

Ireland's

Dental

MARCH 2020



Which way now?

Future direction of Ireland's oral health policy hangs in the balance

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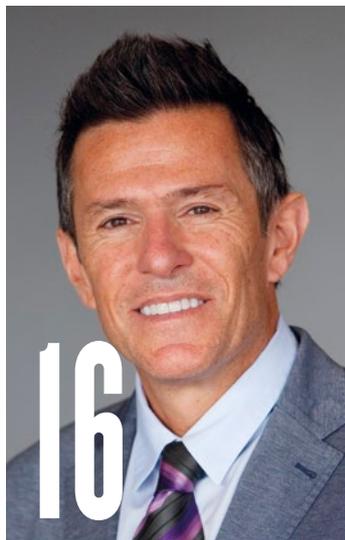
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1 year, 6 issue subscriptions:
UK £48; overseas £65;
students £25. Back issues: £5,
subject to availability.

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ISSN 2043-8060
Ireland's Dental magazine
is designed and published
by Connect Publications
(Scotland) Ltd
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A new government, a new approach to oral health?

As *Ireland's Dental* went to print, Fianna Fáil leader Micheál Martin was meeting his Fine Gael counterpart Leo Varadkar for their first discussion after the Irish general election. Fianna Fáil won the most seats in the Dail in January's election with 38, one ahead of Sinn Féin. Fine Gael, which had relied on a 2016 confidence and supply arrangement with Fianna Fáil to remain in government, finished with 35 seats.

However, Sinn Féin had the highest number of first preference votes. Mr Martin commented that a left-wing government in Ireland led by Sinn Féin was very unlikely. Parties need 80 seats to form a government.

The leaders of Fianna Fáil and Fine Gael have agreed to meet again, with a 'reverse' confidence and supply arrangement as one potential route to forming a new government.

However, as we report on page 26, 2020 will be seen as the year in which Sinn Féin fundamentally broke "the historical tight grip of the two traditional parties on Irish politics," to quote Professor John Ryan, of the London School of Economics and Political Science.

For health policy generally, and dentistry in particular, the notion of a Sinn Féin government offered the prospect – at least on the basis of the parties' stated policy positions – of a real shift in emphasis.

In the run-up to the election, Sinn Féin was the only party to respond to questions posed by the Irish Dental Association (IDA). It also stated: "Oral health has long been regarded as the poor relation of general health and has generally been overlooked. While a new national oral health policy has been published, we believe it is flawed and inadequate." The party committed to consulting with the dental profession on how the new oral health policy can be improved and implemented, to bringing forward a reformed new policy that will have an implementation plan, and to replacing the 1985 Dentists Act.

As Professor Leo Stassen, President of the IDA, observed recently – general health and oral health are "intimately related". The attempt, he said, by Ireland's Health Service Executive HSE to "force general dental practitioners and the public dental service to implement a very naive policy, without having being part of the discussion is poor management". As a result, dentists, both independent practitioners and public dental surgeons, do not believe in the new policy, he said, and are convinced that it is not in the best interests of our patients and oral healthcare in Ireland.

Last year, the IDA published a document entitled *Towards a Vision for Oral Health in Ireland*, and shared it with the former Minister and Chief Dental Officer (CDO).

The IDA has urged the next Ministers for Health, Social Protection, Finance, and Public Expenditure and Reform to review the document with the CDO and her advisory teams "to see what the people who will have to implement any oral health policy believe will work".

The IDA's Professor Stassen has argued that "there is not the capacity, the will, the finances, or the skill set in independent dental practice to take on the HSE's responsibility for the provision of children's and

special needs' oral healthcare, and the associated medical emergencies. Nor can independent practitioners take on the responsibility for ensuring each child referred to specialist centres receives their care, even if it takes a few years".

The Association has said that it will engage with the Department of Health "as soon as they give us the same basic Framework Agreement as they gave our medical colleagues in the IMO [Irish Medical Organisation].

"This will allow us to engage in negotiations without fear of prosecution, as well as allow us to make some headway on the DTSS/Medical Card negotiations. This is a simple, important, non-confrontational request with no associated costs."

It is to be hoped that a new government, when it is formed, will use the opportunity to adopt a new approach to oral health in Ireland.

“
**ORAL HEALTH HAS LONG
BEEN REGARDED AS
THE POOR RELATION
OF GENERAL HEALTH**”



Is the budget airline model seeping into healthcare?

In some recent literature, Campbell and Tickle (2013) in the UK, explored reasons why patients chose to attend their dentist. They found that the top three reasons for attending a particular dentist were: trust, access and cost. Importantly, these three factors were in that order. This seems fitting and proper. As a profession that can, on occasion, be invasive (e.g. surgical extraction), this idea of trust is central. Access comes a close second – with many practices adjusting their opening times to facilitate those at work in 9-5 jobs. With a full employment statistic in our workforce, appointment times can prove a challenge for working patients. And finally, cost – which, for general practice, assisted (to a limited degree) by both DTSS and PRSI in general practice. For specialist practice, the medical insurers can also help defray expense and reduce barriers to attendance.

Over the past number of years, we have seen medicine, dentistry, opticians and pharmacists like other professions, become tinged with shades of commercialism – somehow attempting to translate a health service into a product. It's important to draw a distinction here: a service is something you do for someone, whereas a product is something you sell someone.

The population at large has become accustomed to moving service providers: think electricity, phone, home insurance etc. This leads to the following question: are we, as a society, chasing the lowest cost, the most convenience, the best service or the highest quality? Are those things mutually exclusive or can they be achieved simultaneously? Or are we as a society, prepared to withstand poor service or suboptimal outcomes for convenience and lowest cost? Is there a danger that the budget airline model is seeping into healthcare? And if so, which of the parameters is most affected: cost, convenience, service or outcome?

In the past, this column has looked at issues surrounding patient care – in particular, ways in which we can attract and retain patients. Ultimately, the “Friends and Family” rule applies. Simply put, it means that we all aim to provide a service that we would provide to our friends or our family. Dentists do this instinctively and this is reinforced during dental school.

We also know that “word of mouth” is the most potent form of advertising. Typically, people will still ask their own friends (or family) about which dentist to attend. Recent surveys suggest that, like Campbell and Tickle, most people respond with “... Dr. XX is a great dentist, very gentle and I got an appointment really quickly...” You'll notice that the cost/fee is not mentioned in the first responses. Cost can appear on subsequent probing/questioning – but usually it's level of service/outcome, and ease of access – and ultimately: trust – that is the main driver.

Dentists the length and breadth of Ireland pride themselves (quite rightly) on their clinical skills and

abilities. They also ensure that they have adequate opening times and after care for their patients. Yet more will go that extra mile for their patients – often undertaking post-operative phone calls or even domiciliary visits for long-standing patients of their practice. Dentists position themselves in the best location to provide the best service – relying on their high quality clinical outcomes, best patient care and accessible opening times to encourage attendance.

In thinking about specialist practitioners it can, however, prove even more challenging to ensure patient attendance. There are more hurdles for patients to jump. Specialists are dependent on referrals from general practitioners. If it's a complex bridge, a raging periodontitis, an extra mesio-buccal canal in an upper 6 or an infected wisdom tooth – these can require specialist treatment. Specialists, like general practitioners, are almost exclusively sole traders – and unsalaried. However, the specialists' ability to attract new patients is severely limited due to the very nature of their specialised work – usually one course of treatment and then discharge. A referral letter (or email) is usually a pre-requisite for medical insurance companies to cover costs associated with specialist treatment. And therefore specialists are totally dependent on this physical referral to treat patients.

With that in mind, the drivers involved in referring these patients are not unlike the choices facing patients choosing a dentist. What are their clinical outcomes like? When can I get an appointment? And finally, is it expensive?

Importantly, these specialist Prosthodontists, Periodontists, Endodontists and Oral Surgeons are often a vital resource for specialist advice and counsel for busy dentists. Ease of access, swift appointment times and predictable clinical outcomes all play a key role in specialist selection. Most specialist practices have adapted to the ever-changing world we live in – and some are fortunate to understand and facilitate speedy appointment times. Some are fortunate to have had experience in general practice to better appreciate and respond to the ever increasing demands of treatment needs.

As clinicians we have an obligation to demonstrate the clinical values we hold. To show that a healthcare service is not a health product. Just as we pride ourselves in general practice on our proven predictable clinical outcomes, level of service and committed patient care, these too should be the drivers to specialist selection – rather than easy parking, short journey or the very lowest fee. I don't seem to recall those as being clinical indicators for the treatment of complex bridge work, gingival recession or infected wisdom teeth? Crucially does the specialist referral pass the “Friends and Family” test?

We are all practitioners, dependent on our patients to attend for treatment, allowing us the ability to showcase our patient care and clinical skills. Trust, access and cost are drivers for every level of service – both in general practice and specialist practice.



Albert Leung installed as Dean of Faculty

He announces structured post-qualification training and modernisation of primary care diploma assessments

PROFESSOR Albert Leung commenced his three-year term as the 19th Dean of the Faculty of Dentistry at a ceremony at the Royal College of Surgeons in Ireland last month.

Attended by Faculty staff and Board Members, Dean Leung announced his top three priorities for his term as dean were:

- Modernisation of the Diploma in Primary Care Dentistry assessments
- Structured post-qualification training and education for dentists
- Foster and develop further collaborative relationships with our colleagues both at home and overseas.

Professor Leung holds the prestigious Chair in Dental Education at University College London Eastman Dental Institute. He has been actively involved in the Faculty of Dentistry since 1999. First as an Examiner then as Chair for the MGD examination, then as Chair of the MFD/ Diploma examination committee, providing leadership on the development of the Diploma of Primary Care Dentistry and Fellowship in General Dental Surgery.

A member of the Faculty Board since 2013, Professor Leung has served as Vice Dean and was unanimously elected Dean by his fellow Faculty Board Members. Dean Leung has achieved international distinction including receipt of the Association for



Professor Leung paid tribute to predecessor Dr John Marley

Dental Education (ADEE) Excellence in Dental Education Mature Career Award – one of the highest international accolades in dental education.

