BDJ Team
SEPTEMBER 2025

Oral Health Summit 2025

BDA
British Dental Association

Welcome back

Since 2020 *BDJ Team* has published two themed issues each year which, for me, have become a great way of sourcing some really interesting content on a specific theme. In July we published an 'oral health education and promotion' themed issue, where a range of contributors shared their experiences of promoting oral health to their communities or peers.

This month, oral health takes a more formal turn as we zoom in on the forthcoming Oral Health Summit (OHS) 2025 taking place in Edinburgh. The OHS will be held at Edinburgh International Conference Centre on 28–29 November 2025 and is jointly hosted by the British Society of Dental Hygiene & Therapy (BSDHT) and the British Society of Periodontology and Implant Dentistry (BSP).

The OHS will bring the full oral healthcare team together under one roof with an exceptional line-up of speakers, a day of workshops and symposia, and plenty of opportunities for networking and socialising.

This issue of *BDJ Team* provides tasters of what will be in store at the OHS, led by Nicola West, President of BSP, and Rhiannon Jones, President of BSDHT. Nicola and Rhiannon open this issue by inviting readers to 'think bigger' and play their part in shaping a prevention-first future for oral health. Iain Chapple explores the global burden of oral disease and asks, 'what is the fuss?' in an in-depth piece we are thrilled to share with you. Praveen Sharma previews a session that is designed to highlight how advances in periodontal research are informing and enhancing clinical practice. Our cover star Cat Edney investigates what therapy-led practice really looks like in action and the lessons every oral healthcare team can learn. Cat will be running two workshops at the OHS. Other authors explore holistic oral health; behaviour change and what really works; and taking patient beliefs into account in periodontal care.

Nicola and Rhiannon leave us with a call for collective action ahead of the big event, saying that 'the future of oral health depends on us all'.

I would love to hear from any of our readers who have any feedback on the topics discussed in this issue, or who attend to the event and would like to report back. Just drop me a email.

Kate

Kate Quinlan
Editor
k.quinlan@nature.com

https://doi.org/10.1038/s41407-025-3108-6

THE TEAM

Cover
©Cat Edney

Editor-in-Chief
Avijit Banerjee

Editor
Kate Quinlan

Production
Art Editor: Melissa Cassem
Production Editor: Sandra Murrell

Advertising
Account Manager:
Paul Darragh, +44 (0)20 7014 4122
paul.darragh@springernature.com

Publishing
Publisher: Rebecca Shreeve
British Dental Journal
The Campus
4 Crinan Street
London N1 9XW

©Rosemary Calvert/Stone/Getty Images Plus

A profession where dignity, respect and equity are the reality

BADN Presidential Column by **Preetee Hylton** RDN

I consider this column the perfect opportunity to reach out to you all and more importantly, I would like these columns to be more than words on a page; I want them to reflect where we are as a profession, the challenges we face and the possibilities ahead of us.

This year has already given us much to reflect on. The employment tribunal [recently publicised in the press] ruling in favour of Maureen Howieson, a dental nurse with more than 40 years' experience, was a stark reminder of the work environments too many of us still encounter. She endured years of belittling and exclusion, so much so that it affected her health and wellbeing. The tribunal recognised what she had faced and awarded her more than £25,000, but the true weight of this ruling is not the financial figure mentioned, but the truth it exposes.

Bullying in healthcare in not harmless 'banter'. It is damaging, destabilising and ultimately drives skilled professionals away. The tribunal clearly demonstrated that eye-rolling and non-verbal hostility can create an unhealthy working environment. We must call this what it is – professional sabotage.

In my early career, I experienced unprofessional behaviour as well. I was once told I could leave if I didn't find a patient card, which I had not misplaced. As a student dental nurse, I was instructed to clean fridges and kitchen areas, instead of being supported to grow in my skills. I also endured gossip from senior colleagues. When I raised concerns, I was told that I had 'opened a can of worms' and found myself ostracised. These were not minor issues, but deliberate acts of disrespect that chipped away at my dignity and self-confidence.

Toxic workplaces take more than a professional toll; they take a personal one. This is why World Suicide Prevention Day, marked globally on 10 September, is an essential reminder for all of us. Poor mental health is not a distant issue; it is here, in our surgeries, in our clinics, amongst our team members. Stress, bullying, inadequate wages and a lack of recognition can push colleagues into despair.

What can we do, as the oral health community? Sometimes, the most powerful thing is simply to be there for those who need our support.

If you notice another team member struggling:

1. Check in on them
2. Listen without judgement
3. Remind them that they are not alone
4. Gently encourage them to seek professional advice.

Organisations such as Samaritans (116 123 – free to call), are available day and night for anyone who wishes to confide in those they can trust. Zero Suicide Alliance also offers free online training to help us feel more confident regarding spotting the signs, starting a conversation, and signposting them to support (https://www.zerosuicidealliance.com/). We don't need to be experts to make a difference – we simply need to care enough to act.

I recently had the privilege of addressing newly qualified dental nurses at the London Waterloo Academy as they celebrated the beginning of their career. I reminded them, as I remind all of us, that we change lives every day, that our learning never stops and that community is our greatest strength.

The contrast between Ms Howieson's unfortunate experience and the joy I witnessed at the academy event could not be greater. One is a warning on what happens when hostility is left unchecked. The other is a glimpse of the future we can create if we build teams rooted in respect, support and fairness.

So here is BADN's call to action:

- Let us hold employers accountable for zero-tolerance policies on bullying
- Let us demand fair pay, clear career pathways and recognition for our role as dental nurses
- Let us look after one another because safeguarding our mental health is just as vital as clinical care.

We are not a silent workforce; we are qualified, registered, skilled oral healthcare professionals. The time to act is now – we must make dental nursing a profession where dignity, respect and equity are not aspirational words, but everyday reality.

Nominate your favourite charity for a donation!

In 2024 insurance brokers Lloyd & Whyte launched a charitable initiative as part of their connection with The Benefact Group and their Movement for Good Awards.

The insurance broker, whose head office is in Taunton, launched the initiative via partners, the British Dental Association (BDA). They invited BDA Good Practice members (those dental practices demonstrating an ongoing commitment to quality), to nominate their favourite charities for an award sum of £500 from the Movement for Good campaign.

The Benefact Group are a family of specialist financial services companies. The Movement for Good Awards are the group's annual 'programme of giving' that anyone can get involved in, by nominating a charity or good cause. BDA Good Practice teams chose: St Wilfred's Hospice, Eastbourne; Tommy's; St Ann's Hospice; Parkinsons UK – Neath Port Talbot Support Group; Breast Cancer Now; Dr Kershaw's Hospice; Target Ovarian Cancer; Dorset Deaf Children's Society; Reminiscence Learning; BDA Benevolent Fund; and Huntington's Disease Association.

After the success of last year's campaign with BDA Good Practice members, the Benefact Movement for Good awards have another £10,000 available this autumn to donate to charitable causes. This time around, the offer has kindly been extended to all BDA members!

If you would like to nominate your favourite charity for an award, go to https://movementforgood.com/lloydwhyte.

Is your favourite charity already on the map? Find out at https://winnersmap.benefactgroup.com/.

To find out more about BDA Good Practice visit https://www.bda.org/learning/bda-good-practice/why-be-a-good-practice/.

SBDN supports dental charities through action and advocacy

This year, the Society of British Dental Nurses (SBDN) has taken its commitment to charitable causes to new heights – and distances. In 2025, members of the organisation have embraced physically demanding challenges to support charities focused on oral health and cancer awareness, proving that determination, compassion, and community spirit are powerful forces for change.

One of the standout efforts this year came from Cheryl Goodenough, who completed a gruelling 100 kilometre run in support of Young Tongues, SBDN's Charity of the Year. This organisation provides crucial emotional and peer support to young people diagnosed with tongue cancer — a rare and often isolating condition.

Cheryl's incredible endurance event raised £900 and brought greater visibility to a lesser-known cancer charity. Her run wasn't just a massive physical achievement – it was a powerful act of advocacy.

Emma Riley, SBDN's Membership Secretary, continued her longstanding support for the Mouth Cancer Foundation by running the London Landmarks Half Marathon this April. Raising close to £1,000, Emma helped to promote awareness of oral and head and neck cancers, which remain underdiagnosed and often misunderstood. A Clinical Ambassador for the Foundation, Emma has consistently worked to highlight the importance of early detection, education, and support for patients and families affected by these cancers.

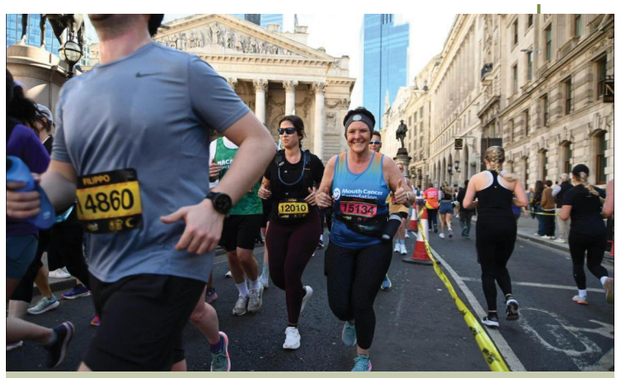
In September, Lisa Andrews Davies, Chair of SBDN, is due to tackle Mount Snowdon (Yr Wyddfa) in Wales to support Bridge2Aid – a charity focused on improving access to oral healthcare in underserved regions of Africa.

Bridge2Aid trains Oral Health Community Champions and dental therapists in Tanzania and Malawi, equipping local health workers with essential knowledge to address dental issues within their communities. Lisa's climb will raise both funds and awareness for this transformative work. Readers can look out for a full report on her efforts in SBDN's Winter edition of *Dental Nursing Times*.

Each of these efforts reflects SBDN's broader mission: to empower dental nurses and professionals not only in their clinical roles but as advocates for public health. By supporting organisations working on the frontlines of oral health challenges – whether in the UK or abroad – SBDN continues to demonstrate leadership that extends far beyond the dental chair.

Cheryl Goodenough after completing a 100 km run for charity

Whether running, climbing, or campaigning, the SBDN team is united by a shared purpose: making oral health a priority, and ensuring no one facing dental-related illness does so alone.



Emma Riley running the London Landmarks Half Marathon

O'Hehir University launches new journal for dental hygienists and therapists

A groundbreaking new publication, the *International Journal of Applied Health Behavior Change*, launched on 18 July 2025, offering a unique platform for dental hygienists to showcase how changes in their own behaviours and communication styles can profoundly influence the oral health outcomes of their patients.

Unlike traditional dental journals, this peer-reviewed journal highlights the applied behaviour change process – where clinicians first transform their own practices and mindsets to better engage and coach patients who have created their own oral health plan. The journal publishes research summaries that are digitally linked to full research papers. There is a real-world impact when dental hygienists shift their approach, patients follow, adopting healthier oral health behaviours that reduce disease and improve health and the quality of life.

The journal was founded and is published by O'Hehir University, an international online institution with over 400 graduates offering Bachelor's and Master's degrees in Oral Health Promotion for licensed dental hygienists and dental therapists. The journal showcases clinician-led transformation in patient care. This research bridges the gap between theory and application, emphasising outcomes over instructions. It offers a publication pathway for O'Hehir University graduates and other professionals committed to evidence-based, person-centred care focused on outcomes.

Editor Linda Douglas (pictured, in 2021), who has been published in *BDJ Team* [http://bit.ly/460VPef], said: 'We are shifting the conversation from compliance to collaboration, from procedures to people. This journal is about inspiring transformation through research that makes a difference – clinician by clinician, patient by patient.'

The *International Journal of Applied Health Behavior Change* invites submissions from clinicians, researchers, educators, and students who are passionate about behaviour science, patient engagement, and sustainable oral health change.

For more information, submission guidelines, or to receive updates, visit: https://ohehiruniversity.org/register/ohu-publishing-journal-1/.

Level 3 Diploma in Dental Nursing launched by NEBDN

The National Examining Board for Dental Nurses (NEBDN) has announced that it has released a newly regulated qualification – the Level 3 Diploma in Dental Nursing. The qualification is regulated by Ofqual in England, and the Council for the Curriculum, Examinations & Assessment (CCEA) in Northern Ireland, and covers all the Learning Outcomes in the General Dental Council (GDC) Safe Practitioner Framework for Dental Nurses. This makes it a secure option for trainee dental nurses looking to qualify in this field. The qualification attracts UCAS points for those wishing to progress to higher education and is assessed via an online portfolio, knowledge test and professional discussion.

Alongside the launch of their new Diploma product, NEBDN has also revised their Apprenticeship qualification to include requirements from the GDC Safe Practitioner Framework. Trainee dental nurses will be able to register on their chosen qualification, as of 1 July 2025.

Kate Kerslake, CEO at NEBDN, said: 'This is a huge milestone for NEBDN and we're very proud as a team to reach this point.'

The Level 3 Diploma is a replacement to the former NEBDN National Diploma, although the previous National Diploma will still be delivered and assessed to allow learners to complete this version for anyone registered before 1 July 2025.

Team photo of celebration launch party at NEBDN's Preston Head Office

NEBDN offering a regulated Diploma enhances the previous product, as the regulated version has additional benefits such as potential funding avenues, attracting UCAS points and being recognised by key regulators such as Ofqual and CCEA. NEBDN offering this product provides an exciting opportunity for the Awarding Organisation as it allows them scope to expand into new regions and attract new training providers, to support the ever-growing workforce of dental nurses and ensuring that they enter the dental profession with the appropriate knowledge and skills.

More information on these updates can be found on NEBDN's website www.nebdn.org.

Jane Walker retires after 50 years in community dentistry

Community Dental Services CIC (CDS) has been celebrating the remarkable career of Jane Walker, who has retired after 50 years of service to community dentistry. Jane has been an integral part of CDS's referral-only dental service, which provides special and paediatric dental care across the East of England and East Midlands. Her career has been a testament to how community dental services have evolved over half a century.

Jane began her journey in dentistry in 1975, joining the School Dental Service as a dental nurse, aged 17. Over the years, she witnessed and contributed to dramatic changes in community dentistry, from the evolution of the School Dental Service into special needs dentistry to the introduction of advanced equipment such as OPG machines and CBCT scanners. Her career reflects the transformation of patient care, professional roles in dentistry and the progression of dentistry itself, from basic infection control measures and hand-mixed amalgam to today's advanced sedation techniques and specialised dental chairs.

Jane worked across multiple sites, supported paediatric and special care patients, and played a pivotal role in introducing sedation techniques for her patients. She also supported newly qualified dentists through vocational training and worked in prison dentistry.

Pictured at Jane's retirement party. L–R: Nicola Milner (Chief Operating Officer), Mark O'Hagan (Director of People & OD), Helen Paisley (Chief Executive Officer), Jane Walker (Operations Manager – Nottinghamshire), Adrian Thorp (Clinical Director), Ikbal Mahal (Associate Operations Director – Nottinghamshire)

In 2001, Jane took on her first leadership role as Senior Dental Nurse at Nottingham's urgent care walk-in centre, where she led a team providing emergency dental care to unregistered patients. Her efforts were recognised with awards for Best Team and City Council Team of the Year. Later, Jane became Operations Manager for CDS's Nottinghamshire service, a role she held until her retirement. Her leadership, expertise, and commitment to dental care for vulnerable patients have left their mark on community dentistry and those she worked with.

Jane's retirement is not just the end of a career; it is the celebration of a legacy and how dentistry has evolved. She leaves behind a wealth of experience and a lasting impact on community dentistry.

An article about Jane and her career was published in BDJ Team *in July: https://www.nature.com/articles/s41407-025-3067-y.*

Number of UK registered DCPs rises again

The General Dental Council (GDC) has announced that the number of dental care professionals (DCPs) on the UK Register has expanded to its largest size in recent years, following the annual renewal period.[1]

With 80,657 DCPs now registered across the UK, the GDC has witnessed a substantial increase of 4,764 professionals (6.26%) compared to the equivalent figure for 2024.

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

The total numbers of the DCP professions on the register as of 11 August were:

- Clinical dental technician: 439
- Dental hygienist: 11,065
- Dental nurse: 65,797
- Dental technician: 4,895
- Dental therapist: 8,459
- Orthodontic therapist: 1,257.

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

The GDC has made it easier for dental professionals to restore their name to the registers so that they can continue to practise in the UK if they have been off the register for less than 12 months and have always complied with CPD. All they need to do is sign a declaration that their CPD is up to date, rather than send the GDC a copy of their full CPD record.

For further information on the data the GDC holds for DCPs, the inferential analysis reports for DCPs were released in July.[2] This is the first set of DCP data that combines working patterns, registration information and aggregated fitness to practise (FtP) data.

The GDC also publishes monthly registration reports and an annual registration statistical report.[3]

References

1. GDC. Number of UK registered dental care professionals rises again. 2025. Available at https://www.gdc-uk.org/news-blogs/news/detail/2025/08/15/number-of-uk-registered-dental-care-professionals-rises-again (accessed 5 September 2025).
2. GDC. GDC publishes analysis of dental care professionals' working patterns. 2025. Available at https://www.gdc-uk.org/news-blogs/news/detail/2025/07/30/gdc-publishes-analysis-of-dental-care-professionals%27-working-patterns (accessed 5 September 2025).
3. GDC. Reports and publications. Available at https://www.gdc-uk.org/about-us/our-organisation/reports (accessed 5 September 2025).

