Private dentistry market study statement

As a patient, with personal experience, I'd like to contribute to this study with my thoughts following my recent experience and observations.

Here are my main concerns in the current private dental market:
Corporate ownership
I recently sought a second opinion from a private dental practice which is owned by a corporate [✂].
It is very unfortunate that corporates like [✂] appear to pressure practice owners to upsell services such as dental hygiene visits. This is very concerning for patients who have to be able to trust their dentist to act in their best interests.

As an example, the standard blanket recall for dental hygiene visits for all patients regardless of risk profile is every three months. This is now their blanked policy for all patients. Even worse, when I called to check, I was told they would recommend a monthly dental hygiene visit. This is clearly against recommended guidelines which state:

General Guidelines by Risk Level

- **Low Risk (Excellent Oral Health):** For adults with good oral health, no history of gum disease, and low plaque build-up, visits can be extended to every **12 to 24 months**.
- **Moderate Risk (Standard):** For most people, a professional cleaning (scale and polish) every **6 months** is recommended.
- **High Risk (Gum Disease/Other Issues):** Patients with periodontal (gum) disease, heavy tartar buildup, smoking habits, or chronic conditions like diabetes may need visits every **3 to 4 months**.

This blanket policy can potentially be damaging to teeth as it has the potential to wear down/scratch anterior composite fillings. It can have similar effect on exposed dentin (in case of gum recession) and therefore, too frequent dental hygiene visits can actually become detrimental.

Upselling private treatment is something that has also been highlighted in the private vet market. This is very concerning for patients who have to be able to trust their dentist to act in their best interests.

The BBC recently highlighted how Vets have come under corporate pressure:
https://www.bbc.co.uk/news/articles/c8j3020kl04o
Vets under corporate pressure to increase revenue, BBC told
"If a category is marked in green on the chart, the clinic would be judged to be among the company's top 25% of achievers in the UK. A red mark, on the other hand, would mean the clinic was in the bottom 25%. If this happens, the vet says, it might be asked to come up with a plan of action. The vet says this would create pressure to "upsell" services."

Awards – [✂]
Private Dental Practices often use awards to promote their brand.
https://awards.dentistry.co.uk/privatedentistryawards/en/page/home
As a reason to enter, it claims: “to build trust with your patients”.
The problem is that anyone can enter. You promote yourself and this is no way an independent verified methodology that guarantees quality. This is a marketing tool, not a quality assurance tool. While practices have to submit supportive material, who would ever submit a poor case? This is the industry marking its own homework.
I would suggest that websites of private dental practices would have to make it clear that this is a self-entered award process. Websites should therefore also publish their CQC report.

A ticket for the award ceremony costs a lot of money so it isn’t a fair game. Those practices who cannot afford this marketing initiative or don’t want to spend the money, don’t get to take part.
https://awards.dentistry.co.uk/privatedentistryawards/en/page/ticket-table-packages

The Care Quality Commission is the only truly independent body that inspects practices and every practice should make this clear.

Guidelines
Many practices advertise the treatment options they offer, however, there is no link to guidelines to help consumers gain a better understanding. For example, the guidelines for dental hygiene visits is a risk-based approach. There should be information on private dental practices where consumes can learn more about official guidelines (not blogs written by dentists or Instagram posts).

Complaints
The GDC has information about complaints on their website.
Private dental care complaints are handled by the https://dcs.gdc-uk.org/
NHS complaints are handled differently. NHS complaints are handled by an independent Ombudsman.

The Dental Complaints Service (DCS) 2023-2024 report reveals a 133% increase in private dental complaints, driven by a 384% rise in access-related cases. Complaints about treatment failure remain the most common issue. The DCS, funded by the GDC, handles private dental disputes, experiencing sustained, record-high activity levels since 2021.

The Dental Complaint Service is funded by the GDC which is the governing body of dentists. Therefore, it is not independent. It is private dentists marking their own homework.

It says on their website:
“We operate independently from the GDC, although we are supported by and accountable to the regulator. Our staff are employed by the GDC. We provide the GDC with regular updates on our activities and performance, and our financial details are set out in the GDC Annual Report and Accounts.”
https://dcs.gdc-uk.org/about/the-relationship-between-dcs-and-gdc
Reports: https://www.gdc-uk.org/about-us/our-organisation/reports

Why does the private dental market not have an independent Ombudsman? NHS Dental Complaints are dealt with by the Parliamentary and Health Services Ombudsman who investigates NHS funded care. The Ombudsman is funded by the UK government via the Department of Health and Social Care and is therefore independent unlike the Dental Complaints Service for private dentistry which is funded by the GDC.

