms are designed to address these issues by making the process more transparent, equitable, and efficient. The GDC's consultation reflects its desire for a collaborative and transparent regulatory environment. By seeking feedback from stakeholders, the GDC aims to ensure that the new system is fair, clear, and adaptable to the needs of modern dental professionals.

The proposed changes could significantly improve access to specialist registration for UK-trained dentists, particularly in oral surgery and orthodontics. This may lead to a more diverse and inclusive specialist workforce, as well as reducing the administrative burden for applicants. The alignment with international recognition standards will likely improve the UK's ability to attract qualified dental professionals from abroad, bolstering the workforce and improving patient access to specialist care.

Its consultation has provided an opportunity for interested parties to voice their opinions on the reforms. If implemented, these changes will – it is hope – enhance the fairness and efficiency of the specialist registration process, ensuring that patient safety remains a priority while addressing existing barriers for qualified professionals. The reforms represent a positive step toward a more flexible and transparent system that reflects the evolving nature of dental practice in the UK.



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Brush all you like

... but if our diet is bad and you graze, you'll have problems; that's the message we need to get across

Peter Mossey's article in the last edition of *Scottish Dental* was interesting. Oral health, inflammatory disease, the Scottish Government's new Determination 1 and the skills mix and its opportunities in dentistry; heady stuff. All the things that prompt a grumpy old dentist like me to get on my high horse about and ride off

into the distance. So here goes and yee-ha!

Throughout my professional career, prevention, prevention, prevention has been the mantra. Meanwhile, as I wade in the trenches of Scottish decay, I wonder where has my life gone wrong? Daily, I bleat about brushing and diet. As Professor Mossey indicated, the changes to recall times save my patients (to an extent) from those dental ramblings and despite our inevitable bonhomie, the message is delivered with equal measures of mirth and reverence like a smiley, evangelist trying to swell the numbers of parishioners and keep all on the straight and narrow path.

Seriously, the change in recall times does, in my view, fail to recognise the intangible value of regular intervention and repeated reinforcement. Dentistry is the only branch of healthcare which allows for a universally regular intervention at a frequency that matters. Two years between eye examinations is good for most, statistically, but there doesn't seem to be a parallel negativity between using your eyes on a daily basis and what we shovel into our mouths. I suspect if seeing, smelling or touching was quite as dangerous to our faculties and the mechanisms of sensation as eating and drinking, we wouldn't be doing half as much of it. Hearing seems to be the other sense that can be badly affected by consumption without care.

The concept of oral health affecting our bodies and, in particular, constant inflammation and its negative effects interests me. There seems to be more and more evidence relating gum disease to cardiovascular disorders. I regularly mention the way the modern diet of grazing, high sugar content and availability is as bad for the mouth as it is for the pancreas and is reflected in society through increased appetites, obesity and diabetes. As my patient list matures both in general age and a migration from me by those who don't like my message or its delivery, type II diabetes, high blood pressure and all that goes with ageing, rears its ugly head. My message shifts to incorporate the effects of drying mouths, reduced exercise, changing diet in retired individuals and the increase in disposable income as the patients mature.

What I do believe is, the link between oral health and other health concerns is more about circumstance than direct link.

By that I mean, in my experience, the type of patients with poorer oral health are those less well educated, less likely or able to care for themselves, with poorer diets, smokers, addicts, chaotic lifestyles and generally less concern for how their day-to-day habits affect life outcomes. This correlates with those in lower socio-economic groups with poorer general health earlier in life and less money or education to help them cope or alter their behaviour. My belief is that these circumstances lead to the poorer health outcomes rather than simply a lack of brushing or bad diet. It's a chicken and egg argument which I doubt if research can sort out. Either way, I think the point stands: prevention is better than cure.

This leads me on to the skills mix and how we prevent oral disease. I believe, a quarter century on from my wide-eyed start, almost everyone knows they have to brush their teeth twice a day for a couple of minutes. That message is getting through and, I believe, is one of the biggest benefits of Childsmile. I think the importance of diet is less well understood. Lots of my patients believe if they brush twice a day, they will be immune to dental problems. We all know it's not that simple. We have all seen patients with really good oral health and caries. I'd venture, if we had a really good diet with no processed food or unnatural sugars, we could get away without brushing twice, perhaps not brushing at all. It doesn't work the other way; you can brush all day long but if your diet is bad and you graze, you'll have problems.

Fundamentally, this is the message we need to get across. And, if you believe the research about direct links to oral health, inflammation and caries, then we can truly make a difference to general health. Dentists and DCPs have a huge part to play in that. However, I believe that message has to be more general. Give our public some more credit for their understanding about their lives. Start really early and accept that older people are beyond saving (orally). Educate about diet, exercise, health effects, how hospital care and routine medication costs society billions of pounds in lost worktime, inability to work, pharmaceuticals and medical treatment. If we could make our population healthier (in particular, a country with as poor general and oral health as Scotland) then we could become a much more equal and better society.

This is not just a job for dentistry. I don't even believe it's really a job for healthcare practitioners. I think it's a job for public health educators. Informing people, intervening with their habits and creating really good ones, helping those in greatest need to eat better, exercise better and reduce the burden on their bodies, their families and society at large is not the job of a dentist. Especially when we still have so much disease to treat. We can't forget there's a job to do looking after the people that are here and need our help.

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UK Government must prioritise regulatory reform

DDU says top of the list is reform of the GDC's fitness to practise processes

THE DDU is raising the concerns of the dental profession with the UK Government and top of the list is reform of the General Dental Council's (GDC) fitness to practise processes. The MDU, the parent company of the DDU, has published a list of the priorities¹ to coincide with the Labour Party conference.

The defence organisation is calling for the Government to reform healthcare professional regulation, tackle the huge cost of clinical negligence claims and do more to protect dental professional's health and wellbeing. An earlier survey by the DDU found these were among the areas dental professionals want the government to prioritise.

John Makin, Head of the DDU, said: "The emotional strain put on dental professionals undergoing a GDC investigation is enormous and cases take too long to process. The most recent Professional Standards Authority

(PSA) report shows that it takes an average of 140 weeks or over two and a half years for the GDC to progress fitness to practice referrals from receipt to final hearing, which is way too long."

One DDU member, explained the impact of a fitness to practise investigation, saying: "Last year, I had my first – and hopefully last – fitness to practice letter from the GDC. This was a big shock as I always strive to do my utmost for my patients and put their wellbeing first and foremost.

"It was a stressful six month wait until I heard that my case was to be dropped and would not proceed. Although dentistry continues to be a hugely fulfilling and enjoyable career, it can also be a stressful, difficult and thankless profession at times. I am so grateful for the DDU's continuing professional support."

John Makin commented: "Although in this case the GDC investigation concluded

in six months, it still caused significant stress for our member – and many have to wait far longer for their case to conclude. It's not surprising then that members tell us that undergoing a GDC investigation is one of the most difficult experiences of their professional lives.

"The stress of being under scrutiny during a lengthy and potentially career-ending fitness to practice process can have a devastating impact. Fitness to practice procedures, are too rigid, take too long and are governed by outdated legislation. The Government must prioritise reform of the healthcare professional regulators. Dental professionals have waited a long time for this, which is unfair."

¹ www.themdu.com/press-centre/our-impact/our-impact-archive/an-agenda-for-change-the-mdus-parliamentary-priorities

Altered blood markers found in people with periodontitis

PEOPLE with periodontitis have altered concentrations of various proteins in their blood, according to a new study. The finding paves the way for research into biomarkers for periodontitis and the underlying causes of the disease.

"By identifying the blood biomarkers that may be crucial for the development of severe periodontitis, we can proceed to research drugs that specifically aim to slow down the disease progression," said Pernilla Lundberg, periodontist and professor at the Department of Odontology at Umeå University, who led the study.

It demonstrated that people with periodontitis exhibit a unique inflammatory protein profile in their blood. Severe periodontitis is

associated with significantly reduced levels of a protein called EGF (epidermal growth factor), which is crucial for wound healing.

Previous research has shown that there is a strong hereditary component to periodontitis, but the specific genes involved are still unknown. The researchers are now analysing DNA from all participants in the study to identify genetic changes that may be linked to the development of severe periodontitis.

By combining genetic and biological markers for periodontitis, it may become possible in the future to identify individuals at high risk of developing the disease.



Dentists warned over UK Budget plans

The forthcoming Budget has the potential to reshape the financial landscape for those looking to sell, acquire or pass on their practices

DENTAL practice owners, and those considering an acquisition, have been warned that the forthcoming UK Government Budget could contain measures which would significantly impact the financial landscape.

Anna Coff, technical manager at EQ Accountants said: “Among the most pressing concerns is the possibility of significant changes to Capital Gains Tax (CGT), a shift that could dramatically alter the financial landscape for those looking to exit or expand within the sector. For dental practice owners, particularly those nearing retirement or planning to transfer ownership, the timing of any sale has never been more crucial.”

Currently, business owners benefit from favourable CGT treatment, especially through Business Asset Disposal Relief (BADR), which allows gains up to £1 million to be taxed at a reduced rate of 10 per cent. However, speculation is rife that this relief could be curtailed or even eliminated in the upcoming Budget, with CGT rates potentially aligning with higher income tax brackets.

“This uncertainty places immense pressure on those who are in the process of selling their practices,” said Anna.

Writing in this edition of *Scottish Dental* magazine, she said: “Finalising a sale before the Budget announcement could mean the difference between a significant tax saving and a much larger bill. While the complexities of practice sales – especially those involving third parties – can make it difficult to close deals on such short notice, early conversations and active engagement with potential buyers could help lock in the current tax advantages.”

Beyond CGT, inheritance tax (IHT) changes may also be on the table. The dental community has long benefited from Business Property Relief (BPR), which reduces the taxable value of a practice when it is passed down through inheritance. Any reduction or removal of this relief would complicate estate planning for practice owners who had hoped to pass on their business to the next generation without a significant tax burden. Early gifting strategies, combined with non-tax considerations, should be a priority as the Budget looms closer.



William Barton / Shutterstock.com

Pensions, too, could be caught in the crosshairs of the new tax strategy, said Anna. “Speculation about changes to the tax-free lump sum and the potential restriction of higher-rate tax relief on pension contributions is of particular concern for higher-earning dental professionals. Maximising pension contributions ahead of the budget may help ensure that practice owners and buyers alike can take full advantage of the current relief levels, which could be scaled back.”

She added: “All of this points to one overarching message: dental professionals cannot afford to wait. The upcoming budget has the potential to reshape the financial landscape for those looking to sell, acquire, or pass on their practices. Taking proactive steps now, with the guidance of a skilled accountant and financial adviser, will be critical in navigating these challenges.”

See page 74.

Gum disease breakthrough announced

ADA Forsyth Institute, the oral health research organisation, and Flightpath Biosciences, have announced a potentially groundbreaking discovery in the fight against severe gum disease

and related systemic conditions.

In a study published in the *Journal of Oral Microbiology*¹, ADA Forsyth scientists found that FP 100 (Hygromycin A), a first-in-class, small molecule,

narrow-spectrum antibiotic, successfully eradicates *Fusobacterium nucleatum* without harming the oral or gut microbiomes. *Fusobacterium* is a key pathogen triggering the onset of periodontitis and its progression has been linked with many serious systemic diseases.

“This type of black and white data almost never happens,” said Alpdogan Kantarci, DDS, PhD, a senior scientist at ADA Forsyth who led the study. “The results were so clear. With FP 100, we can eliminate *Fusobacterium nucleatum* from the oral cavity, reverse tissue destruction and prevent disease progression without harming the beneficial microbiome.”

“The findings provide strong evidence that FP 100 could be a game-changer in the treatment of severe gum disease,” said Matt Tindall, co-founder and chief executive officer of Flightpath Biosciences who are funding the research. “This antibiotic could work to prevent or treat advanced gum disease.”

The potential impact of this antibiotic extends beyond the mouth, potentially preventing the development of serious chronic diseases, including heart disease, colon and pancreatic cancers, Alzheimer’s disease, preterm birth, inflammatory bowel disease and rheumatoid arthritis.

¹ www.tandfonline.com/doi/full/10.1080/20002297.2024.2388900



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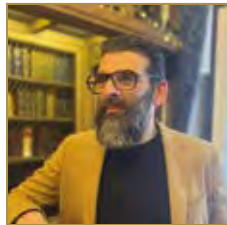
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Time for dentists to shape the future of their association

The British Dental Association has set out to equip dentists with all the information they need

AS the British Dental Association (BDA) prepares to launch its internal elections, it has set out to equip dentists with all the information they need to shape the future of their professional body.

The BDA said it welcomes everyone who wants to contribute, and for the first time has run webinars to provide first-hand experience and advice from some of its current elected representatives.

BDA democratic structures ensure policy is shaped by the voices of its diverse membership. Five seats are available for the highest level on its board, alongside all of its country council and representative committee seats.

BDA Chief Executive and Chief Returning Officer Martin Woodrow said: "Our elections are your chance to shape the future of your profession. We want to ensure any dentist thinking about stepping up to become a representative this autumn has the facts at their fingertips. Our reps are from all walks of practice and at different stages of their careers – if you think you can make a difference, there is a seat for you."

The timetable for elections

- › 27 September: Nominations open
- › 28 October: Nominations close
- › November: Ballot mailings begin
- › December: Ballot results declared
- › January-March: Successful candidates start their three-year term.

There are 232 roles up for election

- › 5 seats on the Principal Executive Committee (Northern, South West, Yorkshire and Humber, South West, and UK-wide)
- › 9 seats on the Scottish Council
- › 3 seats on the Welsh Council
- › 4 on Northern on the Irish Council
- › 59 seats on the General Dental Practice Committee
- › 22 seats on the England Community Dental Services Committee
- › 30 seats on the Central Committee for Hospital Dental Services
- › 19 seats on the Dental Academic Staff Committee
- › 9 seats on the Armed Forces Committee
- › 23 seats on the Dental Public Health Committee
- › 13 seats on the Scottish Dental Practice Committee
- › 6 seats on the Scottish Public Dental Service Committee
- › 6 seats on the Northern Ireland Salaried Dentists Committee
- › 12 seats on the Northern Ireland Dental Practice Committee
- › 6 seats on the Welsh Committee for Community Dentistry
- › 6 seats on the Welsh General Dental Practice Committee.

MedTech fund launched



THE University of Glasgow has launched a fund to encourage the translation of research in the field of medical technology. The MedTech Innovation Fund (MT-IF) will build on the institution's strengths in life sciences and engineering, supporting innovative health care solutions that can deliver a positive impact on society.

The £500,000-plus fund is open to staff and researchers at the university who can demonstrate the potential to commercialise their ideas. It will support individuals and teams behind new medical devices or digital health products, providing the innovators with the backing they need during the early stages of their development roadmap and progressing their ideas beyond the laboratory and lecture room.

The fund has been established with support from the Scottish Funding Council's University Innovation Fund, the UK Government's Shared Prosperity Fund, and through a generous private donation.

Recent spin-out successes at the University include Neuranics and Nami Surgical, which span out from the University in 2021 and 2022 respectively. Neuranics has developed magnetic sensors integrated with semiconductor technology for health, fitness, and metaverse applications, while Nami Surgical has developed a high-performance, miniaturised ultrasonic scalpel, overcoming significant barriers in robotic-assisted surgery.

Developing its spin-out pipeline is a key focus of the University's Innovation Strategy, which also sets out the ambition of the institution to increase economic impact in the Glasgow Riverside Innovation District (GRID). The district is home to a growing number of businesses operating in the fields of life science, quantum, artificial intelligence (AI), extended and virtual reality, semiconductors, creative/cultural and energy, and include an expanding portfolio of high-growth university spinouts.

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Prosthodontics and
Endodontics



Dr Jacqueline Davidson
Practice limited to
Periodontics



Dr Steve Bonsor
Practice limited
to Endodontics



Dr Mairi Jamieson
Specialist in
Oral Surgery



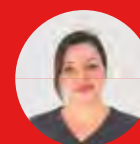
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Jennifer White
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Dr Stuart W McLaren
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Every year since 2011 Vermilion clinicians have delivered an annual programme of free verifiable CPD. This year we introduced our Curry Club CPD evenings; a chance for colleagues to unwind and catch up over some delicious food prepared by a professional chef before we go into the lecture. The upcoming events this autumn will focus on endodontics, dental materials and digital implant prosthodontics. You can find more information at vermilion.co.uk/events.



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Employers should provide staff with access to dental care

Tax breaks for employers for the provision of occupational health should be extended to dentistry

TAX breaks for employers for the provision of occupational health should be extended to dentistry, according to a British Dental Journal (BDJ) correspondent¹.

Former Harley Street dentist Gerald Feaver was responding to a BDJ editorial which said that the UK “not only cannot afford full access to NHS dental care for all adults free at the point of delivery but that it will never have the will to do so”.²

Mr Feaver said that the opinion expressed in the editorial is “one shared by many.” He wrote: “An alternative model is urgently required and options need to be carefully

considered. There now appears to be an acceptance politically of the need for a more pragmatic approach to the funding of healthcare.

“Perhaps the existing principle of tax breaks for employers for the provision of occupational health could be extended to dentistry. This called to mind my time as Head of Dental Services for Marks & Spencer when all staff were offered regular dental screening and preventive advice through a network of local dentists.

“Many other companies and organisations at the time provided access to dental



practices which both reduced significantly the time lost through dental causes and improved access to dental care which today for so many is so difficult.

“There is now an urgent need to encourage businesses and industry to offer similar schemes in the future for the benefit of their employees.”

¹ www.nature.com/articles/s41415-024-7856-z

² www.nature.com/articles/s41415-024-7618-y

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guidelines)

SHOP WHERE SERVICE AND VALUE COUNT

Child and adult contact with NHS primary dental care falls, again

THE number of children and adults from the most deprived areas in Scotland having contact with NHS primary dental care has fallen again, according to figures published by Public Health Scotland¹.

For the quarter ending 30 June, 44,958 children were seen, compared with 52,560 in the previous quarter, while 132,828 adults were seen compared with 152,680.

The fall follows a pattern in participation rates across the previous two years.

The latest information from Public Health Scotland relates to the initial transitional period of payment changes. On 1 November last year, the Scottish Government implemented a reform of NHS dental payment.

The release provides an early overview of certain metrics of activity and spend since reform introduction. Under the new arrangements, 621,767 extensive clinical examinations were paid in the quarter ending 30 June. In total, more than 1.7 million have been undertaken since the reform was introduced.