Dentist donates 14 inches of hair to Little Princess Trust

Dr Nida Kamal, Practice Principal at Shiraz Endo in Solihull, has had 14 inches of her hair cut off and donated to the Little Princess Trust, a charity that creates real-hair wigs for children and young people who have lost their hair through cancer treatment and other conditions.

Alongside the hair donation, Nida also raised £2,356 through her fundraising page, helping the charity turn generous hair donations into wigs for children in need.

The CEO of the Little Princess Trust, Phil Brace, was due to visit Shiraz Endo in September so that Nida could present him with the cheque in person.

Speaking to *BDJ Team* Nida said: 'I first heard about the Little Princess Trust a few years ago, and my heart went out to the children who lose their hair through cancer treatment or other conditions. I'd always dreamed of having long "Pocahontas hair", and I realised I could grow it not just for me, but for them. Over a year and a half I let it grow, and on 1 August 2025 I donated 14 inches to the charity, along with raising £2,346, enough to help make more than three wigs. It means so much to know my hair will become wigs for at least two children, helping to restore not just hair, but confidence and smiles during unimaginably tough times. I just wanted to do my bit to make a difference, and I hope to keep finding ways to help others.'

This has been a very special and personal achievement for Nida and a proud moment for her practice. Shiraz Endo hope to inspire others in the dental community.

Nida was featured in the article 'Building our practice together', along with husband Chris Rogers, in BDJ Team *in July 2024.*[1] *Other team members from the practice have since shared their career stories in* BDJ Team.

References

1. Quinlan K. Building our practice together. *BDJ Team* 2024; **11:** 302–306.

Kirkby dental practice moves to brand new site

UK dental care provider mydentist has recently undertaken a significant relocation of its Kirkby practice.

The new mydentist Kirkby practice, which is now located on Telegraph Way, was officially launched by Practice Manager, Lois Colligan, and her team on 21 August 2025.

After a project lasting just over five months, all the dentists and staff from the previous Kirkby site on Carlis Road have moved to the new site on Telegraph Way, where patient appointments are now underway.

The practice has an experienced team of dentists, dental nurses, reception staff, treatment co-ordinators and managers to provide enhanced support to its local community.

The move marks a substantial enhancement for the 8,000+ patients of mydentist in the community of Kirkby, who will now benefit from a modern, state-of-the-art practice, a greater range of dental treatments and technology, as well as improved travel links and wheelchair and disabled access.

Through the relocation to the new site, there are now six surgeries available at the new mydentist Kirkby practice.

Lois Colligan, Practice Manager at mydentist Kirkby, said: 'I am delighted to reveal the new facilities and flexibility of appointment times that we can now offer to our patients. With our recent enhancements and expanded services, we're well placed to deliver a higher level of dental care and provide an even more exceptional experience to our community. We look forward to welcoming patients into the practice and hearing their feedback.'

SBDN to hold summit in Manchester this November

To celebrate their tenth anniversary, the Society of British Dental Nurses (SBDN) is holding a summit on 'The Future of Dental Nursing' in Manchester on 22 November at the Alan Hotel, between 9.30 am and 5.30pm.

The morning session will see speakers from across dentistry sharing the excellence of dental nurses in their specialist places of work, featuring:

- Dr Adrian Thorpe, Clinical Director CDS & President-elect at BAOS
- Dr Kate Taylor, Oral MaxFac consultant, BAOS
- Debbie Hemington, President of BADT
- Dr Ben Atkins, GDP, Nurse-led clinics in vulnerable groups
- Prof Iain Chapple, Periodontology and Excellence in Dental Nursing.

The afternoon will be a panel discussion featuring:

- The CDO England, Dr Jason Wong
- Dr Eddie Crouch, BDA
- Stefan Czerniawski. GDC Executive Director, Strategy
- Dr Simon Thackery, BAPD
- Elaine Tilling, Patron SBDN and Honorary Fellow
- Dr Janine Brooks, Honorary Fellow and Executive Advisor SBDN.

The National Dental Nurses Awards will take place at the end of the event, followed by a drinks reception at 5.30 pm.

Tickets cost £12 for the summit or £15 for the summit and drinks reception.

To find out more and to book, visit https://www.eventbrite.co.uk/e/sbdn-10th-anniversary-celebration-tickets-1579209039749.

Correction to: 'Dental nursing gave me a kick start'

The original article can be found online at https://doi.org/10.1038/s41407-023-1780-y.

Author's correction note:

Feature. *BDJ Team* 2023; **10:** 19.

The photo and author's surname have been removed upon the author's request.

Reimagining the future of oral health


Nicola West


Rhiannon Jones

Nicola West[1] and **Rhiannon Jones**[2] invite every member of the oral healthcare team to think bigger, connect more deeply and play their part in shaping a prevention-first future at the Oral Health Summit 2025, taking place this November in Edinburgh.

As presidents of two leading organisations in oral health, we are both acutely aware of the growing need to think differently about how our profession works. In a rapidly changing healthcare landscape, where preventable oral diseases continue to affect millions of people and systemic links between oral and general health are increasingly evident, there is an urgent imperative to reframe not only the content of our care but also the context in which it is delivered.

The British Society of Periodontology and Implant Dentistry (BSP) has long championed the importance of evidence-based practice and the critical role of periodontal health in wider systemic wellbeing. At the same time, the British Society of Dental Hygiene and Therapy (BSDHT) continues to advocate for the preventive model of care, expanding the reach and impact of dental hygienists and dental therapists across all settings. Together, our societies represent different but deeply complementary perspectives within the same shared mission: to improve health outcomes through education, collaboration and high-quality care.

What has become increasingly clear is that we cannot move forward in isolation. To deliver the changes our patients need and deserve, we must work across boundaries, overcome fragmented ways of working, and embrace a truly integrated approach to oral healthcare. That is the spirit in which the Oral Health Summit 2025 was conceived.

The vision behind the Summit

This landmark event represents a bold and necessary step towards greater unity within the dental profession. For the first time, our two societies are joining forces to create a space that is not defined by discipline or hierarchy, but by a shared commitment to progress.

The Oral Health Summit will bring together the entire oral healthcare team, from specialist and generalist dentists to dental hygienists and dental therapists, plus educators and students, for a programme of education, discussion and practical insight grounded in collaboration.

Our aim is to elevate the collective voice of the profession and to demonstrate the value of a multidisciplinary approach that draws on the strengths of all roles. The challenges we face as a profession are not confined to any one group. Whether we are talking about the prevention of periodontal disease, the management of systemic risk factors, or the delivery of effective patient education, we are stronger when we work together.

The Summit is designed to reflect this reality. Every aspect of the programme has been developed to ensure relevance and applicability across the team. There is no 'them and us' at this event. There is simply us, professionals committed to delivering better care, through better understanding.

A programme built for a modern profession

Taking place in Edinburgh on 28 and 29 November, the Summit offers a rich blend of plenary lectures, practical workshops and themed breakout sessions. Topics include personalised prevention, the economic and public health burden of oral disease, behaviour change in practice, systemic health connections, and emerging technologies. In addition, on 27 November, the BSP will host a dedicated day of added-value workshops and symposia, offering further opportunities for learning, insight and professional development ahead of the main programme.

Importantly, the programme reflects a shared belief in the power of evidence to drive change. Our speakers have been chosen not only for their expertise but also for their ability to translate complex ideas into practical strategies that can be applied in practice, regardless of role or setting. The event is designed to leave attendees both better informed and more confident in their ability to make a difference.

Alongside the educational content, the exhibition will showcase the latest products, tools and innovations in oral care. Delegates will have the opportunity to explore new solutions, engage with suppliers, and build a deeper understanding of how emerging technologies can support their work.

Author information

[1]Professor Nicola West is President of the British Society of Periodontology and Implant Dentistry (BSP), Chair and Honorary Consultant in Restorative Dentistry (Periodontology) at the University of Bristol Dental School, and one of the UK's leading experts in periodontal research and clinical care. Nicola has led the European Federation of Periodontology as Secretary General from 2019 to 2025, contributed extensively to national and international guidelines, chaired consensus workshops and led numerous multi-centre clinical trials. Her work focuses on the integration of periodontal and systemic health, and she continues to advocate for evidence-based prevention as the foundation of modern care. As BSP President, she is committed to elevating the role of periodontal science in shaping oral and general health outcomes.

[2]Rhiannon Jones is President of the British Society of Dental Hygiene and Therapy (BSDHT) and a passionate advocate for the advancement of dental hygienists and dental therapists across the UK. She brings experience from both clinical practice and education, with a long-standing commitment to professional development, equality of access and public-facing oral health promotion. Rhiannon has led on national initiatives to improve recognition of the dental hygiene and dental therapy workforce, expand their scope of practice, and support their leadership at every stage of their careers. As BSDHT President, she works to ensure prevention remains central to dentistry and that the profession reflects the full strength of its multidisciplinary team.

An invitation to be part of something important

Edinburgh has been chosen not only for its central location and excellent facilities, but also because it offers a sense of occasion fitting for this kind of moment. The Oral Health Summit 2025 is not just another event in the calendar. It is a signal of intent, that the profession is ready to work differently, think more broadly, and advocate more powerfully for the role of oral health within the wider health system.

Together, we are working towards a future where the oral healthcare team functions as a truly integrated unit. One where roles are respected, skills are fully utilised, and patient outcomes are strengthened through collective purpose.

'The Oral Health Summit 2025 is a signal of intent, that the profession is ready to work differently, think more broadly, and advocate more powerfully for the role of oral health within the wider health system.'

Meeting shared challenges with a shared response

We are under no illusion about the scale of the challenges facing our profession. Inequalities in access and outcomes, increasing demand for services, changes in workforce models, and growing expectations from patients all require thoughtful and sustained responses. These are not challenges that can be addressed by any one part of the profession in isolation.

The Summit represents a collective step forward for the profession. It reflects a shared understanding that advancing oral health, both in clinical practice and national policy, requires a united voice and a collaborative approach.

For both the BSP and BSDHT, the ambition is clear: to drive progress through shared leadership, clinical excellence and a renewed focus on prevention. This includes championing the science that connects oral and systemic health, promoting recognition and autonomy across the oral healthcare team, and creating space for deeper, more meaningful collaboration.

Together, we are working towards a future where the oral healthcare team functions as a truly integrated unit. One where roles are respected, skills are fully utilised, and patient outcomes are strengthened through collective purpose.

An invitation to be part of something important

Edinburgh has been chosen not only for its central location and excellent facilities, but also because it offers a sense of occasion fitting for this kind of moment. The Oral Health Summit 2025 is not just another event in the calendar. It is a signal of intent, that the profession is ready to work differently, think more broadly, and advocate more powerfully for the role of oral health within the wider health system.

We invite you to be part of that moment. Whether you are new to practice or an experienced leader, whether you work in primary care, education, research or policy, this is an opportunity to connect with colleagues, challenge assumptions, and contribute to a more integrated future for dentistry.

We look forward to welcoming you to Edinburgh.

To find out more and book your place at the Oral Health Summit 2025, visit https://profile.eventsair.com/oral-health-summit-2025.

https://doi.org/10.1038/s41407-025-3100-1

The global burden of oral disease – what is the fuss?

Iain Chapple[1] shares this exclusive piece ahead of his Oral Health Summit 2025 appearance, representing a major moment for the dental profession and a must-read for everyone involved in healthcare.

Author information

[1]Iain Chapple is Professor of Periodontology and Consultant in Restorative Dentistry at the University of Birmingham and the NIHR Birmingham Biomedical Research Centre. He served as Head and Dean of the Dental School from 2016 to 2020, and Director of Research for the Institute of Clinical Sciences until 2022. A widely published and internationally respected leader, his work has been recognised with the IADR Distinguished Scientist Award (2018), the EFP Eminence Award (2022), and an MBE in the 2022 Queen's New Year Honours. Professor Chapple leads a regional periodontal service with a referral base of six million and a national service for adults with Epidermolysis Bullosa.

The most prevalent oral diseases are dental caries and periodontitis, which are non-communicable diseases (NCDs), as indeed is oral cancer. The United Nations, via the World Health Organization (WHO), defines NCDs as chronic conditions that are not transferred from person to person.

The UN recognises only five NCDs and focuses its efforts on tackling the burden of NCDs on those five, which are cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, and mental health disorders. Oral diseases do not feature as NCDs in the UN's categorisation because their focus is on those NCDs that account for the majority of deaths globally.

Of course, there is substantial evidence that severe periodontitis associates with premature mortality, independently of common and confounding risk factors, as well as evidence that periodontitis has a causal relationship with diabetes complications, major adverse cardiovascular events, poorer kidney function in chronic kidney disease patients, and is a risk factor for rheumatoid arthritis.

However, oral diseases have been overlooked on the global healthcare stage for this reason, as well as because policy makers and, indeed, the public regard oral diseases as 'conditions of the teeth', which are the domain of dentists and thus less important than our internal organs.

Of course, the mouth is a complex and highly specialised organ that is the major entry point to the body from the threats of our external environment and its unique anatomy results in a direct access point for microbes and their virulence factors into the systemic circulation.

It is also the portal for smoking, alcohol and unhealthy diets. Oral diseases do not just involve teeth, and oral health is the domain of all oral healthcare professionals and not just dentists. It is also the responsibility of all healthcare professionals to take oral health seriously, as there is no health without oral health.[1]

A problem we can no longer ignore

The global prevalence of severe periodontitis and dental caries in 2019 was estimated by the WHO at 3.5 billion people,[2] over 1 billion more than are affected by the cumulative burden of diabetes, cardiovascular disease (CVD), cancer, chronic respiratory disease and mental health disorders.

The scale is therefore enormous, and the worst affected are those from the poorest communities, mapping to the health and social inequalities that we are failing to address globally. The financial impact on countries is also enormous. The direct treatment costs alone for managing severe periodontitis, dental caries and severe tooth loss are estimated at $357 billion, almost 5% of global healthcare spend.[3]

The human cost is also substantial, with more years lived with disability from oral diseases than any other Level 3 human disease in 2021 according to the Global Burden of Diseases survey published in the *Lancet*.[4] Periodontitis and tooth loss due to caries and periodontitis are a major cause of mental strife for sufferers, negatively impacting upon their nutrition, speech, daily functions, self-confidence, social and mental wellbeing and overall quality of life, as well as the increased risk of systemic NCDs with periodontitis.

These latter measures are arguably as important, if not more important, than their impact on premature mortality, as the 21st century focus is about living well and in good health for as long as possible, rather than just living longer. The focus of NCDs needs to embrace quality of life and not just mortality.

Why prevention pays

Health is a basic human right and not just an aspiration but, of course, healthcare costs national economies, and health and social care budgets are not bottomless pits. Nevertheless, a healthy workforce is a productive workforce, because health is defined by the WHO as 'a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity'.[5]

It is also important to recognise that oral diseases are preventable, and preventative approaches to oral care can save economies millions of euros. The Economist Impact white paper on 'Time to take gum disease seriously'[6] demonstrated that in six major European economies, focusing on preventing incident gingivitis as a primary prevention strategy for periodontitis saved between €7.8 billion in the Netherlands and €36 billion in Italy over a decade, compared to current approaches to manage periodontitis. Such eye watering sums attract the attention of governments and health ministries.

Moreover, the follow-up white paper in 2024 by the Economist Impact[3] demonstrated that by 'levelling-up' (proportionate universalism approach), the progression rates for caries in the fifth most deprived quintile of people in the UK to the rates of the least deprived quintile, the decrease in per person costs of managing caries in the most deprived were three times greater than the second most deprived quintile. The trend was the same in Brazil, Indonesia, Italy, France and Germany.

Therefore, the economic cost savings and the improvements in oral health inequalities that can be achieved by managing oral diseases in a preventive and targeted manner are the strongest arguments likely to influence policy makers.

> *'We all, as members of civil society, have a duty to lobby our politicians and MPs on the importance of oral diseases, their prevalence, cost to the economy and humankind, and their impact on quality as well as quantity of life.'*

Breaking down the divide

Better integration of oral healthcare and medical teams is critical, given the shared risk factors that underpin all NCDs and the success of oral health practitioners (OHPs) in risk factor control using brief interventions, such as smoking cessation.

Indeed, the Economist Impact called for better integration in their 2021 white paper,[6] as have the FDI in their third pillar on advocacy of their 'Vision 2030: Delivering Optimal Oral Health for All',[7] as indeed has the WHO in its 2023–2030 'Global Strategy and Action Plan on Oral Health'.[8]

Closer working between oral healthcare and medical professionals needs to span the portfolio of healthcare, including shared medical/dental records and investigations, shared primordial, primary, secondary and tertiary prevention strategies for common risk factors like smoking and diets high in simple refined sugars, and shared outcome reporting.

A joint workshop in 2022 between the European Federation of Periodontology (EFP) and the World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA) documented that:

1. Periodontitis is independently associated with CVD, diabetes, chronic obstructive pulmonary disease (COPD), obstructive sleep apnoea and COVID-19 complications
2. OHPs and family doctors (FDs) should collaborate in managing NCDs, implementing strategies for early detection of periodontitis in primary care medical centres and of CVD and diabetes in dental settings
3. FDs should be informed about periodontal disease and its consequences and OHPs should be informed about relevance of NCDs and associated risk factors.

The conclusions of this workshop consensus paper, published jointly in the *Journal of Clinical Periodontology*[9] and the *European Journal of General Practice* in 2024,[10] were that:

1. Closer collaboration between OHPs and FDs is important in the early detection and management of NCDs, as well as in promoting healthy lifestyles
2. Pathways for early case detection of periodontitis in family medical practices and of NCDs in dental practices should be developed and evaluated.