He paid tribute and thanks to outgoing Faculty Dean, Dr John Marley, for his exceptional leadership of the Faculty during a period of significant change. He said that Dean Marley had transformed the Faculty of

Dentistry and strengthened it immeasurably as it moves into the third decade of the new millennium.

The Faculty of Dentistry of the Royal College of Surgeons in Ireland was founded in 1963. It is made up of specialists/consultants, academics and general dentists who, along with its sister faculties in Scotland and England, to provide education, accreditation of educational programmes and assessments of qualified dentists both in Ireland and overseas.

This year, the Faculty launched its 'Faculty Affiliate' category, to support and develop dentists in Ireland and overseas, as well as students currently training to become dentists.

The launch of this category of membership means there is now a membership option for all dentists. Previously, membership of the Faculty of Dentistry was only open to those who had successfully obtained one of the Faculty's examinations. Affiliates will receive exclusive access to the Faculty's online portal including an archive of video recordings of CPD lectures, discounted rates for CPD accredited courses, access to online education resources, networking opportunities and more.

More information: facultyofdentistry.ie

FGDP urges Botox ad compliance

THE Faculty of General Dental Practice is encouraging dentists and dental practices offering botulinum toxin injections to ensure their marketing is legally compliant.

Advertising prescription-only medicines to the public breaches the Human Medicines Regulations 2012 as well as the Committee of Advertising Practice (CAP) Code, even when they are to be administered by a registered healthcare professional.

The CAP and Advertising Standards Agency announced that from 1 February 2020, they are using automated technology to identify non-compliant social



media posts, which if not removed could result in referral to the Medicines and Healthcare products Regulatory Agency (MHRA) and/or statutory professional regulators such as the GDC.

To aid compliance, the MHRA

and CAP have issued new guidance which applies to all social media promotion of Botox, including paid-for ads, non-paid-for marketing posts and influencer marketing.

The guidance says there can be no direct references to a

prescription-only medicine or treatment, whether via a brand name, brand-like name or in the generic, including in images and hashtags or in promotions such as sale packages and competition prizes. Indirect references such as 'anti-wrinkle injections' are also banned.

"Increasing numbers of dental practices offer injectable cosmetic treatments, and patient demand continues to rise, but many may not be aware of the regulations restricting the advertisement of prescription-only medicines and treatments," said Professor Mike Mulcahy, FGDP(UK)'s lead on non-surgical facial aesthetics.

Profession awaits policy from new government

IRELAND'S dental profession is watching closely the outcome of negotiations to form a new government or face a fresh general election.

For health policy generally, and dentistry in particular, a Sinn Féin-led government had offered the prospect – at least on the basis of the parties' stated policy positions – of a real shift in emphasis. In the run-up to election, the Irish Dental Association (IDA) undertook a campaign to raise awareness among candidates questioned the main political parties on their policies.

Only Sinn Féin responded directly to the IDA's questions. It said: "Dental care is an incredibly important strand of healthcare. Throughout the austerity years, public-funded dental provision suffered a litany of cuts. Children have been particularly affected by these cuts.

"In order to ensure that the public has good dental health, the Public Dental Service (PDS) needs to be properly funded and the number of dental surgeons, orthodontists, dentists, and dental nurses in the PDS needs to be increased. We will deliver free dental care for all children and young people under 18 over the course of government.

"Our spokesperson is committed to engaging with the dental profession in relation to the future of dental healthcare in Ireland and would be happy to meet with representatives of your profession to outline our proposals in greater detail and to discuss the outworkings and benefits of our proposals, once the Dáil is reconvened."

See 'A singular voice', page 26



Ireland's regulator considers stance on 'DIY ortho'

UK counterpart continues to gather evidence as it warns registrants on compliance

THE Irish Dental Council is considering its stance on the growth in direct-to-consumer orthodontics, otherwise known as DIY ortho.

It follows the decision by the UK's General Dental Council (GDC) to issue a statement in response to the rise in high-street outlets offering orthodontic treatments, warning that anyone practising dentistry, as defined by the Dentists Act 1984, while not registered with the GDC could be subject to prosecution.

A spokesperson for the British Orthodontic Society said it hoped that the GDC was now "actively searching for those who are contravening the legislation".

The UK regulator said in its statement: "We have received reports that providers of 'direct-to-consumer orthodontics' are offering services which may not include face-to-face patient contact with a registrant authorised to provide direct services to patients. Our view is that for all dental interventions, this important interaction between clinician and patient should take place at the beginning of the patient consultation. This enables the clinician to carry out the assessments necessary for making clinical judgements that ensure the suitability of the proposed course of treatment, that support the prescribed course of treatment, and that address any underlying oral health problems."

It warned that registrants are required "to act within their Scope of Practice and to adhere to the GDC's Standards for the Dental Team. Registered dental professionals who

do not comply with these standards put their registration at risk".

The GDC said it was continuing to gather evidence about the potential risk of harm to patients from direct-to-consumer orthodontics and other forms of dental care offered remotely. It said it has contacted providers for clarification on the procedures they follow and how GDC registrants may be involved.

One provider, SmileDirectClub, has opened in 16 cities across the UK, including Belfast, and last October it announced branches in Dublin and Cork.

The British Orthodontic Society gave a "cautious" welcome to the GDC announcement. "The society had made representations to the GDC, expressing our concerns and grave misgivings about the practice of direct-to-consumer orthodontics," said Peter McCallum, director of external relations. "It is gratifying to see a response to our efforts, and we are glad to hear that the GDC are in communication with DIY brace providers and look forward to hearing the results of their evidence gathering.

"The society took a strong standpoint in this matter because we were always firmly of the view this was the illegal practice of dentistry and we are pleased that the GDC now shares our view. We sincerely hope the GDC are actively searching for those who are contravening the legislation. We will continue to urge the GDC to protect the public and maintain professional standards."

DATES FOR YOUR DIARY

6-7 MARCH

EFP Perio Master Clinic

The Royal Dublin Society, Dublin
www.efp.org/periomasterclinic/2020

10 MARCH

Recognising intra-oral lesions

National Football Stadium, Belfast
www.tinyurl.com/qnknjif

3 APRIL

BAOS NI Study Day

Radisson Blue, Belfast
<https://tinyurl.com/v5xps6f>

21-23 APRIL

MedTech Innovation Summit

The Shelbourne Hotel, Dublin
www.medtechstrategist.com/dublin-2020

22-24 APRIL

Annual Scientific Conference

Craniofacial Society of Great Britain and Ireland
RWCMD, Cardiff
www.craniofacialsociety.co.uk/events

24-25 APRIL

Scottish Dental Show

Braehead Arena, Glasgow
www.sdsshow.co.uk

28 APRIL

The business of dental practice

National Football Stadium, Belfast
www.tinyurl.com/spe4sml

30 APRIL – 1 MAY

BISOM Scientific Meeting

Europa Hotel, Belfast
www.tinyurl.com/sgvnnvm

14-16 MAY

IDA Annual Conference

Galmont Hotel, Galway
www.tinyurl.com/y4m8spq4

20-21 MAY

Future Health Summit

Royal Dublin Society, Dublin
www.futurehealthsummit.com

7-10 JUNE

Radiology Continuing Medical Education

Westin Hotel, Dublin
www.globalradcme.com/imagingindublin2020

21-22 AUGUST

5th World Congress on Dentistry and Dental Materials

Venue TBC, Dublin

15 SEPTEMBER

Red flag referrals

Venue TBC
www.tinyurl.com/uo75yvc

17-19 SEPTEMBER

British Orthodontic Conference

Manchester Central
www.tinyurl.com/w6uuub3

30 SEPTEMBER – 3 OCTOBER

Academy of Dental Materials Conference

Radisson Blu Royal Hotel, Dublin
www.admconference.com

8-9 OCTOBER

HSE Dental Surgeons' Group Annual Seminar

Venue TBC

8-9 OCTOBER

CDS Group Annual Presidential and Scientific Meeting

Windsor Racecourse
www.bda.org/cdsconference

9 OCTOBER

Endodontics in general practice

Hilton Belfast Templepatrick
www.tinyurl.com/vue8vp3

13-14 NOVEMBER

Euro Summit on Dental Care

Park Inn Conference Centre, Heathrow
www.longdom.com/eurodental

21 NOVEMBER

Dental Protection Conference

The Convention Centre, Dublin
www.tinyurl.com/yx5hfzk2

MARCH-DECEMBER

RCSI Faculty of Dentistry

Postgrad Dental Education

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Intensive Revision Programme: 7 Mar.



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GDC publishes corporate plan for the year ahead

AS part of the General Dental Council's new approach to strategic planning, and in the wake of releasing its three-year corporate strategy, 'Right time, right place, right touch', the regulator has published its costed corporate plan for 2020.

The GDC said the plan "promotes greater understanding of the relationship between ... regulatory activity and the fees charged".

The GDC says this programme of work included in the plan further progresses the GDC's aim of being a "fair and cost-effective regulator that intervenes at the right time, in the right place and with the right touch".

In a foreword to the plan, Ian Brack, chief executive, wrote: "The GDC exists to protect patients and maintain the high levels of public confidence in dentistry and oral health services. While we believe that we have met our responsibilities in these areas, we recognise that we have been less effective in sustaining the confidence of the professions in their regulator.



"Too much of our time and effort was being directed toward enforcement, rather than on prevention. A focus on the prevention of harm benefits the public and dental professionals. 'Shifting the balance: a better, fairer system of dental regulation', set out our proposal for change and addressed the need to provide clarity and timeliness in addressing patient concerns, to secure the support of the professionals we regulate, and to be more flexible and proportionate by adopting a more preventative approach."

More information: tinyurl.com/tdmwcr7

Call to action on practitioner burnout

More than a third of Ireland's dentists have considered leaving the profession for their personal wellbeing

THE dental community must act to prevent burnout among dentists, so they stay in practice rather than quit the profession, according to a new report.