¹ publichealthscotland.scot/publications/nhs-dental-data-monitoring-report/nhs-dental-data-monitoring-report-quarter-ending-june-2024



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Dental teams could detect diabetes via new pathway

New research aims to validate routine screening during oral health check-ups

DENTAL teams may help to detect the early signs of Type-2 diabetes, as new research aims to validate routine screening during oral health check-ups.

Diabetes is one of the most common chronic conditions in Europe and is widely recognised to have a strong link with periodontitis. An estimated 1 in 3 people living with diabetes remain undiagnosed, with more than one million undiagnosed in the UK alone. Left untreated, diabetes can lead to long-term complications or can be life-threatening.

Recognising this link, researchers at the University of Birmingham have secured funding from Haleon, the global consumer health company, and the support of the National Institute for Health and Care Research (NIHR) Birmingham Biomedical Research Centre (BRC), to continue the development of a new care pathway for early case detection of Type-2 diabetes and pre-diabetes in high street dental practices.

In a study published in 2023, the group at the University of Birmingham comprising Dr Zehra Yonel and Professors Iain Chapple and Thomas Dietrich teamed up with Professor Laura Gray from the University of Leicester to develop a new score called the Diabetes risk assessment in Dentistry Score (DDS), for use by dental teams to detect pre-diabetes and diabetes in dental settings.



As part of a recent pilot study called INDICATE, funded by NIHR and Diabetes UK, the DDS was used in conjunction with a finger-prick test for diabetes, called the HbA1c test. The INDICATE trial, which engaged 13 dental practices and 805 dental patients, found that almost 15% of people walking through dental practice doors perceiving themselves to be healthy, exceeded UK pre-diabetes / diabetes thresholds ($\geq 42\text{mmol/mol}$ HbA1c).

Now, thanks to funding from Haleon and NIHR, INDICATE-2 will work with 50 dental practices across Scotland and England to screen more than 10,000 patients and develop a care pathway that could help health services detect and treat many more people with undiagnosed diabetes in the UK. Professor Iain Chapple MBE, Professor of Periodontology and Consultant in Restorative Dentistry at the University of Birmingham's Dental School and co-lead researcher for INDICATE-2, said: "This funding from Haleon is very exciting as it will enable us to validate the 2-step model on patients routinely attending dental practices across the UK, and test onward referral pathways of high-risk patients to their family doctors for diagnosis and treatment."

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Award offers hands-on course to Foundation Trainees

The CGDent and GC Award for Foundation Trainees is now open for entries

THE College of General Dentistry (CGDent) and GC Award for Foundation Trainees, which promotes clinical skills and patient care, is now open for entries to the 2024/25 competition.

Following a successful inaugural year, and an expansion of the award's eligibility criteria, dentists and dental therapists who qualified in the UK or Ireland in 2024, or who are undertaking Dental Foundation Training or Dental Vocational Training in 2024/25, are invited to enter.

Entrants must submit a restorative case they are about to start treating which involves more than one tooth and includes at least one anterior tooth as well as the use of composite to restore teeth.

The number of winning places has also been increased to 18 this year, with each winner receiving a fully funded place on



a hands-on, two-day composite layering course at the GC Education Campus in Leuven, Belgium. The prize is worth around £1,400 per place and includes the costs of international travel, hotel accommodation and subsistence.

The winners of the inaugural competition took part in the bespoke composite layering

course in July 2024. One delegate said the course "offered an excellent balance between theoretical and hands-on components of learning" and provided "support to each delegate." Another commented that they gained "time management, enriched patient communication skills and overall restorative skills".

The closing date for entry is Friday 14 February 2025, and final cases must be submitted by Friday 11 April 2025. The winners will be announced in May, and their course will take place on Thursday-Friday 10-11 July 2025.

Further information about the award, with links to guidance for entrants and the entry form, is available at cgdent.uk/cgdent-gc-award

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Mr Assem Almasri BDS. GDC No GDC No 207567

Patients can be referred with ease through our online referral system. Head to thistledentalgroup.com for information about all our practices and referral pathways.



TURNKEY SURGERY DESIGN

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

IWT Dental Services were the obvious choice, says Kay MacMillan, General Manager at Vermilion – The Smile Experts. “I have worked with Ian [Wilson] and Bruce [Deane] on two other clinic build projects for Vermilion and we have developed a good working relationship,” she said.

Their latest collaboration has been on Vermilion’s £800,000 second floor expansion at 24 St John’s Road in Edinburgh.

“We were looking to expand our current offering by doubling our clinic capacity, offering our referring practitioners more specialist services and to reduce patient wait times,” she said. “It was also an opportunity for us to bring our hygiene and admin team back under the one roof and condense the working week.”

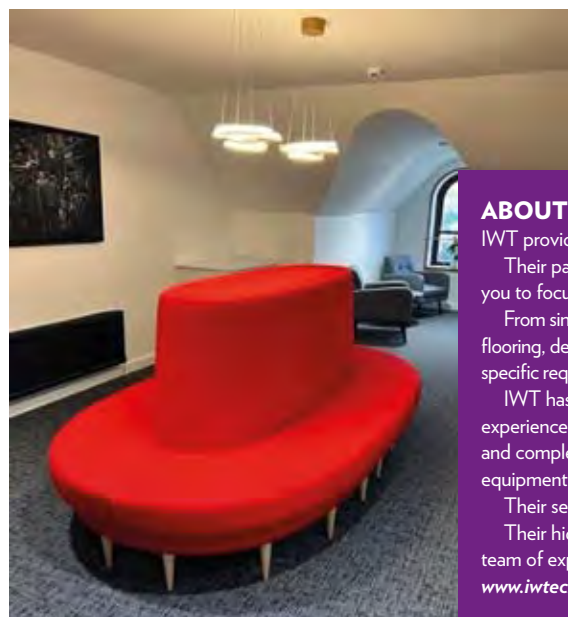
The expansion covers 3,500 square feet and comprises a swish reception and staff area, five beautifully executed surgeries, a high-end LDU and space for continuing professional development courses with capacity for live video links to the surgeries.

“IWT were involved in the early stages of planning to install all of our dental chairs, the LDU and X-ray equipment as well as the IT/AV offering,” said Kay. “They collaborated with both our architect and builder throughout the project to ensure that nothing was a surprise along the way.

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

HOW DID THE PROCESS WORK?

“They attended planning and site meetings – assisting me in the preparation of the new space, back when it was a blank canvas – working out the correct equipment for the practices needs.



< Reception area

Surgery >



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

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

WHAT QUALITIES DO IWT BRING TO A PROJECT?

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

‘Reaching new heights’, see page 70.

ABOUT IWT

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

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

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

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

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

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

www.iwtech.co.uk

Introducing Dr Lyall Dominick



Dentist with an interest in endodontics

BDS MFDS RCPSG MSc
GDC No. 243639



Lyall graduated from University of Glasgow in 2013. He then carried out his vocational training in the west end of Glasgow before moving full time into general practice, where he has worked for the last 10 years.

Lyall became a member of the Royal College of Physicians & Surgeons of Glasgow in 2018 and has recently graduated from the University of Birmingham with a master's degree in restorative dentistry. He also works part-time at Glasgow Dental Hospital providing complex endodontic treatment to patients referred from their general dental practitioners. Lyall is happy to accept referrals for non-surgical endodontic treatments. In addition, he is happy to register new adult patients for general and restorative dentistry.

Lyall is really excited to join us and takes pride in providing high-quality treatment to his patients in a relaxed and calming environment.

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MULTIDISCIPLINARY CARE

Thirty years of excellence at Edinburgh Dental Specialists



The evolution of dental care over the past three decades has brought about significant advancements in techniques, technologies, and collaboration amongst dental professionals.

A dental practice was first established on Rose Street in 1994, then called the West End Private Dental Practice, and over the last 30 years this single-handed practice has evolved into a leading centre for specialist referral-based dentistry. Now recognised across the UK, Edinburgh Dental Specialists has a long history and commitment to fostering multidisciplinary approaches offering invaluable services to dentists working in general practice and their patients alike.

Over the years, Edinburgh Dental Specialists has built a reputation for excellence in specialist dental care across various disciplines, including oral surgery, restorative dentistry, orthodontics, periodontics, prosthodontics, endodontics, and more recently oral medicine. This multidisciplinary focus not only enhances patient outcomes but also strengthens the collaborative relationship between colleagues in primary care and specialists.

One of the primary advantages of a multidisciplinary approach is the comprehensive nature of care it affords patients. Dentists working in primary care serve as the first line of defence in dental health, evaluating and managing a broad array of dental issues, and increasingly are able to manage a wide range of cases that previously would have been considered the domain of specialists. However, when complexities or complications arise the expertise and experience of dental specialists

may become an asset. Edinburgh Dental Specialists provides colleagues with a transparent referral pathway, ensuring that they and their patients have the option of shared care where appropriate.

Close collaboration essential to allow successful patient management. Regular case discussions, joint treatment planning sessions, and the integration of specialists into the practice setting foster a culture of teamwork that ultimately benefits patients. Our colleagues in primary care can confidently refer their patients, knowing they will be treated with the utmost care and professionalism, and that their concerns and treatment philosophies will be respected throughout the process.

Moreover, Edinburgh Dental Specialists emphasises the importance of communication and education in facilitating referrals. The practice actively engages with the dental community by offering continuing education opportunities. These programmes not only enhance the knowledge and skills of general practitioners but also provide them with insights into the specialised fields of dentistry. By understanding the capabilities of various specialties, they can make well-informed referrals that optimise patient care.

In addition to fostering education and collaboration, Edinburgh Dental Specialists is equipped with state-of-the-art digital and imaging technology in facilities that can accommodate a wide array of complex dental procedures, whilst also maintaining a relaxed and comfortable atmosphere for your patients. As Edinburgh Dental Specialists celebrates 30 years of service,



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it continues to set a standard for multidisciplinary care that brings together the best of multiple specialties. By nurturing strong partnerships with our dental colleagues and prioritising a patient-centred approach, the practice not only elevates the standard of dental care in Scotland but also serves as a model for collaborative practice in the larger dental community.

In conclusion, as our colleagues in primary care look to provide comprehensive care for their patients, a collaboration with Edinburgh Dental Specialists offers a pathway to successful treatment outcomes through a multidisciplinary approach. Referring patients to specialists ensures they receive thorough, expert care, ultimately leading to healthier smiles and more satisfied patients. It's a partnership that enhances the dental landscape and enriches patient experiences, one referral at a time.

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WORLD GLASS

Reflecting on the IFEA World Endodontic Congress in Glasgow

T

he IFEA World Endodontic Congress (WEC) 2024 was hosted in Glasgow by the British Endodontic Society (BES). It attracted delegates from 70 countries around the world, all eager to update their endodontic knowledge and engage with their peers, esteemed speakers and brand representatives. The WEC kicked-off with a welcome reception at the Glasgow Science Centre, where the interactive education exhibit, 'At the

WORDS WILL PEAKIN

root of it', was unveiled for attendees to explore. The exhibit leaves a legacy for the near one-third of a million annual visitors to the venue to learn from for years to come. It will teach them about the anatomy of teeth and the fundamental role of oral biofilms in oral disease and the treatment of endodontic disease.

Professor William McLean, President of the British Endodontic Society, said: "The new exhibit will allow visitors to explore the science behind root canal disease and its impact on oral and systemic health. As a part of the interactive

experience, visitors will also delve into how dental professionals support oral health maintenance, or a return to health if disease occurs. The exhibit will look at fundamental biology, innovations in materials and clinical practice, and how scientists, dental care professionals and dentists are constantly innovating to enhance the delivery of care and patient outcomes."

The following morning began with the opening ceremony, featuring a performance from the Red Hot Chili Pipers, which had everyone on their feet, with toe tapping for some, all

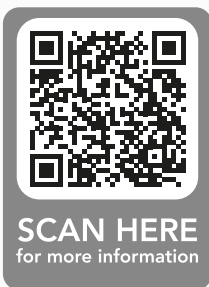


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the way through to a full highland fling for others; this absolutely set the tone for the rest of the congress.

Educational opportunities

Invited speakers filled the auditoriums with audiences engaged in wide-ranging and relevant topics – with speakers across all areas of the congress using clinical cases, research, and their own experiences to illustrate their subject areas.

Speakers included Professors Paul Lambrechts (Discover the anatomic, radiologic and histological complexity of external cervical resorption), Yoshi Terauchi (Minimally invasive and predictable removal of broken files) and Mitsuhiro Tsukiboshi (Treatment planning for traumatised teeth) and Doctors Frank Setzer, Asma Khan (The use of artificial intelligence in endodontics) and Ghassan Yared

enjoyed: “There is a really good variety of exhibitors in the exhibition hall, and the lectures have been really well presented, with good topics and well-timed sessions. As a member of the BES, I would say that the main benefit is the educational events, such as this, the Early Career Group meetings, and the Regional Meetings.”

Inspiration at the exhibition

The exhibition hall drew in delegates who enjoyed discussing the latest technologies and products with a wide range of manufacturers. This was a great way for attendees to find out about the current trends in endodontic instruments and discover leading products from the people who know them best.

Dr Sairidon Futos shared his experience of the IFEA WEC, and the exhibition: “I have been providing

a Congress Dinner, encouraging attendees to have fun and socialise with friends and colleagues. Dr Wan-Chuen Liao shared her experience: “The congress has been very good. Everyone is so friendly, and it has been a great networking opportunity. I would recommend it highly as it has been a great way to attend lectures presented by prestigious speakers and update my knowledge.”

International conference

The IFEA WEC highlighted the benefits of an international conference. Speakers shared countless experiences of what it is like to practise endodontics in their respective countries, outlining the varied needs and capabilities felt by those around the world.

The IFEA WEC boasted variety, which meant that there was always something for everyone to enjoy. Delegate Dr Uzan Sacha shared his experience: “The speakers have been great! Overall, the congress has been very good.” Dr Peter Sidhom commented: “I have found the lectures to be very informative, and the speakers to be very good. In particular, my favourite session so far was presented by Professor Paul Lambrechts.”

The BES prides itself on being a society that is open to everyone with an interest in endodontics. As such, its educational events are tailored to a wide range of interests and experience levels. By becoming a member of the BES, clinicians enjoy reduced rates at educational events, making it even more accessible to expand their knowledge of endodontics, and enhance results for their patients.

For more information about the BES, or to join, please visit the website www.britishendodonticsociety.org. uk or call 07762945847



Professor Mitsuhiro Tsukiboshi

(Canal preparation utilising only one reciprocating instrument in the context of the different steps and phases of a root canal treatment).

In addition, the dedicated Early Career Symposium enabled those early in their careers to learn amongst their peers in a supportive environment. As part of this dedicated track, speakers discussed their own experiences of their early careers, and the journeys which led them to the vibrant careers they have now. Likewise, the Endodontic Teachers Group meeting offered opportunities for endodontic educators to explore the latest innovations in teaching, including haptics and augmented reality.

Dr Joanna Batt shared her experience of the educational opportunities at IFEA WEC, and the BES events that she has previously

endodontic treatment for the last 30 years and decided to become a member of the BES just over a year ago – this was a great idea! The lectures have been really good; I particularly enjoyed the ground-breaking session presented by Professor Yoshi Terauchi. Generally, there has been a very high level of lectures and speakers, and there have been lots of different brands and new products to explore and interact with in the exhibition hall.”

Making connections

Networking was a key feature of the IFEA WEC, with clinicians from around the world coming together to share ideas and experiences, as well as build friendships and professional relationships. The social programme included a welcome reception, a traditional Scottish ceilidh, and





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THE ORTHODONTIC CLINIC, ABERDEEN, CELEBRATES 10TH ANNIVERSARY

Party in October will bring together the team, family, friends and key people who have supported them throughout the years



The Orthodontic Clinic in Aberdeen is celebrating its 10th anniversary this year. To commemorate this special occasion, the clinic is hosting a party in October which will bring together their team, family, friends, and key people who have supported them throughout the years.

The clinic's founders, Lisa and Ivin, are especially excited to honour those who played pivotal roles in the clinic's early days, from buying the business to transforming it into a thriving practice. Aberdeen

Inspired BID (Business Improvement District) will present a plaque to the clinic at the party, recognising a decade of excellence and service in the community.

The Orthodontic Clinic, originally established in 2006 under different management, went through some struggles in 2013 and the previous owners wanted to sell the business. Lisa and Ivin saw its great potential and in 2014, they took over the clinic and began the task of turning things around. Buying over the clinic was a very challenging time due to the inheritance of some difficult problems. They had to restore the clinic's reputation, raise standards and build back the trust in the community and with their dental colleagues. They knew that they could grow the business into something great and promised their team that no one would lose their job or experience salary reductions. They would work hard to keep the business

Patient care has always been Lisa and Ivin's number one goal

running and ensure its long-term survival. Their faith in their vision and commitment to their staff were key to the clinic's remarkable transformation. Today, The Orthodontic Clinic is a multi-award-winning practice, having earned recognition in every year from 2016 to date, except for 2020 due to the COVID-19 pandemic.

A vision for excellence

Patient care has always been Lisa and Ivin's number one goal.

Their vision was to build a clinic where patients felt comfortable and cared for and where staff members felt like they were part of an extended family. The Orthodontic Clinic prioritises patient care while also providing a positive and supportive work environment for their team. The clinic's focus on providing exceptional care in a relaxing



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"We are delighted to wish the team at The Orthodontic Clinic all the very best on their 10th Anniversary, and good luck for the future"



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and welcoming environment has been key to its success. Beyond clinical excellence, Lisa and Ivin also wanted to give back to the community by working with local businesses and supporting charitable initiatives. Their commitment to these values has helped shape The Orthodontic Clinic into the respected and admired practice it is today. Looking back over the past 10 years, The Orthodontic Clinic has had many proud moments. One of the earliest highlights was winning the Most Improved Practice award at the Dentistry Scotland Awards in 2016. This recognition was a testament to the hard work and dedication Lisa, Ivin, and their team had put into transforming the clinic.

The following year, in 2017, the clinic won the Best Team Award at the Scottish Dental Awards, further solidifying their reputation as a close-knit, high-performing team. This award was particularly meaningful, as it recognised the strong bond that Lisa and Ivin had worked hard to cultivate among their staff. In 2018, the clinic received another major accolade when Lisa and Ivin were named Employer of the Year at the Elevator Awards. This business-level recognition was an affirmation of their leadership style and the supportive, family-oriented culture they had built within the clinic.

