

‘Basic consumer mindset is if the first experience is better than what I’ve had previously, I’ll immediately assume that everything in this business is better’

BDJ In Practice spoke to **Harry Morris**, EMS General Manager, UK and Ireland, to discuss the efficiency and profitability of a dental practice in today’s world and what can be done to improve them.

What challenges are practices facing on these fronts?

HM Big question. A lot of practices are generally struggling to attract patients for the treatments they want – and are able – to carry out. With more and more practices converting from NHS to private, it’s a business model as healthcare professionals, they’re not entirely used to – it’s a bit alien and can be a challenge. ‘How do we attract the patients we want’ and ‘once we’ve done that, how are they being retained to move beyond the treatment they need to the treatment they want’ are the two biggest issues I see in practices I visit.

You mentioned the difference between what patients want and what patients need. Where’s the balance – who decides?

HM A great question. This is where I think the dental hygienist and dental therapist can become strong assets for the practice. Patients have a lot of trust in those professionals – there’s a chance they will have spent more time together than with the dentist, for example. More and more patients are coming in wanting composite bonding and clear aligners having been influenced by what they’ve seen on social media. We can see the ‘Turkey teeth’ influence – more and more

people want that look, but dentists here aren’t going to agree to those treatments if the patient’s oral health isn’t of the requisite standard.

When that initial consultation takes place, this is where the dental hygienist can play a crucial role – they can take the time to explain to the patient where their oral health is, where it needs to be, and more importantly how to get from A to B. That builds trust, bridging the gap and striking a balance between both need and want.

How does investment in the wider oral healthcare team help on these fronts?

HM For me, it’s absolutely key. This is where I advise all practices to start – you need to be running a dental hygiene/dental therapy-led dental practice for it to be as profitable as possible. Why do I think that is? Dentists are oral healthcare professionals, and when I go into any dental practice, I see largely the same things – whitening, aligners, composite bonding and I think ‘they’re all huge ticket



items for the patient you're leading with'. The chances of someone coming in off the street asking for a £5,000 treatment is unlikely – statistics show consent to these high-value treatments are far more likely if the patient has been retained, a display of faith and a reflection of the relationship established.

Investing in oral healthcare with something like GBT, which in comparison is a relatively low-cost treatment, delivers results, and more importantly results the patient can see and therefore engage with.

Once that patient has received high-quality treatment, the basic consumer mindset is if the first experience is better than what I've had previously, I'll immediately assume that everything in this business is better. That's why dental practices spend so much on their reception and waiting areas – it's about the first impression. My message to practices is that we need to make this applicable to treatments, too, and not just the façade.

When patients do have further needs or wants, it's an easier referral to the dentist and an entry point into the discussion about high-ticket items. We've found that 65% of work carried out by the dentist originates from a referral from the dental hygienist, a huge amount. By that logic, the more patients we're getting to see the dental hygienist, the more we're going to get to see the dentist.

Besides efficiency and profitability, how important is engaging with patients?

HM Absolutely vital, for multiple reasons. First and foremost, from a prevention level – the more we engage, and the more engagement we do that's of high-quality, the more improvements we expect to see in oral health.

From a profitability standpoint, the world we live in there's very little loyalty – that's gone, and we're seeing it in dentistry. Having a good relationship is key, and GBT can help. How much time do you have to talk to patients during a scale and polish? Very little. Studies have shown GBT an 85% retention rate across 400,000 patients. The reason for that – less time in the mouth, and more time to build that relationship.

How does investment in better technology help that engagement?

HM I always say to practice owners when buying a piece of equipment it needs to do

two or three things: improve the patient experience, improve the clinical enjoyment or it needs to improve profitability for the practice. Good pieces of equipment will do two of those three – a dental chair will do the first of those two things, for example. Is it going to increase profitability? Probably not. GBT ticks all three.

GBT leads on a prevention-first basis. How does this ethos improve efficiency, drive profitability and increase engagement with patients?

HM When you look at the population of the UK and assess how many need restorations or whiter teeth and how many need prevention, there's no contest. It's not as exciting, and the majority of patients still go to the dentist when something goes wrong, so we need to be discussing and assessing ways to get patients in regularly for maintenance.

Besides the impact on their oral health, it's a much larger market – everybody needs it. We need to educate more people on what happens if they don't engage with prevention. GBT recall rates are high – it's a more comfortable treatment compared to a scale and polish, and it allows for building that rapport and that engagement, which in turn drives profitability, prevention and efficiencies elsewhere. Working with practice owners and principal dentists to see the difference between 20-minute scale and polish sessions with lower recall rates than a 45-minute GBT treatment with lasting results for the practice can work wonders – 45 minute, hygienist-led dental practices are in my view the way forward for all dental practices.

What hurdles are there to overcome with practices to persuade them to make these changes?

HM More often than not, it's a mindset thing. Sometimes the needs of the dental hygienist and therapist and prevention does get pushed down the road. The endodontist needs a new tool, the implantologist needs a new CBCT machine – it's easy to think 'well those treatment bring in the most money, so we need to pay for those items to keep it coming in'. And yes, they are large sums, but if we follow that money back to source, it often tracks back to the dental hygienist and dental therapist.

Treatments like GBT absolutely should be seen as an investment in the long-term profitability of a practice rather than an unnecessary expenditure on prevention when there are bigger priorities. It requires a change of mindset to think 'before we go and get the 3D printing machine or the new CBCT machine, let's get patients through the door with prevention-focused treatments which can lead to the higher ticket items'. If the practice down the road is getting more patients in the door than you, there's the business case, too. It's seeing the bigger picture, which isn't always easy in today's world.

EMS has announced GBT Summit 2025, taking place at London's Royal College of Physicians on 31 October 2025. Designed for the entire UK dental team, the summit is an unmissable opportunity for clinicians looking to elevate patient care through a prevention-first approach. Book now at: <https://tinyurl.com/gbtsummit>. ♦



Bio

Harry Morris is General Manager of EMS UK, the Swiss innovator behind Guided Biofilm Therapy (GBT). Harry brings extensive experience in commercial strategy, clinical education, and operational delivery and as newly appointed head in 2025, is focused on elevating both the patient and clinician's customer experience across EMS UK.

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