It is now for health ministries and governments to develop remunerated systems and approaches that enable and incentivise the call being made by leaders of the oral healthcare and medical professions.

Gingivitis: the gateway disease

For decades, we have trivialised the importance of gingivitis and focused our efforts on treating periodontitis. Yet the EFP concluded in 2015 that treating gingivitis was the primary prevention strategy for managing periodontitis,[11] and work by Marc Schätzle and colleagues back in 2003 showed convincingly over a 26-year period that consistent gingival inflammation led to periodontal attachment loss and pocketing and indeed was a major risk factor for tooth loss.[12] We also know that gingival inflammation is a risk factor for major adverse cardiovascular events, whereas clinical attachment loss is not, pointing to the presence of current inflammation as the risk factors rather than historical periodontal disease experience.

We are further aware that experimental gingivitis patients develop a dysregulated and destructive immune cell function, and that engaging gingivitis patients in improved oral hygiene practices lowers CRP levels in blood and therefore cardiovascular risk. The clinical and biological case for gingival inflammation being our major challenge is clear.

'The stars seem to be aligning, and it certainly feels like the healthcare community is starting to come together to raise awareness of the massive global burden of oral diseases and conditions.'

The economic argument was made by the Economist Impact team in their 2021 white paper,[6] where they showed that the return on investment in six European countries from changing our current practice of 'business as usual' for managing Stage-2 periodontitis to one that focused on eliminating incident gingivitis gave positive returns on investment of between 15.2 in Italy to 57.5 in Germany. That means for every euro invested in managing gingivitis, between 15 and 57 euros come back into the economy over a decade. Therefore, the financial argument is also clear.

Moreover, the whole oral healthcare team can support improving oral hygiene to reduce the burden of gingivitis, enabling the extension of the scope of practice of all OHPs, including dental nurses and receptionists, as well as dental hygienists and dental therapists.

Tackling inequity through structural change

The most deprived carry the greatest burden of oral disease, and we have a major challenge in improving oral health literacy across the life course. We need a national curriculum on oral care that starts with antenatal midwifery classes and continues through primary, secondary and tertiary education, into the workplace and then into assisted living and care homes.

In addition, developing urgent care services for those who have not attended an oral healthcare professional in a period of several years is key. These need incentivising, so that those who struggle to afford access can attend for urgent care, then at the same time receive prevention advice and risk factor counselling, and ultimately disease stabilisation.

This may require the development of triage services using the whole oral healthcare team to improve cost effectiveness, and we need to train other healthcare professional such as pharmacists, who see members of the public rather than patients, for advice and guidance on oral healthcare products. We should engage health visitors in early years and teachers, something that is starting to happen within the UK at least.

The irony is that, in the developed world, the health inequalities are the same as in the developing world, but with a slight twist. In the UK, those who receive social benefits access oral healthcare free of charge. However, those who work hard to look after themselves and their families but who earn minimal wage are the ones that cannot afford oral healthcare. They are the group that we need to support more and on whom we must focus greater attention.

Beyond the day-to-day

It is very easy to understand how all OHPs focus on the 'day-to-day' and need to deliver their portfolio of services across a broad spectrum of society whilst making a profit to support their businesses.

However, on 25 September 2025, the 4th High Level UN meeting on NCDs takes place in New York. Oral diseases did not even appear in the first iteration of the zero draft Political Declaration of the 4th High-Level Meeting (HLM4) of the UN on NCDs and Mental Health. However, lobbying by the WHO Oral Healthcare team, the Platform for better Oral Health in Europe, the EFP, and in particular member states has rectified this all too frequent oversight. Therefore, we need advocacy for the WHO's Oral Health Strategy 2024–2030 at all levels and by all OHPs.

We all, as members of civil society, have a duty to lobby our politicians and MPs on the importance of oral diseases, their prevalence, cost to the economy and humankind, and their impact on quality as well as quantity of life. The oral health literacy problem is not unique to the least well-off parts of society; it transcends the social system. So, my message to oral healthcare professionals is that we all need to take our professional responsibilities seriously and lobby and educate and inform people at all levels about the importance of oral health.

The remuneration paradox

The previously mentioned data from the Economist Impact white paper in 2021[6] makes a compelling case for prevention but, unfortunately, the majority of healthcare remuneration systems in the developed world are focused on intervention and assigning fees per item of work done, or per group of items undertaken. This encourages interventions that are invasive and does not reward prevention financially.

For some time now, the Office of the Chief Dental Officer in England has been working hard lobbying for remuneration systems that reward prevention. There has been some success with the 'For Avoidance of Doubt' legislation by the NHS Business Services Authority (BSA),[13] which accepted the EFP and British Society of Periodontology adolopment of the S3-Level Clinical Practice Guideline for stages I–III periodontitis, and offered Band-2 UDA payments for steps 2, 3 and 4 of care, provided patients could be shown to be 'engaging' in improved oral hygiene practices. This was a first in the world, in that it allowed phased courses of treatment to apply for each stage of periodontal care, provided OHPs focused on getting patients to engage in their risk factor control and thus take responsibility for their own health.

However, across the globe there needs to be a paradigm shift away from oral care remuneration systems based on widget counting, and a move towards those that focus more holistically on the care pathway and on supporting patient self-care and prevention. This requires brave decisions to be made by policy makers to move oral healthcare out of the mid-20th century and into the 21st century.

Reimagining professional responsibility

Professional behaviours in primary care are largely shaped by prevailing remuneration models. For those managing a practice or hospital, maintaining a sustainable and financially viable business is essential. However, a persistent disconnect exists between the principles underpinning clinical practice, the way we have educated undergraduates over the past 30 to 40 years, and the financial imperatives required to ensure organisational sustainability.

There are many extremely impressive, visionary and altruistic practitioners who do manage somehow to run prevention-focused practices, but the majority struggle because of the remuneration models, entrenched in the 1960s and 1970s. It requires governments to trust OHPs as ethical and caring professionals as much as they do family doctors, and to support remuneration systems that are based on medical rather than surgical models.

If OHPs are remunerated for activities such as risk factor communication and support for what is termed 'primordial prevention' (meaning counselling and educating patients to avoid developing risk factors in the first place) or for 'primary prevention' (which focuses on addressing risk factors before disease onset), then we may begin to see meaningful changes in professional behaviour. Ultimately, incentivising such behaviour change is essential if we are to achieve widespread engagement across the profession.

A call to action for global change

It was astonishing to learn that the 2023–2030 WHO Global Strategy and Action Plan on Oral health was the first of its kind.[8] It was preceded by the WHO Global oral health status report in 2022 entitled 'Towards universal health coverage for oral health by 2030'[14] and then reinforced by the WHO Bangkok Declaration on 31 January 2025: 'No health without oral health'.[1]

This demonstrates the energy and commitment of the WHO at a time when its resources are under huge strain due to the financial stresses placed upon them, aggravated by the policies of the current US administration.

'I hope this article serves as a call to action to all in civil society to wake up and smell the plaque.'

However, NGOs such as the Platform for Better Oral Health in Europe (PBOHE), the FDI, the IADR, the EFP, the European Association of Dental Public Health, the Council of European Chief Dental Officers, the Oral Health Foundation and the Association for Dental Education in Europe are all aligning towards common strategic agendas and goals.

The stars seem to be aligning, and it certainly feels like the healthcare community is starting to come together to raise awareness of the massive global burden of oral diseases and conditions, and to advocate for change at the level of health ministries and governments.

The PBOHE is particularly focused on lobbying MEPs and, more broadly, raising awareness within civil society and amongst governments globally, and uniting forces with the aforementioned bodies to help deliver a consistent and compelling message.

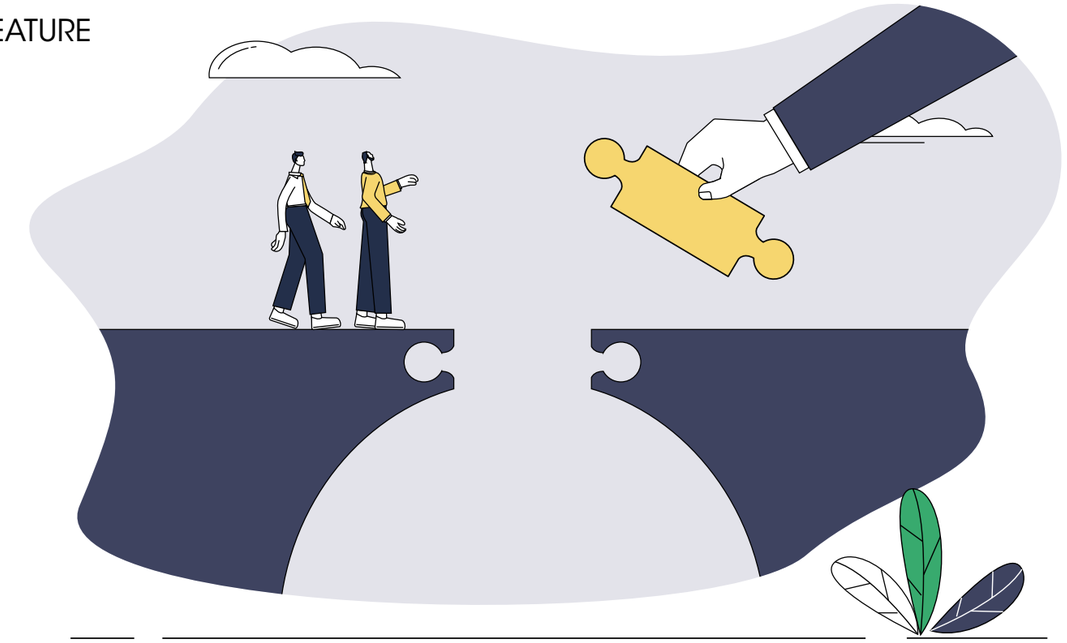
The predictions based upon the Global Burden of Disease consortium data are dire if we fail to act, with severe periodontitis predicted to reach a prevalence of 13.1% by 2050, affecting over 1.5 billion people, an increase of 44%; edentulism rising to 4.18% by 2050 impacting over 660 million people, a rise of 84.4%; and China being predicted to host 1/5th of the globally edentulous population (130 million) by 2050.[4]

These are the risks. I hope this article serves as a call to action to all in civil society to wake up and smell the plaque, and to join forces in lobbying for oral health to be firmly embedded in overall health and wellbeing, as well as to ensure the mouth is put back into the body, where it belongs, because the mouth is a portal to, and window on overall health and wellbeing.

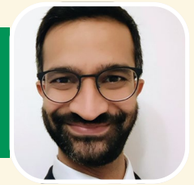
References

1. World Health Organization. Bangkok Declaration – No health without oral health. Towards Universal Health Coverage for Oral Health by 2030. 2025. Available at https://www.who.int/publications/m/item/bangkok-declaration---no-health-without-oral-health (accessed 11 September 2025).
2. World Health Organization. Global oral health status report: towards universal health coverage for oral health by 2030. 2022. Available at https://www.who.int/publications/i/item/9789240061484 (accessed 11 September 2025).
3. Economist Impact. Time to put your money where your mouth is. Addressing inequalities in oral health. 2024. Available at https://www.bsperio.org.uk/assets/downloads/EIxEFP_-_Oral_Health_white_paper_FINAL.pdf (accessed 11 September 2025).
4. GBD 2021 Diseases and Injuries Collaborators. Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *Lancet* 2024; **403:** 2133–2161.
5. World Health Organization. Constitution. Available at https://www.who.int/about/governance/constitution (accessed 11 September 2025).
6. The Economist Intelligence Unit. Time to take gum disease seriously. The societal and economic impact of periodontitis. 2021. Available at https://www.efp.org/fileadmin/uploads/efp/Documents/Other_publications/FINAL_article_EIU178_-_Gum_Disease_-_DV5.pdf (accessed 11 September 2025).
7. Glick M, Williams D M, Yahya I B *et al.* Vision 2030: Delivering Optimal Oral Health for All. FDI World Dental Federation, 2021. Available at https://www.fdiworlddental.org/vision2030 (accessed 11 September 2025).
8. World Health Organization. Global strategy and action plan on oral health 2023–2030. 2024. Available at https://www.who.int/publications/i/item/9789240090538 (accessed 11 September 2025).
9. Herrera D, Sanz M, Shapira L *et al.* Association between periodontal diseases and cardiovascular diseases, diabetes and respiratory diseases: Consensus report of the Joint Workshop by the European Federation of Periodontology (EFP) and the European arm of the World Organization of Family Doctors (WONCA Europe). *J Clin Periodontol* 2023; **50:** 819–841.
10. Herrera D, Sanz M, Shapira L *et al.* Periodontal diseases and cardiovascular diseases, diabetes, and respiratory diseases: Summary of the consensus report by the European Federation of Periodontology and WONCA Europe. *Eur J Gen Pract* 2024; DOI: 10.1080/13814788.2024.2320120.
11. Chapple I L C, Van der Weijden F, Doerfer C *et al.* Primary prevention of periodontitis: managing gingivitis. *J Clin Periodontol* 2015; DOI: 10.1111/jcpe.12366.
12. Schätzle M, Löe H, Bürgin W, Anerud A, Boysen H, Lang N P. Clinical course of chronic periodontitis. I. Role of gingivitis. *J Clin Periodontol* 2003; **30:** 887–901.
13. NHS. Avoidance of doubt: Provision of phased treatments. 2021. Available at https://www.england.nhs.uk/wp-content/uploads/2018/02/B0615-Update-to-avoidance-of-doubt-provision-of-phased-treatments-300621-.pdf (accessed 11 September 2025).
14. World Health Organization. Global oral health status report: towards universal health coverage for oral health by 2030. 2022. Available at: https://www.paho.org/en/documents/global-oral-health-status-report-towards-universal-health-coverage-oral-health-2030 (accessed 11 September 2025).

https://doi.org/10.1038/s41407-025-3105-9



Bridging the gap: bringing research into practice



Praveen Sharma[1] introduces an important joint session at the Oral Health Summit 2025, designed to highlight how advances in periodontal research are informing and enhancing clinical practice.

This November, the British Society of Periodontology and Implant Dentistry (BSP) and the Periodontal Research Group (PRG) of the British Society for Oral and Dental Research (BSODR) will come together to deliver a joint session at the Oral Health Summit 2025 in Edinburgh. This collaboration, taking place on Thursday 27 November at the Edinburgh International Conference Centre, promises to be a highlight of the meeting, bringing research and practice into sharper focus for the wider dental community.

The theme of the session, 'Bridging Research and Practice: Innovations in Periodontology', reflects a growing priority in our profession: ensuring that cutting-edge research not only advances scientific knowledge but also transforms patient care in meaningful, everyday ways. With a programme carefully curated for both clinicians and researchers, this session aims to inspire delegates with a vision of what periodontology looks like now, how far it has come and where it is heading.

Author information

[1]Dr Praveen Sharma (PhD) is Chair of the Periodontal Research Group of the British Society for Oral and Dental Research, and Co-chair of the Periodontal Research Group, Institute of Clinical Sciences, University of Birmingham and Birmingham Community Healthcare NHS Foundation Trust, Birmingham, UK.

The importance of research in periodontal practice

Periodontology is undergoing a period of rapid transformation. Advances in systemic understanding, diagnostics, and novel therapies are reshaping how we prevent, diagnose, and manage periodontal disease. Yet, a challenge persists: how do we ensure that the latest research makes its way from the laboratory and clinical trials into daily practice?

The joint BSP-PRG session is designed to answer precisely this question. By showcasing the work of world-leading researchers and clinicians, the programme will explore the continuum from research innovation to clinical implementation. The focus is not solely on science for its own sake, but on the ways in which it informs, underpins and improves the care provided by dentists, hygienists, therapists and specialists.

An outstanding line-up of speakers

We are delighted to feature four internationally respected experts, each addressing a unique aspect of periodontology that combines robust research with immediate clinical relevance:

- **Dr Jeanie Suvan** (University of Glasgow) will explore 'The Silent Engine of Progress: How Research Shapes Nonsurgical Periodontal Therapy and Patient Care'. Dr Suvan has been at the forefront of periodontal research for many years and her talk will highlight how incremental advances in research have transformed nonsurgical therapy into the highly effective, evidence-based practice it is today
- **Professor Owen Addison** (King's College London) will speak on 'Can Material Choices Affect Implant Outcomes?' Drawing on his internationally recognised expertise in biomaterials and oral rehabilitation, Professor Addison will discuss how decisions about materials within implant workflows can influence long-term success and patient outcomes
- **Professor Nick Jakubovics** (Newcastle University) will present 'Breaking the Biofilm Matrix – A Novel Enzyme for Dental Plaque Control'. Biofilm management remains a cornerstone of periodontal care, and Professor Jakubovics' work at the intersection of microbiology and clinical practice offers exciting new avenues for tackling plaque in ways that support both clinicians and patients
- **Professor Robert Hill** (Queen Mary University London) will close the programme with 'The Journey Towards a New Bioactive Glass Toothpaste for Treating Dentine Hypersensitivity'. As co-founder of BioMin Technologies, Professor Hill will share the translational research journey that has brought bioactive glass technology from the laboratory to commercially available products, underlining the importance of innovation in improving patient care.

Why this session matters

The strength of this programme lies in its balance: each speaker brings scientific rigour and clinical application to the table. Collectively, the talks will:

- Highlight how research drives improvements in established therapies
- Illustrate the role of materials science and microbiology in shaping next-generation treatments
- Provide a rare behind-the-scenes look at how research becomes routine practice.