One of the most significant milestones in the clinic's history

was the refurbishment of its new premises in 2017-2018. Lisa and Ivin personally project-managed the transformation of a four-storey building into a state-of-the-art, six-chair clinic with modern facilities and a stunning interior design. The successful completion of this project was a source of immense pride for the entire team, and the clinic passed its first practice inspection in 2018 with flying colours.

A growing team and continued success

Since taking over The Orthodontic Clinic, Lisa and Ivin have grown the team from 12 to 23 members. The staff now includes two specialist orthodontists, a dentist with special interest in orthodontics, four orthodontic therapists, 11 nurses, two receptionists, an accounts supervisor, a clinic supervisor, and a lab technician. Lisa and Ivin have prioritised staff development, ensuring that all nurses are trained in additional skills such as X-ray and impression-taking to provide more comprehensive patient care. Key to the clinic's success has been support from partner companies such as Orthocare (www.orthocare.co.uk) and NCS (www.ncs-ltd.com). "Orthocare and NCS both provide such great services," said Lisa.

Looking to the future

As The Orthodontic Clinic celebrates its 10th anniversary, Lisa

Four-storey building was transformed into a state-of-the-art, six-chair clinic

and Ivin are not content to rest on their laurels. Looking ahead, they have ambitious plans for the future. Their primary focus remains on providing the highest quality patient care and continuously enhancing the patient experience. The team, which Lisa and Ivin describe as one of their greatest assets, will continue to be a central focus of their efforts. They believe in supporting and encouraging their staff to further develop their skills, which not only helps the clinic deliver the best possible care but also allows individual team members to grow and shine in their roles. This commitment to staff development ensures that The Orthodontic Clinic remains at the forefront of orthodontic care while also fostering a culture of learning and collaboration. Their vision remains the same: to provide outstanding care in a welcoming and supportive environment while giving back to the local community.

The 10th anniversary of is not only a celebration of a successful business but also a testament to the hard work, dedication, and vision of its founders, Lisa and Ivin. From buying over the clinic and transforming it into a multi-award-winning practice, their journey has been one of passion and perseverance. As they celebrate this milestone with their team, family, and community, they look forward to the next chapter in the clinic's story, confident that the best is yet to come.

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REALISTIC DENTISTRY: THE PRINCIPLES IN PRACTICE SERIES

The Realistic Dentistry Group introduces Principles in Practice, a series of articles covering the principles of Realistic Medicine and how they can benefit patients and your practice

On 21 November 2024, the dental sector will come together in Glasgow for the Annual Dental Conference at the Royal College of Physicians and Surgeons of Glasgow where the spotlight will be on Realistic Dentistry. Practising Realistic Dentistry, based upon the principles of Realistic Medicine¹, aims to place patients at the centre of their care and do so sustainably and equitably. It is about delivering outcomes that matter most to people whilst allowing dental professionals to provide high-quality care which is valued, professionally fulfilling and sustainable.

To coincide with this event, and by way of introduction to the guiding principles for those wishing to know more, we are publishing a series of articles covering the six

principles of Realistic Medicine. Each article will provide scenarios highlighting how a Realistic approach can be adopted, and the positive outcomes it can deliver for patients.

What are the principles of Realistic Dentistry?

A personalised approach to care

Personalising your patients' oral health care helps us to build the kind of trust with patients that is key to positive experiences and better outcomes. Evidence suggests that people who feel they've been listened to in medical consultations are more likely to adhere to treatment and less likely to regret their treatment choices².

Shared decision making

Sharing decisions with patients on their care empowers them, grants them ownership for their oral health, and can reduce waste by avoiding the provision of unwanted interventions. It requires a shift away

from "Dentist knows best" to meaningful discussions about treatment options, their benefits, risks, and the alternatives.

Reduce harm and waste

Overuse of investigations and treatments can risk harm to patients and can lead to unwanted outcomes. By seeking out ways in which we can reduce waste, such as being vigilant with prescribing, or following best practice guidance on the management of periodontal disease or recall intervals, we can provide dental care that people value.

Managing risk better

Open conversations with patients about the risks and benefits of care options are integral to best practice. Inadequate consent was the most common recurring issue in complaints investigated by the Scottish Public Services Ombudsman³. More transparency and more meaningful conversations may lead to less litigation, not more⁴.

Reduce unwarranted variation

Unwarranted variation is variation in care unexplainable by need, or by explicit patient or population preferences. Stopping overuse and overtreatment can free up resources currently used and not providing a benefit to patients.

To become improvers and innovators

Being an improver and an innovator is about feeling confident in blending the use of the best available evidence and guidance, your sound clinical judgement, and utilising the rapport you have built to listen to what matters most to them.

We asked Dr Mark Bradley, General Dental Practitioner (GDP) in NHS Ayrshire and Arran, what Realistic Dentistry means to him: "Realistic Dentistry attempts to provide a framework to improve both the patient and the workforce experience within NHS dentistry. As GDPs, we are adept at providing high quality care to a large number of patients. But this can come at the expense of the patient experience; where long waiting times, short appointments or a lack of referral pathways can result in frustration for everyone involved. As we look to new models of care for general practice, leaders and stakeholders have a framework to guide policies which create meaningful change, to benefit, not only the patients we treat within the NHS, but also to provide GDPs and dental care professionals with a more sustainable and fulfilling role in supporting and maintaining the oral health of their patients."

Lookout for the next article in this series which will explore the shared decision-making pillar.

References

¹realisticmedicine.scot

²realisticmedicine.scot/about/personalised-approach-to-care

³www.spsos.org.uk/sites/spso/files/csa/InformedConsent_SPSOMarch2017.pdf

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WHY YOU NEED TO STAY ALERT TO CYBER RISK

Helen Barge, managing director of Risk Evolves, which specialises in risk, organisational governance, compliance and training, highlights the ever-changing cyber threats faced by dental practices and the best ways to tackle them



Cybersecurity is now, and will remain, a critical part of the healthcare industry. Many recent examples, including a substantial data breach at NHS Dumfries & Galloway¹ in May 2024, have shown how the sector is a prime target for cyber criminals. There's no doubt that the rapid and widespread adoption of digital technologies for clinical, diagnostic, and business activities is transforming healthcare delivery. However, it's also creating new cyberthreats. The dramatic pace of change, with the increased presence of artificial intelligence (AI) and connected medical devices, means the challenges are always evolving. Every new technology has the potential to present a new risk, and the array of hardware, software, and cloud services provide a fertile environment for hackers.

Data has value to the criminal. Regardless of the size of your practice, you will have information that they would like. Patient payment information, employee payroll details, names, addresses, telephone numbers, medical details – your organisation is a digital goldmine.

Since dental practices handle large amounts of sensitive personal information, breaches can lead to serious cases of identity theft, financial loss and the undermining of patient privacy. Like other businesses, dentists are subject to regulations, such

as the UK General Data Protection Regulation (GDPR). If you fail to protect patient data there are potential regulatory, reputational and financial implications.

Regulators have recently shown they are ready to act against firms that don't take the necessary measures. In one case², the Information Commissioner's Office (ICO) issued a substantial provisional fine against a company following a ransomware attack personal details of more than 82,000 people.

Commenting on his organisation's decision, John Edwards, UK Information Commissioner, said: "This incident shows just how important it is to prioritise information security. We expect all organisations to take fundamental steps to secure their systems, such as regularly checking for vulnerabilities, implementing multi-factor authentication and keeping systems up to date with the latest security patches."

Diverse threats

Unfortunately, for everyone operating in healthcare the range of threats is diverse. Cyberattacks, such as ransomware, can cripple your operations, leading to the unavailability of critical systems like electronic records, lab results and even medical equipment.

Other common dangers include phishing attacks where cyber criminals use deceptive emails to trick employees into giving sensitive information or installing malware. And it's important not to overlook internal threats where employees or contractors with access to patient data intentionally or accidentally compromise security.

While anyone in a dental practice can be targeted,



employees who handle patient data are often the most vulnerable. This includes receptionists, dental assistants and office managers.

Looking widely, the external environment can exacerbate difficulties for individual practices. Sadly, many parts of the healthcare system they interact with continue to rely on outdated technologies, which are more vulnerable to cyber-attacks. What's more, there is a shortage of skilled cyber security professionals in the UK, which makes it challenging for healthcare providers to attract and retain the necessary expertise.

Holistic solution

Tackling the issues isn't just an IT problem; it requires a holistic solution. Among other measures, it is important to promote a culture where cybersecurity is a shared responsibility throughout your organisation.

One way to help identify and tackle potential risks is by gaining appropriate certification.

Cyber Essentials is a UK Government scheme that helps companies protect themselves against the most common threats from the internet. It covers five main technical controls including securing connections, protection against viruses and other malware, and controlling access to data and services. There are two variants of Cyber Essentials. The 'basic' programme contains 70 self-assessment questions that are independently verified. 'Cyber Essentials Plus' also includes an independent technical audit for additional peace of mind.

Achieving ISO27001 helps make sure your leadership is accountable, that your people are alert to danger and you have processes in place that shore up your security. It can help you be better protected against threats such as phishing, viruses and ransomware. Similarly, it allows you to manage new risks more effectively through the sharing of best practice and recover more quickly if you are subject to an attack.

ISO27701 helps safeguard data so you protect your reputation while meeting the requirements of the GDPR and the Data Protection Act. This ISO standard helps your team understand the value of data and take personal responsibility for keeping it safe.

Taking effective precautions means educating your staff about cyber security best practices. Among other things you should encourage them to create strong passwords, avoid clicking on links or attachments in suspicious emails, and use multi-factor authentication (MFA). Teach them safe browsing habits, the importance of keeping devices and software up to date, secure data handling and the need to promptly report any security concerns.

Mobile devices used for work should be encrypted and have antivirus and anti-malware software installed. Similarly, your people should not access patient information or work systems over public or unsecured Wi-Fi networks and be sure to use a virtual private network (VPN) when they are working remotely.

If terms such as encryption, networks and firewalls leave you cold, then it's time to call in the experts. Where once it may have been cost effective to have the Practice Manager's next door neighbour's son to look after your IT, technology and the associated risks have progressed. All organisations, regardless of size, need a reliable IT partner to manage their environment for them. If you need help and support in identifying one, then Scotland has a dedicated 'not for profit' team www.cyberfraudcentre.com

Patient data

It almost goes without saying that one of the most critical aspects of cyber security in healthcare is protecting



IN MANAGING YOUR RISK IT'S WISE TO MONITOR AND LOG INCIDENTS AND NEAR-MISSES TO HELP IDENTIFY PATTERNS OR EXPOSE WIDER CONCERNS"

patient data. This involves securing digital files, paper records and other sensitive information through stringent storage and access protocols.

Every dental practice should have a secure document management system that has features such as multi-factor authentication, access controls, encryption, version control and audit trails. As well as encrypting patient data you should limit access to authorised personnel only. At the same time, it is important to perform regular backups and have recovery processes in place in case your practice is subject to an attack.

In managing your risk it's wise to monitor and log incidents and near-misses to help identify patterns or expose wider concerns. If there is a breach it should be properly investigated to avoid it happening again. Make sure you have a plan in place to deal with any breach. This should include clear action to keep your practice running smoothly, manage patients and provide external and internal communications.

The dental sector, and healthcare generally, will always be a target for cyber-attacks. However, if you take the right measures, you will reduce your risk of making unfortunate headlines. Safeguarding patient privacy and data security is a fundamental ethical obligation for every healthcare provider. By implementing best practice and staying vigilant you will maintain essential patient trust and protect your business.

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WHO'S WHO

Welcome to the 2024-2025 Who's Who compiled by Scottish Dental magazine. The list in this edition is representative, rather than comprehensive, so please refer to www.sdmag.co.uk/scottish-dental-whos-who for the full and regularly updated list



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Fadi Al-Silwadi

After qualifying in dentistry, Fadi specialised in Orthodontics at the Eastman Dental Institute. He was

awarded a master's in Clinical Dentistry with Merit by University College London in 2014. Fadi maintains memberships in General Dentistry and Orthodontics at the Royal College of Surgeons in Edinburgh and England. With more than 10 years of orthodontic experience working with a very large number of patients, Fadi is highly skilled at treating adults and children with varying needs. As a member of the International Team of Implantologists (ITI), he has been trained in Dental Implantology and its application in Orthodontics.



Professor Aileen Bell

Aileen Bell is head of Glasgow Dental School. She graduated from Glasgow University as the

Most Distinguished Graduate for 1998 with a BDS with Honours and was awarded the Dean Webster Prize and the Lord Provost's Prize for the most marks obtained in Dental School examinations. In 1998, she embarked on a two-year General Professional Training Programme, with one year in General Dental Practice as a Vocational Dental Practitioner and one year as a GPT House Officer in Glasgow Dental Hospital and School. She obtained an MFDS from The Royal College of Physicians and Surgeons of Glasgow and was awarded the T.C. White Medal for

outstanding performance in part C of the exam. From 2000-2002, she worked as a Senior House Officer in Glasgow Dental Hospital and School after which she took up the post of Specialist Registrar in Surgical Dentistry in Glasgow (2002-2004). She then moved to an academic speciality training post as Clinical Lecturer/Honorary specialist registrar in Academic Oral and Maxillofacial Surgery with the University of Glasgow and took up a Clinical Senior Lecturer/Honorary Consultant role in Oral Surgery in Glasgow in 2009. She was Deputy Director (2009-2013) and Director (2013-2021) of the Undergraduate Dental programme before being awarded a Chair as Professor of Oral Surgery & Dental Education in 2021 and taking up the post as Head of Dental School the same year.



Gerard Boyle

Gerard Boyle was appointed by NHS National Services Scotland (NSS) as the Senior Dental Adviser in May 2022, as the clinical

lead for the Dental Adviser team at Practitioner Services and the Dental Reference Officer team within the Scottish Dental Reference Service. He qualified from Glasgow Dental School in 1989 and has spent 30 years in general dental practice, including 20 years as a partner in a largely NHS practice in Glasgow. Gerard has 15 years' experience as a dental practice inspector with NHS Greater Glasgow and Clyde, NHS Education for Scotland and Healthcare Improvement Scotland; and was Dental Practice Adviser (DPA) for NHS Forth Valley before joining NSS. He was awarded a Fellowship by the Faculty of General Dental Practice in 2020 for his contribution to the faculty and the wider dental community.



Professor Jan Clarkson

Jan Clarkson is Director of the Scottish Dental Clinical Effectiveness Programme (SDCEP) and Professor of

Clinical Effectiveness at the University of Dundee. Her remit is to conduct high-quality research and promote the implementation of evidence in dental primary care. Professor Clarkson has attracted more than £15m to lead UK-wide trials to evaluate aspects of



routine dental care involving more than 200 dental practices and 5,000 of their patients. She is a founding member of the Cochrane Oral Health Group and is Joint Co-ordinating Editor. Furthermore, she is Associate Dental Dean for Clinical Effectiveness in NES and Founding Director of SDCEP, which she has led receiving NICE accreditation. Jan is also a Fellow of the Royal College of Physicians and Surgeons of Glasgow, the Royal College of Surgeons Edinburgh and the Faculty of General Dental Practitioners. In recognition of her achievements, in 2023 she was elected a Fellow of both the Royal Society of Edinburgh and the Academy of Medical Sciences, the first dentist to have been awarded both. In 2024 SDCEP celebrates 20 years of providing high quality, relevant and user-friendly guidance for the dental profession in Scotland and increasingly beyond.



Professor David Conway

David Conway graduated from Glasgow University BDS in 1996.

Following brief periods in general dental practice, hospital dentistry in Bristol and Edinburgh, and SHO posts in oral and maxillofacial surgery at St John's in Livingston, he attained FDS RCS (England) in 1999. He returned to Glasgow in 2000 for a clinical lectureship in dental public health combined with a specialist registrar training post based in NHS Lanarkshire and NHS Argyll & Clyde Health Boards. David completed the MPH at Glasgow in 2002 and specialist training in dental public health in 2005 (FDS DPH RCS, and FFPH). He





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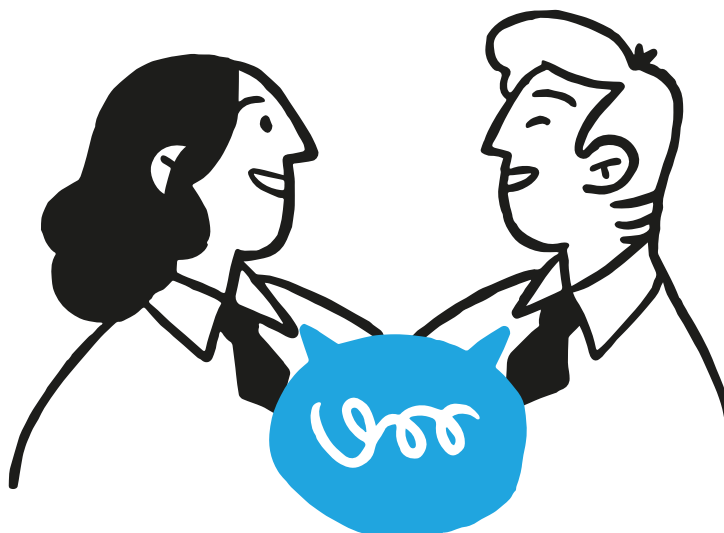
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was awarded a PhD in 2008 for research on the epidemiology of oral cancer from a socioeconomic perspective. Since 2005 he has held the position of Honorary Consultant in Dental Public Health, which has been with Public Health Scotland since its inception in April 2020 where he is currently the dental lead. David was appointed Professor of Dental Public Health in 2015 in the School of Medicine, Dentistry and Nursing, where he is the current Director of Dental Research, and he also Co-Leads the Oral & Dental Specialty Group in NHS Research Scotland. His research interests focus on health inequalities, head and neck cancer epidemiology, and child oral health including the ongoing evaluation of Childsmile – the national child oral health improvement programme for Scotland. X (Twitter) @davidiconway



Paul Cushley

Paul Cushley is National Services Scotland's (NSS) first Dental Director, appointed in 2015. This role was created within NSS

to ensure that dentistry and oral health is both considered and has a voice in the design, creation and delivery of health and social care services across the NHS in Scotland. Paul brings a range of clinical experience in dentistry to his NSS role, having had a long and varied career in the hospital service, general dental practice (as an associate, partner and principal), the prison service and latterly in the public dental service. This experience is augmented with an extensive academic portfolio with postgraduate qualifications in Forensic Medicine, Medical Law, and Education and a number of Royal College Fellowships. Paul worked as a Vocation Trainer then as a Vocational Training

Advisor for 20 years with NES. Having also been an examiner of the DGGP, MFGDP, and FFGDP for the Royal College of Surgeons of England's Faculty of General Dental Practitioners for more than 17 years and examined in a variety of locations including Hong Kong and Cairo, Paul is also one of the College of Dentistry's Fellows. During the pandemic Paul was the primary care in Scotland Personal Protective Equipment (PPE) Tzar, distributing free PPE to around 5,000 locations across Scotland. Paul's role now has him focus on sustainability across dentistry and has successfully helped recycle all the toothbrushes in the Childsmile programme since 2023.