A survey of dentists in Ireland reveals increasing levels of burnout among the profession; 44 per cent do not feel that their personal wellbeing is a priority at work, and 35 per cent have considered leaving the profession for personal wellbeing reasons.

In its new report, *Breaking the burnout cycle*, Dental Protection says burnout creates problems not just for the dentist involved but can impact patients and the wider dental team.

It calls on dental organisations to consider establishing a 'wellbeing guardian' so that dentists have access to a named person who has undergone the required training to recognise burnout and offer the necessary support. It also calls for dentists' wellbeing to be included among other key performance indicators.

One respondent commented: "The bureaucracy and the constant fear of litigation are making this profession difficult to perform and add to the burnout feeling."

Raj Rattan, Dental Director, commented: "Dentistry can be a very rewarding profession – being able to play an important part in the health and quality of life of the public gives a sense of pride. However, when I talk to dentists across Ireland, it is evident that there is an increased incidence and risk of burnout.

"The sense of disillusionment, which is a feature of burnout, is demotivating for the dental team and potentially puts patients at risk from sub-optimal care. In contrast, dentists who are motivated, enthused and



engaged show high levels of empathy, are more compassionate and provide safer patient care.

"I am proud of the work Dental Protection does to support those dealing with burnout. But while this support is invaluable, it is only a part of the solution. The environment within which a dentist works is key – it is crucial to their wellbeing and their ability to thrive in the clinical setting. This is why we at Dental Protection, alongside other organisations, campaign tirelessly for reforms to help improve everyday working conditions for dentists and their teams.

"In our report on burnout we recommend some potential steps that both large and small dental organisations can consider. We

believe that change at organisational level is a significant root cause of burnout and this must be addressed effectively if we want to support dentists to remain in the profession."

Meanwhile, national data from the Association of Charitable Organisations shows the number of people seeking help from charities and benevolent funds because they have nowhere else to turn following an unexpected change in circumstances has risen over the last four years. One charity, the BDA Benevolent Fund, said it had received more applications in 2019 than in any year, a 10 per cent increase on 2018.

More information: bdabenevolentfund.org.uk/request-help

Too much fluoride 'causes defects in tooth enamel'

EXPOSING teeth to excessive fluoride alters calcium signalling, mitochondrial function, and gene expression in the cells forming tooth enamel, according to a new report.

The study, led by researchers at NYU College of Dentistry, published in *Science Signaling* provides a novel explanation for how dental fluorosis, a condition caused by overexposure to fluoride during childhood, arises.

While low levels of fluoride help strengthen and protect tooth enamel, too much fluoride

can cause dental fluorosis; a discoloration of teeth, usually with opaque white marks, lines, or mottled enamel and poor mineralisation.

"The benefits of fluoride for oral health considerably outweigh the risks," said Rodrigo Lacruz, PhD, associate professor of basic science and craniofacial biology at NYU College of Dentistry and the study's senior author.

"But given how common dental fluorosis is and how poorly understood the cellular

mechanisms responsible for this disease are, it is important to study this problem."

Lacruz added: "We are unravelling a mechanism that highlights the uniqueness of enamel cells and explains why fluorosis is more of a problem in the teeth than anywhere else in the body."

Fluoride exposure alters Ca² signaling and mitochondrial function in enamel cells. *Science Signaling*, 2020; 13 (619): eaay0086 DOI: [dx.doi.org/10.1126/scisignal.aay0086](https://doi.org/10.1126/scisignal.aay0086)

All the world's a 'digital stage'

Q&A with Dr Maurice Salama, founder of global education community Dental XP and a speaker at the Irish Dental Association's annual conference in May

Doctor Maurice Salama was born in Egypt but moved to America with his family. Growing up, he was fascinated by the sciences, biology in particular, and with an older brother who had become a dentist, his interest in the field was piqued. "I'm a social person by nature," he added, "and I was intrigued by the notion that, as dentists, we develop relationships with our patients over many years."

Maurice studied at the University of Pennsylvania for seven years "learning from the pioneers of our

field", first as a dental student and then as a post-graduate student in periodontal surgery, implant surgery, and orthodontics. He would later go on to lecture and contribute to clinical research at the university.

What has been your professional journey?

Once I left the university, I joined one of the most prestigious group practices in the world – with Ronald Goldstein and David Garber. They had written many books and published many articles in the *Journal of Esthetic Dentistry* and were looking to add to their team. I joined them in 1992 and since then we have added many other colleagues to the group, now formally known as Team Atlanta.

Tell us about your passions in daily practice and in educating fellow professionals

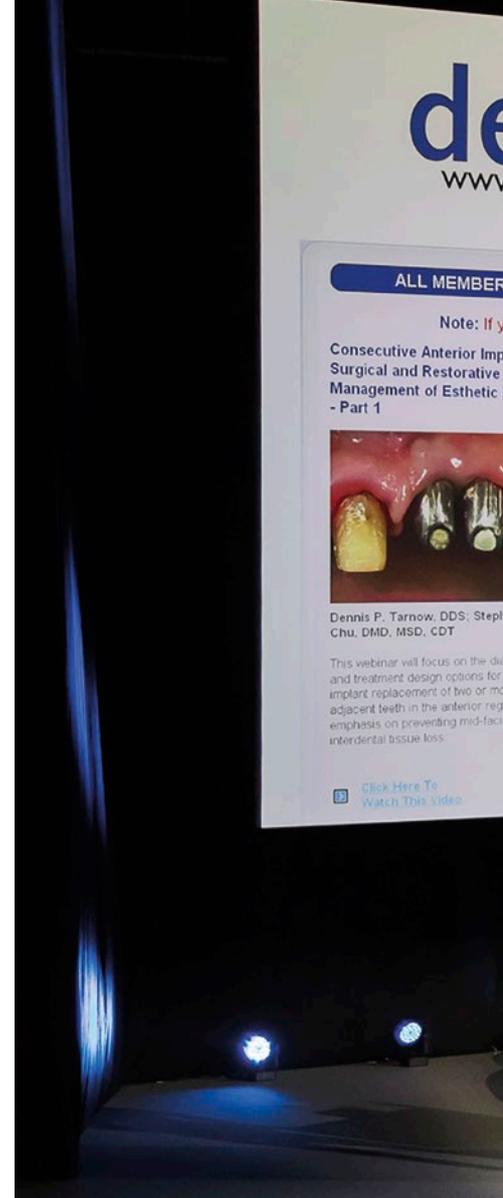
Our team in Atlanta is made up of a group of highly trained specialist dentists and lab technicians in multiple fields – oral surgery, implantology, periodontics, prosthodontics, orthodontics, ceramists and cosmetic dentistry. With this experienced

team we insist on all of them being educators and adding to the written literature with their own publications. Through us originally, and now the younger members of our team, we insist on educating our fellow dentists around the world through the online arena of www.dentalxp.com, as well as live and hands-on courses.

What would you say are the key oral challenges facing both the general population and the patient cohorts you most engage with? And how can these be met?

The key challenge today is the education of dental professionals around the world. Due to open sources of information, many dentists are being trained through social media, which is a bad concept. Little or limited classical training in the field is sought by people due to the ease of self-instruction. We have attempted to rectify the situation to a degree with more formal online fellowship programmes on dentalxp.com, then followed by live hands-on and patient-centred programmes around the world.

Maurice with Ronald Goldstein and David Garber



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Christian Makary, DDS, MSc

Konstantinos D Valavanis, DDS

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DentalXP has become a global online education community with more than 225,000 members

Speak about your role in, and vision for, DentalXP and its value to dentists around the world...

In 2006, DentalXP was just an idea I had created for a global dental education community. At that time, I was treating twin brothers who were computer science graduates of Georgia Tech. I asked them to help me out with the concept and website and, in return, I promised to do their orthodontic treatment for free. That's how it all started. I guess you can say I was the founder of DentalXP. Fourteen years on, we are still growing. We now also have DentalXP Online Fellowship Programmes, with certificates from NYU, in implantology, digital dentistry, as well as one for orthodontic aligner therapy. Soon, we will add others in cosmetic restorative dentistry and occlusion. What we have been able to do is find quality, motivated, talented educators from around the world and provide them a 'digital stage', so that the whole world has access to their knowledge and content. A 'dental TV' show, if you wish. Now we have more than 225,000 members around the world, and many from

Ireland as well. It's become the number one online dental education site in the world, and we are very proud of its reach and role in helping train dentists globally. I believe we have accomplished our goal of 'connecting' the dental world and those who aspire to be better dentists. That was and still is my vision. I personally invite all dentists in Ireland, Scotland, and the UK to join the global DentalXP platform and community, to learn and share together. We welcome them with open arms!

What will you be presenting on at the IDA conference in May?

The hottest trends in dentistry today are, one, managing the aesthetic replacement of teeth with dental implants and, two, full arch immediate tooth replacement – 0 more commonly known as All-on-X – providing a patient with a failing dentition or no dentition with an immediate therapeutic result. The content will be focused on guidelines, rules and workflow. The why, the how, and the when of these topics will be highlighted in my presentations. Specific



Dr Maurice Salama

take home messages that can be implemented immediately will be discussed in great detail.

Are you looking forward to the visit?

The last time I came to the IDA, I stayed in Ireland for 10 days with my wife touring the countryside. It was my most enjoyable trip of my lifetime. The people are so very friendly and the countryside so picturesque. I have never seen green like I did then! I look forward to once again staying a few extra days to enjoy the beauty of Ireland.

“ I BELIEVE WE HAVE ACCOMPLISHED OUR GOAL OF 'CONNECTING' THE DENTAL WORLD AND THOSE WHO ASPIRE TO BE BETTER DENTISTS ”



So, you want to be a dentist?

A unique event brought school pupils together with leading practitioners to explore careers in dentistry

In a first for Ireland, the Faculty of Dentistry of the Royal College of Surgeons (FoDRCSI) partnered with the three dental schools of Queens University Belfast, Trinity College Dublin and University College Cork earlier this year to host a post-primary careers day – ‘So, you want to be a dentist?’ – at St Stephen’s Green, Dublin.

