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INTERVIEW

iData's Jeff Wong explains what is currently shaping the dental industry and how competitors have reacted to these trends.

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WHAT WOULD DR MO LAR DO?

In the second article of this series, the 4dentists group will be looking at the financial and legal aspects of becoming an associate.

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SHOW TRIBUNE

The Dentistry Show and Dental Technology Showcase will be held for the tenth time this year for all members of the profession.

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Public satisfaction with NHS dental services at 20-year high

British Social Attitudes survey sees less discontent with public care

By DTI

LONDON, UK: People's satisfaction with dental care provided by the National Health Service (NHS) has risen further in recent years, as shown in the latest British Social Attitudes survey conducted by the National Centre for Social Research in London. According to the figures, only less than one in five patients were discontent with the dentistry services last year.

The numbers reflect some of the highest levels of public satisfaction with these services since the early 1990s and are a dramatic improvement over figures in the early 2000s, which saw dissatis-



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Satisfaction figures have dramatically improved over those on the early 2000s.

faction rise to almost 38 per cent, the report said. More satisfaction was only observed for general

practitioner services, which scored slightly better in the recent survey than dental services.

Overall, 63 per cent of those surveyed said they were satisfied with how the NHS is run today.

The British Dental Association hailed the results, saying that dentists should take real pride in what they have achieved despite government indifference, sustained underfunding and the barriers presented by the target-driven 2006 contract that still remains in place.

"It's a miracle NHS dentists have been able to overcome all the hurdles placed in front of us to do right by our patients. It shows what might be possible if this 'Cinderella Service' received appropriate priority," commented

BDA Principal Executive Committee Chair Mick Armstrong. "This profession can take pride in the fact that public satisfaction in NHS dentistry has hit a near 20-year high in spite of chronic underfunding and discredited contracts."

The British Social Attitudes survey has been conducted among members of the British public since 1983. The latest survey was carried out between July and October 2016 and asked a nationally representative sample of nearly 3,000 people about their satisfaction with the NHS overall, as well as nearly 1,000 people about their satisfaction with individual NHS services.

Goodwill decreases owing to uncertainty in practice sales market

By DTI

KESWICK, UK: Despite a drop back in the average of goodwill as a percentage of fee income, both NHS and mixed practices have continued to attract a significant premium, according to the latest goodwill survey by the National Association of Specialist Dental Accountants and Lawyers (NASDAL). Practices sold at an average of 126 per cent of goodwill

as a percentage of fee income in the last quarter ending 31 January, with NHS practices attracting an even higher rate of 156 per cent, the figures demonstrate.

With an average of 101 per cent of goodwill as a percentage of fee income, private practices too have remained steady compared with previous quarters.

According to Alan Suggett, specialist dental accountant and partner in UNW who compiles the goodwill survey, the results indicate a greater discrepancy between valuations and deals, but also a higher uncertainty in the market, particularly when mydentist withdrew from buying new practices in recent months.

"There seemed to be a general perception that the corporates, including mydentist, were buying up every practice across the country," Suggett said. "Whilst this wasn't true and mydentist was only responsible for a small percentage of sales, it does seem that their withdrawal may have led to a more general loss of confidence."

"With a time lag between valuations and deals done, it will be interesting to see if the quarters to come will reflect the optimism of these high valuations when it comes to actually signing on the dotted line," he added.

The goodwill figures are collated from accountant and lawyer members of NASDAL on a quarterly basis in order to provide a useful guide to the practice sales market.



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Trouble for single-handed practices

By DTI

LONDON, UK: Profits of single-handed practices in the UK have slumped by almost 12 per cent in the last two years, indicating that the model may be a thing of the past. According to figures released in the latest Benchmarking Report by the National Association of Specialist Dental Accountants and Lawyers (NASDAL), the average profit per principal in a single-handed practice was only slightly above £105,000 in 2016, compared with £119,732 in 2014.

In contrast, practices with associates achieved a net average profit per principal of £138,511 last year.