Fiona Davidson

Graduating from the Royal London Hospital in 1986, Fiona spent two years working in oral and maxillofacial

surgery at the Royal London, St Mary's and Eastman Hospitals in London before moving into general dental practice. Fiona is the Practice Principle at SmilePlus Dental Care & Implant Centre and the official dentist of the Scottish Rugby Union, delivering general and emergency dental care to professional and academy players and providing custom-made mouthguards. Over the years, Fiona's love of sports dentistry has grown and, as well as the Scotland Rugby stars, she also looks after the dental health of international athletes, swimmers, hockey players and boxers. Alongside dentistry, she is an experienced provider of facial aesthetic treatments including anti-wrinkle and dermal filler treatments and has trained in advanced techniques.



Robert Donald

Robert Donald is Chair of the British Dental Association Scottish Council. A GDP based in Nairn, he qualified

from Edinburgh with honours in 1983, before spending 18 months in a training position at Edinburgh Dental Hospital. Robert entered general practice in 1985, gaining the diploma in general dental practice in 1992. He is a past Chairman of Independent Care Plans UK and director of Highland Dental Plan. Robert was previously a Chairman of the Scottish Dental Practice Committee, vice-Chairman of the Scottish Dental Vocational Training Committee and vice-chairman of the Scottish Association of Local Dental Committees. He recently retired as a non-executive Director of MDDUS and in 2021, he chaired the UK Council of the BDA. Robert was presented with the British Dental Association Fellowship Medal in September 2022 to honour his distinguished service to the BDA and the dental profession. In July 2023, he was admitted as a Fellow of the College of General Dentistry and has recently rejoined the board of Independent Care Plans as a director.



Professor David H Felix

David Felix is the Postgraduate Dental Dean and Director of Dentistry for NHS Education for Scotland. He graduated in dentistry in 1978 from



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the University of Glasgow and after completing a number of training grade posts within the Hospital Dental Service returned to study medicine, graduating from the University of Edinburgh in 1988. Following completion of higher specialist training in Oral Medicine he was appointed to the post of Consultant and Honorary Senior Lecturer at Glasgow Dental Hospital and School in 1992. He was appointed to the post of Associate Dean for Postgraduate Dental Education NHS Education for Scotland in 2002 and subsequently Postgraduate Dental Dean in 2011. He was awarded Fellowship of the Royal College of Physicians of Edinburgh (FRCPE) in 2011 and was one of the first to be awarded Fellowship status in the Faculty of Dental Trainers of the Royal College of Surgeons of Edinburgh in 2017. In 2022, the University of Glasgow awarded him the status of Honorary Professor in the School of Medicine, Dentistry and Nursing.



Tom Ferris

Appointed Scotland's Chief Dental Officer in October 2019, Tom qualified from Glasgow in 1982 and has worked in general practice,

hospital service, the salaried service in Scotland and in the hospital service in Malta. He has a Master's in Public Health (Glasgow) and a Master's in Business Administration (Stirling) and has been awarded an honorary Fellowship in Dental Surgery from both the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons of Edinburgh, and Fellowship of the Faculty of Public Health. Tom has also undertaken a Bachelor of Arts in classical studies with the Open University which he graduated from in 2023. He was seconded to the Scottish Government as Deputy Chief Dental Officer from his substantive posts with NHS Forth Valley and NHS Education for Scotland in 2010. In December 2018, he was appointed interim Chief Dental Officer, before the post was made permanent 10 months later.



John Gibson

John Gibson has worked as a clinical academic professionally for 35 years. His research interests were in

facial pain, hypersensitivity reactions of the head and neck, and mouth cancer. He is a trained mediator and mentor. John is currently Emeritus Professor of Oral Medicine in the University of Aberdeen, Honorary Consultant in Oral Medicine to the UK Army, and a member of the Lived Experience Panel of the Scottish Government's National Suicide Prevention Leadership Group. After the death of John's youngest child, Cameron, to suicide in 2019, John established, along with his wife Isobel, The Canmore Trust (thecanmoretrust.co.uk) to support suicide prevention and suicide postvention.



Toby Gillgrass

Toby Gillgrass is a Consultant Orthodontist at the Glasgow Dental Hospital and Glasgow Children's

Hospital. He is Clinical Lead for the Cleft Surgical Service for Scotland and Lead for the Orthodontic Group for Cleft Care Scotland. He represents the Cleft Surgical Service for Scotland on the Cleft Development Group and is part of the Quality Monitoring Improvement Committee for cleft care in the UK. Toby is currently serving on the board of the RCSEd Dental Council and Executive, having served two previous terms. He was a former chair and serves on the Specialist Advisory Board for Orthodontics. He is a member of Specialist Advisory Committee for orthodontics for the General Dental Council.



Mike Gow

Clinical Director of Dental Anxiety Management at The Berkeley Clinic, Mike graduated from Glasgow University's Dental School in

1999, he completed a master's degree in Hypnosis Applied to Dentistry from the University of London and later achieved a Postgraduate Certificate in the Management of Dental Anxiety from the University of Edinburgh. Mike is a past President and Fellow of The British Society of Medical and Dental Hypnosis (Scotland) and was a founding member of The International Society of Dental Anxiety Management. He is a Fellow of The College of General Dentistry. He is also a Fellow of dental

materials company VOCO. He assisted in the development of DefactoDentists.com (a dental listing website) and YourDentistRecommends.com (a dental sundry virtual shop, which allows dentists/therapists/hygienists to recommend and sell products directly to patients, earning a small commission while avoiding the problems of holding stock.)



Callum Graham

Graduating from Newcastle Dental School in 1999, Callum bought his first practice in 2004 and an additional

two over the following eight years. With a love for learning and education, he has kept at the forefront of dental innovation – particularly in relation to implant, laser and digital dentistry – helping new graduates and young dentists develop their skills and discover the joys of dentistry along the way. Callum has been providing advanced treatments to his patients for more than 20 years. Now a key opinion leader in his field, he mentors in implantology, sedation techniques, smile design, cosmetic dentistry and the planning and delivery of digital treatments. Appointed as Chief Clinical Officer and Head of Advanced Dentistry for Clyde Munro, he continues to split his time between clinical care and his duties within a leadership role. He hopes that by bringing his enthusiasm for dentistry to the group he can help reach a greater proportion of the dental community, allowing greater access to care by the wider public while increasing the availability of modern dental techniques to all.



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Priya Kalsi

After graduating from the University of Glasgow in 1995, Priya worked in diverse dental settings, including general practice,

hospitals, and a significant role as a senior dental officer with the NHS Borders Public Dental Service. In this capacity, she served as the lead clinician for special care dentistry, showcasing her dedication to providing specialised care. Priya's commitment to continuous learning is evident through her completion of diplomas in person-centred counselling and special care dentistry. Her pursuit of excellence extended to training in intravenous and inhalation conscious sedation through NES, where she now qualifies to provide these services. Priya was recently joined The Berkeley Clinic in Glasgow.



Professor Khaled Khalaf

Khaled Khalaf was appointed Professor and Honorary Consultant in Orthodontics and

the Director of the Institute of Dentistry, University of Aberdeen, in 2022. He has been working in clinical academia, in the field of Orthodontics, working in Higher Education Institutes and NHS Hospitals, over 25 years and has worked in several countries, but predominantly in the UK. He completed his PhD in 2002

from the University of Sheffield and a post-CCST clinical academic training programme in 2011 from Newcastle University & The James Cook University Hospital, Middlesborough & Newcastle Dental Hospital followed by the completion of the ISFE in Orthodontics and the attainment of a Fellowship in Orthodontics (FDS-Orth) of the Royal College of Surgeons of England. Furthermore, he had a Fellowship of the Higher Education Academy (FHEA) in 2009 and a Fellowship of the Faculty of Dental Trainers (FFDT) RCS Edinburgh in 2017. He has been heavily involved at different levels of administration in higher education including, for example, Programme Director, Head of Department, internal and external accreditation lead and currently as the Director of the Institute of Dentistry, University of Aberdeen. His main research interests include hypodontia; evidence-based orthodontics (RCTs, systematic reviews and meta-analyses) and medical/dental education research.



Slaine Ker

Slaine Ker is the founder of The Row Dental in Edinburgh. Slaine graduated with honours from Trinity College Dublin. She spent

two years treating patients with facial trauma and cancer at the Oral and Maxillofacial Unit of Galway University Hospital. Before founding The Row Dental, Slaine spent a decade on Harley Street gaining a reputation as one of the UK's most talented cosmetic dentists.



William Keys

William Keys was appointed as a Consultant and Specialist in Restorative Dentistry at the Scottish Centre for Excellence in

Dentistry in 2017. Providing complex treatment across a wide range of areas including endodontics, periodontics implantology and prosthodontics. He graduated from Glasgow Dental School before completing a master's and furthering his extensive post graduate training across the UK, Europe and North America to achieve the highest qualification in restorative dentistry. Actively committed to developing clinical practice and research and has

published many research papers across a range of topics, with a particular focus on tooth wear, complex restorative treatments and the rehabilitation of head and neck cancer patients. Will has been an external examiner for Kings' College London and is convenor for the Royal College of Physicians and Surgeons Glasgow post-graduate membership qualification and is involved in training the specialists of the future.



Gordon Matheson

Gordon Matheson CBE has been Head of Scottish Affairs at the General Dental Council (GDC) since January 2020.

In this role, he leads on stakeholder engagement in Scotland and ensures that GDC policy developments are fully informed by the distinct Scottish context. Previously, he was Leader of Glasgow City Council from 2010-15, during which time the city hosted the acclaimed 2014 Commonwealth Games. In 2016, he was appointed Visiting Professor at Strathclyde University's Institute for Future Cities and Honorary professor at Glasgow Caledonian University. He has also led the public affairs and policy functions in Scotland for two UK charities, RNIB and Cancer Research UK.

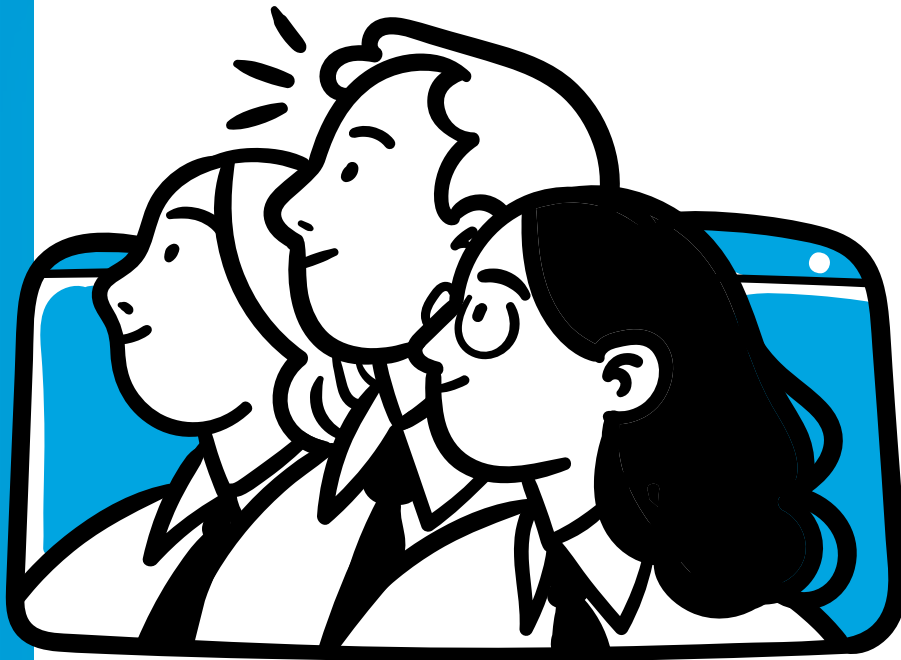


David McColl

David McColl is Chair of the Scottish Dental Practice Committee, Vice Chair of the GP sub-committee of GGC Local Dental

Committee, Vice Chair of the Area Dental Committee of Greater Glasgow





and Clyde LDC. He is also the Scottish representative on the BDA Pensions Committee and has been reappointed as a board member of the Scottish Public Pensions Authority for a further four-year term. David is committed to an adequately remunerated NHS dental service, which allows for skills mix within practice, structured to reduce oral health inequalities and makes NHS practice an attractive place to work. He is a senior clinical advisor for Clyde Munro. Outside dentistry, he enjoys cycling, swimming, playing tennis and ski mountaineering.



Professor Grant McIntyre

Grant McIntyre is an NHS Consultant and Honorary Professor in Orthodontics. He took over as

Dean of the Faculty of Dentistry, The Royal College of Surgeons of Edinburgh (RCSEd), in September last year after stepping down as Joint Clinical Director at Dundee Dental Hospital & Research School. At the college, is responsible for overseeing the dental education, examination and internationalisation portfolios offered by RCSEd, as well as ensuring the college remains at the forefront of dentistry in the UK and globally. Within the college, he is an examiner for MFDS and MOrth and has been a Member of the Dental Council since 2014. His clinical work involves the orthodontic management of facial deformity, TMJ-orthognathic cases and cleft lip and palate along with being

an educational supervisor and clinical supervisor for a number of core and specialty trainees.



Professor William McLean

William McLean graduated from the University of Wales College of Medicine Dental School in

1997. During his undergraduate years, he intercalated and was awarded a Bachelor of Science (Hons) Degree in Dental Science. Following graduation, he was awarded an Action Research Training Fellowship to pursue his PhD. The following four years were spent at Harvard Medical School Department of Cell Biology investigating craniofacial and skeletal development. In 2002, he took up a position as a lecturer at Manchester University in the School of Biological Sciences. In 2004, he returned to clinical practice and subsequently undertook postgraduate training in Endodontology. As Professor of Endodontology and Honorary Consultant in Endodontics, he is the academic lead for Undergraduate Endodontics at the University of Glasgow Dental School, Programme Co-ordinator for the MSc Endodontics and lead for the Glasgow Endodontology Group. He is also Section Head for Biological and Medical Sciences. He is President of the British Endodontic Society, European Regent for the International Federation of Endodontic Associations and Dental School Tutor for the Royal College of Physicians and

Surgeons of Glasgow. He led the bid for, and was Chair of, the World Endodontic Congress 2024 in Glasgow.



James Millar

Qualifying from Dundee University in 2009, James Millar has been committed to providing high quality dentistry for many years.

Interested in dental implants since 2013, James has completed his Diploma in Implant Dentistry from the prestigious Royal College of Surgeons of England in 2018. He has also achieved membership of the Faculty of Dental Surgery, The Royal College of Surgeons in Edinburgh and Glasgow and of the College of General Dentistry. Since taking over Dental Fx earlier this year James has continued in the footsteps of the previous owner Stephen Jacobs and welcomes private referrals for all aspects of implant dentistry and bone augmentation.



Gordon Morson

Gordon Morson has worked in general practice since qualifying from the University of Glasgow in 1998. He

works in Alloa and has been a partner in a large, mainly NHS, practice there since 2004. He is currently Chair of Forth Valley Local Dental Committee and a member of the Area Dental Committee and Performance Review Group. He has been involved in dental politics for more than 20 years. Gordon also has a significant interest in dental education, having organised Forth Valley's educational programme for dentists and DCPs for more than 15 years. He is a VT trainer and regularly contributes to the training programme, speaking about communication and dental politics. In 2022/23, he was a member of the Advisory Group on the changes to Determination 1 of the SDR.



Professor Philip Preshaw

Philip Preshaw is President of the British Society of Periodontology and Implant Dentistry,





and Dean of Dentistry and Professor of Periodontology at the University of Dundee. He is a registered specialist in Periodontics and a Fellow of the Royal College of Surgeons of Edinburgh. His main research interests are investigations of the pathogenesis of periodontal disease, and links between diabetes and periodontitis. He has been awarded a UK National Institute of Health Research (NIHR) National Clinician Scientist Fellowship, a Distinguished Scientist Award from the International Association for Dental Research, and King James IV Professorship from the Royal College of Surgeons of Edinburgh.



Eimear O'Connell

As the first female to hold the office of ADI President, Eimear O'Connell is working hard to promote and support

women in dentistry. She received her degree from Edinburgh University and went on to get her MFGDP and FFGDP from the Royal College of Surgeons London and her Diploma of Implant Dentistry from RCSED. Eimear recently attained her PGCert in sedation from Newcastle University. Bite Dentistry in central Edinburgh has been owned and run by her for more than 25 years. It is a private preventatively based practice using digital tools to allow a team-based approach to delivering streamlined dentistry and at the same time educating patients about their own dental health to maximise their preventative efforts to best effect. Eimear is a Key Opinion Leader for Dentsply Sirona in the fields of implant and digital dentistry and has been appointed President of Dentsply Sirona's PEERS UK and Ireland board.



Emma O'Keefe

Emma O'Keefe is the joint Realistic Medicine Clinical Lead for Realistic Medicine in Scotland. Emma is a Consultant

in Dental Public Health in NHS Fife, and works as part of a network covering South East Scotland, and a Scottish Quality and Safety Fellow (Cohort 9). She has also collaborated with other dental colleagues who have taken on the Realistic Medicine Clinical Lead role for the islands and promoted the need for dentistry to be engaged in the Realistic

Medicine agenda. They are working to ensure the principles guide the new model of care.



Andrew Paterson

Andrew Paterson graduated from the University of Edinburgh in 1987 and practised in a specialist referral-

based restorative practice in Glasgow for 22 years. He has previously been an NHS Consultant at Glasgow Dental Hospital, Crosshouse Hospital, near Kilmarnock, and Leeds Dental Institute and a Clinical Senior Lecturer/Honorary Consultant at Dundee Dental School/NHS Tayside. He is a volunteer, clinical lead and trustee of the UK dental development charity Bridge2Aid, which is involved in oral health training in rural Sub-Saharan Africa. Andrew is part of a 'flying faculty' that supports the Dental School at the Kamuzu University of Health Sciences in Malawi. He currently works as a Clinical Senior Lecturer and Honorary Consultant in Restorative Dentistry at the University of Glasgow where he is Education Lead for Restorative Dentistry.