Teachers from the four institutions presented information to secondary school students on undergraduate and postgraduate dental training opportunities available to those wishing to pursue a career as a dentist. Developed by the Faculty of Dentistry in collaboration with the three schools, the students – transition, 5th and 6th years – had an opportunity to learn more about the science and art of dentistry.

Students had the chance to speak with senior academic staff, consultants and specialists from different sectors of the dental profession, as well as current undergraduate and postgraduate students. Admissions teams were on hand to explain the entry requirements for each course offered.

Keynote speakers included Dr Nuala Carney, Professor Brian O’Connell, of Trinity College Dublin, Dr Christine McCreary, of University College Cork, and Professor Donald Burden, of Queen’s University, Belfast.

The students were also given first-hand experience of what it might be like to work in dentistry, with interactive

‘stations’ that they could visit. They included sessions on dental extraction, with Joanna Smyth and Jamie Toole; digital dentistry, with Anne Gunderman and Paul Quinlan; endodontics, with Pat Cleary and Joanie Glennon; taking impressions (Eddie Cotter and Gerry Cleary); medical emergencies (Kumara Ekayanake and Jenny Kearns); orthodontics (Kieran Daly); paediatric dentistry (Dympna Daly); radiology (Andrew Bolas); suturing (Sean Sheridan and Kate Farrell); and oral pathology (Séamus Napier).

The FoDRCSI is responsible for the accreditation of postgraduate dentists through examination, as well as providing postgraduate education to more than 2,000 members worldwide. While the Royal College of Surgeons in Ireland (RCSI) does not presently have a dental school, the FoDRCSI recognises its responsibility for public engagement to attract and retain a new generation of dentists to manage the future needs of our patients in Ireland and beyond.

“We take our role in dental education and our responsibility to the public – and to those who are thinking of becoming a dentist – very seriously,” said Dr John Marley, Dean of the Faculty of Dentistry RCSI.

He told the students: “We think today is an excellent opportunity for you to learn about the science and art of dentistry and the possible careers you might choose to have as a dentist in the future. That future may seem a long way off, but this is the beginning of your journey as you try to decide on what you want to do.” Kenneth Mealy,





the RCSI's president, added: "Dentistry offers wonderful opportunities in terms of personal development and intellectual stimulation. If you choose dentistry as a career, with advances in technology and in particular material sciences, there will be quite dramatic changes in how we manage health and in particular dentistry over the coming years.

If you want a career that's going to challenge you intellectually for the rest of your life, that will give you great personal satisfaction, if you enjoy working in teams, if you enjoy people, dentistry offers you a great career."

The opening keynote was presented by Dr Nuala Carney, who described her route into general practice as "not exactly typical". After graduating from Trinity College Dublin (TCD), she worked in New Zealand for two years before returning to work in Dublin Dental Hospital as a house officer and registrar.

After gaining her postgraduate Fellowship in Dental Surgery (FFD) from RCSI, Dr Carney then spent two years working in India on a dental therapist training programme with a UK charity. It had a profound impact on her approach to dentistry and confirmed her belief in the absolute necessity for prevention as a basis for all care. Today, as well as working in general practice, Dr Carney is a part-time clinical supervisor at the dental school TCD.

On graduating, Dr Carney told the students they would be faced with a decision; whether to stay in a hospital setting or go into general practice. The former would allow for more training and the opportunity to work in a range of specialisms. But positions are limited and the pay a little lower. Choosing general practice means better pay, but also the 'real-world' challenge of working with a small team and

as part of a small business. For Dr Carney, the opportunities to practice abroad – in New Zealand and India – provided both a relief from hard study and challenging exams and an opportunity to explore her interest in public health. She joined a charity running a project to train dental therapists

in Tibet, in the northern Himalayan town of Dharamsala, home to the Dalai Lama.

"We did a lot of prevention work in schools, and we worked with mothers and their babies in the hospitals. There was a lot of epidemiology and I would work with the trainees," she said. "It really changed my perspective on dentistry; I became absolutely focused on prevention being at the core of what we do."

At the end of the project, Dr Carney returned to Ireland. "I was still not sure about what I should do. So I talked to a lot of people and I was given various pieces of advice, but the one that stuck with me at the time was: 'You should go off and be an excellent general practitioner'. To be honest, I had never really thought of the words 'excellence' and 'general practitioner' in the same sentence because I was a bit of a dental snob!

"So this was really a golden nugget of insight, because I realised that if you

seek excellence in whatever you do, that is what will give you fulfilment and pride in your work. And to my eternal good luck at that time, Dr Patrick Crotty, who is excellence in dentistry personified, was looking for an associate. And that's where I went, and I found my dental home, as I call it. What you'll find is that if you work in a really positive team that supports each other, that is really a sign of a good quality practice."

Professor Brian O'Connell added: "Teamwork is increasingly important in dentistry; we don't work in isolation any more."

He told the students that "it's important that you think of dentistry as being health oriented, rather than just something that's superficial; we're helping people to improve their oral health and, indeed, their general health.

"And I think one of the advantages of the time we're living in now is the flexible working conditions and working environment. In many cases you can choose for yourself how and where you want to work and practice and it can be very rewarding, I think, both intellectually and financially. So if you'd like to see people smile, this is perhaps the job for you."



The students were also given first-hand experience of what it might be like to work in dentistry, with interactive 'stations' that they could visit

“
IT REALLY CHANGED MY PERSPECTIVE ON DENTISTRY;
I BECAME ABSOLUTELY FOCUSED ON PREVENTION
AS BEING AT THE CORE OF WHAT WE DO”

DR NUALA CARNEY



A vision for the future

Work begins this summer on a centre that will shape the dental team of tomorrow

It is anticipated that work will begin this summer on the new Cork University Dental School and Hospital (CUDSH).

“The vision, when it opens in 2023, is for a leading centre of excellence, providing quality patient care for the community; shaping the dental team of tomorrow through education, research and innovation,” said Helen Whelton, head of the College of Medicine and Health.

The state-of-the-art facilities will provide increased capacity for students, both national and international, as well as integration and enhancement of key research goals, and an enhanced student experience through practical teaching and learning.

The existing school and hospital, including the Oral Health Services Research Centre, comprises 5,557m² of space; the new development will increase this to 8,710m², over five floors and with adjoining clinical and education/administration blocks.

The clinic block will house 140 dental chairs across primary dental care, acute emergency care, oral surgery, medicine, and radiology, as well as a conscious sedation suite and recovery area. The chairs will also cover

WORDS WILL PEAKIN

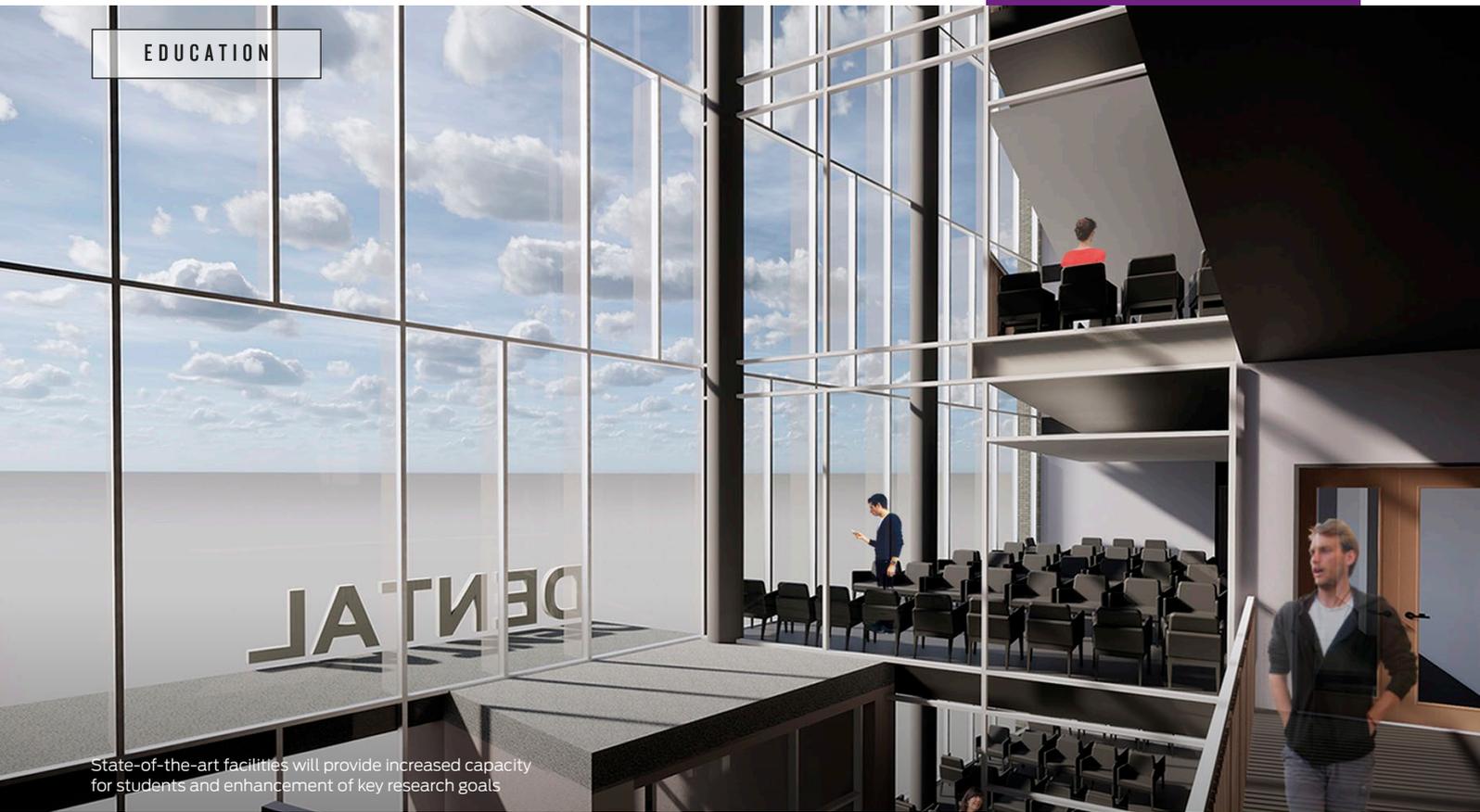
special care dentistry, paediatric dentistry, orthodontics and restorative dentistry. The block will also contain a postgraduate research and innovation centre, which will include an oral research/translational research laboratory.