The problems, according to Ian Simpson, a chartered accountant and a partner in Humphrey & Co., which carries out the statistical analysis on behalf of NASDAL, could be linked to increasing costs in compliance and a general feeling among sole practitioners that they are unable to increase their fees. "As a 'compliance culture' continues unabated, the future

will be difficult for those going it alone," he commented regarding the figures.

"Whilst it is good news to see success for the majority of the sector, the increasing cost of compliance is a cause for concern," added Nick Ledingham of Morris & Co. specialist dental accountants and Chairman of NASDAL. "The arrival of Making Tax Digital will do nothing to allay dentists' fears that they are victims of a system that doesn't understand how they do business."

Reflecting the finances of dental practices and dentists for the most recent tax year, NASDAL's annual benchmarking statistics are gathered from its accountant members across the UK, who together act for more than a quarter of self-employed dentists. The findings also included an increase of average net profit per principal at NHS practices from £129,265 in 2015 to £134,102 in 2016 and a slight drop of average profits of associates from £68,024 to £67,389 in the same period.

Negative effects of dental phobia confirmed

By DTI

LONDON, UK: One in three adults in the UK are estimated to have a persistent fear of going to the dentist. The fact that the phobia can lead to more active caries and missing teeth has recently been confirmed by researchers at King's College London Dental Institute. The findings were based on their analysis of data on thousands of Brits from the 2009 Adult Dental Health Survey with the aim of exploring common oral health conditions of those with dental phobia.

According to the study, people with dental phobia are more

likely to have one or more decayed teeth, as well as missing teeth, in comparison with non-phobic people, as they avoid seeing a dentist on a regular basis to have potentially chronic, but preventable, oral conditions treated.

Most adults with dental phobia also preferred an immediate solution, such as extraction, instead of undergoing a long-term care plan, the paper also showed.

In addition to oral health, related quality of life was also poor among those with dental phobia, the researchers further noted, with a large majority showing a high impact on their physiologi-

cal, psychological, social and emotional well-being, even when levels of dental disease were controlled.

"Other research has shown that individuals with dental phobia express negative feelings such as sadness, tiredness, discouragement and general anxiety, less vitality and more exhaustion," explained King's Dr Ellie Heidari, lead author of the study. "Embarrassment at their poor teeth will prevent them from smiling and showing their teeth."

By providing phobic patients with a detailed at-home oral healthcare plan, dental practi-

tioners could help reduce acute conditions with preventative care, the researchers recommended. A preventative programme for those with dental phobia, focusing on what can be done to help them avoid acute conditions, is being developed at the institute, they said.

The study, titled "The oral health of individuals with dental phobia: A multivariate analysis of the Adult Dental Health Survey, 2009", is to be published in the second April issue of the *British Dental Journal*. It was conducted among 10,900 participants, of whom just over 1,300 were considered to be dentally phobic.

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Reduced peri-implantitis risk

Plymouth researchers successfully test effectiveness of a dual-layered silver–HA nano-coating on titanium alloy implants

By DTI

PLYMOUTH, UK: Investigating the effect of a new approach using a combination of silver, titanium dioxide and hydroxyapatite (HA) nano-coatings on the surface of titanium alloy implants, researchers from Plymouth have found that the method was successful in inhibiting bacterial growth and reducing the formation of bacterial biofilm. In addition, the coating created a surface with anti-biofilm properties, thus supporting successful integration of the implants into surrounding bone and accelerating bone healing.

One of the main reasons for dental implant failure is peri-implantitis, an inflammatory process affecting the soft and hard tissue surrounding dental implants caused by pathogenic microbes that develop into biofilms. Current approaches to managing the development of biofilms include application of antimicrobial coatings loaded with antibiotics or chlorhexidine. However, these are usually only short-term measures. In addition, chlorhexidine has been reported to be potentially toxic to human cells.