Professor William Saunders

Emeritus Professor of Endodontology at Dundee University, William Saunders was appointed in

2000 having previously been in the Royal Air Force (1970-75), general dental practice (1975-1981) and a Lecturer in Conservative Dentistry at the Dundee University Dental School (1981-88). He was appointed to a senior lectureship in the University of Glasgow Dental School in 1988 and promoted to a Personal Chair in Clinical Dental Practice in 1993. He was

appointed to the first Chair in Endodontology in the United Kingdom in 1995, appointed Dean of the Dundee Dental School in 2000 and served three terms until 2011. He was Chair of the Dental Schools Council (2008-2011) having been President of the British Endodontic Society (1997-8). He was the recipient of the inaugural Scottish Dental Lifetime Achievement Award in 2012. William served as Dean of the Dental Faculty (2014-17) and was awarded the Faculty Medal in 2018 and an honorary Fellowship of the Royal College of Surgeons of Edinburgh in 2017.



Charlotte Waite

Charlotte Waite has been the British Dental Association (BDA) Scotland Director since November

2022. Graduating from the University of Dundee in 2001, she completed general professional training in the East of Scotland, locumed in Australia and then worked for the Community Dental Service. She was an elected representative on a number of BDA committees and Chair and Vice Chair of the BDA England Community Dental Services Committee, where she advocated for the profession and spoke up for vulnerable patient groups. In 2019, she secured a Westminster inquiry on NHS penalty charges. A change in policy followed, with the Department of Health abandoning its 'fines first' policy. She also represented the BDA as part of a project to promote the use of Makaton in the dental setting, to help break down barriers to communication for patients with learning disabilities. She works with BDA committee members to represent the profession in Scotland, ensuring that the BDA influences policy across a range of stakeholders. Key work includes negotiations over contracts, terms and conditions and pay for NHS dentists.



DR TARIQ ALI • CENTRE FOR IMPLANT DENTISTRY

THE GO-TO-GUY FOR IMPLANT REFERRALS

DR TARIQ ALI qualified from the University of Glasgow in 1998. After developing a special interest in dental implantology, he has since gained more than 20 years of experience in the field. In 2016, he established the Centre for Implant Dentistry, a dedicated implant referral practice, located in the centre of Glasgow.

Dr Ali works solely within implant dentistry and is a recognised leader in his field, providing cutting-edge solutions for patients faced with edentulism – from single implants to complex full-arch cases. He is passionate about implant dentistry and the use of the latest technology available: including intra-oral scanners, 3D printing, and most recently, the X-Guide, a 3D navigational system which delivers real-time guidance on drill position during surgery. He is also passionate about implant education and as

such, founded and runs a Diploma in Implant Dentistry (Level 7), the first of its kind in Scotland – www.dentalimplantdiploma.com

The Centre of Implant Dentistry has been accredited as an All-on-4 Centre of Excellence, achieving the gold standard in dental implants for its patients. The centre accepts referrals from single unit cases to complex full arch treatment. Referring dentists can also refer for bone/soft tissue grafting, sinus lifts, sedation, and CBCT scans. Referring dentists may also choose to restore the implants for their patients, earning in the region of £1,000 per crown, since he runs a Refer and Restore Course regularly. Dentists also gain 36 hours of verified CPD if they attend this course (email info@centreforimplantdentistry.com for more information).



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**SELINA ALEXANDER • PRACTICE PLAN**

PRACTICE PLAN REGIONAL SUPPORT MANAGER

SELINA ALEXANDER is a Regional Support Manager at Practice Plan who celebrates 30 years' working in the dental industry this year.

After starting her first job as a trainee dental nurse aged 16, Selina gained experience in many different roles in practice over the next 25 years before taking on responsibility for a group of 10 practices as regional manager. She also spent two years working in mergers and acquisitions for Scotland at Portland Dental Care before joining Practice Plan.

Away from work, as well as being a regular at her local gym, Selina enjoys spending time with her loved ones. She is a keen supporter

of the Scotland rugby union team and attends as many matches at Murrayfield as she is able.

Practice Plan is the UK's leading provider of practice-branded patient membership plans. It is dedicated to building lasting partnerships with their members, supporting them to become more profitable and sustainable businesses. Practice Plan partners with more than 2,000 dental practices across the UK and has expertly supported many of those to gain more independence from the NHS or change plan provider. It can ensure a seamless transition and a smooth implementation of your own practice-branded plan.



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ARVIND SHARMA • AS ENDODONTICS

REDUCING ENDODONTIC REFERRAL WAITING TIMES

ARVIND is a highly skilled and experienced dentist with a practice limited to endodontics. Recognising a growing demand for endodontic services in Edinburgh and its surrounding areas, he's been accepting endodontic referrals since 2014 and founded AS Endodontics in 2023. This is Edinburgh's first and only private referral clinic dedicated exclusively to endodontic care, offering treatment five days a week and attracting referrals from across Scotland and beyond.

Arvind graduated from the University of Dundee in 1996 and later enhanced his expertise by earning a master's degree with Merit in Endodontology from the University of Central Lancashire in 2016. He is an active member of the British Endodontic Society, a member of the Royal College of Surgeons in

England and Glasgow and serves as a council member for The Royal Odonto-Chirurgical Society of Scotland. Drawing on an evidence-based approach and the latest techniques, Arvind ensures that his patients receive top-tier care and that communication with referring dentists is seamless.

Committed to continual learning, Arvind has travelled to North America and Europe to train with world-leading endodontists. In addition to his clinical work, he is a key opinion leader for Kerr UK and Wrights Dental, has published articles and delivers educational courses to dental professionals across the UK for NES, Dentsply Sirona and privately.

In 2018, Arvind founded the Edinburgh Endodontic Study Club, where guest speakers and industry experts deliver lectures.



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LORRAINE DINGWALL • BRITISH ASSOCIATION OF DENTAL NURSES (BADN)

BADN'S SCOTTISH REPRESENTATIVE

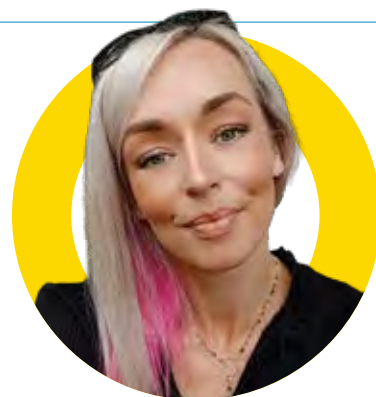


LORRAINE started dental nursing in 1999 within a primarily NHS practice, obtaining her NEBDN certificate in 2001. Transitioning to a private practice, she collaborated with a dentist specialising in implant treatment and cosmetic procedures until 2007. Taking a hiatus to focus on her family, Lorraine resumed her career in 2018 in another private practice setting.

She obtained the BDA radiography qualification in 2022 and is currently working towards the NEBDN implant qualification and a Level 2 Certificate in Mental Health Awareness to help her support dental nurses in Scotland. Beyond her personal achievements, Lorraine holds a strong belief in the power of collective support and encouragement among dental nurses to excel not only in their roles but also in personal growth.

Lorraine represents Scotland and Scottish dental nurses on BADN's Panel of Representatives. BADN membership is open to all RDNs, student DNs, retired/former DNs and practice managers/receptionists.

Membership benefits include access to the online, quarterly British Dental Nurses' Journal with free CPD, free legal helpline, health and wellness hub with free counselling/support helpline, CPD activity log/planner, BADN advice sheets, online 'Coffee CatchUps', and BADN rewards – a wide range of discounts and special offers on travel, holidays, insurance, shopping and much more – as well as an exclusive member price on dental-nurse-specific indemnity cover (including legal expense cover for GDC hearings). Visit www.badn.org.uk/join



Lorraine Dingwall, BADN Scottish Rep
GDC No: 275728
E: enquiries@badn.org.uk
L: www.linkedin.com/company/badnuk
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Dr Arvind Sharma
Dental Surgeon

Practice Limited to Endodontics.
BDS (Dundee), MSc (Endodontology),
MFDS RCS (England) MJDF, MFDS
RCPS (Glasgow), **GDC 72097**



Dr Ioannis Sagxaridis
Dental Surgeon

Practice Limited to Endodontics,
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JOANNE BEVERIDGE • CLYDE MUNRO DENTAL GROUP

NEW CLINICAL
TEAM MEMBER

JOANNE joins Clyde Munro as our new clinical advisor for dental therapy support, bringing her experience and passion for the profession to the role.

She began her career in 1997 as a dental nurse, working in practice and salaried/hospital services. She graduated from the University of Dundee in 2004 with a diploma in Dental Hygiene and went on to complete her diploma in Dental Therapy at Edinburgh Dental Institute.

Joanne's interest in teaching began when she was appointed as a tutor at Kings College in London. In 2009, she was appointed as Lecturer for the BSc (Hons) Oral Health Sciences programme at the University of

Edinburgh and went on to complete an MSc in Clinical Education. In 2018, she was promoted to Programme Director and Senior Lecturer.

Joanne has a keen interest in clinical education and adult periodontology. In Edinburgh, she helped shape the programme to focus on a modern curriculum and introduced a theoretical and practical dental skills programme for students at the Royal (Dick) School of Veterinary Studies. She also helped implement a European exchange between dental therapy and hygiene students in Edinburgh and Oslo.

She continues to treat patients in private practice and is an educational associate with the General Dental Council.

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 W: www.clydemunrodental.com

DONNA MORRISON • CLYDE MUNRO DENTAL GROUP

A NEW START
FOR DONNA

DONNA has worked in the dental industry her entire working life. Beginning in 1988, she spent over 15 years working as a dental nurse in three general practices. She then transitioned to a career in dental sales with a leading manufacturer, before returning to practice in a managerial role.

Over the last 20 years she has worked for leading dealers and manufacturers for the

dental industry in sales and management, gaining experience and knowledge and an ever-growing enthusiasm for everything dental.

Donna joins Clyde Munro as their new Commercial Account Manager and is looking forward to a new venture with a fantastic team and company.

Donna Morrison
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ABID FAQIR • SCOTTISH CENTRE FOR EXCELLENCE IN DENTISTRY

MANAGING COMPLEX RESTORATIVE CASES

ABID is a graduate of the Glasgow Dental School and holds a Membership in the Faculty of Dental Surgery from Edinburgh, Scotland. He has obtained a master's degree from Glasgow University and a Diploma in Implant Dentistry from the Edinburgh Royal College.

Abid has a special interest in dental implants and the management of complex restorative cases, with a particular emphasis

on immediacy. He has successfully placed over 5,000 implants. Utilising digital dentistry and guided surgery, he routinely manages complex restorative cases with a focus on smile design. He is a past president of the Association of Dental Implantology (ADI) and a honorary life member. Outside of dentistry he has served as board member of the Glasgow children's charity and The Riverside Museum appeal.



Abid Faqir
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SCOTTISH CENTRE
FOR EXCELLENCE IN DENTISTRY

SACHIN JAUHAR • SCOTTISH CENTRE FOR EXCELLENCE IN DENTISTRY

LEADING RESTORATIVE DENTIST

A GRADUATE of the University of Glasgow 2002, Sachin is one of the leading Restorative Specialists in Scotland. He has a wealth of knowledge and experience. In his role as a Consultant and Honorary Senior Clinical Lecturer in Restorative Dentistry at Glasgow Dental Hospital and School his clinics involve providing specialist advice and treatment upon referral from dentists and other consultants. Most of his case load in the hospital involves complex implant dentistry and therefore we are delighted to recruit him to see patients for specialist opinions or treatment. His specialist training culminated in him successfully achieving the highest

restorative qualification possible - the Intercollegiate Speciality Fellowship in Restorative Dentistry in 2009. He is an examiner for the Royal Colleges, examining at MFDS level, an exam for postgraduates, MRD (Perio) an exam for periodontal specialist entry, and ISFE the highest restorative dental exam in the UK. He is the former Training Programme Director for Restorative Dentistry in the West of Scotland. He is a Fellow of the International team for Implantology. Sachin is a registered specialist in Restorative Dentistry, Periodontics, Prosthodontics and Endodontics.



Dr Sachin Jauhar
BDS(Glas) MSc(Med Sci) FDS
RestDent RCPS(Glas) MFDS
RCS(Edin) FDS RCS (Eng) FCG Dent
GDC No: 80722

SCOTTISH CENTRE
FOR EXCELLENCE IN DENTISTRY

WILLIAM KEYS • SCOTTISH CENTRE FOR EXCELLENCE IN DENTISTRY

COMMITTED TO CLINICAL PRACTICE AND RESEARCH



WILL graduated from Glasgow Dental School, before pursuing higher specialist training in Restorative Dentistry gaining admission to the GDC specialist register in 2017 in addition to this, he completed a Masters and furthered his extensive post graduate training across the UK, Europe, Asia and North America.

He is actively committed to developing clinical practice and research and has published many research papers across a range of topics, with a particular focus

on tooth wear, complex restorative treatments and the rehabilitation of head and neck cancer patients.

Will is dedicated to fostering the clinical development of postgraduate dentists. He has served as an external examiner for King's College London and is the convenor for the Royal College of Physicians and Surgeons Glasgow postgraduate membership qualification, actively contributing to the education and training of future specialists.

Dr William Keys
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ANDREW MCGREGOR • PARK ORTHODONTICS

SHARING EXPERIENCE AND KNOWLEDGE



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

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

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Regenerative surgical management of an endodontic periodontic lesion

Henytaria Fajrianti, Fauziah Karimah, Safitri Kusuma Dewi, Diatri Nari Ratih, Nungky Devitaningtyas, Vincensia Maria Karina, Silviana Farrah Diba.

Introduction

External root resorption (ERR) is a dynamic process that can cause the loss of periodontal ligaments (PDLs), dental hard tissues, and, in advanced stages, even the tooth pulp. This problem typically begins as small cementum lesions within the PDL and may progress to infect the tooth pulp if left untreated^{1,2}.

Traumatic injuries, tooth replacement, intentional (auto) replantation, and autogenous tooth transplantation are just a few causes of ERR. Given that ERR is a degenerative lesion that could cause the gradual loss of dental structure and teeth, it needs to be quickly identified, carefully managed, and correctly treated. In accordance with the cause, severity, and participation of the pulpal tissue in the associated resorption, different treatment approaches are used for ERR^{3,4}.

A study found that regenerative endodontic procedures (REPs) have the potential to be developed as a treatment for ERR. REPs, however, are not considered to be the first line of treatment and need additional clinical research⁵. Quick endodontic treatment, the elimination of microorganisms, and the use of an appropriate calcium silicate-based biomaterial have been demonstrated to be capable of halting and even reversing root resorption in reimplanted and lost teeth^{5,6}.

The important connection between the periodontium and endodontium can be explained by the same mesodermal origin of the associated tissues of the periodontium (the precursor of PDL) and dental pulp (the precursor of dental pulp). Therefore,

if bacteria, fungi, or viruses attack one tissue, they will also affect the other⁷.

Endo-perio lesions can also be caused by iatrogenic factors, such as perforations, excessive instrumentation, trauma, dental malformations, root resorption, inadequate root canal therapy, dentistry chemicals, over- or underobturation, excessive irrigation, coronal leakage, and poor restorations. Bacteria-infected pulp can travel to the periodontium (retrograde periodontitis) through the lateral canals, furcation canal, or apical foramen, and the same is true for the periodontium^{8,9}.

Endodontic and periodontal therapies are required for primary periodontal disease with secondary endodontic involvement and real combination endodontic-periodontal disorders. In these situations, the prognosis heavily depends on the level and response to periodontal therapy for periodontal disease. In the presence of significant bone loss, conventional endodontic and periodontal therapies may be insufficient to maintain the tooth.

Therefore, curative and regenerative therapeutic options should be taken into account.

Today, many different ways to treat intrabony defects exist. They include guided tissue regeneration (GTR) with barrier membranes, several kinds of grafting materials or their combinations, enamel matrix proteins, and autologous platelet concentrates^{9,10}.

The biological foundation of the GTR procedure is to use a barrier membrane to stop the growth of the apical epithelium into the area above the exposed root surface so that PDL cells and osteoblasts can create PDL tissue and alveolar bone. A bone graft is a substance that is inserted between or around fractured or misshapen bones. The primary roles of all bone graft agents are osteoconduction, osteoinduction, and osteogenesis. The graft serves as a pattern or net for osteoconduction that directs the production of new bone. By contrast, the graft stimulates the development of new bone (osteoinduction), while the graft cell itself creates new bone (osteogenesis)^{11,12}.

Over the past 30 years, great attention has been paid to the use of demineralised freeze-dried bone allograft (DFDBA), a bone replacement graft that can encourage



“IN THE PRESENCE OF SIGNIFICANT BONE LOSS, CONVENTIONAL ENDODONTIC AND PERIODONTAL THERAPIES MAY BE INSUFFICIENT TO MAINTAIN THE TOOTH”

the regeneration of the attachment apparatus. Ideally, a bone replacement graft should have the ability to initiate osteogenesis. The number of bone morphogenetic proteins that remain after demineralisation determines the osteoinductive potential of DFDBA, which is the stimulation of bone formation in extraskeletal regions^{13,14}.

Case report

Diagnosis and etiology

A 29-year-old male patient with a temporary filling of the Mandibular Right Tooth #46 (Figure 1) was referred to hospital by a general dentist.

Clinical examination indicated a fistula on the buccal gingiva with a probing depth of 6mm in the buccal area and signs, including spontaneous pain and a positive result on percussion. The #46 tooth has been previously filled, and the patient has a habit of chewing on the right side. Medical history had no influence. Additionally, no substantial family history was disclosed, and the extraoral findings were normal. A radiographic examination of the furcal region of 46 showed a radiolucent area and external resorption (Figure 2). Pulp necrosis, symptomatic apical periodontitis, and external resorption were found in Tooth #46.

Treatment objectives

The chosen procedure was surgical root canal therapy with endo–perio lesions.

Treatment alternatives

Another treatment choice was considered for this patient. It was a nonsurgical root canal treatment for endo–perio lesions.

Treatment progress

The patient provided his consent. During the first visit, the access cavity was prepared, and initial negotiation was done with a No.15 stainless steel hand K-file (Dentsply Maillefer) under strict rubber dam isolation (Figure 3). A #10 K-file was used to explore the root canals (Dentsply Maillefer). An SX file was used to perform coronal flaring (Dentsply Maillefer). The working length was 19 mm for the mesiobuccal, mesiolingual, and distal root canals. Shaping and cleaning were done by using a rotary file (Dentsply Maillefer).