There will be an imaging department, a central decontamination unit, support spaces for clinics, as well as sensory rooms on the ground and upper floors for special care and paediatric dentistry patients.

The education and administration block will house a 72-bench simulation laboratory, haptic lab, library, staff offices, administration area and facilities management, café, auditorium, seminar rooms, and staff and student support spaces, including a multifaith prayer room.

The new dental hospital, estimated cost around €45m, is one of four key developments that form the backbone of UCC’s “grand plan” for medicine and health which, when completed, will add substantially to the research and innovation capabilities of the region. As well as the dental school and hospital, there are plans for a €16.5m, 3,500 m² Health Innovation Hub Ireland (HIHI) building in Curraheen, a 3,000 m² Clinical Medical School, on the existing Cork University Hospital campus, and a 20,000 m² Clinical Research Network Hub on the site currently





State-of-the-art facilities will provide increased capacity for students and enhancement of key research goals

occupied by the existing dental hospital at CUH.

Whelton, formerly the Dean of Dentistry at the University of Leeds, who has led multiple regional and national oral health surveys in Ireland and worked on oral health development internationally, spoke about how the school and hospital will integrate with other medical facilities, the implications for oral health learning, and what it will mean for the dental profession and wider public health.

“It focuses on our aspirations to significantly expand the postgraduate function and associated research outputs in line with UCC’s strategic plan. That is to deliver an outstanding, student-centered teaching and learning experience with a renewed, responsive, research-led curriculum at its core and to be a leading university for research, discovery, innovation, entrepreneurship, commercialisation and societal impact.”

Whelton added: “In this time of change a new national oral health policy, Smile agus Sláinte, has been launched. The policy emphasises re-orientation of services, elimination or minimisation of inequalities, along with education and upskilling of the dental workforce. The strategic strands of the policy indicated are the availability of advanced oral healthcare centres, oral health evaluations across the life course and pathfinder surveys.

“The philosophy underpinning the policy should enable successful development of the CUDSH research and postgraduate strategy as well as the new designated postgraduate, research and innovation floor where CUDSH can continue to grow existing thematic strengths – outcomes research and dental materials research – in line with the UCC’s goals to the year 2022.”



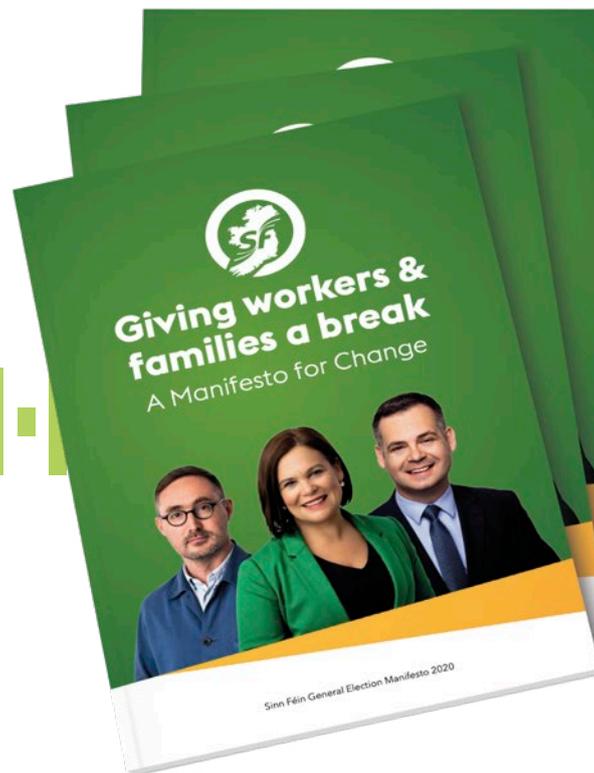
Helen Whelton, head of the College of Medicine and Health

“**THE VISION IS FOR A LEADING CENTRE OF EXCELLENCE, PROVIDING QUALITY PATIENT CARE FOR THE COMMUNITY**”

Taking positive steps

The Postgraduate and Research Strategy, enabled by the new build facilities, will facilitate CUDSH to:

- › Develop multi-disciplinary research in collaboration with academic units in UCC and further afield
- › Increase incrementally the number of research students at doctorate and masters level from 20 per cent to 25 per cent
- › Encourage PhD theses by publication
- › Maintain the high standard of all research theses and publications through close monitoring of activity and publication citation profile
- › Monitor and promote publications from research conference abstracts
- › Promote publications in the top 20 per cent of dental journals worldwide, by undertaking research of clinical importance and relevance
- › Increase the number of applications for research prizes among members of CUDSH at national and international level with local encouragement
- › Increase grant funding through strengthened external research collaboration – local, nationally, internationally with a focus on multi-disciplinary research
- › Facilitate staff development and research productivity



A singular voice

With just one party providing a detailed vision in its manifesto, the future of Ireland's oral health policy depends on the outcome of talks to form a new government

When Sinn Féin experienced a late surge in popularity to secure the largest share of the vote in the Irish general election last month, the party's success redrew Ireland's political landscape, leaving the country's two established parties of power, Fianna Fáil and Fine Gael, in a challenging position.

"Sinn Féin is poised to recast Ireland's political dynamic and install itself as a third large party in what has historically been a two-party system," said Professor John Ryan, of the London School of Economics and Political Science. "Whether in government or opposition, 2020 will be the election that sees Sinn Féin fundamentally break the historical tight grip of the two traditional parties on Irish politics."

Sinn Féin won the popular vote, securing 24.5 per cent of first preferences in the country's electoral system of single transferable votes. Opposition party Fianna Fáil came

second with 22.2 per cent, and the ruling Fine Gael, third on 20.9 per cent. Fianna Fáil received 38 seats, down six seats on 2016. Sinn Féin won 37 seats, up 14 on 2016, and Fine Gael dropped 16 seats to finish with 35.

Because Sinn Féin only put forward 42 candidates to fill Ireland's 160 parliamentary seats, and since its success came at the expense of other left-wing parties, the chances of it building a governing bloc in the wake of the result were thin. But if Fianna Fáil and Fine Gael are unable to form a government, then a new election will be called, in which Sinn Féin would almost certainly run more candidates and win more seats. On 23 February, the Irish Parliament adjourned until 5 March and talks seeking to agree a programme for government intensified, a process that could take weeks or even months, and end in another election.

For health policy generally, and dentistry in particular, a Sinn Féin government offers the prospect – at least on the basis of the parties'

WORDS WILL PEAKIN

(Above) Only Sinn Féin responded to questions on oral health and, of all the parties, its manifesto contained the most detailed proposals

stated policy positions – of a real shift in emphasis.

In the run-up to the election, the Irish Dental Association undertook a campaign to raise awareness among candidates and the public on issues around oral health and dentistry. The association provided material for members to share on social media, using #youdeservebetter to highlight such issues as the 20 per cent rise in the number of under-16s requiring dental care, and the 30 per cent drop in numbers of public service dentists.

"The campaign highlighted the major flaws in the national oral health policy, which removes the safety net of the Public Dental Service for children, and offers nothing for adults or pensioners," said an IDA spokesperson.

The association also produced a guide to help members engage with candidates. It also contacted the main political parties and asked:

- Will your party sit down with dentists to discuss an alternative





plan for improving children's dental health in place of the unworkable proposal contained in the 2019 oral health policy, Smile agus Sláinte?

- How would you deal with reducing emergency dental admissions as one of the leading causes of treatment for children under general anaesthesia in our hospitals?
- How would you make it easier for everyone to access dental care at their local dentist?
- Do you support proper and meaningful consultation by the State with the dental profession prior to introducing significant change in providing dental care?
- Will you commit to employing at least 100 extra dentists in the HSE and make a start towards reversing the cut in the numbers of dentists working in the public service, which have fallen by 30 per cent over the past decade as the numbers of eligible patients have risen by 20 per cent?

While Fianna Fáil did not respond directly to the IDA's questions, the party's election manifesto contained a commitment to enhance dental and oral health services. It said: "Oral health has long been regarded as the poor relation of general health and has generally been overlooked. While a new national oral health policy has been published, we believe it is flawed and inadequate. We will consult with the dental profession on how the new oral health policy can be improved and implemented, bring forward a reformed policy that will have an implementation plan, and replace and improve the 1985 Dentists Act."

Of the other parties, Fine Gael committed to offering free dental care to under-16s, the Social Democrats committed to introducing "improvements in dental care", the Greens committed to introducing a free post-natal check-up under the Maternity and Infant Care Scheme, and Labour to the introduction of a universal entitlement to a free dental examination, scale and polish twice per year.

Only Sinn Féin responded directly to the IDA's questions. It said: "Dental care is an incredibly important strand of healthcare. The state of your teeth affects your overall health, with gum disease linked to numerous other health problems in other parts of the body. Throughout the austerity years, public-funded dental provision suffered a litany of cuts. Children have been particularly affected by these cuts.

"Such failure means that situations now exist whereby children are waiting as long as 12 years for their first dental screening. In order to ensure that the public has good dental health, the Public Dental Service needs to be properly funded and the number



WE CALL ON THE NEXT GOVERNMENT TO RESET RELATIONS WITH THE DENTAL PROFESSION AND TO COMMIT TO DISCUSSING BADLY-NEEDED CHANGE"

FINTAN HOURIHAN

of dental surgeons, orthodontists, dentists, and dental nurses in the PDS needs to be increased. We will deliver free dental care for all children and young people under 18 over the course of government.