Investigating a new approach to the prevention of biofilm, research-

ers from the School of Biological Sciences, Peninsula Schools of Medicine and Dentistry, and School of Engineering at the University of Plymouth tested the effectiveness of a dual-layered silver–HA nano-coating on titanium alloy medical implants. The antibacterial performance of the coating was quantitatively assessed by measuring the growth of *Streptococcus sanguinis*, the proportion of live and dead cells, and lactate production by the microbes over 24 hours. The results showed that the combination successfully inhibited bacterial growth and reduced the formation of bacterial biofilm on the surface of the implants by 97.5 per cent. Uncoated controls and tita-

nium dioxide nano-coatings showed no antibacterial effect.

According to the researchers, no dissolution was detected for the HA nano-coatings. Thus, application of a dual-layered silver–HA nano-coating on titanium alloy implants further created a surface with anti-biofilm properties without compromising the HA biocompatibility required for successful osseointegration and accelerated bone healing.

“In this cross-faculty study we have identified the means to protect dental implants against the most common cause of their failure. The potential of our work for increased

patient comfort and satisfaction, and reduced costs, is great and we look forward to translating our findings into clinical practice,” commented Prof. Christopher Tredwin, Head of the Peninsula Dental School. In the next step, the effectiveness of the approach needs to be tested *in vivo*, according to the researchers.

The study, titled “Antibacterial activity and biofilm inhibition by surface modified titanium alloy medical implants following application of silver, titanium dioxide and hydroxyapatite nanocoatings”, was published online on 17 March in the *Nanotoxicology Journal*.

British dentist known as “World’s fittest old-age pensioner” dies at age 97



Dr Charles Eugster (Photograph courtesy of Tarsh Consulting, UK)

By DTI

LONDON, UK: Most people of advanced age tend to prefer activities like gardening or watching TV. Not Dr Charles Eugster; just last year, the 97-year-old Brit broke the 200 m world record in the over-95s age group. This week, the “World’s fittest old-age pensioner” and veteran dental surgeon died due to complications after heart failure, according to his publicist.

In addition to the 200 m record he broke at the 2016 British Masters Indoor Championships in London, Eugster holds the 400 m record and several long-jump records for his age group. Recently, he competed at the World Masters Athletics Championships Indoor in Daegu in South Korea.

Born in London just after World War I, he graduated with a dental surgery degree from Guy’s Hospital in 1948. In addition to this, he obtained degrees from

universities in Zurich in Switzerland, where he also temporarily worked as a clinical instructor, Heidelberg in Germany and Chicago in the US. Eugster was in private practice until 1975 and continued to publish a newsletter on clinical dentistry in three languages for three decades after his retirement.

Earlier this year, he published his first book, *Age is Just a Number*. He gave his last interview on ITV’s *This Morning* programme, during which he criticised the way ageing is treated in today’s society and spoke out in favour of lifelong learning.

“We, along with everyone who knew Charles, are incredibly sad to lose such a truly inspirational figure,” his publicist said on Facebook. “He has shown, by remarkable example, how fantastic life can be in older old age. It has been a privilege to work with and learn from Charles.”

Kings College dental researcher receives international honours

By DTI

SAN FRANCISCO, US: One of the world’s most important awards for

techniques to measure erosive tooth wear in the prosthodontics field. Over the past 20 years, among other things, he conducted

also been instrumental in bringing teaching on implants to undergraduates and at a level that is consistent with the expectations



research in dental medicine has been given to an academic from the UK. Prof. David Bartlett from King’s College London Dental Institute was presented with the Distinguished Scientist Award in Research in Prosthodontics and Implants at the recent General Session and Exhibition of the International Association for Dental Research (IADR) in San Francisco in the US.

With the award, one of the highest honours bestowed by the research association, Bartlett was recognised for outstanding research accomplishments, including conducting laboratory investigations and developing clinical

three large prevalence studies and collaborated internationally to publish the only systematic reviews on that particular topic in the literature.

He also published data from a study of 1,010 18- to 30-year-olds, together with an assessment of risk, and undertook a pan-European study of more than 3,500 participants to establish the risk factors of erosion.

Currently Head of Prosthodontics at King’s College London Dental Institute, Bartlett has developed teaching in the specialty to make it more relevant to modern general dental practice. He has

of dental students, the institute said.