For delegates, whether experienced clinicians, early-career researchers, or members of the wider oral healthcare team, this is an opportunity to see research not as an abstract concept, but as the engine of practical progress. Attendees will leave with new knowledge they can apply to their practice, as well as a richer understanding of the scientific processes that underpin clinical care.

'For delegates, whether experienced clinicians, early-career researchers, or members of the wider oral healthcare team, this is an opportunity to see research as the engine of practical progress.'

Accessibility and value

Another important element of this joint session is accessibility. The ticket price of £49 has been set deliberately to ensure that as many members of the dental community as possible can attend. This represents a remarkable opportunity to hear from world-class experts at a major national conference, at a fraction of the cost often associated with similar events.

By keeping the session affordable and scheduling it within the broader Oral Health Summit, the BSP and PRG are making a clear statement: advancing periodontal research and practice is a collective endeavour, and it should be open to the whole profession.

Looking ahead: the Oral Health Summit

The Oral Health Summit 2025 itself represents a significant moment for UK dentistry. Under the leadership of BSP President Professor Nicola West and BSDHT President Rhiannon Jones, the Summit will bring together societies, clinicians, researchers, and educators in a way that reflects the true interdisciplinarity of modern dental care. The inclusion of a dedicated BSP-PRG session demonstrates the centrality of periodontal research to oral health, while also highlighting the value of collaboration between societies with overlapping but distinct missions.

For the PRG, this session is also a chance to reinforce its role within the BSP and BSODR as a hub for periodontal research in the UK. By working with the BSP to deliver content that resonates with clinicians as well as researchers, the PRG continues its mission to connect discovery with impact, and to ensure that research findings ultimately benefit patients.

Connecting research and real-world impact

The BSP-PRG joint session at the Oral Health Summit 2025 is more than just a set of lectures: it is a demonstration of how research and practice can, and do, inform each other.

As the strapline for the session suggests, this is truly 'Everything you wanted to know about how we got to where we are and where we're going next – but didn't know who to ask'.

We look forward to welcoming you in Edinburgh this November.

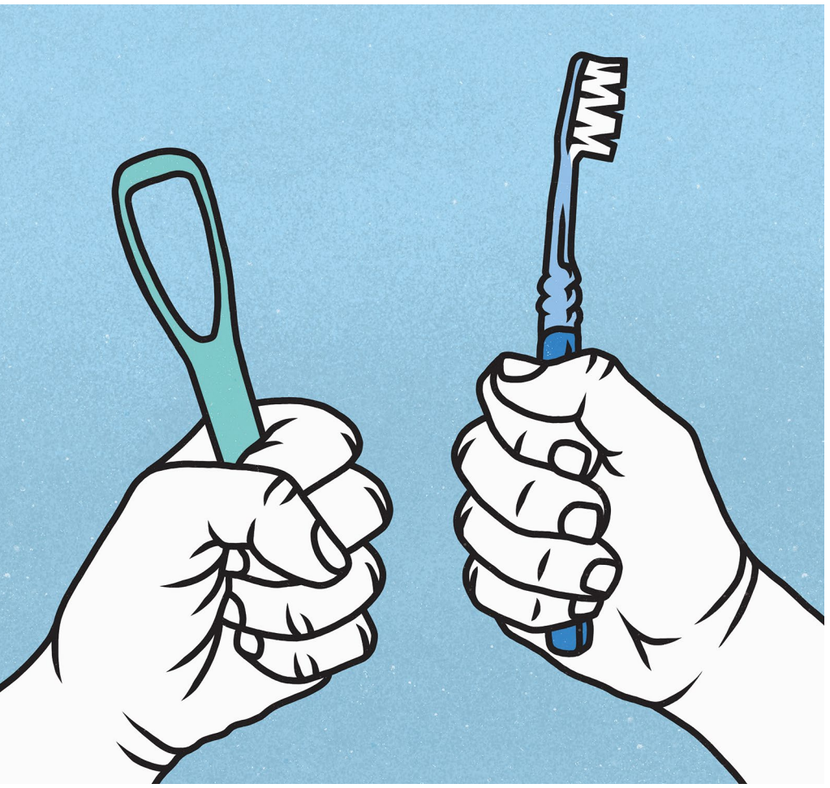
Dr Praveen Sharma, Chair of the Periodontal Research Group of the British Society for Oral and Dental Research on behalf of the Management Committee below:

Dr Richard Holliday (Newcastle) – Secretary

Dr Jumoke Adeyemi (Liverpool) and Dr Josefine Hirschfeld (Birmingham) – Councillors

Dr Vanaja Naik (Leeds) – Early Career Researcher (ECR) Representative.

https://doi.org/10.1038/s41407-025-3098-4



Behaviour change in dentistry: *what really works?*

Rhiannon Jones[1] and **Tim Newton**[2] share a four-step approach to behaviour change in dentistry, highlighting why a trusting patient-clinician relationship is the essential foundation for lasting results.

Working with patients to improve their oral health-related behaviour is a central component of dental care – self-care is critical to lifelong oral health. However, this can be a challenge for the oral healthcare team.

In this article, we outline a four-step approach to creating and maintaining behaviour change (Fig. 1). We also emphasise an essential underpinning element: an ongoing, trusting relationship between the oral healthcare team and the patient, which recognises that behaviour change is difficult, often imperfect, and progresses at different paces depending on individual circumstances.

Building trust for behaviour change

A relationship of trust and mutual respect will enable the oral healthcare team and their patients to work towards joint decisions about how to change their behaviour. These key communication skills are important:[1]

- Developing rapport through showing an interest in the patient and a willingness to help. Listening to the patient's concerns and the challenges they anticipate in making the change to their behaviour
- Appropriate empathic responses. While behaviour change may seem easy to us, for patients it may be frustrating or stressful. Understanding and acknowledging these emotions will help to build a therapeutic relationship
- Involving the patient in decision-making through seeking the patient's opinion of options and offering the patient choices
- Ensuring that change is seen as a continuous process, working together over time and acknowledging that the rate of change is not linear, and may be disrupted by external events (such as holidays, work-related stress, etc.).

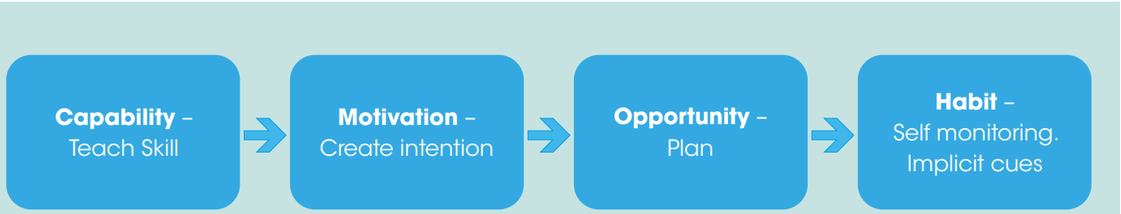


Fig. 1 The four-stage model of behaviour change for dental settings

Developing patient capability

Oral self-care requires the practice and perfection of key manual skills, including toothbrushing and interdental cleaning. Like other manual skills, it can be learnt through observation of another person (modelling), combined with feedback on how well the patient is performing the task.[2]

Consider asking your patient to demonstrate how they brush their teeth and providing feedback about what they are doing well, and where changes can be made to improve their technique. Similarly, interdental cleaning can be demonstrated on a model, followed by encouraging the patient to try using floss or interdental brushes themselves and providing feedback. Encourage the patient to discuss which they find easier or more convenient: brushes or floss?

Author information

[1]Rhiannon Jones is President of the British Society of Dental Hygiene and Therapy (BSDHT). With experience in both clinical practice and education, she is a strong advocate for the profession, committed to advancing dental hygienists and dental therapists, promoting prevention, and strengthening the role of the wider dental team. [2]Tim Newton is Professor of Psychology as Applied to Dentistry at King's College London. An internationally recognised authority on the behavioural sciences in dentistry, his research has shaped understanding of dental anxiety, patient adherence to oral health behaviours, and the importance of communication in clinical care. He has advised national and international bodies on policy and guideline development, worked with organisations including the BSP and BSDHT, and published extensively in leading journals.

> ***'By emphasising the benefits patients may notice from changing their behaviour, the healthcare professional helps the behaviour become intrinsically rewarding rather than dependent on external feedback.'***

Motivation for self-care

A systematic review of previous research exploring the most effective techniques to enhance the intention to change behaviour identified three important components:[3]

1. Discuss the patient's susceptibility to disease
2. Emphasising the benefits of changing behaviour
3. Enhancing the patient's perception of their ability to change (self-efficacy).

Helping a patient to understand their susceptibility to oral disease provides a context for why change is important. There are a number of ways in which susceptibility can be presented: as traffic light systems or by comparison with the general population. In general, patients are more able to understand information presented graphically than in terms of statistical susceptibility.

The benefits of behaviour change can be explored through seeking to understand what is important to each patient about their oral health. For example, the ability to smile in photographs, or talk and eat without embarrassment. It is generally acknowledged that focusing on benefits is more important than discussions on the avoidance of harm (for example, losing teeth), which are less motivating.

Previous research suggests that patients have a low sense of their ability to control their own oral health, especially in comparison to their general health.[3] Emphasise the importance of the patient's own behaviour. They are responsible for the daily care, whereas the oral healthcare team are only involved on the days that they visit the practice.

There are three main ways to achieve this:

1. Provide supportive statements to encourage patients
2. Make small changes that accumulate to show that change can be made in small steps
3. Share (with permission) other patients' successes to demonstrate how, though difficult, people can make change.

FEATURE

Planning change, enhancing opportunity

Psychologists identify that people often face a particular challenge of transforming their intentions to change their behaviour into action. That is, people may have the capability to change and the motivation to change but struggle to enact the change. This is often because people have busy lives and are carried forward on the inertia of their existing routines and behaviours.

In order to enact behaviour change, patients can be asked to PLAN the behaviour change.[4,5] This creates the time and opportunity for the behaviour. Plans typically involve working with the patient to identify:

- When the new behaviour will be carried out
- Where it will take place
- What resources may be needed.

The plan should be realistic and focused on each patient's particular circumstances.

Moving from plan to habit

On average, it takes 66 days of daily repetition of a behaviour before it becomes habit.[6] Therefore, once a patient has started to change their behaviour, it is important to provide support to encourage them to continue until the habit is established.

Techniques for encouraging the development of a habit include:

- Building cues to behaviour
- Encouraging patients to focus on the rewards that arise from the behaviour change.

Much of our behaviour is driven by cues that indicate when to engage in a behaviour. Often these cues are a particular time or associated with another behaviour (for example, brushing your teeth before going to bed). By linking a new behaviour to an existing cue (for example, use interdental brushes after brushing your teeth), the behaviour can become more firmly established in the person's routine.

By emphasising the benefits patients may notice from changing their behaviour (such as a fresher mouth feel or less bleeding when brushing), the healthcare professional helps the behaviour become intrinsically rewarding rather than dependent on external feedback. Behaviours linked to intrinsic rewards are usually more firmly established than those reliant on external rewards.

> ***'We need only look at the lack of success of some of our previous techniques and reflect on why the older model of "instructing" our patients simply doesn't work to see that a paradigm shift is required.'***

Supporting lasting change

In conclusion, working with patients to change their behaviour is a complex skill. Our four-step framework provides a guide to the steps you can take to work with your patient, bearing in mind that behaviour change is an ongoing journey.

Practical tips for behaviour change

By Rhiannon Jones

The four-step framework (Fig. 1) acts as an excellent guide to help oral healthcare professionals to understand how to communicate effectively with those who trust us with their care. We can often be too 'black and white' with our intended outcomes. If every patient took our initial advice, we would be thrilled, but they often don't.

We need only look at the lack of success of some of our previous techniques and reflect on why the older model of 'instructing' our patients simply doesn't work to see that a paradigm shift is required.

Working in partnership is critical. Being genuinely interested in our patients and listening to their current perceptions is vital for true engagement and progress. Using this four-step framework, one could consider the following:

1. A structured introduction to the appointment that makes it clear that you are mostly interested in their home-care routine and what issues they are currently experiencing.
   - *'Could I ask you about your home care routine please as it is what you do at home every day that makes the biggest difference?'*
   - It is important that they believe that you think they are capable of change
2. An ability to resist the urge to 'put them right'. So, a patient uses a manual toothbrush. If you instantly 'tell' them to swap to an electric toothbrush before carrying out an oral assessment, it suggests to them that you do not offer individualised care. If what they use is effective, acceptable and causes no harm, why would you change it? It can also be useful to ask them why they do not clean in between their teeth.
   - *'Can I ask if you have tried interdental cleaning before and, if so, what have you tried and why did you stop?'*
   - This acknowledges a genuine interest in them and allows you both to explore their motivation. We should try to inspire and motivate rather than shame and admonish.
3. Be flexible. We have all been taught to practise evidence-based dentistry, but not everyone can, or indeed will want, to use certain products. It can be helpful to ensure the patient knows what our goal is and how, together, you will find a routine that works for them. Better that patients use a product designed for interdental cleaning every day, even if it is not the most evidence-based option, than use the ideal product only once a week.
   - *'Our goal for you is to be free of dental disease and, to do that, we need to find a routine that will clean every surface of every tooth, every day. Would you allow me to demonstrate a few different products that I think might suit you? If you find these don't really suit you, please let us know as we will find something to ensure that you can have a completely healthy mouth.'*
   - It can be helpful to ask them to identify a time in the day that they could do this new task.
4. Review and revise. Let them know when you should see them again and why. What will you be looking for? No bleeding, a reduced plaque score, a reduction on caries or pocket depths? They need to know how a positive outcome will be measured and how they can manage this themselves.
   - *'So, when I see you in "x" months, I am hoping that your gums will no longer be bleeding when you brush and that you have been able to build the interdental cleaning into your routine. We will remeasure and it will be great to be able to show you what a difference you have made. You could try hooking your floss pick over your electric toothbrush, so it is a visible prompt, or leave your interdental brushes by your phone charger perhaps? Remember, we just need to find you a way to clean every surface of every tooth, every day.'*
   - Repetition and positive feedback work. Shame and disappointment rarely do.

References

1. Asimakopoulou K, Newton J T. Communication in the dental surgery. *In*: Scambler S, Scott S E, Asimakopoulou K (eds). *Sociology & Psychology for the Dental Team*. pp 218–235. Cambridge: Polity Press, 2016.
2. Newton J T. Health, illness and behaviour change. *In:* Kay E J (ed). Dentistry at a glance. pp 240–241. Winchester: Wiley Blackwell, 2016.
3. Newton J T, Asimakopoulou K. Behavioral models for periodontal health and disease. *Periodontol 2000* 2018; **78:** 201–211.
4. Schüz B, Sniehotta F F, Wiedemann A, Seemann R. Adherence to a daily flossing regimen in university students: effects of planning when, where, how and what to do in the face of barriers. *J Clin Periodontol* 2006; **33:** 612–619.
5. O'Toole S, Newton T, Moazzez R, Hasan A, Bartlett D. Randomised controlled clinical trial investigating the impact of implementation planning on behaviour related to the diet. *Sci Rep* 2018; DOI: 10.1038/s41598-018-26418-0.
6. Kwasnicka D, Dombrowski S U, White M, Sniehotta F. Theoretical explanations for maintenance of behaviour change: a systematic review of behaviour theories. *Health Psychol Rev* 2016; **10:** 277–296.

https://doi.org/10.1038/s41407-025-3099-3

www.nature.com/BDJTeam

FEATURE

Therapy-led practice: lessons from the front line

Cat Edney[1] investigates what therapy-led practice really looks like in action and the lessons every oral healthcare team can learn.

The phrase 'therapy-led practice' might once have raised eyebrows but now it's becoming one of the most powerful concepts in modern dental care. At its core, therapy-led practice is about more than the traditional handing over of the hygiene diary. It's about fully integrating dental therapists into the fabric of practice life, giving them space to lead on prevention, minimally invasive care and periodontal health. It also means supporting the wider team to embrace this evolution and grow into their own niche within shared care.

Author information

[1]Cat Edney is an award-winning dental therapist known for her commitment to advancing the role of dental therapy through collaborative, team-based care. As the founder of The Modern Therapist, Cat delivers hands-on clinical training and whole-team development, supporting practices to integrate therapy-led models confidently. She lectures nationally as a clinical educator, with a focus on empowering dental professionals to embrace and implement therapy within everyday practice fully.

www.nature.com/BDJTeam

'Dental therapists who are working to their full scope have a responsibility to bring others along. Not just with skill, but also with grace and clarity.'

Over the past few years, I've had the privilege of helping practices across the UK transition to a more therapy-led model, and seen the transformation it brings to patient outcomes, practice efficiency and professional fulfilment. It doesn't happen overnight though, and there have been many lessons along the way.

A vision rooted in teamwork

Successful therapy-led practice starts with mindset. The team must move from seeing the therapist as a 'support act' to recognising them as a primary clinician. This isn't about taking work away from dentists, rather quite the opposite. When therapists lead on routine care, especially around prevention and maintenance, dentists are freed up to focus on complex care planning, special interests such as implant or periodontal surgery, and aesthetic cases.

I have long been encouraging clinicians to recognise the impact they make on their team members' diaries. Championing each other not only leads to better patient outcomes but also a healthier financial situation for practices.

The therapy-led vision only works when communication is strong. Not only do dental therapists need to feel confident in presenting treatment plans, reviewing patient risk factors and engaging in shared decision-making, but there also needs to be excellent two-way communication from their dentist colleagues.