"Our spokesperson is committed to engaging with the dental profession in relation to the future of dental healthcare in Ireland and would be happy to meet with representatives of your profession to outline our proposals in greater detail and to discuss the outworkings and benefits of our proposals, once the Dáil is reconvened."

Sinn Féin priorities include delivering free dental care for all children and young people under-18 and increasing funding for the Public Dental Service. In response to the questions, it said it would meet dentists to discuss an alternative to Smile agus Sláinte. To reduce emergency dental admissions, it would introduce free dental care as part of a national health service, reduce financial barriers to more regular check-ups, and improve education around dental care. Healthcare at the local dentist would be free as part of a national health service and it committed to employing at least 100 extra dentists in the HSE.

At the IDA's Practice Management Seminar in January, its chief executive Fintan Hourihan said: "The model

advocated in the [current] oral health policy seeks to compel private, independent dentists to take on care and treatment of cohorts of children they currently do not see, instead of investing in the service which has been designed to screen children. This approach has been prepared without any consultation with our members.

"[The previous Government's] insistence on pushing through free treatment for under-6s is not properly thought through, proposing an onerous burden on independent dentists, who neither have the capacity nor appetite for taking on new cohorts of patients, requiring far greater time than is available in general practice to provide them with the care and treatment being proposed.

"Ultimately, this will have a negative effect on all patients being seen in general dental practices who deserve far better from the health system. We call on the next Government to reset relations with the dental profession and to commit to discussing badly-needed change with those who are expected to deliver such change.

"Politicians are trying to cut corners. Independent dentists provide an excellent service to private patients around the country without any State support, and they will not agree to changes which don't serve the best interest of patients or which threaten the viability of dental practices."

A question mark now hangs over Smile agus Sláinte



The art of dentistry...

a search for identity

How creativity could improve wellbeing, clinical practice and public health

WORDS
WILL
PEAKIN

Rachel Jackson was six months into a four-year BDS programme at the Aberdeen Institute of Dentistry and, “I thought I was going to walk out the door.”

Partly, at the age of 34, it was “being a student again”. She was also juggling being a mum; away from home during the week, with an overwhelming workload. “I couldn’t find myself, my creativity; I was lost to science. How could I get that back, and manage this volume of information? I had to approach my learning differently. So, I reflected back to my time as a medical illustrator and decided to illustrate what I was learning.”

At school, Rachel’s interest in the convergence of art and the sciences had led her to study Medical Illustration at Glasgow Caledonian University and from there a job at Monklands Hospital; part of a team working with surgeons to depict medical concepts or procedures. Photography was in her

remit, also, for patient information leaflets or publicity pictures. There was a more challenging side to the photography; documenting injuries sustained as the result of serious crimes.

“It was a steep learning curve,” Rachel recalled. “But I had very experienced and supportive colleagues. My approach was to do the job to the best of my ability; it would be disrespectful to the patient if I didn’t do that.”

In her early twenties, now with a baby girl, Rachel decided to move with her partner back to Inverness – “back home” – to be closer to family, and she got a job as a dental nurse. It was part-time and involved patient care in a clinical setting; all things that suited her.

By 2013, she had also gained a degree in Oral Health Science from the University of the Highlands and Islands and was working as a therapist in the Public Dental Health Service and independent practice.

“I’m quite a reflective learner,” she said, “constantly wanting to move forward.” Rachel became a part-time tutor, using her photographic skills to teach vocational trainees in clinical photography. This led to a full-time post on the Oral Health Science



Majestic structures - ceramic on canvas

From the collection ‘The Beauty Within’, my study of histological sections, patterns and formations seen during tooth development have been transcribed and represented using a medium that I hope captures the essence of a tooth’s inner beauty. I chose to take inspiration from ground sections mainly due to the colours, tones, and textures – reminding me of the gemstone tiger’s eye, used in jewellery. The mesmerising unruly flow of dentine, dammed by a wall of enamel, offers unremarkable beauty. Nature that we respect and very skilfully recreate but, in the process we are often reminded of the insubordinate character of the various constituents.

course from which she had graduated. “I gained so many transferable skills working within an inspirational team using the most up-to-date teaching methods and it was incredibly rewarding seeing new students blossom,” she remembers.

A full-time teaching position became available, but Rachel had a taste for restorative dentistry and opted to develop her clinical skills. As a therapist, she had referrals from 10 to 15 dentists a week. “This was a significant form of peer review and reflective practice. I could learn from patients’ medical conditions, the approaches to treatment planning, what worked and what didn’t,” she said.

“I was like a sponge soaking up all this information and quickly outgrew my remit. I was at a crossroads. I enjoy clinical work and contact with the patient. In years to come, I could combine teaching again – but in a different role. So, I thought: ‘Let’s see what happens if I get into Aberdeen [Institute of Dentistry].’”

Friends cautioned that she would face hurdles; financially and in balancing family life. She wasn’t quite prepared for the information overload. “The volume of work within a condensed post-graduate BDS course is unbelievable.

“To decide at the age of 34 to turn a stable life upside down to study dentistry, to work, be a mum, and travel – I had to approach my new path a little differently,” said Rachel.

“I had an opportunity; to carve a new identity in dentistry, one that embraced the new but allowed me to keep important elements of who I was before. At the time my priority was to stay connected with my daughter.

“So, I decided to illustrate what I was learning because that’s what I did as a medical illustrator; remove the noise from a procedure so that information could be conveyed concisely. In the process, I could bring these illustrations home to my daughter. I could bridge home and university life, educate my daughter and give her a window on mum’s time at university. It was a vital lifeline for both of us.”

As the course progressed, the number of illustrations began to build. At the end of the second year she took them to Professor John Gibson,



the Institute’s director. “I asked him: ‘What do you think? Is there anything I can do with this?’. I explained that my ability in clinical skills was enhanced by my artwork and vice-versa. It was a bit like going into Dragons’ Den, pitching the idea!

“He listened to my perspective on the profession’s health and wellbeing, teaching methods, my journey in search of an identity and how artwork could be used to connect with patients – just as it had done with my daughter. Professor Gibson took no convincing and has fully supported me ever since in further finding connectedness in the art and science of my chosen profession.”

As well as helping in her learning and improving her mental wellbeing, Rachel began to see the possibilities

(Top) ‘In Fashion’, a meditation on society’s view of dentistry, (left) her home studio, and (right) with her work

of dental art in communicating with patients and the public more widely: “Representing dentistry in a different way, with people being able to see the beauty of the structures and, in turn, value their health more.”

Last November, the British Academy of Cosmetic Dentistry’s annual conference in London hosted an exhibition of Rachel’s work. This spring a permanent installation will be housed at The Campbell Clinic in Nottingham. Rachel is also working on commissions from dentists.

Her next focus is on how the dental curriculum can be enhanced by the arts, whether it’s through using painting to improve fine motor skills or in a wider sense, such as by depicting pain through art to increase empathy with the patient.

There is also a place, she said, for art therapy in dental schools. “For me, the ultimate goal is the acceptance of the arts within dentistry and a shift in the public’s perception of dentistry with creativity – forming a platform to improve the health and wellbeing of the profession as a whole.”

See more at www.medink.co.uk



THE VOLUME OF WORK WITHIN A CONDENSED POST-GRADUATE BDS COURSE IS UNBELIEVABLE. I HAD TO APPROACH MY NEW PATH A LITTLE DIFFERENTLY”

RACHEL JACKSON

Survival of root filled teeth: an Irish Endodontic Society presentation

Fransson, H, D.D.S., Odont.Dr. (Ph.D.)

Associate Professor in the Department of Endodontics, Faculty of Odontology, Malmö University

Introduction

A Scandinavian research collaboration, EndoReCo, has been established to focus on certain research questions regarding endodontic treatments. At the Annual Scientific Meeting of the Irish Endodontic Society on 24 January 2020, data was presented from the groups' work regarding tooth survival of root filled teeth.

Background

The Swedish Council on Health Technology Assessment has concluded that effort should be made to study the tooth survival over a long-term period and to study factors that may affect the long-term survival after root filling. In Sweden, like in Ireland, most root canal treatments are performed by general dental practitioners and it is important to study tooth survival in such a setting.

Discussion

But why use tooth survival as an outcome measure of root canal treated teeth? Follow-up studies of root canal treatments performed in specialist and student clinics in Scandinavia report success rates of more than 90%. In contrast it is known from epidemiological studies that 24 to 52% of the root filled teeth in Scandinavian populations show signs of apical periodontitis, significantly correlated to inferior technical quality of the root fillings. In scientific studies the criteria for a successful treatment are, apart from no symptoms from the root filled tooth, also signs of the successful removal of any infection, that is no signs of periapical inflammation. To the patient the treatment can be experienced as successful if a tooth is free of symptoms and functions well. The term "functional retention" has been introduced which may be what is satisfactory for the majority of patients and thus studies on the outcome measure tooth survival can be argued to be more patient oriented than the periapical status.

The data presented at the meeting was based on all teeth, about a quarter of a million non-surgically root canal treated, that were reported to the Swedish Social Insurance Agency under a specific year. Practically all dentists in Sweden are affiliated to the agency as all treatments, including implants and prosthodontic treatments, are covered by the insurance. The proportion of root filled teeth surviving over five to six years was about 90% which is in line with what has been reported elsewhere. Root fillings were most commonly performed in the first molars, and this tooth group also had the highest extraction rate. Extraction could, but not necessarily, be a sign of failure of the endodontic treatment as other reasons such as fractures are more likely. Other signs of an unsuccessful treatment could be non-surgical retreatment, which was not common (after five years only 2% had a retreatment) and apical surgery (which was even less frequent at 1%).