In addition to research in prosthodontics and implants, IADR honours research in 16 more categories, including periodontology and regenerative dentistry. The awards are sponsored by prominent dental companies, such as Dentsply Sirona, DMG and Unilever.

IADR held its recent meeting in conjunction with the 46th annual meeting of the American Association for Dental Research and the 41st annual meeting of the Canadian Association for Dental Research in March in San Francisco.

Dental technicians could be at higher risk of mesothelioma

By DTI

MILAN, Italy: Dental technicians could be at an increased risk of developing asbestos-related cancer, Italian researchers have suggested. According to their study results, past exposure to materials formerly used in the manufacture of dental prostheses could trigger the much-later development of

the Milan hospital. The men described the use of asbestos as a lining material for casting rings, while the woman was not able to confirm the use.

Dental technicians who worked with asbestos in the past may have inhaled microscopic fibres of the carcinogenic material, and this could trigger the develop-

ment of mesothelioma in later years.

The study, titled "Pleural malignant mesothelioma in dental

laboratory technicians: A case series", was published ahead of print on 13 April 2017 in the *American Journal of Industrial Medicine*.



Now proven to be carcinogenic, asbestos used to be a common part of some dental production processes in the 1960s and 1970s.

malignant mesothelioma, a type of cancer that most often affects the pulmonary pleurae and less commonly the peritoneum.

Asbestos, a proven cause of cancer, was a widely used material in construction products, especially in the 1960s and 1970s. In dentistry, it was used as a binder in periodontal dressings and as lining material for casting rings and crucibles.

The Italian researchers, experts in environmental science and occupational health, conducted an analysis of more than 5,000 pleural mesothelioma patients between 2000 and 2014. They found four subjects whose only exposure to asbestos had been in their work as dental technicians.

"Three men had been working as dental laboratory technicians, with asbestos exposure for 10, 34, and 4 years, and one woman had been helping her husband for 30 years in manufacturing dental prostheses," wrote the study authors, among them Dr Carolina Mensi, from the Department of Preventive Medicine at the Fondazione IRCCS Ca' Granda of the Ospedale Maggiore Policlinico, a scientific institute for research, hospitalisation and health care at

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European Parliament adopts new medical device regulations

By DTI

BRUSSELS, Belgium: The European Parliament has voted to implement two new regulations con-

cerning medical devices with the aim of improving safety in medicine and dentistry. The regulations were proposed in 2012 by the European Commission and experi-

enced several delays before being officially endorsed earlier this month. They will be applied after a transitional period of three years from publication for medical de-

vices and five years for *in vitro* diagnostic medical devices. Publication is expected to take place shortly in the *Official Journal of the European Union*.

Though the rules regarding the safety and performance of medical devices were standardised throughout the EU in the 1990s, significant progress in technology rendered these standards in need of updating. In addition, manufacturers could interpret the three existing directives on medical devices—which will be replaced by these regulations—in different ways, thereby creating inconsistencies in adherence to these rules. The new regulations aim to remedy this by ensuring that this progress and innovation continue in a way that is beneficial to the safety of all involved. At the same time, smaller and medium-sized companies are facing the challenge of meeting the new requirements for clinical data, new legal requirements and certifications for all dental products.

Some of the main elements of the regulations include:

- Stricter measures on the quality, safety and performance of devices released into the marketplace, with a particular emphasis on perceived high-risk devices
- A scrutiny mechanism for Class III implants and Class IIb active products
- The introduction of a comprehensive database for medical devices sold in the EU (EUDAMED), to be set up by 2020 at the latest
- Higher requirements for clinical data and technical documentation before and after placement of the respective product on the market
- A universal device identification system that will permit medical devices to be traced more easily
- An implant card that will be given to patients so that they, along with medical professionals, have access to information about any implants they receive
- A set of guidelines for providing appropriate financial recompense to patients for faulty products (the payment will vary according to the risk class and type of device, as well as the size of the company that manufactures the device, and will ideally expedite the remunerative process)
- Guidelines for manufacturers of substances that are carcinogenic, mutagenic or toxic for reproduction, as well as substances that can disrupt the endocrine system, to provide alternative and less harmful products.