Dental therapist confidence often comes from being empowered by the team around them. Open discussions about personalised care planning, referral protocols and which clinician is best placed to provide care can transform the patient journey from a fragmented, single-handed approach into a smooth, team-supported pathway.

Put simply, we must take the time to talk to each other. It is no secret that there are dentists who are better at crowns than extractions, who prefer root canal treatment (RCT) to align, bleach and bond (ABB). Creating a team where each member plays to their strengths and is open to working with a dental therapist in creating the ideal referral pathway really is the key to success.

Barriers and breakthroughs

Of course, the shift to therapy-led care isn't always smooth. One of the biggest challenges I hear from colleagues is hesitation or resistance from associates, worried that losing their check-ups to a dental therapist might reduce their income or somehow put them in a difficult position medico-legally.

But with careful planning and open dialogue, these fears can be turned into opportunities. Dentists who truly understand the value of therapy-led care often find that their own diaries improve. Practices I have worked with have seen dentist diaries remodel, with fewer emergency appointments, better case acceptance, and more time for the work they enjoy most.

Another common concern is patient perception. 'Will patients understand why they're seeing a therapist instead of a dentist?' The answer is 'yes', if we explain it well. I always encourage therapists to develop a script or visual tools that explain their role, qualifications and how their care fits into the patient's wider dental journey.

Our team training emphasises semantics: how using the right words, and not too many of them, can really support patients with their understanding. With the right communication, patients often prefer the continuity, approachability and preventive ethos of the therapy-led model.

Creating a framework for success

To make therapy-led care sustainable, it helps to have a structure in place. That might include:

- Shared diagnostic tools – such as digital scans, standardised risk assessments and photographic records
- Clear clinical protocols – detailing which cases are managed by therapists and when to refer up
- Joint training – bringing the whole team together to understand and support the new model
- Workflow systems – so appointments, recalls and diary structures reflect the full scope of therapy.

Practices that have made this a success do so in a number of different ways. Some are fully dental therapy-led, with new patients to

> *'Change comes from action, and dental therapists are in the perfect position to lead.'*

the practice always seeing a dental therapist first. With this, the therapist takes all the information that could be required, such as scans, radiographs, images, extra- and intraoral checks, occlusion, dental and social history, and even vitality tests, where required.

This information, if structured in a standardised way, is then readily available to any clinician that may need to become involved in the patient's care.

The dental therapist can essentially get the patient 'ready' by focusing on treating active periodontal issues or caries, work on prevention with oral hygiene and diet advice, and then, when the time is right, refer to the right dentist for the patient's needs. This is particularly successful when there is a large team with individual special interests.

Other successful models will see the dental therapist performing the recall exam and hygiene in tandem, often focusing on the 'stabilised' patient and monitoring them for changes or differing requirements. This limits the dentist's time spent on patients who often have little need for intervention beyond that which falls within the dental therapist's scope of practice.

However it works in practice, digital dentistry is an incredible enabler here. It gives us tools to visualise and communicate treatment needs in real time, supporting patient understanding and inter-clinician collaboration. Having systems in place to make sure clinicians are communicating with all the available information is of paramount importance, and the digital transformation of dental practices is one of the key reasons why therapy-led care is becoming more accessible than ever before.

Empowering the next generation

Perhaps the most important lesson from the front line is this: we must educate the teams around us. Dental therapists who are working to their full scope have a responsibility to bring others along. Not just with skill, but also with grace and clarity. That means explaining how and why we work, being consistent in our clinical outcomes, and supporting other clinicians and team members to understand the bigger picture.

There's never been a better time to be a dental therapist in the UK. Opportunities are growing, our scope of practice is better recognised, and patients are increasingly open to a different type of care journey. But we must be proactive. We have to speak up: to shape the narrative rather than wait to be invited into it.

I hope to encourage more dental therapists to come to their practices with the answers. To be the expert, to have the knowledge to make this work. This may mean stepping out of your comfort zone and attending courses that don't directly affect your own work but help you understand your colleagues' roles. For some, it might involve going back to basics, while others may choose to seek mentoring from leaders in the field.

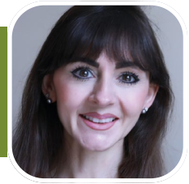
If you're a dental therapist reading this and hoping to play a part in therapy-led practice, ask yourself: 'Am I really working to my full scope? Am I leading my patients' care, collaborating with my team, and using the tools available to me to deliver prevention-first dentistry?'

If the answer is, 'Not yet', that's okay. But don't wait. Start by initiating conversations with your team. Suggest a joint training day or learn to integrate a new digital tool. Practise how you explain your role to patients, or even just call yourself by your registered title. Change comes from action, and dental therapists are in the perfect position to lead.

Cat Edney will be running two sessions at the Oral Health Summit in Edinburgh this November. 'Problem solving case-based workshop' on Friday afternoon; and 'Therapy-led practice – how to make therapy-led care work' on Saturday afternoon. To find out more about the event, visit https://profile.eventsair.com/oral-health-summit-2025.

https://doi.org/10.1038/s41407-025-3097-5

Optimising energy and wellbeing in dentistry



Victoria Wilson[1] explores how oral healthcare professionals can protect their energy, strengthen resilience, and reclaim joy in practice by integrating simple wellbeing strategies into their daily routine.

Dentistry is a demanding profession. Long hours, clinical intensity and the responsibility of caring for patients can take a toll on our bodies and our minds. After more than 20 years in the profession, I have learned that thriving in dentistry requires more than clinical skills and commitment to continuing professional development (CPD); it requires conscious daily attention to our own wellbeing.

That is why I am so looking forward to leading the 'Reflect & Recharge workshop' at 9.45 am on the Saturday at the conference hosted by the British Society of Dental Hygiene and Therapy (BSDHT) and the British Society of Periodontology (BSP) this year: the Oral Health Summit 2025. This will be a restorative session, designed to give dental professionals the space to pause, recharge and take away practical tools to ease daily stress, protect their energy and nurture resilience in clinical practice.

Author information

[1]Victoria Wilson began her career as a dental therapist at the Eastman Dental Hospital in London in 2001, going on to work across both the NHS and private sector in the UK, as well as in private practice in the UAE. She is the founder and former President of the Emirates Dental Hygienist Club. In addition to her clinical background, Victoria is dually qualified as a Functional Breath Coach. Today, she works as a consultant and key opinion leader for several leading organisations in the dental industry, and she leads Smile Revolution, an oral health initiative dedicated to driving leadership and advancing dentistry through health promotion.

Why wellbeing matters in dentistry

Prioritising my wellbeing allows me to feel optimal in both mind and body on a daily basis, even while navigating the inevitable professional and personal twists and turns. It means I can start each day feeling fully energised and clear-minded, ready to bring my very best professional self to the chairside for my patients. By protecting my energy levels and consciously checking in with myself throughout the day, I can recognise when adjustments are needed to stay balanced.

This consistent practice enables me to finish long clinical days feeling far less depleted – mentally and physically – while sustaining a healthy level of resilience both personally and professionally. When we care for ourselves, we create a stronger foundation to care for others.

What you will experience in the workshop

This is not a theory-only session; it is interactive, practical and tailored for the unique pressures of dentistry. Together, we will explore tools that you can immediately weave into your day. During the session, you will get hands-on practice with:

- **Functional breathing**: learn how to breathe functionally. Breathing optimally and functionally is one of the most powerful tools we have. By establishing a simple daily practice, you can calm your nervous system, reduce stress and boost your energy levels. Over time, functional breathing helps you feel more centred, improves focus, stamina, and can support both your wellbeing and performance in clinic
- **Meditation**: practical, time-efficient practices to calm the mind before the day starts or to reset between patients. We will also debunk the common myths that 'meditation isn't for me' or that it requires hours of silence or a perfectly clear mind. For dental professionals, meditation is a vital tool, as it trains focus, helps regulate stress in high-pressure clinical settings, and provides a mental reset that helps you approach each patient with clarity and composure
- **Interoception**: skills to tune into your body's subtle signals so you can spot early signs of stress, fatigue or overwhelm, and take small, timely actions to protect your wellbeing before burnout sets in
- **Self-compassion**: a shift away from self-criticism towards constructive reflection when things do not go perfectly. This is especially important in dentistry, where striving for precision can too easily slide into perfectionism and self-judgement
- **Gratitude practices:** quick, powerful resets that help to reframe your mindset, fuel resilience, and help you reconnect to the meaning and satisfaction in your daily practice.

Why now?

We are living in what I often describe as a *dysfunctional world* – where fast-paced demands, digital distractions and high-pressure expectations have become the norm. For us in dentistry, this is amplified by the physical intensity of a clinical day, the emotional toll in caring for patients, and the mental focus required to deliver precision day after day. It is no wonder so many of us find ourselves running on empty, struggling with exhaustion, stress and even burnout.

As a dually qualified Functional Breath Coach, I see first-hand how something as simple yet powerful as the way we breathe directly impacts our energy, stress levels and overall wellbeing. Shallow, unconscious breathing fuels stress and fatigue, while functional breathing can restore balance, regulate the nervous system and build resilience. The good news is that it is a skill we can relearn and integrate into daily life.

My commitment – and the focus of this workshop – is about *fine-tuning our instrument daily*. Just as we sharpen our clinical skills and maintain our tools, we also need to maintain the most important tool of all: ourselves. Through simple but effective practices like functional breathing, reflection and mindful resets, we can begin to shift out of survival mode and into a state of clarity and calm.

When we prioritise this daily tuning, something changes. We do not just feel less stressed; we feel energised, more present and better equipped to manage the inevitable ups and downs of clinical and personal life. We can approach each patient with focus and vitality, engage more effectively in guiding positive behaviour change, and move through long clinical days with greater stamina and clarity.

The 'Reflect & Recharge workshop' is your chance to pause and reset. It offers a space to step back from autopilot, learn evidence-based strategies, and walk away with practical tools you can use straight away. Most importantly, it's about reclaiming your energy and sustaining the joy, purpose and fulfilment that brought you into dentistry in the first place.

'Through simple but effective practices like functional breathing, reflection and mindful resets, we can begin to shift out of survival mode and into a state of clarity and calm.'

Practical takeaways you can use immediately

By the end of the workshop, you will have gained tools to integrate seamlessly into the rhythm/your rhythm of a busy clinical day:

- **Your am–pm reset** – bookending your day with a short functional breathing exercise
- **A two-minute tune in** – reset routine to calm your nervous system at the beginning of your day, or at any point through your working day
- **Daily reflection prompts** – to help you recharge mentally after a busy shift
- **Practical strategies** – to anchor wellbeing habits into the routines you already follow, in ways that feel natural and sustainable for you, so they truly work in your day-to-day life.

https://doi.org/10.1038/s41407-025-3096-6

Lifestyle matters: holistic oral health for patients and practitioners

What do yoga, diet and the oral microbiome have in common? **Maria Papavergos**[1] unpacks the lifestyle connections that matter for both patients and dental professionals.

Oral diseases are largely preventable, requiring control of lifestyle and behavioural risk factors. Lifestyle therefore cannot be overlooked in shaping oral and systemic health in patients and requires practitioners to engage in preventive strategies.

The mouth is indisputably connected to the body, with oral-systemic links being well established not only in terms of chronic inflammatory disease, but immunity and longevity too. If we can break down lifestyle beyond smoking and alcohol intake, there is an opportunity to educate and empower patients and professionals to take a proactive, preventive 360-degree approach to oral health.

Nutrition and the oral microbiome

Nutrition is one of the foundations to health, including oral health. 'You are what you eat' in terms of health outcomes, and nutrition starts in the mouth. From the microbes we cultivate in our mouths to the nutrients we nourish our bodies with, from dietary patterns to food choices, our mouths are affected, and the impact goes beyond.

Oral health is often overlooked in terms of diet, but if we become more mindful towards our mouths, systemic benefits result. Nutrition is a tool to nurture our oral microbiome. By choosing foods that support the beneficial species of bacteria in our mouths and reduce the proliferation of pathogenic species, we can reduce the risk of oral and systemic diseases.

Prebiotic and probiotic foods boast benefits to our oral and systemic health. Prebiotic foods are high-fibre foods that support beneficial microbes and help maintain balance of the oral microbiome. Beetroot and green leafy vegetables are examples that are rich in fibre and dietary nitrate. Dietary nitrate supports our oral microbiome and confers cardiovascular benefits through a process referred to as the nitrate-nitrite-nitric oxide reduction pathway.

The dietary nitrate is swallowed, absorbed and concentrated into saliva. Dietary and salivary nitrate in the mouth undergoes reduction by nitrate-reducing species of oral bacteria to nitrite, which is further reduced to nitric oxide (NO) in the gastrointestinal tract. NO enters the bloodstream as a cardiovascular signalling molecule or vasodilator, producing anti-hypertensive effects, improved exercise performance and anti-inflammatory effects.[1]

A recent study showed dietary nitrate supplementation resulted in alteration of the oral microbiome in older populations, through increases in healthy bacterial species such as *Neisseria* and suppression of potentially harmful bacteria such as *Prevotella*. The modified oral microbiome in this population resulted in increased NO bioavailability and reduction in blood pressure.[2]

Author information

[1]Dr Maria Papavergos is a general dentist, yoga instructor and wellness advocate based in South West Scotland. She takes a whole-body approach to oral health, with a particular focus on the role of the oral microbiome. With more than ten years of clinical experience, Maria works to empower patients to see oral health as the foundation of wider wellbeing. She is the founder of The Lifestyle Dentist, a platform dedicated to education and prevention. Maria is also a qualified yoga teacher and runs retreats at Barwhillanty Estate that combine oral health awareness with wellbeing practices. Her work reflects a commitment to helping both patients and professionals connect the mouth to the body through everyday choices.

> *'With each portion of fruit or vegetable consumed daily halving the risk of oral cancer, the emphasis of inclusion and variety is paramount.'*

Favourable microbiome changes

Probiotics are live, beneficial micro-organisms which have been shown to alter the oral microbiome favourably. Strains including *Lactobacillus* and *Bifidobacterium* have been shown to eradicate or inhibit the proliferation of cariogenic bacteria, including *Streptococcus mutans*, lowering salivary pH and inhibiting biofilm accumulation. Therefore, they have a role in protection against dental caries and periodontal disease.

They have also been shown to modulate the immune response, inhibiting certain inflammatory markers involved in proliferation of periodontal disease.[3] It is interesting that probiotics in combination with milk products, such as natural yoghurt and kefir, have extra benefits as they contain milk proteins, such as casein, that inhibit the attachment of *S. mutans* to the tooth surface and promote protective bacterial species.[4]

Foods that support beneficial microbes in our mouths, as well as our guts, should be plentiful in our diets. We should also aspire to an anti-inflammatory diet, colourful with fresh fruit and vegetables, to ensure we include a full micronutrient profile, including vitamins A, C and D, which are essential for the prevention of oral disease. With each portion of fruit or vegetable consumed daily halving the risk of oral cancer, the emphasis of inclusion and variety is paramount.[5]

The anti-inflammatory effects of omega-3 fatty acids are another essential dietary inclusion for oral and systemic health. Found in oily fish (sardines, anchovies, mackerel, salmon, herring), they reduce the number of pro-inflammatory mediators in the gingival tissue of patients with gingivitis and periodontal disease.[6]

Movement, stress and holistic routines

It is not just the balance in our diets but also in our daily routines that impact oral and systemic health. Movement and exercise are essential anti-inflammatory practices that support our physical health, as well as our mental health.

Physical activity could positively impact periodontitis directly, by reducing inflammatory biomarkers, and indirectly, through its modulatory effects on insulin sensitivity, obesity, bone density, and stress.[7]

In the ancient practice of yoga, stress is said to be the root of all diseases. Cortisol production increases with stress, up-regulating our inflammatory response, which can translate to increased incidence of several inflammatory conditions, including gingivitis and periodontal disease. Yoga *asanas* are associated with reduced cortisol and better periodontal health.[8]

Breathwork (*pranayama*) is a key element of yoga, and breathing practices can be used as an effective tool in stress management. In particular, nasal breathing has been found to confer several health benefits, including increased production of nitric oxide, the aforementioned vasodilator, supporting cardiovascular health.

Yoga is a unique combination of controlled breathwork, meditation and physical exercise that is accessible to all and should have a place in the toolbox of dental practitioners to support both patients and themselves alike.

By building daily routines that incorporate movement, breathwork and 'mouth-first' nutrition, we can take a positive step towards holistic health. This approach connects the mouth to the body for our patients, while also reminding us to prioritise our own wellbeing and practise what we preach. Small, sustainable changes fuelled by knowledge and understanding can reap bigger health rewards for both patients and practitioners.

Maria Papavergos is speaking at the Oral Health Summit on Friday 28 November between 9.45 am and 10.25 am on 'Lifestyle matters – lifestyle, diet and probiotics as lifestyle factors that impact oral health and overall health for both patient and dental professional'. To find out more about the event visit https://profile.eventsair.com/oral-health-summit-2025/registration.