In Sweden there are studies showing the primary indication for performing a root canal treatment is relief of symptoms. Most teeth have previous restorations and a significant loss of



Root filled tooth with persistent apical periodontitis

tooth substance, more than a third of the crown, which brings us to how to restore a root filled tooth. The restoration of root filled teeth is probably important for the outcome of the endodontic treatment. As the goal of the endodontic treatment is to eradicate or prevent an infection to occur, the restoration should provide a barrier towards coronal leakage, but the restoration could also provide some protection to the masticatory forces. In Sweden most root canal treated teeth are restored with a composite filling. The survival of root filled teeth was higher, but only a difference of a little more than 3%, for teeth restored with a laboratory fabricated restoration than teeth restored with a composite filling, however for certain tooth groups the differences were even smaller. A tooth restored with a composite restoration could render additional treatments and

almost a third of these teeth had additional composite fillings five years after completion of the root canal treatment. This should be considered since the fees for the patient are much greater when choosing a laboratory fabricated restoration. The total mean fee for preservation of a root filled tooth over five years was 717 Euros, including the root canal treatment, the coronal restoration and any additional interventions during the follow-up period. The fees for root filled teeth with a laboratory fabricated restoration were significantly higher (1105 Euros) than for teeth restored with a composite filling (610 Euros), despite further additional treatments.

Conclusion

It needs to be stressed that even though the outcome of tooth survival is interesting and useful on a group level, when caring for our patients we should continue to strive for removing any infection and aiming at an outcome with normal periapical status. However, since many patients and dentists are accepting the concept of functional retention we need to learn more about the risks related to a root canal treated tooth with persistent apical periodontitis.

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'CAVEAT COMES' OR, ROUGHLY TRANSLATED, 'ASSOCIATE BEWARE'

Associates cannot be blamed for the failure of a parent company, but many will wonder if they could have seen it coming

[WORDS: ALUN K REES]

THE NEWS THAT FINEST DENTAL, with branches in Canon St, Liverpool St, Brentwood, Wokingham, Winchester, Milton Keynes, Leicester and Birmingham, has gone into liquidation fills me with sympathy for its patients and teams who have been left high and dry.

If I were a patient and casual observer I would ask: "Surely there are systems in place to ensure that patients cannot be left in the middle of treatment? I have heard of this thing called the Care Quality Commission that safeguards patients." Yes, it exists in England, and there are similar bodies in Scotland, Ireland and Wales making much the same claims; that they ensure practices are providing "safe, effective and high-quality care, and to encourage them to improve" or words to that effect.

Unfortunately, none of these inspectorates look at the true viability of businesses, bother to lift the financial mattress, or really inspect every element of the way that treatment is provided. Indeed, even if they did, six of the nine sites had not been inspected. Of the three that had been, only one had a clean bill of health.

One of the drawbacks with compliance-based programmes and inspections is that anyone can buy an off the peg compliance system and say they have all the documents, all the procedures listed and obeyed, and all

their boxes ticked. The staff are briefed as to what to say to the inspector and on that day the practice passes muster, breathes a sigh of relief and (possibly) goes back to doing what they have always done. They can be passed with window dressing.

The alternative is an integrity-based programme where the business has developed its own set of core principles and all behaviour is governed according to those principles. Success is directly linked to maintaining their ideals and starts at the very top with owners demonstrating the principles consistently.

A quick look at the dentistry that Finest Dental has been advertising – and on which it was presumably basing its business plan – reveals some of the worst habits of oral care provision in the 21st century. There is a desire to provide high cost items at prices better than the others in the market. Known informally as a race to the bottom, it will always lead to losers. In this case, judging from the comments left on the double-edged sword that is Trustpilot, many of them are patients who have paid up front, often several thousand pounds, for advanced treatment.

As anyone who has heard me speak about money will know, "most dental businesses that fail do so due to poor cashflow". Budgets and realistic predictions mean



a whole lot more than shiny, expensive, marketing plans. Demanding cash before treatment then delaying that treatment, as has happened, shows a business seeking to sell itself out of trouble, a tried and tested way of getting yourself into a deeper mess. Allied to offering cut price treatments this can lead to a vicious spiral where every payment received is being used to settle past debts. You try swimming faster, but the sharks are faster still.

Putting patients aside (although their problems reflect poorly on every dental graduate everywhere) I want to look at those mentioned in the title of this piece, “Caveat Comes”, which my online translator tells me is Latin for “Associate Beware”.

Although the associates cannot be blamed for the failure of the parent company, I am sure many will wonder if they could have seen it coming. Did they choose, as humans often do, to keep going and hope for the best? They will be burned by their experience and, with commitments to house and feed themselves and their families, will need to get back into the job market quickly. I sincerely hope they have sympathetic bank managers lest they end up as collateral damage.

I have heard in the past associates sharing stories of corporate branches and others running out of materials, being

“encouraged” to do certain, more profitable, treatments or diverting laboratory work to cheaper labs. The last two happened to me many years ago in one of my last posts before striking out on my own. There’s little new under the sun.

In most instances a patient would describe the associate as “their” dentist as they would in the case of clinical negligence. Is there an obligation on a self-employed contractor to assure themselves that they are providing treatment in a financially stable environment? I would hope not, but I wonder – where does the duty of care end?

This is a very sad set of circumstances where nobody gains, the patients certainly lose, and the reputation of dentistry will remain tarnished in the eyes of those patients for a very long time. If you are an associate, beware.

Alun K Rees BDS is The Dental Business Coach. An experienced dental practice owner who changed career, he now works as a coach, consultant, trouble-shooter, analyst, speaker, writer and broadcaster. He brings the wisdom gained from his and others’ successes to help his clients achieve the rewards their work and dedication deserve.
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“
IS THERE AN OBLIGATION ON A SELF-EMPLOYED CONTRACTOR TO ASSURE THEMSELVES THAT THEY ARE PROVIDING TREATMENT IN A FINANCIALLY STABLE ENVIRONMENT?””



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PRACTICE GROWTH JUST REQUIRES SOME SIMPLE MATHS

Beware that coasting feeling, as shrinking profitability will not only impact on you now but also when you finally come to sell

[WORDS: RICHARD PEARCE]

THERE ARE MANY PRACTICES OUT there just ticking along, and for their current owner that's fine. In some cases, they are shrinking but it's happening very slowly and no one (not least, the owner), really notices.

However, given that the inflation rate is 1-2% and many practice costs are increasing annually at a higher rate, it only takes a short time for practice profitability to start to be an issue. Concerns are initially surfaced when the 'free' cash is just not there at the end of the month. Then the annual draft accounts arrive from the accountant (helpfully with the previous year's results presented next to the most recent year) and the situation is clear.

Firstly, perhaps we should be clear about what sort of growth we are talking about. Ultimately, we need revenue growth that leads to a net profit that at least increases at, or more than, the rate of inflation. We could achieve this by:

1. Net increase in patients, i.e. more new patients than leavers



2. Increase in average spend per patient
3. Opening more hours
4. Introduce new services e.g. implants, facial aesthetics, advanced cosmetic
5. Creating a new surgery within the practice (note that this will probably only deliver growth if the other surgeries are close to full utilisation and/or a new, high value treatment is offered)
6. Put your prices up.

We will review what each ‘growth’ strategy might entail.

1. Could be called the ‘attrition rate’ or ‘replacement rate’ and is very rarely considered, let alone calculated, within practices. Given that we know people will die, move away and dare we say it, go to another dentist, we have to replace these leaving patients before we can show a net gain in active patients.

So how do we calculate attrition rate? There is no ‘accepted’ method, but here is one way:



ULTIMATELY, WE NEED REVENUE GROWTH THAT LEADS TO A NET PROFIT THAT AT LEAST INCREASES AT, OR MORE THAN, THE RATE OF INFLATION”

- Find the number of patients who have attended the practice at least once in the period between four years ago and two years ago. Let’s say it’s 4,250.
- Then find out how many of them have attended in the last two years. Let’s say it’s 3,800.
- Divide the difference with the first figure and times by 100, so; $450/4,250 \times 100 = 11\%$

Therefore, with 3,000 active patients and an 11% attrition rate, we need 300 a year or 25 new patients a month. This is just to replace the leavers. Obviously, we know that some patients leave it at least two years between visits and this is not an exact science. However, the point is, there is a replacement rate requirement which is often not considered.

2. If one in three patients elected to have composite fillings, if everything else stayed the same, we would get an increase in average spend. A well-designed poster in the waiting room and in each surgery might just encourage this change. Before and after pictures of metal fillings changed to white fillings that can be shown on a patient screen, might be helpful too.

3. If normal practice is for three surgeries to be open 9-5, five days a week (and take an hour for lunch), we could extend some opening hours. Therefore, if two surgeries open until 8, two nights per week, and 9-3 on Saturday (no lunch break), we would get another 18 hours of surgery time, an increase of 17%.

4. It’s not too difficult to calculate the value of implants, endo, orthodontics that you refer out. Facial aesthetics would be harder as obviously patients self-refer, though you could record patients who are clearly receiving facial aesthetic treatment. Introducing a new service successfully requires the coordination of good

recruitment and effective marketing.

5. If you are maximising hourly and daily gross, when the surgeries are open, and have extended opening hours, then clearly the only route to go is to create more productive space. If contemplating this, then consider moving the whole practice into a purpose-built facility that will allow for sustained growth and a much-enhanced patient experience. The days of the re-purposed semi-detached house are numbered.

6. Put your prices up every year. Notice how the plan providers always do. If you leave your prices the same for even two years you will find the increase required just to get back where you were is unpalatable.

So, beware that coasting feeling. Do the maths and the numbers won’t lie. Shrinking profitability will not only impact on your standard of living now, but will also potentially reduce the value of the practice when you finally come to sell.

Richard Pearce lives in Northern Ireland. Following a business career in various sectors and an MBA, he joined his dentist wife in dentistry. Richard combines his wide commercial experience with being attuned to what it is like for an associate dentist, a practice owner and a practice manager. His unique perspective ensures he can assist a practice owner with every area of the practice to create a more profitable practice and to achieve their smart objectives.



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IMPLANTOLOGY AT THE NEXT LEVEL

From treadle drill to dynamic 3D navigation



The family practice provides a full range of services

I sometimes wonder what my father would make of things. Like, for example, how your phone knows where you parked your car or how you can listen to Radio One live from Guatemala.