Sodium hypochlorite (NaOCl) was used as an irrigant solution during instrumentation, and K-file #25 was used for apical gauging. The tooth was irrigated with a solution of 2.5% NaOCl, 17% EDTA, and 2% chlorhexidine. Obturation was carried out by using epoxy resin (AH Plus, Dentsply), and

periapical radiograph evaluation was performed (Figure 4).

After three months of post-root canal treatment, the fistula reappeared in the buccal gingival area. Then, cone beam computed tomography (CBCT) was taken using CBCT, and the images were reconstructed using Ez3D-I software. Periapical lesions that expand distally could still be observed on the sagittal view (Figure 5a). External resorption in the furcation area and bone loss at the one-third buccal cervical were revealed (Figures 5b and 5c). Then, the patient received scaling and root planning, as well as dental health education and probing depth assessment, with a measurement result of 6mm.

Two weeks later, the control was carried out. Flap debridement surgery and Biodentine application in the ERR area were planned. After the surgical informed consent form was approved, the surgery was performed with the patient's agreement. Local anesthesia was performed.

Then, a sulcular incision was produced on Teeth 47 and 45 with a No. 15c blade, a modified



Figure 1: Clinical examination of Tooth #46



Figure 3: Root canal treatment under rubber dam isolation

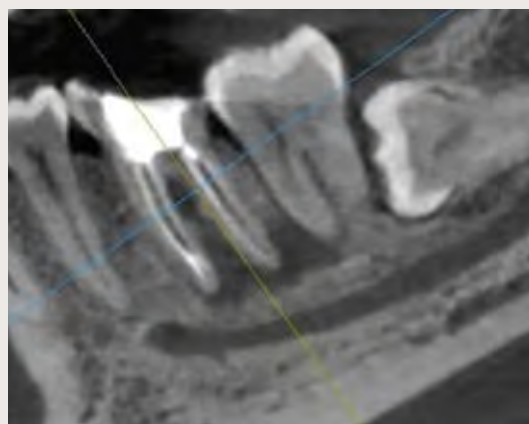


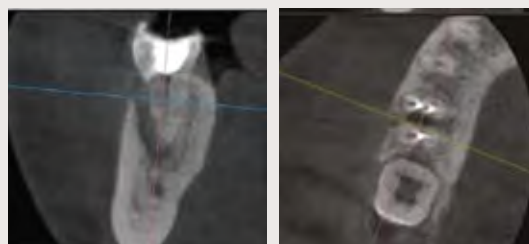
Figure 5: Cone beam computed tomography (CBCT) of Tooth #46 before periodontal surgery. (a) Sagittal view, (b) coronal



Figure 2: Preoperative radiograph



Figure 4: Preoperative radiograph



view, and (c) axial view.



Figure 6: Triangular incision

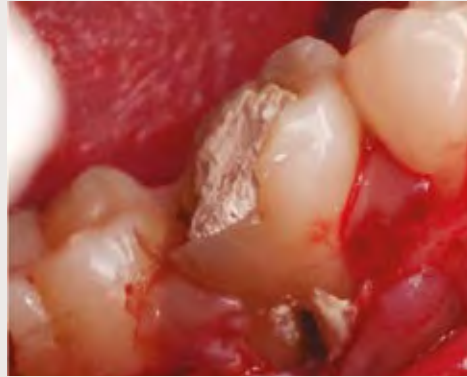


Figure 8: Biodentine application on root resorption



Figure 10: Suturing



Figure 7: Debridement



Figure 9: Bone graft and membrane application



Figure 11: Periodontal dressing application

Widman flap was executed on Tooth 46, and a vertical incision was performed on Mesial Tooth 45. The interdental papilla area was left alone and deepitised with a 15c blade to preserve the papilla (Figure 6). A Gracey curette (Osung) and an ultrasonic scaler were used to debride and clean the furcation area of Tooth 46 after the full-thickness flap had been reflected (Figure 7).

The granulation tissue was cleaned and irrigated with a sterile saline solution. Subsequently, Biodentine (Septodont) was placed on the resorption tooth's surface and allowed to set for roughly 10 minutes. Then, the roots were conditioned with EDTA gel and rinsed with saline (Figure 8).

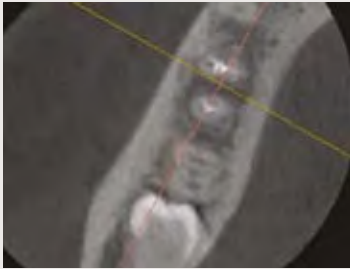
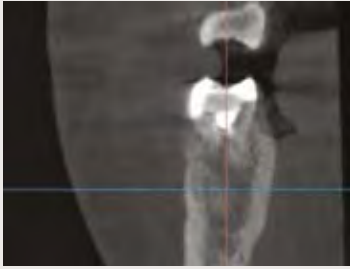
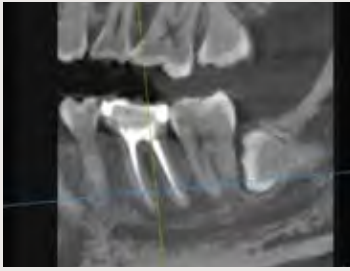
The DFDBA bone graft (Batan) was inserted into the area of the bone defect, completely filling the furcation surface, and then coated with a collagen membrane (Collacure) sewn together with 5.0 monophytic thread (Figure 9). Simple and sling sutures with 4.0 nylon thread were used to seal and stitch the flaps (Figure 10).

In addition to giving the patient health instructions, a periodontal dressing (GC) was placed on the surgical area (Figure 11). A prescription for 500 mg each of the painkiller mefenamic acid and the antibiotic amoxicillin was provided to the patient, who was told to take the medication as directed for a week.

After a week, the patient had no complaints, had completed dental health education, and had the sutures removed. After one month, the patient had no complaints, no soft tissue anomalies, and no percussion tenderness. The patient was clinically assessed, and a repeat radiographic examination was performed to assess changes. The examination revealed that the pocket depth had decreased from 6mm to 2 mm. The restorative phase began one month following the operation. A polysiloxane base (GC) was used to record the impression. Then, temporisation was performed. One week later, composite crowns were bonded to the tooth (Figure 12).

Figure 12: Crown insertion at Tooth #46





Figures 13a, b and c: Cone beam computed tomography (CBCT) of Tooth #46 at three months. (a) Sagittal view, (b) coronal view, and (c) axial view

An inspection revealed that the probing depth was 2mm during the control period of three months. CBCT was done during this period. The periapical and furcation areas showed indications of new bone formation, which was characterised by radiolucent areas that gradually shifted to radiopaque (Figures 13a, b and c).

Treatment results

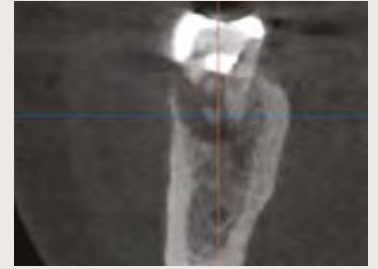
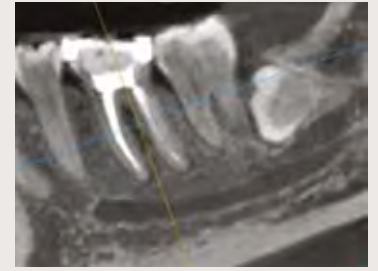
Six months after the surgery, the patient had no complaints and was wearing a crown that was found to be well-suited at the time of the visit. The probing examination was 2mm. CBCT on the sagittal view showed compacted bone in the periapical area which has a similar appearance to the surrounding normal bone trabecular (Figure 14a), while bone defect in the furcation area has remained as seen in the coronal and axial views (Figures 14b) and 14c). Comparison of the condition of Tooth 46 and the periapical status before surgery, after surgery, and after a six-month follow-up evaluated through CBCT imaging (Figure 15).

Discussion

Root resorption is the process that removes cementum and/or dentine through the normal or pathological activity of tooth-resorbing cells, which may also be referred to as dentoclasts. Internal and exterior resorptions are the two different categories of tooth resorption. External tooth resorption has been divided into four types on the basis of clinical and histological characteristics: external surface resorption, external inflammatory root resorption, replacement resorption, and ankylosis^{4,5}.

Clinicians are challenged by diagnosis in the determination of the treatment plan and long-term prognosis of teeth with endo-perio lesions. One of the most frequent concerns in current clinical practice is the treatment of complex endodontic periodontal disease. Involved teeth might have a worse prognosis if pulpal and periodontal tissues are simultaneously damaged^{12,15}.

Furthermore, understanding the etiological component that generates a clinical disease correctly is important for the effective management of the disease. In the present case, severe damage was the key contributing element of resorption. The resorptive abnormalities were the end outcome of a chronic low-grade infection that developed because the impacted tooth was untreated for a prolonged period of time. Injury from



Figures 14a, b and c: Cone beam computed tomography (CBCT) of Tooth #46 at 6-month follow-up. (a) Sagittal view, (b) coronal view, and (c) axial view

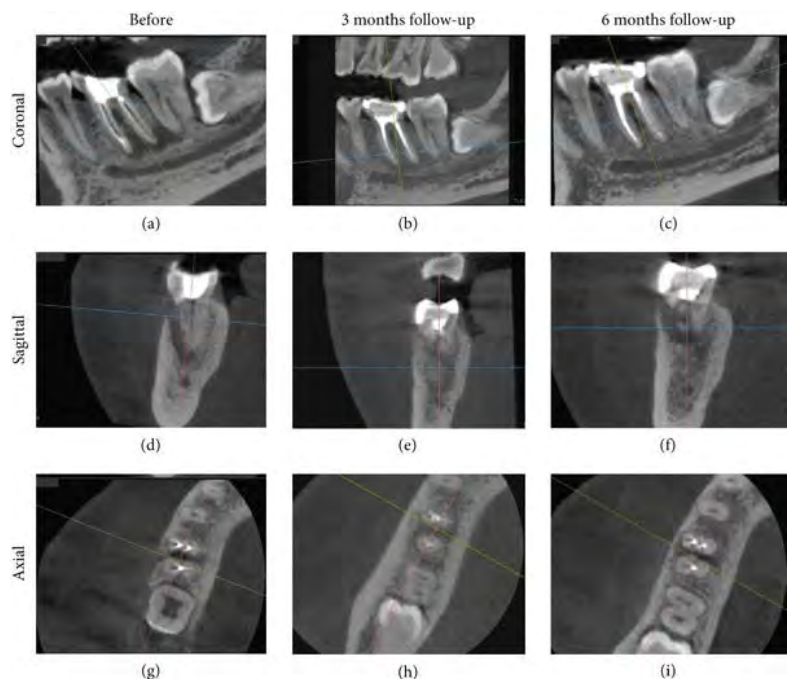


Figure 15: CBCT (a, d, g) before periodontal treatment, (b, e, h) three months, and (c, f, i) six months of follow-up arranged sequentially, consisting of coronal, sagittal, and axial views.





trauma and the inflammation of the periodontium and tooth pulp created the lesions, which were then triggered by the damage. After an infection takes hold in the root canal space, bacteria and tissue damage by-products may cause the surrounding periodontal tissue to inflame, which might induce the gradual resorption of the root due to inflammation^{15,16}.

In the present case, orthodontic treatment in the past and chewing on one side frequently may have predisposed the patient to EIRR. The main factors that cause root resorption are inflammation around the surface of the root and the loss or change of the protective layer (precementum or predentin) on the surface of the root. As a result, external resorption in this case was also concentrated in the buccal aspect's middle third likely because the traumatic events that caused direct or indirect harm started the resorptive process^{4,6}.

Under such circumstances, successful outcomes can be achieved through early discovery, fault removal, and restoration with a compatible material. Such faults can be repaired with bioactive compounds, such as MTA and Biodentine. Biodentine may be a good choice because it may function as a dentine substitute and be aesthetically acceptable. A regenerative strategy is best because it can restore lost periodontium by creating new attachments and protect against the negative consequences of the disease^{5,6}.

The surgical techniques GTR, bicuspidisation, tunnelling, and root amputation can all be utilised to treat furcation involvement. When combined with a flap debridement operation, regenerative medicine treatment produces positive outcomes¹⁶. In the present case, flap debridement was done above the right first molar on the mandible, and collagen membrane and DFDBA regeneration material were applied. In the sixth month of control, the probing depth decreased from 6mm to 2mm.

DFDBA's osteoconductive properties enable it to promote bone repair in defects. The bone morphogenic protein (BMP) and growth factors that are generated during acid demineralisation confer DFDBA with osteoconductive properties. By encouraging the growth of new blood vessels in the alveolar bone, the BMP can accelerate regeneration. On days 90 and 180 after radiografting, the bone density increased¹⁷. When the DFDBA bone graft was applied



CLINICIANS FACE A HURDLE WHEN DETERMINING THE DIAGNOSIS AND PROGNOSIS OF A TOOTH WITH ENDO-PERIO LESIONS. A PROPER DIAGNOSIS IS CRUCIAL TO DEFINE THE COURSE OF TREATMENT AND THE LONG-TERM PROGNOSIS"

in the third and sixth months, the bone density in the area of the furcation increased.

The radiographic image taken at six months revealed an improvement in the resorption of the mesial root in the furcation. The increase in radiodensity on the radiograph taken nine months after therapy showed that the combination of DFDBA treatment with Biodentine yielded good treatment outcomes. In this study, a CBCT examination was performed prior to surgery, followed by a three-month and six-month post-operation exam to observe the changes in new bone formation around the furcation and periapical area. A multiplanar view in CBCT could clearly illustrate the complexity of the furcation area without any superimposition, thus making it reliable for evaluating bone graft treatment¹⁸.

Clinicians face a hurdle when determining the diagnosis and prognosis of a tooth with endo-perio lesions. A proper diagnosis is crucial to define the course of treatment and the long-term prognosis. However, the treatment of a complex endodontic periodontal disease is one of the most frequently encountered difficulties in modern clinical practice. The diagnosis may become increasingly challenging, and, as a result, the prognosis of the implicated teeth may be affected if pulpal and periodontal tissue loss are simultaneously present. This situation emphasises how crucial following a key diagnostic strategy is to guarantee an appropriate treatment plan and calls for a detailed understanding of the two complicated tissues involved in wound healing¹².

Endodontic treatment and periodontal regeneration therapy are necessary for the treatment of endo-perio lesions. The initial step of the

treatment plan is to focus on cleaning and disinfecting the root canal system and is followed by a waiting period. Periodontal surgery aims to eliminate all dead tissue from the surgical site, promote the growth of new hard and soft tissue, and create new attachment structures. Moreover, it could be interesting to test other therapies that recently showed promising results, such as ozonised gels in nonsurgical periodontal treatment¹⁹.

The limitation of the present report is the lack of long-term evaluation until there is more than one year of follow-up to come to a generalised conclusion about the success of the treatment. In the first year of follow-up after endodontic treatment and surgical periodontal procedures, bone regeneration is not yet fully visible in the previously defective area, and the lesions appear to be shrinking.

However, the successful periodontal treatment of such lesions has become achievable with the development of novel regeneration materials. In a combined endo-perio lesion, effective endodontic therapy will typically result in the healing of the endodontic component, and the prognosis ultimately depends on the effectiveness of periodontal repair/regeneration initiated by any of the therapeutic modalities^{8,9}.

Conclusion

Early diagnosis and adequate restorative and regenerative material coupled with the appropriate treatment strategy are essential for the long-term and positive prognosis and retention of teeth with ERR and endo-perio lesions. Regenerating agents, such as DFDBA, also show promise for the treatment of bone defects in endo-perio lesions. *References: www.sdmag.co.uk/regenerative-surgical-management*

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TOP TIPS FOR SELLING YOUR DENTAL PRACTICE

Martyn Bradshaw, of top dental practice brokerage PFM Dental, gives his top tips when getting ready to sell your dental practice

1 VALUATION

Regardless of whether someone is selling on the open market or simply selling to their associate, I always suggest that they instruct a valuation from a reputable valuer. This is the time to ensure that you get the pricing right and take advice from someone who deals with dental practice sales on a daily basis. Valuers like us will happily undertake a valuation for clients as a stand-alone service.

2 IDENTIFY BUYER TYPES

When getting a practice ready to market, understanding who your practice will be suitable for, and therefore the likely buyers, will ensure that you and/or your agent are targeting the correct buyer type. The practice should be analysed both under an associate-led and principal-led model – determining the suitability of corporate vs principal buyer. A good agent or valuer will be able to discuss and advise accordingly.

3 SUITABLE AGENT

Using a specialist dental practice sales agent should cover the related agency cost multiple times over. Most agents will have thousands of dentists looking for dental practices and can therefore reach a wide audience of potential buyers. As well as helping to achieve the best price, having a choice of multiple buyers also allows you to choose the right fit for your practice. The agent should also deal with the sale from marketing all the way through to completion, making sure that the sale stays on track and resolving any issues.

4 SOLICITOR

Similar to having a specialist agent if you are selling on the open market, there are a number of good, specialist dental solicitors. Within the sale agreement a vendor will provide indemnities and

warranties, and it is the responsibility of your solicitor to minimise the risk of these. A non-specialist solicitor is not likely to know what is expected or overkill.

5 GET ORGANISED

The legal work involved in a dental practice sale is certainly getting more onerous, and we see that the majority of the time spent is actually on the 'due diligence' – the information that a buyer's solicitor is asking about the practice. The more prepared you are the better. If you are coming up to selling your practice, starting to keep documents to hand will make the process significantly easier.

6 THINK TAX

While getting the best price for the practice is the key driver for most people, the way in which the deal is drawn up can affect your tax liability. The most important thing for you is the net proceeds from the sale. There is no point in getting an extra £20,000 if you don't take good tax planning advice and spend an extra £30,000 in tax. Your accountants should be informed of the sale at your earliest opportunity. An agency such as PFM Dental will liaise with your accountant to assist where possible.

7 TIMESCALES

Ensure that you are thinking about the sale of the practice early enough. If you are looking to sell to a dentist who is going to take over from you then you need to leave enough time to find a buyer and go through the legal work. If you have a large practice and are looking to sell to a corporate, not only will you have the time to get to completion but will likely have a tie-in afterwards.



A WELL-CONSIDERED PLAN FOR SELLING YOUR PRACTICE SHOULD NEVER BE UNDERESTIMATED”

Again, if you are unsure, a good valuer or agent will be talking through the timing to ensure that you don't start the process too late for your circumstances. Many dentists wishing to sell will instruct a valuation around one to two years before they wish to sell.