References

1. Koch C D, Gladwin M T, Freeman B A, Lundberg J O, Weitzberg E, Morris A. Enterosalivary nitrate metabolism and the microbiome: Intersection of microbial metabolism, nitric oxide and diet in cardiac and pulmonary vascular health. *Free Radic Biol Med* 2017: **105:** 48–67.
2. Vanhatalo A, L'Heureux J E, Black M I *et al.* Ageing modifies the oral microbiome, nitric oxide bioavailability and vascular responses to dietary nitrate supplementation. *Free Radic Biol Med* 2025; **238:** 682–696.
3. Shirbhate U, Bajaj P, Chandak M *et al.* Clinical implications of probiotics in oral and periodontal health: a comprehensive review. *Cureus* 2023; DOI: 10.7759/cureus.51177.
4. Vacca-Smith A M, Van Wuyckhuyse B C, Tabak L A, Bowen W H. The effect of milk and casein proteins on the adherence of *Streptococcus mutans* to saliva-coated hydroxyapatite. *Arch Oral Biol* 1994; **39:** 1063–1069.
5. Conway D I. Each portion of fruit or vegetable consumed halves the risk of oral cancer. *Evid Based Dent* 2007; **8:** 19–20.
6. Azuma M M, de Barros Morais Cardoso C, da Silva C C *et al.* The use of omega-3 fatty acids in the treatment of oral diseases. *Oral Dis* 2022; **28:** 264–274.
7. Chan C C K, Chan A K Y, Chu C H, Tsang Y C. Physical activity as a modifiable risk factor for periodontal disease. *Front Oral Health* 2023; DOI: 10.3389/froh.2023.1266462.
8. Katuri K K, Dasari A B, Kurapati S *et al.* Association of yoga practice and serum cortisol levels in chronic periodontitis patients with stress-related anxiety and depression. *J Int Soc Prev Community Dent* 2016; **6:** 7–14.

https://doi.org/10.1038/s41407-025-3103-y

Implementing periodontal treatment guidelines in everyday practice

Guidelines only make a difference when they are both practical and accessible. This has long been the hallmark of the Scottish Dental Clinical Effectiveness Programme (SDCEP), writes **Madeleine Murray**.[1]

The Scottish Dental Clinical Effectiveness Programme (SDCEP) prides itself on developing accessible guidelines and providing resources to support implementation. In line with this commitment, the session about guidelines and their development at the Oral Health Summit taking place in Edinburgh this November will highlight how SDCEP worked to translate evidence regarding periodontal diagnosis and treatment into information for primary care.[1]

The Dental Clinical Guidance[1] should be applicable to patients with and without disease, reflecting the diverse nature of practice populations. It needs to focus on prevention, early detection and knowing what to do if disease is more severe. Guidance should be based not only on evidence of best practice but also on how to implement it in practice.

'The SDCEP group began from the premise that much periodontal disease is straightforward to treat. If a practitioner has a range of key skills and executes them consistently to a reasonable standard, disease can be treated.'

In addition, it should where possible look for evidence supporting (or not) interventions in a primary care setting, not only a university or secondary care centre. In this respect, SDCEP guidelines differ subtly from those developed by specialist groups.

Practical application

The SDCEP group began from the premise that much periodontal disease is straightforward to treat. If a practitioner has a range of key skills and executes them consistently to a reasonable standard, disease can be treated. We were optimistic.

The BSP Treatment Guidelines had already set out what that best evidence-based practice is,[2] and there was no need to reinvent the wheel. There was also an example of how good practice could translate to primary care in the Healthy Gums Do Matter material.[3]

The aim was to bring relevant resources together and provide advice on implementation across the patient journey, consistently aligned with the evidence base. The approach used by the group was to consider what the key interventions in management of periodontal conditions were in primary care and to develop workflow strategies to support these for all patients, consistently. During the presentation at the Oral Health Summit there will be examples of how this was done. The presentation, together with contributions from others in the session, will illustrate how evidence is translated into everyday care and provide plenty of time for discussion between the panel and delegates.

To find out more about the Oral Health Summit visit https://profile.eventsair.com/oral-health-summit-2025/registration.

Author information

[1]Dr Madeleine Murray is a specialist in restorative dentistry and Chair of the SDCEP Periodontal Guidance Development Group. Her main clinical interests are in severe periodontitis and its multidisciplinary management, as well as non-surgical aspects of periodontal management. Holding an MPhil in Medical Law and Ethics and the Cardiff University Bond Solon (CUBS) Expert Witness Certificate, she has acted as a dental expert in medico-legal cases. She has also examined for the Membership in Periodontics at the Royal College of Surgeons of Edinburgh and now serves as an assessor for their examination programme.

References

1. SDCEP. Prevention and Treatment of Periodontal Diseases in Primary Care. Dental Clinical Guidance. 2nd edition. 2024. Available at https://www.sdcep.org.uk/published-guidance/periodontal-care/ (accessed 8 September 2025).
2. West N, Chapple I, Claydon N *et al.* BSP implementation of European S3-level evidence-based treatment guidelines for Stage I–III periodontitis in UK clinical practice. *J Dent* 2021; DOI: 10.1016/j.jdent.2020.103562.
3. BSP. Healthy Gums Do Matter toolkit. 2019. Available at https://www.bsperio.org.uk/professionals/healthy-gums-do-matter-toolkit (accessed 8 September 2025).

https://doi.org/10.1038/s41407-025-3102-z

Oral health inequalities: policy into action

Rachael England[1] explores how well-considered policy shifts, evidence-based strategies and empowered professional leadership can finally turn the tide on persistent oral health inequities.

Oral diseases continue to be the most persistent health inequity that affect our communities. Oral and general health inequities do not exist in isolation; they intersect with social and commercial determinants of health[1] and in recent years have been compounded by the cost-of-living crisis.[2] A report from The Hygiene Bank in 2024 said that hygiene poverty now affects 4.2 million adults in the UK, an increase of over 1.1 million individuals since 2022.[3] Sixty-five percent of parents reported that they have had to choose between buying hygiene products for themselves or for their children.[3]

That this is happening in a G7 country is a stark reminder of the scale of inequity. Dental pain and disease are among the leading causes of hospital admissions for children in the UK.[4] Without systemic change, this cycle will continue.

Politics and prevention

In September 2025, the 4th United Nations (UN) High-Level meeting on the Prevention and Control of Noncommunicable Diseases (NCDs) and the Promotion of Mental Health was convened to adopt a political declaration that was released to its members for consultation earlier this year. The draft, referred to as the 'Zero Draft', has been criticised by the World Health Organization (WHO) membership and oral health advocates for not acknowledging the impact of oral diseases on mental health and in the context of wider noncommunicable diseases.[5]

In July 2025, the Labour Government revealed its ten-year plan for the NHS with primary goals to address disease prevention. The ambitious goals include embedding oral health into primary care.[6] This strategy aligns with the WHO Global Oral Health Strategy and Action Plan 2023–2030 (GOHP).[7] Strategic Objective Six addresses the workforce and calls for innovative models that fully utilise skill mix and the involvement of the primary healthcare team. This model continues to experience challenges with implementation, as seen in the baseline report confirming that no WHO members were able to report on the status of Objective Six in their countries.

In the meantime, dental therapists, dental hygienists and dental nurses were removed from the Skilled Worker route of immigration in England. This leaves the profession wondering how the workforce will be maintained and able to deliver on the ambitions to improve access for all.[8]

There are advocacy lever points within the ten-year plan that include healthy diet, reduction of nicotine-based products and alcohol consumption. However, it has also been publicised that the ten-year plan has been influenced by unhealthy commodity industries, and does not go far enough to tackle the burden of disease they create.[9]

Author information

[1]Dr Rachael England, DrPH, MPH, DipDH RCSEd, FCGDent, is the newly appointed Head of Policy and Advocacy at the Oral Health Foundation. A dental hygienist by background, she has more than 25 years' international experience spanning clinical practice, education, research and public health. She previously worked at the FDI World Dental Federation in Geneva and has held leadership roles, including President of the Emirates Dental Hygienists Club. In 2018, she founded Maasai Molar, a non-profit delivering oral health education and treatment in rural Kenya. Rachael is committed to tackling inequalities and strengthening the voice of dental hygienists and therapists in oral health policy and leadership.

Evidence in action

The UK's Soft Drinks Industry Levy (SDIL) has led to a 46% decrease in sugar content for relevant products, leading to a relative 12.1% reduction in hospital admissions for dental issues in children.[10] There are calls from the NCD advocacy community to create a mandatory 'healthy food standard' to make the average meal 'slightly' healthier, as part of the forthcoming 10 Year Health Plan.[11]

Community water fluoridation (CWF) has been proven to be safe and effective across the UK. For example, water-fluoridated Hartlepool has 13% caries in 5-year-olds but neighbouring Middlesbrough, which is not fluoridated, has 35% caries in 5-year-olds.[12] CWF is endorsed by the WHO. The decision for CWF was allocated to the Secretary of State under the Health and Care Act 2022.[13] Public opinion overwhelmingly supports CWF; however,[14] implementation can only happen per local authority following a successful public consultation.

The question is no longer whether these professionals can lead; they already do.

The true challenge lies in how to nurture and sustain their leadership so that it becomes embedded, visible and appreciated. This involves creating career pathways that acknowledge diverse trajectories, providing mentorship and sponsorship to amplify their voices, and ensuring they are represented on central stages, not just on the periphery.

Sustaining leadership for dental hygienists and dental therapists is about more than just fairness; it's about securing the innovation, equity and credibility our profession requires.

As oral health professionals, we already know what works, and what doesn't.[5] We have the evidence to back these strategies, but what we need is public, professional and political will to drive expansion and implementation. While the scientific content of this event is strong, much of it sits outside the realities of prevention and inequality.

'Thankfully, the need to integrate oral health into the wider public health strategies and a "Health in All Policies" (HiAP) approach has been recognised.'

In 2025, the Department of Health and Social Care announced the provision of toothbrushes and fluoride toothpaste for 600,000 children living in the most deprived regions.[15] ChildSmile Scotland has proven the effectiveness of daily toothbrushing in schools and routine topical fluoride application.[16]

The local authorities will need our support to deliver these essential oral health education programmes.

Thankfully, the need to integrate oral health into the wider public health strategies and a 'Health in All Policies' (HiAP) approach has been recognised. This means that oral health should be considered in every area of policy, from education and housing to food systems and healthcare planning.

Shaping tomorrow's leaders

I have published previously about gender-equity in oral health.[17] Dental hygienists and dental therapists play a crucial role in the dental profession, yet leadership in policy, academia and conferences remain underrepresented.

As I begin my role as Head of Policy and Advocacy at the Oral Health Foundation, I see the urgency and the opportunity. The challenge is translating policy into practice, and ensuring that practice is inclusive, equitable and prevention focused.

Inequalities cannot wait. Neither can we.

This November's Oral Health Summit in Edinburgh will be an important hub for collaboration and catalysing progress towards narrowing the oral health gaps that exist across the UK. Find out more about the event at https://profile.eventsair.com/oral-health-summit-2025/registration.

This article does not represent the views of the Oral Health Foundation.

References

1. Watt R G. Social determinants of oral health inequalities: implications for action. *Community Dent Oral Epidemiol* 2012; **40:** 44–48
2. Cope A L, Chestnutt I G. The implications of a cost-of-living crisis for oral health and dental care. *Br Dent J* 2023; **234:** 501–504
3. The Hygiene Bank. Hygiene Poverty in 2024. Summary report. 2024. Available at: https://thehygienebank.com/wp-content/uploads/2024/05/The-Hygiene-Bank-Hygiene-Poverty-in-2024-Summary-Report-May-2024.pdf (accessed 8 September 2025).
4. Tooth decay remains 'leading reason' children admitted to hospital. *BDJ In Pract* 2024; **37:** 407.
5. Benzian H, Kavanaugh D, Naidoo S, Mathur M R. Oral disease must be central in policies to improve global health. *BMJ* 2025; DOI: 10.1136/bmj.r1070.
6. Department of Health and Social Care, Prime Minister's Office, 10 Downing Street, The Rt Hon Sir Keir Starmer KCB KC MP and The Rt Hon Wes Streeting MP. 10 Year Health Plan for England: fit for the future. 2025. Available at https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future (accessed 8 September 2025).
7. World Health Organization. Global strategy and action plan on oral health 2023–2030. 2024. Available at https://www.who.int/publications/i/item/9789240090538 (accessed 8 September 2025).
8. British Dental Association. Dentists: Immigration rules change will deepen access crisis. 2025. Available at https://www.bda.org/media-centre/dentists-immigration-rules-change-will-deepen-access-crisis/ (accessed 8 September 2025).
9. Obesity Health Alliance. Healthy food revolution to tackle obesity epidemic. 2025. Available at https://obesityhealthalliance.org.uk/2025/06/29/targets/ (accessed 8 September 2025).
10. Rogers N T, Conway D I, Mytton O *et al.* Estimated impact of the UK soft drinks industry levy on childhood hospital admissions for carious tooth extractions: interrupted time series analysis. *BMJ Nutr Prev Health* 2023; **6:** 243–252.
11. Department of Health and Social Care, Department for Environment, Food & Rural Affairs, NHS England, The Rt Hon Steve Reed OBE MP, The Rt Hon Wes Streeting MP. Healthy food revolution to tackle obesity epidemic. 2025. Available at https://www.gov.uk/government/news/healthy-food-revolution-to-tackle-obesity-epidemic (accessed 8 September 2025).
12. England R, Nnyanzi L A, Zohoori F V. Impact of COVID-19 lockdown on dietary behavior related to oral health in Teesside, United Kingdom. *Eur J Dent Oral Health* 2022; **3:** 11–15.
13. British Association for the Study for Community Dentistry. Position statement on Community Water Fluoridation. 2023. Available at https://www.bascd.org/component/edocman/position-statement-on-community-water-fluoridation/viewdocument/172?Itemid= (accessed 8 September 2025).
14. Furness J, Oddie S J, Hearnshaw S. Water fluoridation: current challenges. *Arch Dis Child* 2021; **106:** 587–589.
15. Investment in supervised toothbrushing scheme broadly welcomed. *BDJ Team* 2025; **12:** 104
16. Macpherson L M D, Ball G E, Brewster L *et al.* Childsmile: the national child oral health improvement programme in Scotland. Part 1: establishment and development. *Br Dent J* 2010; **209:** 73–78.
17. England R, Stanfield J, Cliffe G. Striving for leadership in an unequal world. *BDJ Team* 2020; **7:** 7–9.

https://doi.org/10.1038/s41407-025-3101-0

‘Everybody’s gums bleed.’ Taking patient beliefs into account in periodontal care

During their session at this November’s Oral Health Summit in Edinburgh, **Shauna Culshaw**[1] and **Louise O’Dowd**[2] will be sharing patients’ perspectives on their journey with periodontal disease.

Introduction

Shauna Culshaw and Louise O’Dowd’s session will explore the central role of patients as active partners in securing and maintaining their periodontal health. Through hearing directly from patients, Shauna and Louise will examine how the experience of living with periodontal disease – and undergoing its management – affects their wellbeing, quality of life, and engagement with treatment. Participants will gain insight into what patients truly want and need from their dental professionals, and how integrating these perspectives can help achieve effective partnerships and optimal clinical outcomes.

In this exclusive preview in *BDJ Team*, Shauna and Louise will provide insights into their upcoming session.

Q&A

Why do you think now is the right time to talk about patient beliefs in periodontal care?

SC and LO: There is a growing body of academic evidence demonstrating the link between periodontal health and quality of life outcomes, and this message needs to be widely shared with practitioners. Who better to convey this than patients themselves? As healthcare professionals, we must learn to see through the patient’s lens in order to engage in meaningful dialogue, supporting them to understand and participate in evidence-based care. This is especially important in the current climate, where patients have ready access to a wide range of health information of varying reliability.

What kinds of beliefs or misconceptions do patients often have about periodontal disease and its treatment?

- That nothing can be done so what’s the point?
- That it will be cured – like a filling or an extraction
- That it’s ‘their fault’ and ‘shameful’
- That everybody’s gums bleed
- That it is a normal part of ageing.

How do those beliefs shape the decisions patients make about their care or their willingness to follow through with treatment?

This very much depends on the nature of the misconception and is highly patient-specific. It is important to recognise that, as in all aspects of life and healthcare, people are individuals. Therefore, our approach to treatment – and the way in which we engage patients – must be tailored to the individual and viewed as a process rather than a one-off event.

For example, two people may share the belief that ‘nothing can be done, so what is the point?’ Both may initially appear disengaged, despondent, and feel that treatment is a waste of time. However, one individual may respond positively to input from dental professionals at the time they present, particularly if the professional has taken time to understand their beliefs and treatment goals. By contrast, another patient may remain unresponsive despite a similar approach.

It is not uncommon for patients to

believe that bleeding gums are normal, affect everyone, and that nothing can be done about it. This belief is often held even by those with advanced disease. In order to achieve optimal periodontal outcomes, such beliefs must first be identified, explored, and then sensitively challenged. How this is approached depends very much on the individual patient – their presenting concerns, treatment goals, and personal circumstances.

Importantly, health beliefs can be successfully changed, particularly when patients begin to see tangible evidence of improvement for themselves. One of the most rewarding aspects of practice is when patients return with demonstrable engagement, reflected in reduced plaque and bleeding scores, alongside genuine enthusiasm for the process. Negative health beliefs can be turned around, and many of these patients go on to become advocates for periodontal health within their own families and communities.

How can understanding a patient’s beliefs help when planning treatment?

Understanding a patient’s beliefs about periodontal health is fundamental to planning care and making decisions together. Patients often present with misconceptions, for example believing that bleeding gums are normal or that nothing can be done. Unless these beliefs are identified and addressed, engagement with treatment may be limited. By exploring the patient’s perspective, we can tailor communication, build trust and align treatment with their personal goals while also taking into account treatment costs. This approach not only helps motivate behaviour change, set realistic expectations and improve adherence but also makes care more collaborative and rewarding, leading to better long-term outcomes.