Dad was a 1950s dentist. As a child I remember playing with his old Ritter treadle drill which was dumped in the garage. It was fun to play with, but it was hard to imagine it having ever been used in someone's mouth! It's incredible how much dentistry has changed since then. The advent of the digital age has moved us past paper charts and developing X-rays.

Technology has kicked on at a relentless pace to the point that it is impressive even to our contemporary dentists. Digital scanning and 3D imagery are making impressions



Dr Conor Irwin is the Principal of Ratoath Dental and Implant Centre

almost obsolete. Some clinicians now mill their own crowns and can make clear braces without using an outside laboratory.

Little could I have imagined when I set up in sleepy Ratoath just over twenty years ago that the population would explode more than tenfold. Dublin has moved into Meath and we are now a commuter suburb. Our practice has grown exponentially and is now fully digital. A KaVo Pro CT scanner and an X-Guide offer the latest in dynamic navigation so our skilled implantologist, Wilson Grigolli, can place implants safe in the knowledge that he can avoid any issues with challenging anatomy. Bone is no longer the constraint that it was in the past.

Zygomatic implantology has allowed even the most hopeless cases to be restored. Sinus lift procedures are routinely done in our Ratoath practice and sometimes performed by Wilson in neighbouring practices allowing our colleagues to place implants themselves in plentiful healthy bone. These developments have brought implant dentistry to the next level and made it a real option for many more patients than ever before.

My father would be amazed, and very impressed!

Conor Irwin

About Ratoath Dental and Implant Centre

WE have always been immensely proud to be part of Ratoath in County Meath. The sense of optimism and community spirit in our big little village is outstanding. Ordinary people make great things happen and everyone gets behind the various projects, be they sporting, charitable or cultural events.

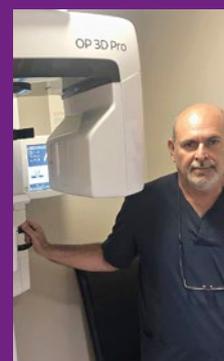
Ratoath Dental and Implant Centre is now a four-surgery practice with a team of sixteen. We like to think we are a central part of our community. We try to get the little things right. I believe that good dentistry starts with the smallest child. They have a great sense of fun and friendship and that should be encouraged. There should be no reason to fear the dentist. We try to make friends from day one. Ours is a family practice and we see kids for free. We might just count their teeth and send them away with a balloon and a smile, but that can be the key to good dental habits forever.

As a family practice, we try to provide the full range of services. We have a reputation for treatment of especially nervous patients using IV sedation and more recently nitrous oxide for children. As we all know, good dentistry is mostly based on kindness and empathy. With friendly highly professional staff, a comfortable place and a friendly smile the rest usually falls into place after that.

We are fortunate to have an excellent team of dentists in our practice and we are especially fortunate to have Dr Wilson Grigolli, below, our implantologist, and Dr Flavio Molina, our prosthodontist. With them in our practice, many treatment options that previously were beyond us are now available. We are of course happy to see referred patients and Dr Grigolli is available to visit outside practices and assist or advise in implant procedures, for example sinus lifts.

As a Meath man, I like to think that not everything good has to be in Dublin!

Conor Irwin



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NSK opened its UK and Ireland headquarters in 2007, and in that time has built a solid reputation for high-quality products, which are recognised as some of the best and most innovative across the industry. The key to their success has been the combination of quality products and excellent customer service.

Jonathan Singh is NSK's Product Specialist & Technical Services Engineer for Northern Ireland and the Republic of Ireland. Jonathan, who is based in Belfast, has a wealth of experience in the dental and medical industry, with a specialist focus in the maintenance and servicing of dental handpieces and autoclaves.

An experienced engineer, Jonathan recently attained his AP(D) (Authorised Person (decontamination)) qualification. This accreditation further supports his comprehensive knowledge of the methods, techniques and processes used in the validation and verification of all decontamination equipment, enabling him to be effective in the management of all engineering aspects of the dental practice's decontamination equipment.

Jonathan also has an in-depth knowledge of the NSK product

range and is adept at advising and supporting practices about the most suitable handpieces and autoclaves to meet their individual needs.

NSK understands that today's busy dental practices face a serious challenge; to maintain or increase productivity while ensuring that patient safety remains a top priority. NSK has a range of high-performing autoclaves and customers across Northern Ireland and the Republic of Ireland can benefit greatly from Jonathan's vast experience in decontamination and NSK product knowledge.

"Fast instrument cleaning is vital in a busy practice, so quick cycles, large chamber volume and low power consumption are key," according to Jonathan. NSK's iClave plus, with a highly conductive copper chamber and 20 per cent more capacity than conventional autoclaves, leads the way in these essential criteria.

For NSK the future is not only about continuing to improve its equipment, but the commitment to giving the best service and support. With his years of experience and in-depth knowledge, Jonathan is well-equipped to provide his customers with that and more.

For more information about NSK products and services in ROI and NI, contact Jonathan on +44 7464 675158 or +353 1695 0053 or call NSK on ROI 1800 848959 or NI 08006341909.

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FOUNDED in 1972, and headquartered in Melbourne, Australia, SDI is primarily involved in the research and development, manufacturing and marketing of specialist dental materials. SDI's investment into research and development has ensured superior quality is achieved for the Pola tooth whitening, Riva glass ionomers, composites and amalgam ranges. SDI has offices and warehouses in the USA, Germany, and Brazil.

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Joe Biesty, Area Sales Manager - Republic of Ireland
For more information, visit www.braemarfinance.ie

JOE BIESTY has been Braemar Finance's sales representative in Ireland for the past five years, where he has quickly established a strong reputation for his client focus and ability to create bespoke deals for a range of dental clients.

Braemar Finance is one of the UK's leading – and oldest – professions funders, having been established in 1992 in Dundonald, Scotland.

A key part of Joe's role is to arrange finance for customers, as and when they require it – this includes meeting to discuss and understand their financial requirements: "We understand that dentists are extremely busy and don't have the time or capacity to provide endless documentation. This is why I make a point of dealing with these transactions with the minimum of fuss and maximum efficiency."

Currently, Braemar Finance offer unsecured business loans and equipment finance.



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Quoris3D specialise in giving dentists direct access to 3D printing, 3D design services and the ability to purchase some of the world's leading 3D printers on the market. Quoris3D are resellers for EXOCAD, Envisiontec 3D Printers and Medit scanners. Having researched and partnered with the best suppliers, the Quoris3D team deliver a truly world-class service to their customers.

After a thorough consultation with an expert from the Quoris3D team, customers are given the technology solutions that best match their business needs. A thorough training and installation plan is compiled to ensure everyone is trained to get maximum return on the investment. Implementing new technology can be a daunting challenge, but help is only ever a phone call away with technical support provided directly by the Quoris3D technical team.

Some of the popular lab packages customers are choosing include an Envisiontec One cDLM 3D printer, a Medit T300 lab scanner, and Exocad design software.

Created by one of the most experienced teams of engineers in 3D printing, the Envision One cDLM is the largest, most advanced desktop 3D printer ever created. It is bigger, faster, easier to use and more innovative than all the other 3D printers on the market. Designed to take you from beginner to expert in a single machine, the Envision One cDLM is the only professional 3D printer you'll ever need. EnvisionTEC delivers an end-to-end solution including design software parameter optimisation to deliver accurate parts every time with minimal supports. Perfect for 3D printing orthodontic applications as well as full dentures, the Envision One cDLM is capable of printing six orthodontic arch models in under 15 minutes.

Medit represents the apex in 3D dental scanning. With unsurpassed speed, accuracy and reliability, Medit helps you rediscover your productivity with the T-Series' convenient design and high-tech features. The T-Series' new powerful scan engine and



Garrett Mac Enri, of Cavan Denture Clinic, with Ian Creighton, of Quoris3D

affordable pricing are the perfect fit for performance enthusiasts and entry-level users alike.

Mark Mc Gowan and Emma-Jane Little from Quoris3D, recently installed and commissioned an Envisiontec One cDLM 3D printer, a Medit T300 lab scanner and Exocad design software for Colum Sower, of C.A.S Dental Laboratory, Dublin, and Garrett Mac Enri, of Cavan Denture Clinic. Full training was provided, and the clinics are already producing printed products for customers and are delighted with the speed, efficiency and improved workflow.

To learn more about how you can revolutionise your lab, contact Quoris3D today on: (NI) 028 6862 8880 or (ROI) 01-4370896. For more information, visit www.quoris3d.com

Client testimonial

As owner and manager of Cavan Denture Clinic, I am acutely aware of the changes underfoot in the dental industry. The elephant in the room that I was trying not to see was the advancement of digital technology. I was aware of how milling is advancing but I was still unsure of 3D printing which - in my opinion - seemed to be the most practical solution for a very busy denture clinic.

The thought that we could avoid articulating, flasking, packing and all the associated stages seemed to make sense. I approached James Hamill, who I have known for many years, and who has been endlessly pushing to new frontiers in dentistry. James invited us to a number of training days and explained how Quoris3D wanted us to be under no illusion that this was a major learning curve which would require dedication and patience. Most importantly, James assured us that his company would be on the journey with us - constantly guiding and teaching. Myself and my colleague Colum Sower knew that this was the path we needed to follow.

We put in our order, including a scanner, resin, light cure box and 3D EnvisionOne printer, and agreed dates for training which is part of the Quoris3D package. The training consisted of three intensive days of learning how to use each new piece of equipment. The training was very good. We learned so much and were supported at every stage.

I have found the whole journey very enjoyable and rewarding - like learning a new language. As I write this, I am at the end of my second week away from training. Today, I fitted a complete set and a full upper denture. I look forward to going to work each day to start the next digital 3D printed denture. I would strongly recommend Quoris3D and their equipment. I hope to keep learning in partnership with them for years to come.

**Garrett Mac Enri,
Cavan Denture Clinic.**