CONCLUSION

A well-considered plan for selling your practice should never be underestimated. Start early, have a valuation of the practice and work with a valuer/agent to determine your likely timescales. When you are ready, make sure you have a suitable team around you (specialist agent, solicitor and accountant) to ensure that the sale goes through as smoothly and efficiently as possible.

Martyn Bradshaw is a Director of PFM Dental and undertakes hundreds of valuations each year. With more than two decades of experience, Martyn understands the intricacies of dental practice sales to corporates, private buyers, partners and associates alike. His days are spent valuing and dealing with the sales of dental practices. PFM Dental is one of the leading dental sales agencies in Scotland.

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ESCHMANN ACHIEVES EU MDR CERTIFICATION FOR ITS AUTOCLAVES

Eschmann, a leading British manufacturer of decontamination products and provider of first-class support services in the field, has recently received the EU Medical Device Regulation (MDR) certification for the range of autoclaves. This achievement marks a significant milestone in ensuring the highest standards of safety and performance for medical devices within the European Union.

A LONG-STANDING COMMITMENT TO QUALITY AND SAFETY

The regulations are in place to promote patient safety, while also increasing transparency regarding the lifecycle of medical devices. Eschmann's journey to EU MDR certification began with a comprehensive review of their existing processes and products. The organisation has always prioritised quality and safety, and this certification is a testament to their on-going work in the area. By adhering to the stringent requirements of the EU MDR, Eschmann ensures that all their autoclaves meet the highest standards of safety, performance, and reliability. The result for dental professionals is the provision of decontamination products that can be depended on to minimise the risk of infection among staff, patients and practice visitors.

RIGOROUS TESTING AND VALIDATION

Achieving EU MDR certification involved a review of the research and testing that has already contributed to the development of Eschmann's industry-leading autoclaves. Each device underwent extensive assessment to ensure compliance with the new regulations. This included thorough evaluations of each product design and all associated manufacturing processes, as well as post-market surveillance. Eschmann's dedication to continuous improvement and innovation played a crucial role in meeting these stringent requirements.

ENHANCED PRODUCT FEATURES

As part of the certification process, Eschmann has also had an opportunity to introduce several further enhancements to the autoclave range available. These improvements not only ensure compliance with the EU MDR, but also enhance the overall user experience, ensuring an even more efficient professional workflow for the dental practice team. Innovative features such as advanced cycle validation, user-friendly interfaces and improved



data management capabilities have now been incorporated for the benefit of professionals, patients and businesses.

A COMPREHENSIVE PRODUCT PORTFOLIO

With more than 60 years of experience in designing and manufacturing autoclaves, it's no wonder that Eschmann has become a nationally recognised expert in decontamination. The comprehensive portfolio today includes a range of Little Sister autoclaves, affording different capacities, as well as a combination of vacuum and non-vacuum options, and both 'B' and 'N' type cycles to accommodate the needs of every dental practice. Designed for reliability, efficiency and durability, the autoclaves are available with a dedicated Little Sister Autolog and e-Logbook, which provide automatic recording of cycle data for convenient compliance. Eschmann also provides an array of other decontamination solutions to complete the infection control workflow in any practice, including washer disinfectors, ultrasonic cleaners and RO water systems.

EXCEPTIONAL SUPPORT TO MATCH

In addition to industry-leading solutions and EU MDR certified autoclaves, Eschmann delivers peace of mind to customers with exceptional technical support. The Care & Cover servicing and

maintenance package gives customers access to Annual Validation and Pressure Vessel Certification (PSSR), annual service and software upgrades, unlimited breakdown cover, unlimited Eschmann parts and labour, and Enhanced CPD user training. Fast and efficient remote support is available over the phone and a nationwide team of 50+ manufacturer-trained Eschmann engineers provide on-site technical assistance whenever required. They carry Eschmann original parts in their vans as standard, helping them to resolve 91% of equipment issues in their first practice visit for unmatched efficiency.

A SAFE FUTURE AHEAD

With the EU MDR certification, Eschmann is ideally-positioned to continue providing high-quality autoclaves to dental and other healthcare facilities across Europe. This achievement reinforces their reputation as a trusted provider of dental and medical devices and support, underscoring their commitment to patient safety, product excellence and innovation.

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ESCHMANN

EMBRACE LIFE WITH A BEAUTIFUL SMILE



RR Mahesh, a specialist orthodontist, is dedicated to creating confident smiles and providing expert orthodontic care. After initially working in a specialist practice in the Lothians, he founded M-Brace Orthodontics in 2009 and now owns four practices across central Scotland – in Airdrie, Bathgate, Glenrothes and Dunfermline.

M Mahesh recently acquired his Dunfermline practice from a corporate that had scaled back its offerings. Now, he is welcoming referrals from fellow dental professionals, offering to treat patients across all his practices. “Our Dunfermline practice is newly open, and we would welcome patients being referred for treatment by their dentists,” he said.

Mr Mahesh’s orthodontic journey began with his Bachelor of Dental Surgery (BDS) from India in 1994, followed by his Fellowship in Dental Surgery (FDSRCS) from the Royal College of Surgeons of England in 1997.

His passion for continuous improvement led him to Edinburgh, where he earned an MSc in Orthodontics with Distinction from the University of Edinburgh in 2002, making history as the first candidate to receive such an honour in the program’s decade-long existence. His pursuit of excellence in orthodontics earned him dual membership

in orthodontics from both the Royal College of Surgeons of Edinburgh and England in 2003.

Mr Mahesh has built his career on a commitment to providing top-quality orthodontic care, and his achievements in aesthetic dentistry have earned him several prestigious accolades. Notably, he won the Aesthetic Dentistry Award in 2018 and received a commendation in the British Orthodontic Society’s Against the Odds competition in 2009.

In addition to his clinical skills, Mr Mahesh is a Diamond-level Invisalign provider. His practices offer patients a range of modern, effective treatments, combining his expertise with the latest innovations in the field. Mr Mahesh’s dedication to ongoing professional development ensures he remains at the forefront of advances in orthodontics, regularly attending national and international conferences to stay up to date.

M-Brace Orthodontics is more than just an orthodontic clinic; it is a welcoming environment designed to help patients, as Mr Mahesh puts it “embrace life with a beautiful smile”. This ethos is reflected in every aspect of his practices, where friendly, experienced staff work alongside him to provide the best possible care. The team includes specialist nurses, therapists, treatment coordinators and administrative professionals who all contribute to a patient-centred experience



DR MAHESH’S DEDICATION TO ONGOING PROFESSIONAL DEVELOPMENT ENSURES HE REMAINS AT THE FOREFRONT OF ADVANCES IN ORTHODONTICS”

that prioritises comfort, efficiency and high-quality outcomes.

Mr Mahesh’s message to his dental colleagues is one of collaboration. He encourages fellow professionals to refer patients who need orthodontic care. “We are open to referrals not just in Dunfermline, but in Airdrie, Bathgate, and Glenrothes as well,” he emphasises.

Mr Mahesh’s commitment to his patients, combined with his passion for excellence in orthodontics, has established M-Brace Orthodontics as a leading provider of specialist care in Scotland. By creating a supportive environment for patients and professionals alike, Mr Mahesh continues to fulfil his mission of helping people transform their lives, one smile at a time.



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Mr. R. R. MAHESH, M-BRACE ORTHODONTICS PRACTICE



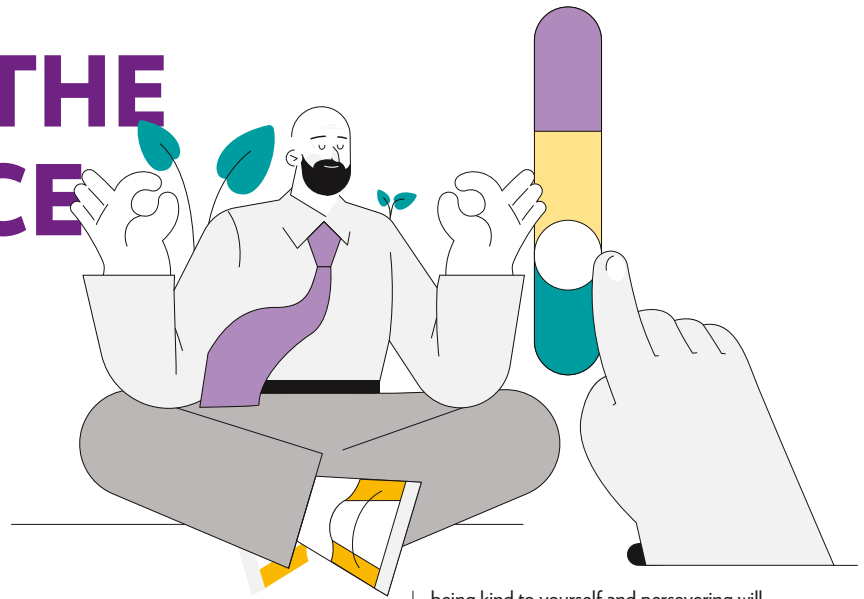
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STRESSING THE IMPORTANCE OF MENTAL RESILIENCE



A topic that gained greater prominence in dentistry during the pandemic was mental health and wellbeing. The stresses and strains dental teams faced led to large numbers of them experiencing burnout and poor mental health. Since then, the need to look after the mental, as well as physical safety of dentists and their colleagues has gained greater acceptance and recognition.

Dentist and CEO of Psynergy Mental Health (www.psynergymentalhealth.com) Dr Ritesh (Rick) Aggarwal, who as part of Practice Plan's commitment to supporting practices with their team's wellbeing, led a session for practice managers recently on the importance of mental wellbeing. He explained the importance of building mental resilience among team members. The World Health Organization's official definition of mental health is: "A state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our well-being."

As Rick explained: "Resilience is the capacity of an individual to deal with stress and bounce back from it. Contrary to popular belief, not all stress is bad. Having some stress is good. It's only when the person experiencing the stress feels it is out of control, that it can become a problem. So learning from stress, and creating tools to build mental resilience, is important."

A useful tool for dealing with stress and overwhelm is reframing. "This is not a case of being a Pollyanna about things and playing the glad game all the time. Although it does involve positive thinking," Rick stressed. "However, positive thinking is more than just looking on the bright side, it's about looking at things and reframing the situation. So, it involves taking a look at a situation that might be negative, breaking it down and dissecting it to see how we can turn that into a positive."

“RESILIENCE IS THE CAPACITY OF AN INDIVIDUAL TO DEAL WITH STRESS AND BOUNCE BACK FROM IT”

Reframing is a great tool to help deal with perfectionism, something that plagues a lot of people in dentistry. So many dentists or dental care professionals will carry out a procedure that involves a great deal of care and attention and which gives a great outcome for the patient, but can have a tiny flaw, such as an air bubble in a composite filling. The tendency to ignore the other 95 per cent of the procedure that went well and concentrate on the five per cent that was not perfect is prevalent among the profession. As Rick suggests, a way to reframe this is to review what went well – the shape, the rise etc and look for the reasons why we got the air blow and work out how we can avoid it happening in the future. Taking that approach will start to build resilience.

Another tool for building resilience is positive self-talk. So many of us wrestle with a negative inner voice. Our brains cannot differentiate between a critical inner voice or what has been said to us by someone else. So, it's important our self-talk is positive. Rather than being constantly self-critical, Rick suggests we try to take ourselves out of the situation and speak to ourselves in the same way we would speak to our friends. Most of us would never dream of saying to our friends the things we say to ourselves in our heads. We would not want to be that unkind or to undermine them. So, why do we allow ourselves to think that way about ourselves?

Building resilience is not an overnight process and there are likely to be relapses along the way. However, as Rick suggests

being kind to yourself and persevering will bring results: "Just tell yourselves that you're human beings; you're going to make mistakes and the outcome of what you are doing does not reflect on you as a person. It's not you. So, talking to yourself as your best mate, as I call it, is a really important piece of advice."

Ritesh's session was one of a number of resources available to Practice Plan practices to prioritise their team members' mental health. As well as online resources such as blogs and webinars, there are in-person events as well as access to Mental Health First Aid (MHFA) (<https://mhfaengland.org>) training courses. These are delivered by MHFA instructor and Men's Mental Health advocate, Andy Elwood (www.andyelwood.com), with half of the cost of the course being subsidised by Practice Plan.

For the full version of this article, visit: www.sdmag.co.uk/importance-of-mental-resilience

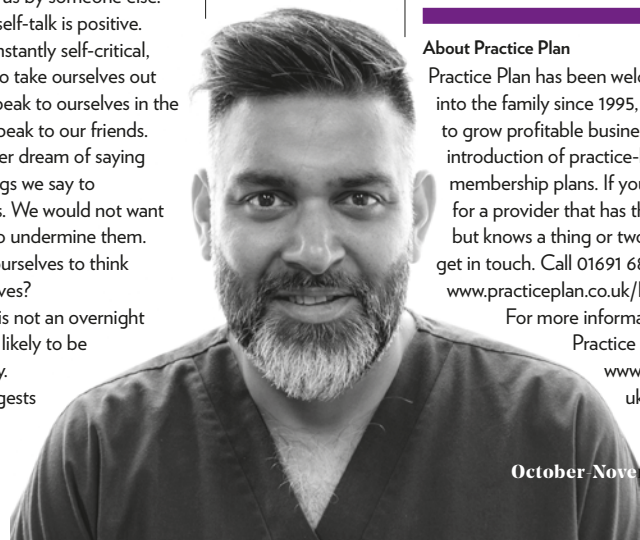
About Ritesh

Dr. Ritesh Aggarwal is a practising Dentist, Practice Principal and the CEO of Psynergy Mental Health (www.psynergymentalhealth.com). He has been working within the mental health industry since 2017 and has a strong drive and determination to improve mental health for all.

About Practice Plan

Practice Plan has been welcoming practices into the family since 1995, helping them to grow profitable businesses through the introduction of practice-branded membership plans. If you are looking for a provider that has that family feel but knows a thing or two about dentistry, get in touch. Call 01691 684165 or visit www.practiceplan.co.uk/be-practice-plan/

For more information visit the Practice Plan website: www.practiceplan.co.uk/nhs



LEARN, EARN AND ELEVATE YOUR CAREER

Stop being a referring dentist and start treating with confidence

Principal dentist and owner of Edinburgh Gums & Teeth (Edinburgh G&T or EGT for short), Dr Axel Drews is a highly skilled practitioner committed to delivering the highest standards of dental care. Graduating from the University of Mainz in Germany in 2005, he completed his PhD the following year.

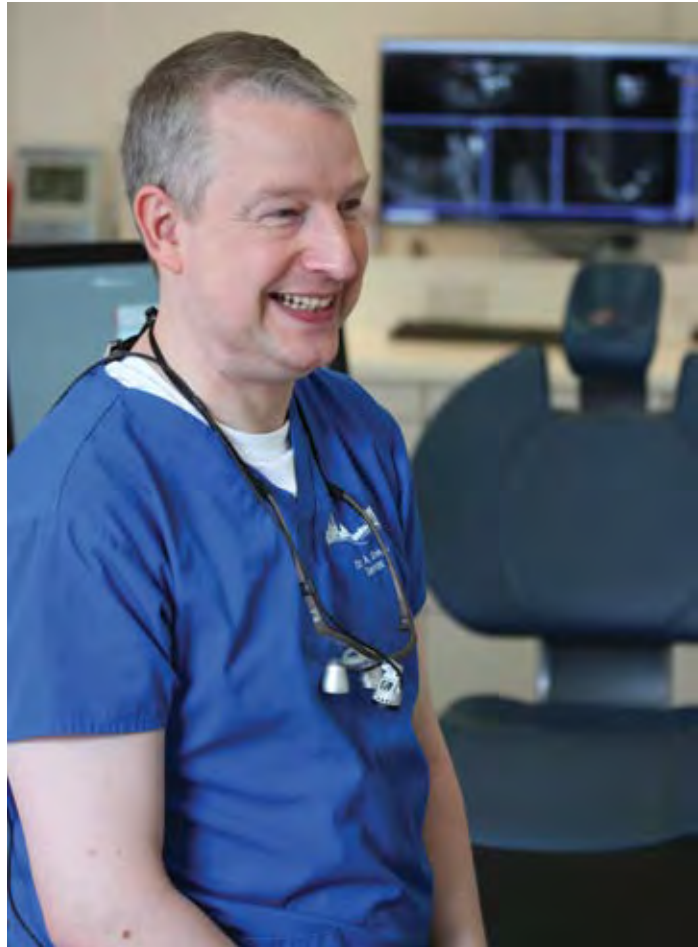
Dr Drews' career has been defined by a steadfast belief in quality over quantity. He travels internationally to gather the best information available from courses and dental conventions, and mentors internationally. He is a member of the British Dental Association (BDA), German Dental Association (FVDZ), and the International Team of Implantology (ITI).

Beyond his clinical work, Dr Drews is passionate about mentoring the new generation of dentists in Scotland.

"After 19 years of experience in private dentistry, I am very excited to introduce a revolutionary opportunity for dentists in Scotland, with a multidisciplinary approach and a wealth of expertise," he said.

Most dentists across Scotland face a common challenge: the need to refer patients to more experienced colleagues. This can disrupt the dentist-patient relationship and create obstacles in growing their own expertise. EGT is introducing its Mentoring Programme to assist in all fields of dental treatments, starting from composite fillings to more advanced Root Canal Treatments, tips and tricks for restoring failing dentition in the elderly, extraction techniques with bone preservation – leading towards implant placement.

Right: Dr Axel Drews
Principal Dentist
PhD 2006 GER
GDC 128693



As an Invisalign Platinum Elite provider, Dr Drews regularly combines adult orthodontics as an ortho-restorative solution. Under the mentorship programme, candidates can learn the safe planning and provision of Invisalign and perform advanced treatments under the direct supervision of Dr Drews and his team.

This win-win-win scenario ensures:

- Patients stay with their trusted dentist while receiving expert care.
- Dentists gain practical knowledge and skills, improving their confidence, career prospects and job satisfaction.
- EGT helps expand the dental community's expertise by sharing its advanced tools and techniques.

This innovative approach allows dentists to continue earning while learning. Instead of paying high fees for courses, they're paid for their work as they master new techniques.

"If you're a dentist looking to expand your skills, and you're interested in joining our mentoring programme, contact us to accelerate your career in dentistry," said Dr Drews. "Together, let's shape the future of dentistry in Scotland."