> ‘Importantly, health beliefs can be successfully changed, particularly when patients begin to see tangible evidence of improvement for themselves.’

Author information

[1]Professor Shauna Culshaw is Professor of Periodontology and Immunology at the University of Glasgow, where she is Dental Clinical Research Facility Lead and Lead for Undergraduate teaching in Periodontics. Shauna completed specialist training in periodontics and treats patients referred to Glasgow Dental Hospital with advanced periodontal diseases, and provides specialist training to staff. Shauna and her research team investigate the immune response in the oral cavity and the relationship between periodontitis and systemic inflammatory diseases. [2]Dr Louise O’Dowd is a specialist in restorative dentistry and periodontology. She is a Consultant in Restorative Dentistry at the Edinburgh Dental Institute (EDI). In addition, Louise works at Vermilion, a private specialist referral practice in Edinburgh.

What role does communication play here?

Effective communication is a cornerstone of patient-centred, values-based care in long-term oral health management. There is no single communication technique that has demonstrably more evidence for use in periodontal care. Techniques such as open-ended questioning allow clinicians to explore patients’ beliefs, concerns and priorities, helping to identify misconceptions and barriers to engagement. Motivational interviewing provides a structured framework that supports patients in reflecting on their habits and articulating their own reasons for change, thereby enhancing intrinsic motivation and adherence. Empathetic and consistent communication fosters trust and partnership, making patients more receptive to evidence-based guidance and active participation in care. By being aware of patient sensitivity around blame and shame in relation to their condition, practitioners can more effectively relate to patients and build trust. Tailoring information and using language appropriate to individual health literacy, prior experiences, and cultural context ensures that advice is meaningful and relevant. Positive reinforcement of measurable progress – such as reduced plaque or bleeding scores – helps consolidate behaviour change and improve long-term outcomes.

How do you personally balance respecting a patient’s viewpoint with making sure you deliver evidence-based care?

This is a core aspect of contemporary clinical practice and not something that tends to present a particular challenge. Central to this is the principle of *shared decision-making*, whereby patients are recognised as active partners in their care. Respecting autonomy requires clinicians to listen to and acknowledge patients’ beliefs, values and preferences, even when these differ from professional perspectives. At the same time, practitioners have a duty to provide care that is safe, effective and evidence-based, in line with regulatory and professional guidance.

Achieving this balance depends on effective communication – presenting information in an accessible and meaningful way, linking evidence-based recommendations to the patient’s own goals, and supporting them to make informed choices. Importantly, this is best viewed as a process rather than a single event, allowing time for dialogue, reflection, and reinforcement. In doing so, clinicians can respect individuality while ensuring that care remains grounded in the best available evidence, ultimately leading to more sustainable engagement and improved outcomes.

Do these lessons extend beyond periodontology?

This principle applies not only to periodontology but also to other areas of oral and general healthcare. The traditional model, in which the clinician solely decides what is

> *'By being aware of patient sensitivity around blame and shame in relation to their condition, practitioners can more effectively relate to patients and build trust.'*

best and the patient plays a secondary role, is increasingly recognised as outdated. Across healthcare, it is widely acknowledged that patients should be at the centre of decision-making. Positive long-term health outcomes are achievable only when care is delivered in partnership with patients, respecting their values, preferences, and lived experiences.

What part does the wider oral healthcare team have to play in this kind of approach?

The dental nurses are the people the patients like the most – they're perceived as an ally – the team can use this to their advantage.

Person-focused care is not the responsibility of the clinician alone but is created through every interaction the patient has within the service. Administrative staff, dental nurses, dental hygienists, and dental therapists all contribute to establishing an environment of trust, respect, and continuity. For example, dental nurses and dental hygienists are often ideally placed to reinforce key preventive messages, provide practical demonstrations of oral hygiene techniques, and support patients as they begin to notice improvements in their own health. These repeated, consistent interactions are important in addressing misconceptions and sustaining behaviour change.

Furthermore, the involvement of the wider oral healthcare team ensures that information is presented in accessible ways, tailored to the patient's level of health literacy and aligned with their personal goals. This collaborative approach reflects the principles of *shared decision-making* advocated by NICE (2021)[1] and the General Dental Council's 'Standards for the dental team' (2013),[2] both of which emphasise respect for patient autonomy and the integration of evidence-based practice. Embedding these values across the whole team not only improves health outcomes but also enhances patient experience and engagement, creating a more rewarding clinical environment for both patients and professionals.

What do you hope participants will take away from your session at the Oral Health Summit?

Understanding that poor periodontal health affects not only the mouth and general health but also patients' overall quality of life is essential. Both the disease itself and its management can have a profound impact on daily living. Recognising and valuing the patient's experience of the disease and its treatment can make the work of the oral healthcare team easier, more rewarding, and ultimately lead to better outcomes for all.

Find out more about the Oral Health Summit, which takes place in Edinburgh on 28 and 29 November 2025, and book your place at https://profile.eventsair.com/oral-health-summit-2025/.

References

1. NICE. Shared decision making. NICE guideline NG197. 2021. Available at https://www.nice.org.uk/guidance/ng197 (accessed 11 September 2025).
2. GDC. Standards for the dental team. 2013. Available at https://www.gdc-uk.org/standards-guidance/standards-and-guidance/standards-for-the-dental-team (accessed 11 September 2025).

https://doi.org/10.1038/s41407-025-3104-x

Why the future of oral health depends on us all

As the Oral Health Summit 2025 approaches, **Nicola West**[1] and **Rhiannon Jones**[2] call for collective action to tackle the urgent issues facing oral health, from health inequalities and disease burden to prevention, education and policy change.

The world is waking up to the true impact of oral disease. With billions affected globally, and strong evidence linking oral health to systemic health, there is growing recognition that the status quo is no longer acceptable. Yet awareness alone is not enough. If we are to deliver real and lasting change, we must act, and act together.

The Oral Health Summit 2025 is a timely response to this challenge. It provides an opportunity to shift the conversation, not only within the dental profession but also across health and social care. We believe it is also the right moment to reflect on what comes next: the actions we take as individuals, organisations and a wider profession to build a future where prevention is prioritised, access is equitable, and collaboration is the norm.

Prevention is our strongest tool

For too long, prevention has been spoken about as an ideal rather than delivered as a standard. Yet we know that many of the most common oral diseases are entirely preventable, and that early intervention leads to better patient outcomes, lower healthcare costs and reduced systemic risk. The question is no longer whether prevention matters, but how we embed it into everything we do.

This means going beyond chairside advice. It requires community outreach, consistent public health messaging, and a system-wide shift in how oral health is funded, measured and integrated into wider healthcare pathways. It also means empowering patients with the knowledge, tools and support to take ownership of their oral health.

A call for connected care

Whether in a general dental practice, hospital setting or community clinic, every dental professional has a role to play in tackling oral health inequalities. But we cannot do it alone. As the evidence linking oral disease with systemic conditions such as diabetes, cardiovascular disease and respiratory illness continues to grow, so too does the need for stronger integration between dental and medical care.

> *'As the evidence linking oral disease with systemic conditions, so too does the need for stronger integration between oral, dental and medical care.'*

Collaborative working is no longer optional; rather, it is essential. Shared records, joint training, co-located services and consistent cross-sector communication must become part of the way we work. The Oral Health Summit will highlight practical ways of making that happen, with sessions exploring policy models, system leadership, and the role of the oral healthcare team in whole-person care.

Education, equity and empowerment

If the future of oral health is to be truly inclusive, it needs to be built on education and equity. We must address the barriers that prevent patients from accessing care, whether financial, cultural, geographical or systemic. And we must also ensure that oral healthcare teams are equipped with the knowledge and confidence to support diverse patient needs.

Education at all levels has a role to play. From undergraduate programmes and eCPD to patient-facing campaigns and community-based learning, we need consistent, evidence-led resources that drive better outcomes. The Summit will offer a platform for these conversations, and a springboard for further action.

A global issue with local solutions

Oral health is a global concern, but progress starts at a local level. Every interaction with a patient is an opportunity to educate, engage and empower. Every single practice, clinic and team has the potential to become a hub for prevention and early intervention. And every professional voice can contribute to policy change when we speak together.

The WHO Global Oral Health Action Plan[1] calls for integration, accountability and cross-sector cooperation. The UK has a chance to lead by example, but it will take effort, investment and co-ordination across professional boundaries. The Oral Health Summit is one step on that path.

Join us in Edinburgh

The Oral Health Summit 2025 will take place on 28 and 29 November at the Edinburgh International Conference Centre, with a dedicated pre-day of workshops and symposia hosted by the British Society of Periodontology (BSP) on 27 November.

The programme spans prevention, systemic health, innovation, behaviour change and workforce development, with contributions from a wide range of speakers across the dental team.

This supplement has previewed just some of what is to come. But the most important element is you. Whether you are a dental hygienist, dental therapist, specialist, general dentist, educator or student, your voice matters. Your action matters. And your commitment to the future of oral health is what will turn discussion into impact.

We look forward to welcoming you to Edinburgh, and to working together towards a future where prevention is not the exception, but the expectation.

Book your place

For more information and to book your place at the Oral Health Summit 2025, visit https://profile.eventsair.com/oral-health-summit-2025. While registering, why not add a ticket for *A Taste of Scotland*, the Friday evening drinks reception in the exhibition area (6–7.30 pm)? Enjoy refreshments, nibbles and Scottish entertainment, and connect with colleagues before venturing out in Edinburgh for dinner. Places are limited, so secure your ticket early.

Author information

[1]Professor Nicola West is President of the British Society of Periodontology and Implant Dentistry (BSP), Chair and Honorary Consultant in Restorative Dentistry (Periodontology) at the University of Bristol Dental School, and one of the UK's leading experts in periodontal research and clinical care. With a career spanning over three decades, Nicola has led the European Federation of Periodontology as Secretary General from 2019 to 2025, contributed extensively to national and international guidelines, chaired consensus workshops and led numerous multi-centre clinical trials. Her work focuses on the integration of periodontal and systemic health, and she continues to advocate for evidence-based prevention as the foundation of modern care. As BSP President, she is committed to elevating the role of periodontal science in shaping oral and general health outcomes. [2]Rhiannon Jones is President of the British Society of Dental Hygiene and Therapy (BSDHT) and a passionate advocate for the advancement of dental hygienists and dental therapists across the UK. She brings experience from both clinical practice and education, with a long-standing commitment to professional development, equality of access and public-facing oral health promotion. Rhiannon has led on national initiatives to improve recognition of the dental hygiene and dental therapy workforce, expand their scope of practice, and support their leadership at every stage of their careers. As BSDHT President, she works to ensure prevention remains central to dentistry and that the profession reflects the full strength of its multidisciplinary team.

References

1. World Health Organization. Global strategy and action plan on oral health 2023–2030. 2024. Available at https://www.who.int/publications/i/item/9789240090538 (accessed 9 September 2025).

https://doi.org/10.1038/s41407-025-3095-7

EBD Spotlight:
Smoking cessation oral health outcomes for patients with type 2 diabetes and periodontal disease

Manas Dave[1] examines topics covered in our sister journal *Evidence-Based Dentistry*.

Introduction

'A systematic review of oral health outcomes following smoking cessation in type 2 diabetes: Clinical and research implications'[1] was published in the *Journal of Dentistry* in May this year and a commentary based on it, 'Is smoking cessation the key to better oral health outcomes for type 2 diabetic patients with periodontal disease?'[2] was published in *Evidence-Based Dentistry* in June.

Background

Type 2 diabetes mellitus (T2DM) is a chronic disease affecting an estimated 462 million people, corresponding to 6.3% of the world's population.[3] Hence, T2DM is one of the most common morbidities encountered amongst patients by dentists. Periodontitis, a chronic inflammatory disease characterised by inflammation and destruction of the tooth-supporting structures, has been shown to have a bi-directional relationship with T2DM.[4] Persistent hyperglycaemia exacerbates periodontal inflammation and delays healing whilst active periodontitis impairs glycaemic control. Interestingly, blood levels of glycated haemoglobin (HbA1c) have shown to significantly decrease in patients who achieve greater than 50% reduction in periodontal pocket depths.[4]

Smoking is a major risk factor for periodontitis, therefore smoking cessation may lead to improvements in periodontal inflammation and in turn, improve diabetes control and reduce the risk of diabetes related complications. Therefore, this systematic review[1] will appraise the evidence to understand the effects of smoking cessation on oral health in people with T2DM.

Methods

Electronic database searches were conducted in PubMed, Scopus and Web of Science in November 2024. Studies were included if they were human clinical studies involving patients with T2DM with data stratified according to smoking behaviour and the studies investigated any oral health outcomes. Patients with type 1 diabetes mellitus were excluded. Risk of bias was undertaking using the Joanna Briggs Institute critical appraisal tools for the relevant study design.

Results

In total, four studies were included that were published between 2009–2017 from the United States of America (n = 2), Chile (n = 1) and one in both the United Kingdom and the United States of America (n = 1). The total number of participants was 926

Tooth sites from former smokers showed significantly higher odds of clinical attachment loss progression compared to never smokers (OR = 2.23, 95% CI: 1.30-3.83)

There was no association amongst current smokers for CAL progression compared to never smokers (OR = 0.90, 95% CI: 0.46–2.43)

Smokers with diabetes exhibited higher mean values for all periodontal parameters compared to never smokers and former smokers however they were not statistically significant

Smoking status was not consistently identified as a predictor of periodontitis amongst people with T2DM.

Conclusions

The authors stated:

'The current evidence on the impact of smoking cessation on oral health in individuals with type 2 diabetes is limited and inconclusive, largely due to the small number of studies and their methodological limitations…'

Commentary

This systematic review stated that smoking cessation did not appear to improve the outcomes of periodontal disease or treatment for T2DM however the studies were too heterogenous to pool the results together in a meta-analysis. There appears to be limitations in the research to determine if smoking cessation improves outcomes of periodontal treatment in patients with T2DM.

References

1. La Rosa G R M, Pedullà E, Chapple I *et al.* A systematic review of oral health outcomes following smoking cessation in type 2 diabetes: Clinical and research implications. *J Dent* 2025; DOI: 10.1016/j.jdent.2025.105665.
2. Grumley C. Is smoking cessation the key to better oral health outcomes for type 2 diabetic patients with periodontal disease? *Evid Based Dent* 2025; **26:** 93–94.
3. Khan M A B, Hashim M J, King J K, Govender R D, Mustafa H, Al Kaabi J. Epidemiology of Type 2 Diabetes – Global Burden of Disease and Forecasted Trends. *J Epidemiol Glob Health* 2020; **10:** 107–111.
4. Preshaw P M, Alba A L, Herrera D *et al.* Periodontitis and diabetes: a two-way relationship. *Diabetologia* 2012; **55:** 21–31.

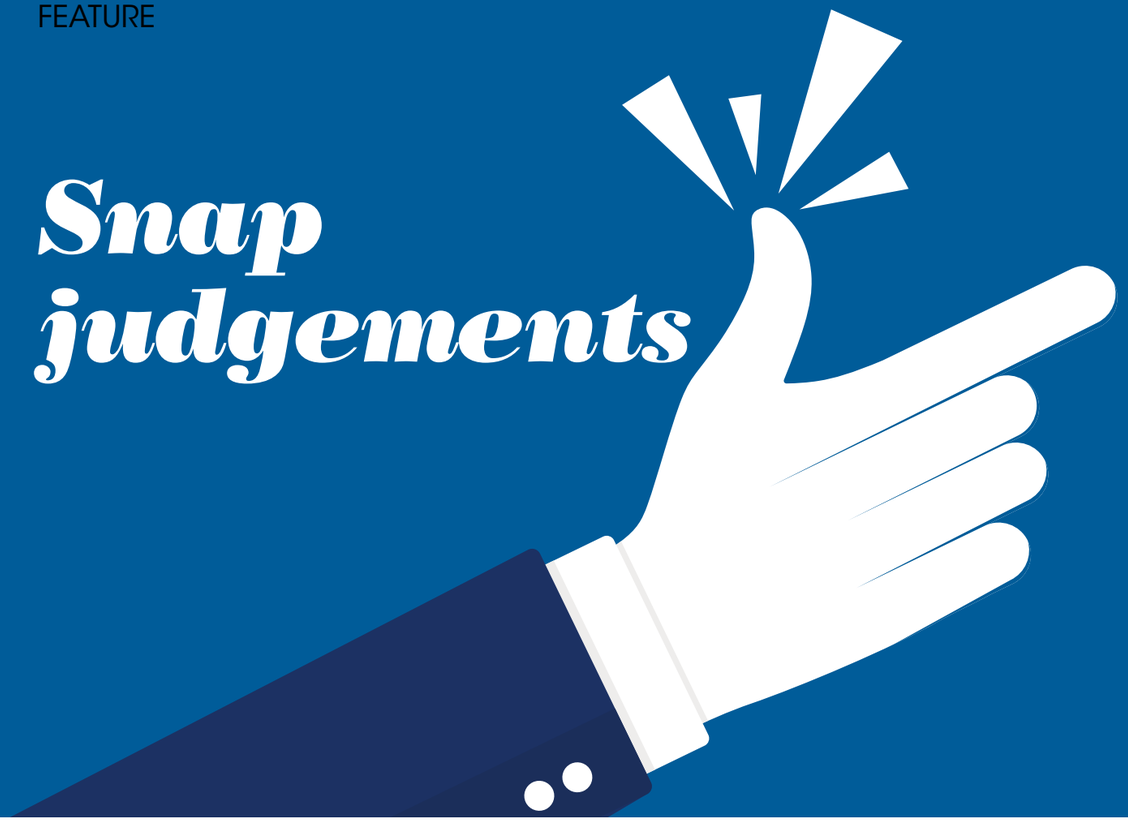
https://doi.org/10.1038/s41407-025-3093-9

> *'Smokers with diabetes exhibited higher mean values for all periodontal parameters compared to never smokers and former smokers…'*

Author information

[1]Dr Manas Dave qualified from the University of Manchester with degrees in pathology and dentistry. He undertook postgraduate training in Newcastle and Middlesbrough before returning to Manchester where he is an NIHR Academic Clinical Fellow in Oral and Maxillofacial Pathology and Honorary Lecturer in Dentistry. Manas has achieved postgraduate qualifications in Medical Education, Dental Public Health and Pathology Informatics. He has published extensively across numerous journals including the *BMJ, The Lancet* and the *BDJ*, has extensive teaching experience of both undergraduate and postgraduate students and is a recipient of numerous personal and research awards. He is also part of the BDJ Portfolio team as Associate Editor, *BDJ Open*.