Artificial Intelligence

AI is not regulated and dentists are not trained on how data, algorithms and AI work yet they are using tools like [✂] (AI analysing x-rays).
A recent webinar on Dentistry.co.uk [✂].
[✂].

Using AI to analyse x-rays is already happening to detect cancer, however, cancer is different than caries. If AI detects cancer the clinician is able to do a biopsy to confirm the findings. With caries, the dentist cannot take a biopsy. He/She has to drill and the damage is done.

AI is not tech alone, it is based on humans feeding data into an AI agent

People believe AI is technology and therefore you can 'trust' it, but AI is based on data and machine learning and algorithms programmed by human beings. It has a human element. If that human process is flawed, the output will be flawed too.

The uncomfortable truth is that 80% of AI projects fail because their data isn't AI-ready. The main data issues companies have are:

1) Data duplication
2) Inaccurate data
3) Deceased data
4) Missing data
5) Goneaway data

"The impact of unclean data is estimated to stand at 20% of an organisation's revenue. In 2023 revenue of UK business is thought to total £4.5 trillion meaning that failing to keep customer data up-to-date cost £900bn."
Clean data is the most important factor for AI success which Gartner, a technology consulting/research company, also confirms in their report: "Lack of AI-Ready Data Puts AI Projects at Risk"

There is no transparency in how [✂] is developing the algorithm. How do I know the algorithm is built by highly experienced dentists, and not cheap data engineers in outsource countries? Today, people in Third World countries are working in digital sweat shops to train AI models. They are not fit for purpose for patient centric dentistry.
https://triplepundit.com/2025/ai-humans-loop-human-rights-digital-sweatshops/
In the case [✂]. The only problem you have is you don't know if [✂] uses cheap scientists in Asia or if they invested sufficiently in scientists to produce a quality data set needed to train the AI engine. You also don't know about the volume of data tagging they did or how diverse the data set is they used. All that will have implications of the quality of the AI output.
[✂].

AI is in many cases unfortunately still an illusion. The AI hype cycle has led many organisations to chase algorithmic sophistication before addressing the health and readiness of their underlying data.

My personal experience with [✂] – a private dentist took an x-ray and told me the root canal treated tooth had a poor outlook. There was no medical history about when the tooth was root treated and the dentist didn't even realise the tooth was re-treated. AI was not able to provide that information. AI is equally not able to give a prognosis. This is a clear example where a private dentist is using AI, yet is not qualified to use AI as he doesn't have an understanding of how AI works.

Why [✂] **is different and produces high quality AI information:**
[✂] collects a vast amount of personal health data (anything from sleep data, your HRV status, stress, heart rate….) from the person wearing the watch. [✂] AI takes your personal data to provide you with training recommendations. [✂] is not trained on the patient's data to give you a more holistic view of the patient's dental health.

The main mission of [✂] is to help dentists make money and, in my view, that is not compatible with healthcare and putting the patient first. It is absolutely possible to maximise on EBITDA and profit if you put the patient and staff/scientist who work for you first.

[✂].

In my view and at best, AI can be a useful aid for skilled and high-performing dentists to provide another perspective. These clinicians don't rely on AI; they just use it to get another view. But at worst, AI bridges the talent and skills gap of underperforming clinicians. For them AI acts as a real-time assistant and upskilling tool that conveys a level of expertise to the patient they do not have. Patients may perceive they are in safe hands of a skilled and competent dentist when they are not.

I would strongly suggest that private patients are told when the dentist is using AI. Patients should have a choice and be able to opt out. It has to be very clear when a dentist is using AI and when he/she is not.

It is unclear who is to blame when AI treatment goes wrong. Where does the dentist profession stand using an unregulated tool? Where do patients stand?

Is the profession ready for the AI backlash e.g. when too many AI cases fail and patients start complaining? The profession already has a trust issue and technology could only increase it.

Where AI is useful in the clinical setting is summarizing care notes. Those algorithms are far more advanced and accurate.