To start discussing how we can help you, contact the practice today on: mentoring@edinburghgumsandteeth.co.uk



“

I AM VERY EXCITED TO INTRODUCE A REVOLUTIONARY OPPORTUNITY FOR DENTISTS IN SCOTLAND”

- DR AXEL DREWS



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Dr. Axel Drews

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Principal dentist and owner of EGT, highly skilled practitioner committed to delivering the highest standards of dental care. Graduating from the University of Mainz in Germany in 2005, he completed his PhD the following year. His career has been defined by a steadfast belief in quality over quantity. Beyond his clinical work, Dr. Drews is passionate about mentoring the new generation of dentists in Scotland.

“After 19 years of experience in private dentistry, I am very excited to introduce a revolutionary opportunity for dentists in Scotland, from a multidisciplinary approach and expertise.”



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PLANNING TO BUY, BUILD, EXTEND OR REFURBISH?

You may qualify for a reduction in your annual tax bill

WHAT ARE CAPITAL ALLOWANCES?

Quite simply, capital allowances can reduce your annual tax bill. They can be claimed for some types of capital expenditure but, generally speaking, anything that is used for a business purpose that has a useful life of two or more years may qualify.

They are treated like any other expense and can be deducted from your profits or added to a loss when calculating your taxable profits at the end of the financial year. The deductions recognise that assets and equipment can lose value as a result of general usage and wear and tear. In other words, capital allowances are the tax equivalent of depreciation.

WHAT TYPE OF ASSETS QUALIFY?

There are a wide range of qualifying assets. In terms of equipment, this could include

computers, office furniture, dental chairs, computer aided machinery, space and water heating systems, air conditioning, lighting and more. It is often the case that embedded fixtures are not valued separately resulting in qualifying items remaining unclaimed. In some circumstances, we will recommend that a survey of your property is carried out to ensure that all qualifying items are picked up and included in the claim. Even the commercial building itself can, in certain situations, qualify for tax relief.

ASSESS, IDENTIFY AND RECOMMEND

We'll meet with you to discuss your potential capital allowances claim and how we can help. We will review your capital expenditure and capital assets to identify potential current and historic claims. You will then receive our recommendation on which assets are likely to qualify for tax relief and we will make you



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W: www.maco.co.uk

aware of any follow-on impacts on your current tax position.

YOUR CLAIM, HMRC AND COST

We'll help you to complete the claim and submit it to HMRC on your behalf, ensuring that the benefit of any tax relief is obtained at the earliest opportunity. If any queries arise, we will discuss these with HMRC on your behalf. We can provide you with a fixed fee at the outset of the assignment. We may also need to instruct a full survey of any property to uncover all qualifying plant and machinery and integral items. We will discuss this with you at the initial meeting.

If you are planning to invest in any equipment, give us a call and we will give you an indication on whether your investment is likely to qualify. Similarly, if you are planning to buy, build, extend, refurbish or sell commercial property it is worth a call to us to discuss what may qualify before you begin the project.

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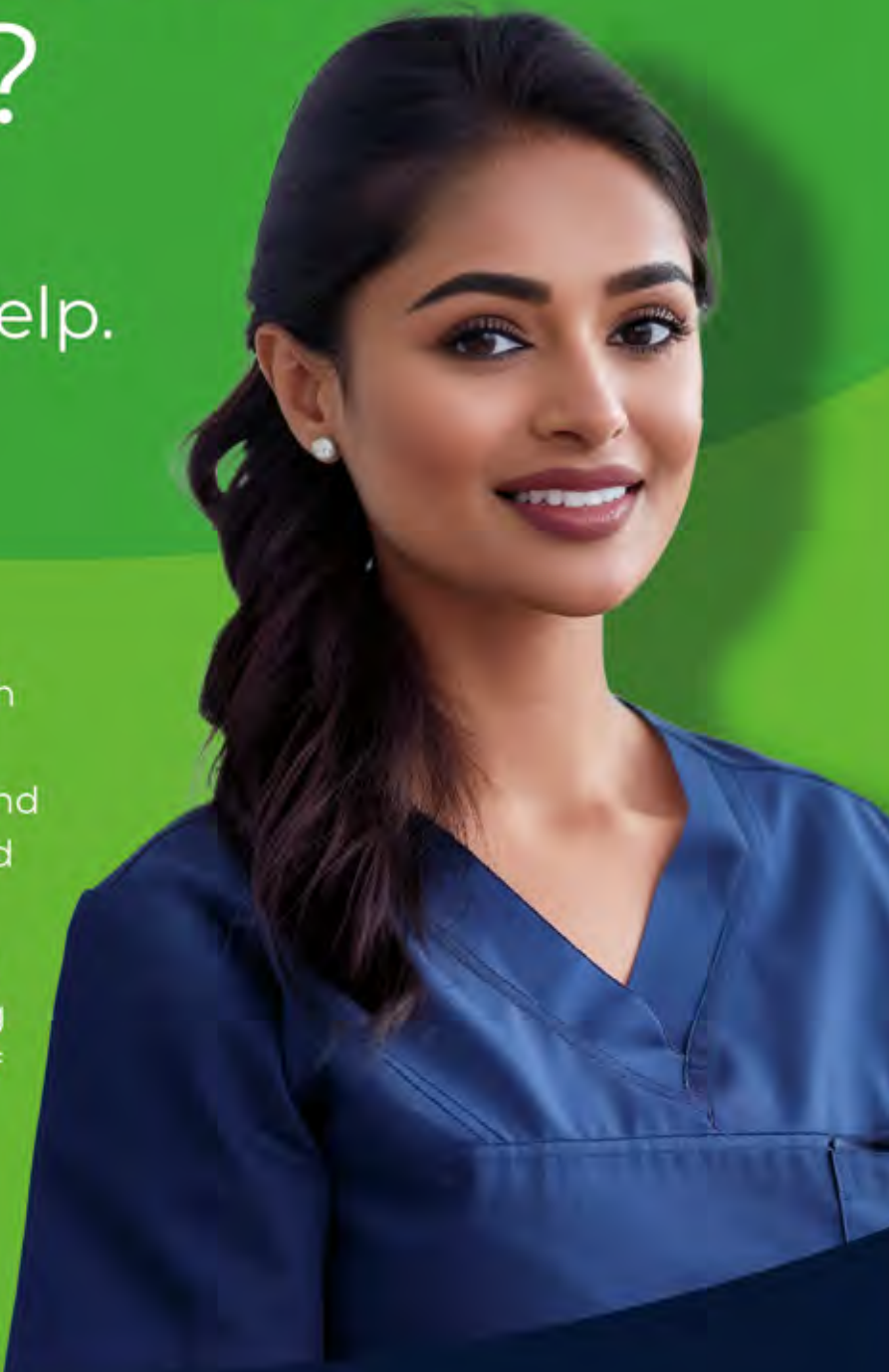
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At Dental Accountants Scotland, we take immense pride in delivering high-quality, specialised support to dental practices across the country. As a sector-specific firm of dental accountants and advisors, our passion for making a real difference is at the heart of everything we do. Recently, we've made the decision to pause new client onboarding and reintroduce our waiting list — a choice driven by our unwavering commitment to service excellence.

The Scottish dental sector is unique, with its own distinct challenges and opportunities. We've built our reputation on offering expert, tailored advice with fixed fees, eliminating the worry of unexpected bills alongside unlimited ad hoc access to our team. To maintain the level of quality our clients have come to expect, we've chosen to work exclusively with practices where we can truly add value. This ensures that every client

benefits from our systematic proactivity and sector-leading insights.

Currently, we're actively involved in 25 practice purchases and sales and, as these transactions close, we will open up space for new clients. While we are unable to take on new clients at this moment, we're always eager to collaborate with practices that share our vision for growth and success.

If you're interested in joining our waiting list, we invite you to get in touch and secure your place for the future. Together, when the time is right, we'll make a meaningful difference to your practice. As part of this process, we're happy to review your current performance and aspirations, offering free initial expert insight to identify where we can add value in the future.

Thank you for your patience as we remain dedicated to providing exceptional service. We look forward to partnering with you when we resume onboarding. Reach out if you'd like to explore working with us when the time comes.



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NAVIGATING THE IMPACT OF THE UPCOMING BUDGET ON PRACTICE SALES AND ACQUISITIONS

As we approach 30 October, and the UK Government's Budget, dental professionals contemplating the sale or acquisition of practices find themselves on edge. Among the most pressing concerns is the possibility of significant changes to Capital Gains Tax (CGT), a shift that could dramatically alter the financial landscape for those looking to exit or expand within the sector.

For dental practice owners, particularly those nearing retirement or planning to transfer ownership, the timing of any sale has never been more crucial. Currently, business owners benefit from favourable CGT treatment, especially through Business Asset Disposal Relief (BADR), which allows gains up to £1 million to be taxed at a reduced rate of 10 per cent. However, speculation is rife that this relief could be

curtailed or even eliminated in the upcoming Budget, with CGT rates potentially aligning with higher income tax brackets. Finalising a sale before the Budget announcement could mean the difference between a significant tax saving and a much larger bill.

Beyond CGT, Inheritance Tax (IHT) changes may also be on the table. The dental community has long benefited from Business Relief (BR), which reduces the taxable value of a practice when it is passed down through inheritance. Any reduction or removal of this relief would complicate estate planning for practice owners who had hoped to pass on their business to the next generation without a significant tax burden. Early gifting strategies, combined with non-tax considerations, should be a priority as the Budget looms closer.

Anna Coff, Senior Technical Manager.
EQ Accountants
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Pensions, too, could be caught in the crosshairs of the new tax strategy. Speculation about changes to the tax-free lump sum and the potential restriction of higher-rate tax relief on pension contributions is of particular concern for higher-earning dental professionals. Maximising pension contributions ahead of the Budget may help ensure that practice owners and buyers alike can take full advantage of the current relief levels, which could be scaled back.

The dental sector, much like other industries, thrives on stability and long-term planning. Yet, in the face of an unpredictable Budget, waiting until after 30 October may prove costly. It's time for dental professionals to act decisively to safeguard their financial futures.

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LIAM MCLAUGHLIN,
AVONDALE DENTAL PRACTICE,
EAST KILBRIDE

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SEXUAL HARASSMENT IN THE WORKPLACE

On 26 October, employers will be under a new mandatory duty to take reasonable steps to prevent sexual harassment of their staff. The obligation comes with harsher penalties and the employment tribunal will have additional powers to uplift sexual harassment compensation by up to 25 per cent where the employer has not taken reasonable steps to prevent it having happened.

Labour reports that one in two of all women have been sexually harassed at work and with more than 60,000 women employed as dental nurses across the UK, together with many more in other roles within the industry, dental practices should brush up on their new obligations now.

WHAT IS SEXUAL HARASSMENT?

Defined under the Equality Act 2010, sexual harassment occurs when one party engages in unwanted conduct of a sexual nature towards another and such conduct has the purpose or effect of either violating that individual's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment. Sexual harassment can arise between men and women or between people of the same gender.

Sexual harassment does not necessarily need be directed solely towards an individual. It can also arise under circumstances where

sexual images or remarks are made within the workplace which have a similar effect. Such as, sexual jokes, intrusive questions about a person's private or sex life, or a person discussing their own sex life.

Practices should also be aware that, as well as employees, job applicants and self-employed staff (including associate dentists, hygienists and therapists), are protected from sexual harassment under the Equality Act.

PRACTICAL STEPS

In exercising their obligations to prevent sexual harassment, practices should seek to demonstrate a zero-tolerance approach to sexual harassment and ensure that this is clear to staff and patients alike.

Employers should have and implement equal opportunities and anti-harassment and bullying policies. These should be reviewed and communicated to staff regularly – it will not be enough to just have policies on the practice office shelf.

Practices should provide mandatory training for all staff on sexual harassment, standards of behaviour expected in the workplace and how to raise a complaint. Such training should be provided regularly and tailored to the roles in the practice, including specific training for those with management responsibility regarding how to deal with any issues which arise. Where a sexual harassment complaint is made,



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practices should have a process in place to support those involved, and address issues swiftly, including by taking disciplinary action. Practices should also consider what measures could be taken to minimise the risk of sexual harassment by third parties, such as patients.

LOOKING TO THE FUTURE

The new duty to prevent sexual harassment in the workplace is likely only a sign of things to come as Labour's 'Plan to Make Work Pay' proposes to strengthen this further by requiring employers to take *all* reasonable steps to prevent sexual harassment at work.

Practices should, therefore, act with wisdom(teeth) in ensuring that they comply with their obligations. After all, at least 10/10 solicitors recommend stopping sexual harassment before it starts.

Thorntons' employment team can support practices to take effective steps to prevent sexual harassment in the workplace.



LABOUR REPORTS THAT ONE IN TWO OF ALL WOMEN HAVE BEEN SEXUALLY HARASSED AT WORK

OVERVIEW OF THE SCOTTISH DENTAL MARKET

In this article for Scottish Dental, Joel Mannix – Head of Dental at Christie & Co – shares an overview of findings from Christie & Co’s Dental Market Review 2024 report, with a focus on the Scottish market landscape

BUYER TYPES

Across the UK, 2023 was characterised by a shift towards divestiture, with corporate ownership of practices contracting by 3.3 per cent and predominantly transferring towards independent buyers.

The sector continues to be largely independent, with 65 per cent of practices owned by independent single or dual practices. This is especially true in Scotland, where more than 90 per cent of our buyers are currently independent and a third of those also being first-time buyers, which underscores the resilience and entrepreneurial spirit within the dental sector.

A notable completion we saw this year was that of Stirling Dental Care. The



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reputable practice was acquired by second-time buyers who were fully funded, following a swift marketing process. This is a prime example of the type of buyers we’re seeing more and more regularly, with ambitious plans to grow their portfolios.

TRANSACTION VOLUMES

UK transaction volumes surged by 150 per cent during the latter half of 2023.

Transaction volumes in Scotland have been largely similar to the wider UK, and compared to 2023, we are up by 100 per cent for completions in Scotland this year.

Overall, the rate of completed corporate transactions declined by 9.8 per cent in 2023, however, we do expect in the coming months that corporate buyers will begin to



re-emerge into the market. We already have several practices under offer with corporate buyers and expect to see this trend continue going forward.

To find out more about the dental market landscape, visit www.christie.com/dental-market-review-2024

DENTAL MARKET REVIEW 2024

AN INSIGHT INTO THE UK DENTAL MARKET

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Sarah Barnard, Regional Support
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COLTENE

DECISION MAKING IN ENDODONTICS

Avoiding the restorative cycle, by Nicolas Coomber,
COLTENE National Account and Marketing Manager

In order to provide patients with the best possible standards of care, it's important to consider how treatment will impact their oral health in the long term. Where the dental pulp is affected, a decision-making process is required to ensure that the most appropriate course of treatment is carried out. Ideally, this should avoid the acceleration of the restorative cycle, enabling patients to keep their natural teeth for as long as possible, delaying the need for dental extractions¹.

Because the UK has an ageing population who are keeping their natural teeth for longer than previous generations, it's important that clinicians have a good understanding of how best to preserve the health of their patients' teeth throughout their lives. This will offer patients a far better quality of life, enabling them to eat, speak and smile confidently into old age.

PREVIOUS TREATMENT TYPES

In previous years, dental extractions were a far more common treatment recommendation when a patient had a dental infection. However, there has been a steady decrease in the number of extractions since 2015 – reducing from 63,196 to 42,180 (2022)². Many dental professionals will avoid extracting teeth for a wide range of reasons. Depending on its location, a missing tooth can have an effect on aesthetics³, having a big impact on patients' self-confidence, requiring restorative options like dental implants, bridges, or dentures to be considered.

Additionally, a missing tooth can have an influence on function as the surrounding teeth may shift to fill the space. Eventually, this change in alignment could impact patients' everyday occlusion, as the teeth are crooked. Restorative options for replacing missing teeth can be expensive, and restorations will ultimately require replacement too, this can cost patients more in the long term⁴.

PROLONGING THE LIFE OF THE TOOTH

When the dental pulp becomes damaged or infected, previously dental extraction would have been the only option. However, root canal treatment offers an alternative. Endodontic treatment enables clinicians to preserve the existing tooth structure, while avoiding extensive restorative treatment which would be required following extraction. Root

canal treatment provides the opportunity to extend the life of the tooth. It removes the infected pulp, seals the canals, and provides a sound restoration to protect the remaining natural tooth structure.

Further to this, if the tooth sustains further damage or infections in the future, or the restoration needs replacing, the tooth can often be re-treated, further delaying the need for extraction, and avoiding the unnecessary restorative cycle. In many cases, root canal treatment offers patients a better quality of life when compared to dental extractions, and when performed with high-quality tools, treatment is predictable and causes less pain than extraction and resulting restorations.

MINIMALLY INVASIVE ENDODONTICS

While relatively new in the world of dentistry, vital pulp therapy is emerging as an effective, and even less invasive, option for treating dental pulp. It involves removing carious dentine/pulp, and applying restorative material to produce a positive biological response. This enables the pulp to protect itself, without the need to remove it entirely. Not only does vital pulp therapy help to prevent/delay the need for dental extraction, but it helps to preserve the vitality of unaffected pulp. In the long-term, this means that patients keep as much of their natural tooth as possible.

The wireless CanalPro X-Move endo motor offers simple handling and great flexibility



While it may not be an appropriate option for every patient, it is a promising solution for many. Endodontic treatment is a valuable tool, and when performed effectively, it can offer patients excellent outcomes. Using high-quality instruments and equipment can help to improve predictability, reducing the risk of complications like file breakage and perforations.

COLTENE offers clinicians a wide range of endodontic solutions to help improve predictability and produce better outcomes. In particular, the wireless CanalPro X-Move endo motor offers simple handling and great flexibility. It features an integrated apex locator for improved predictability, with continuous rotation and reciprocating motion, enabling it to adapt to the requirements of the case. Further to this, CanalPro X-Move helps to save time thanks to its intuitive user interface and pre-programmed file setting for COLTENE files.

Avoiding the acceleration of the restorative cycle is essential for long-term patient care. As patients are keeping their teeth into old age, it's important to emphasise the importance of prevention and offer minimally invasive options. Where appropriate, vital pulp therapy offers the ability to retain vital pulp, delaying the need for further root canal treatments and restorations. Endodontic treatment enables patients to keep more of their natural teeth for longer, improving quality of life when compared to dental extractions, and delaying the need for more expensive restorative treatments.

For more information email info.uk@coltene.com, call 0800 254 5115 and visit the COLTENE website www.coltene.com

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> ESCHMANN

ESCHMANN ACHIEVES EU MDR CERTIFICATION FOR ITS AUTOCLAVES

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This achievement marks a significant milestone in ensuring the safety of medical devices within the European Union.

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Alastair Fraser, Principal Dentist, Greygables Dental



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