The regulations will be applicable in each of the EU member states and aim to provide a clearer framework regarding device standards to patients, professionals, and relevant domestic and international regulatory bodies. A Medical Device Coordination Group, formed of experts from member states and chaired by the European Commission, will be established to help organise and enforce the correct implementation of these regulations.

In addition, conformity assessment procedures by notified bodies—intranational organisations that evaluate medium- and high-risk devices—will continue to be performed through joint assessments conducted with the assistance of other member states.

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Continuing acquisition will be a strategy for larger key competitors

An interview with Jeff Wong, Strategic Analyst Manager at iData

The ever-progressing digitalisation, changing regulations and a tendency towards mergers are currently shaping the dental industry. At the International Dental Show (IDS) in Cologne, *Dental Tribune* met with Jeff Wong, Strategic Analyst Manager at international medical market research and consulting firm iData, to talk about how—major and emerging—competitors have reacted to these trends.

Dental Tribune: Digitalisation is one of the main trends that is changing the industry. Other than that, what developments are dominating the dental market?

Jeff Wong: Yes, digitalisation is still the up-and-coming trend and

everybody is trying to get into that market now. On the product side, I would say it is 3-D printing and intra-oral scanning. Three or four years ago, there was only a handful of competitors in both of those areas. This year at IDS, almost everybody was presenting some new product in these fields—knowing how fast these markets develop, everybody wants to participate.

What consequences will this have for the market in general?

Especially in these two areas, where the level of imitation is high, with so many competitors, it will definitely start diluting the market shares among the existing

companies. However, if these participants start focusing on specific regions or niche audiences, I think there will still be a great deal of benefit.

What about the recent merger trend—is that something we will see more of in the future?

From what we have seen in other industries, we definitely predict that the trend will continue. Of course, there will always be a couple of smaller companies that will end up becoming fairly large themselves and remain independent. However, we expect that many of the successful emerging companies will be acquired at some point. One advan-

tage that the larger competitors have is the amount of resources they have. They can always stay ahead of the curve. If they see somebody come to the market with something unique, they have the resources to quickly develop a product of their own.

continuing acquisition. However, the strategy of some of the larger regional companies, for example in Brazil, is to continue going and to expand their global presence instead of being acquired.

In addition, many of the current key participants—with the



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THERE'S MORE TO THIS...

...THAN MEETS THE EYE

What role do the emerging markets play? What regions will become more significant in the future?

Regarding digital dentistry, I would say much of the development is linked to implantology and prosthodontics. The key countries where those areas are big as well are Brazil and Italy. Even though the penetration of digital dentistry might be relatively higher in those areas compared with others, I would say they have the greatest opportunities for growth.

What are the main trends in implantology?

In terms of implants, dozens of new companies are popping up every year, but many are also either acquired or close down. There are definitely certain regions that are experiencing a great deal of growth, for example many Asian countries. At the same time, traditional markets such as Italy, Brazil and the US are doing very well. These markets are well penetrated at this point, so in terms of market growth it will definitely slow down. However, there is still substantial growth opportunity for the lower-priced competitors, while the traditional premium brands will see considerable competition from other markets.

Do you think this will lead to those companies buying local competitors? Or what will their strategy to succeed be?

I think the strategy of most of the larger key competitors will be

regional regulations changing from country to country—are being forced to acquire new companies in order to be able to operate in the region.

So, you are saying that larger companies are looking for smaller businesses to acquire in order to bring new technology to market?

Not only on the technology side, but also to compete on the pricing level as well.

In the current political climate, the Chairman of the Association of the German Dental Industry has issued a warning about protectionism and trade barriers. What are companies doing in this regard?