Snap judgements



The Dental Defence Union's (DDU's) **Alison Large** looks at unconscious bias and how we can retrain our brains.

Most of us would be horrified at the thought that we have treated someone differently because of the way they look, speak or their background but we are probably doing so without even realising it.

That's because our judgements about people, including ourselves, are influenced by a mass of learned assumptions, experiences and cultural beliefs that we've internalised over the years. So, while the General Dental Council (GDC) expects us to treat patients and colleagues fairly and not unfairly discriminate, we need to recognise how unconscious bias can creep into our practice in subtle ways and guard against it.

Why unconscious bias is a problem

We're all susceptible to unconscious bias which can affect our interactions with patients, interfere with clinical decision-making and damage relationships with others in the oral healthcare team.

If our brain is triggered into making a negative judgement about a patient, it can easily feed into our body language and tone of voice. This might make it harder to establish a good relationship with the patient and achieve the best outcome, making a complaint more likely.

Worse still, this cognitive trap leaves us open to allegations of discrimination which might lead to a GDC investigation or even legal action under the Equality Act 2010 which protects individuals from direct or indirect discrimination because of a protected characteristic such as age, disability, gender or race.

Types of unconscious bias

Unconscious bias isn't just about thinking less of someone who is different. Experts have identified several different ways that our behaviour can be affected by factors outside our awareness. These include:

Affinity bias – A tendency to think positively about someone because they are like us e.g., someone who went to the same dental school or a patient with a similar age and background. However, this can leave others feeling excluded.

The halo effect – Where our positive view about someone then influences our response to their character and everything they do (potentially blinding us to problematic behaviour).

Confirmation bias – Cherry picking evidence in support of a decision while ignoring or downplaying any evidence that conflicts with it. This behaviour might be taken as a sign of a lack of insight in the aftermath of an adverse incident.

The Dunning-Kruger effect – A gap between our perceived competence at a task and our performance. Overestimating competence or knowledge might lead dental professionals to take on treatment that should be referred to a specialist or refuse to accept advice from colleagues in the oral healthcare team.

FEATURE

'In a busy practice, dental professionals need to make quick decisions about diagnoses and personalised care plans but be careful not to be unduly influenced by assumptions about the patient's understanding, capabilities or wishes.'

Tips for addressing unconscious bias

While we don't always realise the hidden forces that make us behave the way we do, we can put strategies in place to guard against it.

Recognise the problem – Everyone is affected by unconscious bias to some degree so be honest with yourself about the possibility that bias could be affecting your behaviour or decisions. Acceptance is the first step towards change.

Increase your self-awareness – Reflect on interactions with new people, your response to them and the reasons for it. If you had a positive first impression, was it because you felt you had something in common with them? If you didn't, was it because their appearance or views seemed alien? That could indicate unconscious bias at work. It's also useful to think about complaints and incidents from this angle, e.g., did you assume a parent was less engaged with their child's oral health because of the way they were dressed or how they expressed themselves?

Ask questions – In a busy practice, dental professionals need to make quick decisions about diagnoses and treatment plans but be careful not to be unduly influenced by assumptions about the patient's understanding, capabilities or wishes. The GDC expects you to treat each patient as an individual and listen carefully to what they have to say.

Focus on evidence-based dentistry – Think about how you would explain your clinical decision-making to a colleague. You should be able to point to the patient's history and wishes, as well as recognised guidelines and research.

Seek honest feedback – Don't rely on your own opinion of your strengths and weaknesses, talk to colleagues in the oral healthcare team, fellow dental professionals and appraisers about where you can improve and address this in your personal development plan.

Participate in training – Training courses can help the oral healthcare team to explore the risks and impact of unconscious bias and then apply these lessons in their practice. It's better for practices to arrange this training for everyone than create the perception that it's to 'punish' individuals.

Celebrate difference – One-off training might not rewire our brains but an inclusive practice culture will help ensure that everyone in the team feels equally valued and address the needs of a diverse range of patients.

https://doi.org/10.1038/s41407-025-3094-8

Product news

Product news is provided as a service to readers using text and images from the manufacturer, supplier or distributor and does not imply endorsement by BDJ Team. Normal and prudent research should be exercised before purchase or use of any product mentioned.

EDENTULOUS TMJ SUPPORT

Edentulous patients may be unable to enjoy the foods they love, impacting their happiness. When combined with problems in the temporomandibular joint (TMJ), the struggles of edentulism are worsened, limiting their quality of life.

To assist patients with at-home therapy for the TMJ, recommend the OraStretch Press Rehab System from Total TMJ. Using a mouthpiece and squeezable handles to open the oral cavity, it mobilises the TMJ and stretches the orofacial tissues.

For edentulous patients, foam pads are added to the standard adult version. These cushion against the gingivae when using the system for a more comfortable rehabilitation protocol. With optimal comfort comes optimal compliance.

Light and easily stored in a bag, the OraStretch Press can be used anywhere at any time. It is also available in a paediatric version, an anterior version for limited oral openings, and an extended add-on for patients with alignment issues.

Restore quality of life with the OraStretch Press from Total TMJ today.

For more details about Total TMJ and the products available, email info@totaltmj.co.uk.

NEW CHAIRSIDE SCREENING TOOL FOR EARLY DETECTION OF GINGIVAL INFLAMMATION

Oraldent Ltd is pleased to announce the UK launch of PerioMonitor, a clinically validated chairside screening tool that enables dental professionals to identify gingival inflammation in just 60 seconds.

Unveiled at the British Dental Conference and Dental Show 2025, PerioMonitor offers a practical, non-invasive method of assessing oral neutrophil activity – a biomarker of inflammation. The tool utilises a simple patient rinse and colorimetric strip to provide immediate, visual results that can support diagnosis, treatment planning, and patient motivation.

This is a unique opportunity for dental professionals to detect inflammation before it becomes visible – and to offer evidence-based, preventive care with confidence. PerioMonitor bridges the gap between clinical suspicion and visual confirmation, while remaining easy to implement in daily practice.

Validated in peer-reviewed clinical studies, PerioMonitor has shown high sensitivity and correlation with traditional markers such as bleeding on probing (BOP), while requiring no laboratory infrastructure or equipment.

Key features:

- 60-second results at the point of care
- Highlights inflammation before clinical symptoms appear
- Simple, rinse-based format
- Ideal for routine screening and personalised care discussions.

Stock is available from August 2025. Each kit contains 50 individual tests.

For enquiries and orders, contact the Oraldent team at: info@oraldent.co.uk; 01480 862080; www.oraldent.co.uk.

HELP YOUR PATIENTS FEEL CONFIDENT WITH THEIR DENTURES

During the denture treatment process, try-in appointments are the best opportunity to make clinical adjustments, and help your patients feel confident in their treatment.

The new Aesthetic Wax from Kemdent, available in four unique colours, ensures clinicians have some of the best material choices at hand.

Clinicians can use the burgundy, ivory, plum and wax options to create aesthetic and stable wax denture try-ins. This ensures the model can look completely natural for patients, creating confidence prior to the final restoration.

Dental professionals can easily modify the model, passing on all relevant information to the dental technician prior to the fabrication of the end result.

Learn more about new solutions from Kemdent by contacting the team today.

For more information about the leading solutions available from Kemdent, visit www.kemdent.co.uk or call 01793 770 256.

VITAMIN D: A SIMPLE, POWERFUL TOOL FOR PERIODONTAL HEALTH

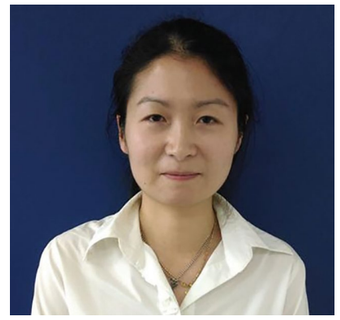
Vitamin D is often overlooked in dental practice, yet its influence on oral and periodontal health is significant and straightforward to address. In her session at Dentistry Show London, 'The impact of vitamin D on periodontal health: biological basis and clinical relevance', Dr Emily Lu will explore how this nutrient offers clinicians an accessible opportunity to support oral and overall well-being. Dr Lu (pictured) is Senior Clinical Lecturer and Honorary Consultant in Periodontology at King's College London.

Recent evidence underscores vitamin D's triple action in the oral environment: it helps regulate inflammation, enhances antimicrobial defence, and supports bone health – all vital components in preventing and managing periodontal disease. Although many people associate vitamin D predominantly with skeletal health, new research reveals its direct involvement in stimulating antimicrobial peptides, modulating inflammatory cytokines, and reinforcing the epithelial barrier in oral and gingival tissues.

In clinical practice, this means identifying and addressing vitamin D deficiency, especially in high-risk groups such as older adults, individuals with darker skin pigmentation, those with limited sunlight exposure, and pregnant or breastfeeding women, which can make a tangible difference to patient outcomes. For these patients, screening and conversation around vitamin D status should form part of comprehensive periodontal care. Even if testing is not immediately viable, simply providing lifestyle advice or recommending safe, over-the-counter supplementation (especially during winter) can be beneficial.

That said, gaps remain. The profession lacks consensus on optimal serum thresholds, and most studies to date are cross-sectional. There is a pressing need for well-designed, long-term clinical trials to determine effective supplementation protocols and their sustained impact on periodontal health.

Dr Lu's core message is this: maintaining sufficient vitamin D – through screening,



lifestyle guidance, or supplementation – is a low-barrier, high-impact strategy. It addresses the triad of inflammation, infection, and bone preservation, and should become a staple in a holistic approach to oral healthcare.

Don't miss Dr Emily Lu's session at Dentistry Show London on 4 October at 2.30–3.15 pm at the Speciality Interest Theatre. For more information and to register for free visit https://london.dentistryshow.co.uk/.

COLLABORATION AIMS TO INSPIRE HEALTHY SMILES FROM THE START

My Forever Tooth Fairy, a new keepsake brand helping families 'turn every lost tooth into a cherished memory', is teaming up with The Humble Co. to encourage joyful, consistent brushing habits from the very beginning.

With tooth decay still one of the most common childhood diseases in the UK, establishing strong oral hygiene routines in early childhood is more crucial than ever. Yet for many parents, encouraging their little ones to brush twice a day can feel like a daily battle.

My Forever Tooth Fairy is rooted in a magical story where children learn that every lost tooth bestows a special superpower, like love, courage, or joy on their Forever Tooth Fairy. In the world of the Forever Tooth Fairies, the cleaner the tooth, the more magic it holds.

The brand offers beautifully designed products that elevate the tooth fairy tradition, making it much more meaningful, memorable and magical. But the magic all begins with caring for baby teeth.

As part of their commitment to children's wellbeing, the brand is partnering The Humble Co., a Swedish health and wellness company, to raise awareness around brushing techniques, the importance of timing, and how to make it fun for children of all ages.

The Humble Co encourages families to make brushing a family event, twice a day; make it a routine part of the day; and use music or timers to keep brushing fun and on track for two minutes. In 'The Tale of the Forever Tooth Fairies' book which comes with My Forever Tooth Fairy, a fun tooth brushing song is featured at the back of the book. The company also encourages allowing children to pick out a colourful toothbrush and a flavour of fluoride toothpaste they like – giving them ownership and excitement about brushing. The Humble Co. advises positive reinforcement – praising the child each time they brush or floss; helping children to brush until age six or seven or beyond; and celebrating consistency with stickers or a chart.

To support families in creating good habits, My Forever Tooth Fairy is releasing a free downloadable tooth brushing chart in collaboration with The Humble Co.

To discover more and download the magical brushing chart visit https://myforevertoothfairy.com/pages/magical-tooth-brushing-chart.

ENHANCED ORAL HYGIENE DURING ORTHODONTIC TREATMENT

Patients need to maintain enhanced oral hygiene during orthodontic treatment to reduce the accumulation of biofilm that can linger in between components, on brackets and wires, or under orthodontic appliances. TANDEX has a comprehensive range of products you will be proud to recommend to patients.

FLEXI Lime is a conical-shaped interdental brush which has been especially designed to clean around the brackets and wires of fixed braces. TANDEX SOLO LONG is a small-headed toothbrush with a long handle designed to reach in and around metal brackets and wires easily and efficiently, keeping your whole mouth clean. PREVENT Gel, a pleasant-tasting gel containing 900 ppm fluoride and 0.12% chlorhexidine can be added for further protection.

And a small piece of pleasant-tasting Bracket Wax can easily be softened and applied to braces to ease any discomfort patients feel from wires or metal parts on the sensitive soft tissue of their mouths.

To find out more, visit the website today!

For more information on Tandex's range of products, visit https://tandex.dk/. Tandex products are also available from DHB Oral Healthcare https://dhb.co.uk/.

ENDLESS NETWORKING OPPORTUNITIES AWAIT

Networking events ensure that all attendees can find success together, be that meeting a potential mentor/mentee or a future partner to collaborate on a project with.

In the world of cosmetic dentistry, few networking events hold a candle to the BACD 21st Annual Conference. A gathering of dentists, dental hygienists/therapists, lab technicians and more, the event fuses enlightening CPD, a buzzing trade show and unmissable social activities into a three-day celebration of ethical cosmetic dentistry.

Whether catching a leading dentist for a more in-depth conversation after their lecture or enjoying the luxury atmosphere of the annual Gala Dinner, the opportunities to grow your network and make long-lasting connections are endless.

Book your tickets to the BACD 21st Annual Conference today and find the perfect professional partner.

BACD 21st Annual Conference takes place from 6–8 November 2025 at The Lowry Arts Centre, Salford Quays, Manchester. Tickets available at http://bit.ly/4mc4iSY.

NEW AWARD IN COACHING AND MENTORING

Thanks to the kind donation from Professor Avijit Banerjee, Chair of the Faculty of Dentists, the College of General Dentistry (CGDent), sponsored by Foundation Nakao, has launched a new award offering dental care professionals the opportunity of a three-day training course in mentoring and coaching.

The Foundation Nakao-CGDent Award in Coaching and Mentoring is open to registered dental therapists, dental hygienists, dental nurses, orthodontic therapists, dental technicians and clinical dental technicians with at least two years' post-qualification experience in their role.

The course will take place on Friday and Saturday 21–22 November 2025 and Friday 16 or 23 January 2026 (to be confirmed). It will be delivered live online via Zoom by UMD Professional, an organisation with more than 30 years' experience of establishing coaching and mentoring practices within the dental, medical and legal sectors.

Applicants must be available to participate in all three days of the training and should be prepared to apply their acquired skills between the second and third days of the course to support less experienced colleagues. They should also be a member of the College at the time of application; information on joining is available at https://cgdent.uk/membership/.

The application form for the award can be downloaded at https://bit.ly/4gcys6o. Applications should be made by email to contact@cgdent.uk and must be received by 5 pm on Monday 22 September 2025. Successful applicants will be informed by email by Monday 6 October 2025.

Establishing a mentoring and coaching culture is key to the College's commitment to workforce diversity, inclusion and wellbeing, and the College aspires to cultivate a community of members amongst dental care professionals, emerging leaders who are equipped and confident to nurture their peers.

Foundation Nakao – also known as The Nakao Foundation for Worldwide Oral Health – was founded in Luzern in 2018 by Makato Nakao, Chairman of GC Corporation, a leading manufacturer of dental materials and equipment.

EXCEPTIONAL POTENTIAL

Discover what oral irrigators are truly capable of with the Ultra Professional water flosser from Waterpik, the only water flosser brand to be approved by the Oral Health Foundation.

With an advanced pressure system featuring ten unique settings, patients can find an approach that improves their oral hygiene with maximum comfort.

The simple-to-use solution is clinically proven to be up to 50% more effective than traditional dental floss for improving gum health,[1] with the ability to remove up to 99.9% of plaque from treated areas with a three-second application.[2]

The Ultra Professional is the leading corded model from Waterpik, and is supported by 80+ clinical research studies, for complete confidence in its abilities.

Learn more about Waterpik water flossers like the Ultra Professional by contacting the team today.

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

References

1. Rosema N A, Hennequin-Hoenderdos N L, Berchier C E, Slot D E, Lyle D M, van der Weijden G A. The effect of different interdental cleaning devices on gingival bleeding. *J Int Acad Periodontol* 2011; **13:** 2–10.
2. Gorur A, Lyle D M, Schaudinn C, Costerton J W. Biofilm removal with a dental water jet. *Compend Contin Educ Dent* 2009; **30 Spec 1:** 1–6.