At this stage, I think, companies are mainly waiting to see what will happen. Nevertheless, in light of what is happening in other industries regarding the whole Brexit issue—for example, European Union chiefs have warned airlines, including easyJet and Ryanair, to relocate their headquarters to the EU if they wish to continue their routes within continental Europe after the Brexit—if that can happen in the airline industry, who is to say it cannot happen in the dental industry. Again, for example in Mexico, which has a major dental tourism industry, if that is going to be affected in terms of procedural volumes, it is definitely going to affect the dental manufacturers as well.

Thank you very much for the interview.



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What would Dr Mo Lar do? Part 2

Financial and legal aspects of becoming an associate

By 4dentists, UK

Over the course of this 11-part series, the 4dentist group will explore ways to tackle a number of personal and professional challenges by providing advice and guidance to fictional character Dr Mo Lar. In this second article, they will be looking at the financial and legal aspects of becoming an associate.

Previously, we looked at how Lar should approach his foundation training year, with focus placed on how to find a job, student loan repayments, and the importance of taking out the correct insurance. In many ways, becoming an associate dentist is not so very different from finding and working in a graduate role—after all, Lar still has to find a job and organise his finances. Saying that, becoming an associate requires a great deal more organisation than stepping into a role straight out of university.

The next level

Completing foundation training and becoming an associate is a rite of passage for every dentist. For Lar, it is an opportunity to find a role within NHS dentistry where he can complete some private work too. In an ideal world, he would like to work around ten NHS sessions per week so that he continues to develop his clinical skills (development that will help with increasing his private list in the future). As part of the process of becoming an associate is figuring out what you want from the role, Lar, in many ways, is a step ahead. Indeed, knowing which roles you want to apply for can make searching for vacancies much easier.

If Lar wants to find the best position in a suitable practice, however, in an easy and methodical manner, he would do well to utilise the services of a recruitment agency like careers4dentists to support him through the various recruitment processes. On some occasions, dentists are offered the opportunity to stay on in the practice where they have completed their foundation training, but as this is not a given, the necessary steps should always be taken to avoid disappointment.

Being self-employed

Undertaking an associate role is usually done on a self-employed basis, and it is for that reason that this stage of a dentist's career is much more complicated than becoming a foundation dentist. For Lar, his first move would need to be the negotiation of his associate agreement with his employer—a particularly pertinent move when

you consider that these agreements have recently come under fire in light of the highly publicised Uber case. As a self-employed associate, employment rights, such as paid holiday, sick leave and maternity/paternity leave do not apply, nor does he or she have the protection of anti-discrimination legislation, so it is essential that these areas be detailed in the agreement. For optimum results, associates are advised to seek legal advice from specialist lawyers. The other legal aspect that all associates such as Lar should give thought to is insurance—not only his own occupation cover in case of sickness (which will be crucial in ensuring he can maintain his outgoings), but also indemnity insurance to protect against day-to-day risks and potential claims made by patients.

In addition to this, there are responsibilities pertaining to HM Revenue and Customs (HMRC) that would need to be taken into consideration. As soon as Lar has finalised the details of his contract and agreement, he would need to register with HMRC. There are time frames with this part of the process, so all associates must contact HMRC as soon as possible. Failure to comply can result in a fine. Once Lar's records are set up, he will receive a letter with a ten-digit reference—otherwise known as a unique taxpayer reference—which he will need to complete a self-assessment tax return each year.

Completing the self-assessment tax return can be a bit of a headache, but as long as Lar maintains accurate books and records on his income and expenditure, the whole process is relatively straightforward. As a new associate, Lar would also be advised to open a new business bank account to ensure that all business and private transactions are kept separate. Should he need additional help, accountants4dentists offers a number of services that would ensure he stays on top of his financial and legal responsibilities.

Lastly, Lar should consider how he intends to handle his money—he is, after all, about to go from earning £30,000 to in excess of £100,000. As he intends to purchase his first home, it would be prudent for him to meet with an independent financial adviser, such as those at money4dentists, who can advise him on savings and investment opportunities.



Altogether, there are a great many aspects to becoming an associate, but done right, you can rest as-

sured that you are prepared for the role, protected against potential risks and in control of your finances.

*Next part:
Dr Mo Lar buys his first home.*

AD



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