

THE MAGAZINE FOR DENTAL PROFESSIONALS IN IRELAND

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# Dental

SEPTEMBER 2020



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**Saturday**  
**October 31st, 2020**

Programme details coming soon:  
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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  
Studio 2001, Mile End  
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# 100-plus, and counting; it's time for the Government to wake up

*Politicians are 'asleep' to the mounting oral health crisis*

**A**s summer turned to autumn, the number of dentists in Ireland who had left the Dental Treatment Services Scheme (DTSS), under which adults qualifying for a Medical Card can access a range of services and treatments, passed 100. The milestone marked three months since the country's previous Health Minister, Simon Harris, promised to provide appropriate personal protective equipment (PPE), which has still to materialise.

The Health Protection Surveillance Centre (HPSC) advised dentists that regular dentistry wear would be sufficient to protect them from the coronavirus. The Irish Dental Association, representing around 2,000 dentists, estimates that the average cost of PPE per treatment is €14 per appointment in a three-surgery practice, which has made it "unviable" for many dentists to provide for medical card holders.

The Health Service Executive (HSE) concedes that the scheme needs "to be revised in order to align it with modern evidence on oral health needs and provision of dental services". But it has assured the current Health Minister, Stephen Donnelly, that card holders will not be left without a service. The majority of the 106 who, by September, had indicated their intention to leave the scheme, had still to complete their three-month notice period – during which patients could be referred to an alternative practice.

Ruairí Ó Murchú, Teachta Dála for Louth, highlighted the situation in his constituency where some people in residential settings were told that their dental practices would no longer be providing 'new' care for medical card holders. The practices told these patients that treatment

can be pursued under Louth Community Care, but Mr Ó Murchú said he understood that they are not taking patients unless it is an emergency.

This subsequently confirmed by the HSE, who told him: "The HSE dental service is also facing major backlogs, as a result of service restrictions during the height of COVID-19, and reduced capacity currently, due to new work processes, enhanced infection prevention and control measures, and redeployment of some dental staff. If any of the patients you are representing are experiencing pain, and have difficulty accessing treatment, the HSE dental service can arrange for them to be seen as an emergency."

Mr Ó Murchú said medical card holders, particularly those with disabilities, were facing the "dreadful choice of having to either forgo treatment or face the burden of having to pay for dental treatment out of the €203 disability allowance they receive each week". The HSE statement, he said, acknowledged that there had been a withdrawal of dentists from the DTSS.

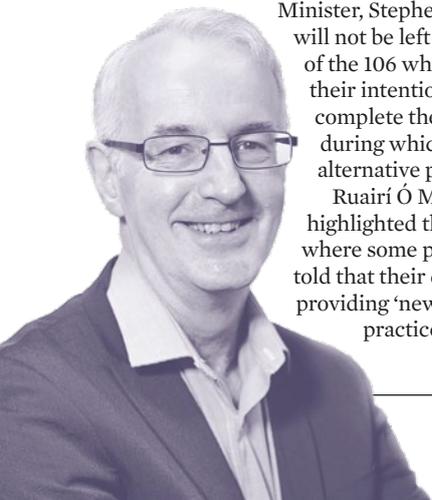
Apparently, it was the Department of Health's intention to "revise" the DTSS and "engage" with the Irish Dental

Association. However, there seems to be little urgency about this and, in the meantime, medical card holders, including those with disabilities, were facing worry and concern in relation to their dental care.

"While the HSE says it will facilitate patients moving to another dentist, there is no guarantee that the dentists will be local and there could be an added travel burden for those with disabilities," noted Mr Ó Murchú. "The Government is asleep on this issue – it has been flagged to them for months – and still, there is no resolution in sight. In the short term, the Government needs to engage with dentists and provide an interim solution, so people are not left without care."

Mr Ó Murchú is spot on; the Government needs to wake up.

**“  
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## Adapt, look after yourself, be poised for normality

**A**s the uncertainty of COVID-19 seems to have entrenched itself into all our lives, it is timely to take a look at strategies which will help reduce the anxiety caused by this continuing unpredictability.

In speaking with several GPs over the past number of months, the effect and impact on patient attendance is beginning to manifest itself in a number of ways. The original fear/apprehension in attending has all but dissipated. Patients seem very willing to attend – even for the most minor procedures. This is very heartening – as it underlines the key trust we, as a profession, have worked hard to create and maintain. Most patients have some awareness of the levels of cross-infection control, hygiene and good practice that we operate. As each practice continues to improve its protocols (temperature checks/text messaging/patient distancing in waiting room etc), then the attending patients gain more confidence that correct measures and procedures are in place.

The main effect however, is not the added cost or time in providing these measures – though of course the cost of the added PPE – along with the consequent increase in clinical waste disposal – are significant. While these financial costs are appreciable, rather it is the loss of time that is the most impactful issue. The physical time taken to see a patient for a “regular” appointment has increased dramatically. The increased preparation before patient arrival – and the increased time for cross-infection control afterwards are eating into the operative time usually available for dental procedures.

As we all try to grapple with this new “way of working” – it is clear that certain methodologies can prove useful for maximising on the clinical time given to patients – all of which are conveniently and appropriately complimentary to the best practice information currently available for the NPHE, HSE and WHO.

**1. Maximise time** – Prioritise procedures that are required, and undertake as many of these (within reason) as possible per visit. This may seem like common sense – but if you put this into practice it will focus your team to deliver – and reduce the frequency (number of visits) per patient.

**2. Streamline PPE etc** – By anchoring your strategy to the first point (Maximise time) – you will therefore maximise too on the use of PPE. Simply put – if a patient requires two or three restorations in the same

quadrant, logic dictates that undertaking all three in the one treatment appointment – will (a) reduce PPE costs (b) increase treatment yield – more treatment in fewer visits and (c) further reduce risk of COVID transmission by reducing the number of visits

**3. Confirmation of appointments** – Now more than ever, with so much at stake, it is crucial that all dental appointments are verified in advance. This is particularly important as the “walk in” custom of old has all but vanished from this “new world”.

**4. Patient retention** – Relationship building: To borrow an idea for the business world, it is self-evident – particularly in more established practices, that there is an existing relationship of attendance and treatment with your patient base. How many of us in the dental surgery have said: “Let’s keep an eye on that lower molar... it might need more attention in time to come.. perhaps at your next check-up?” With that in mind, and the continued uncertainty around another lockdown (regional or national) – perhaps that time is now? Remember your patients will be grateful for the care and attention you have shown – along with the conscientiousness that you are professionally delivering in their management.

**5. Referral** – With many specialists working through the backlog caused by the first shutdown (March 2020), many are just now beginning to see availability/capacity back in their books. It might be timely (with good clinical indicators) to consider referral for that root treatment, orthodontic assessment of wisdom tooth? It may prove challenging in the months to come to ensure timely referral, so if there is a clinical history and indication, then appropriate referral now would seem the most prudent course of action.

**6. Self-care** – As the uncertainty seems set to continue – with (at time of writing) the schools reopening etc, it would appear that rolling lockdowns or even another national lockdown may be on the cards. Given the anxiety in the previous months, it is vital that each member of the team and staff have a strategy or mechanism in place to ensure they look after themselves both physically and mentally. We serve neither our patients nor ourselves if we are not in best form ourselves.

When this virus is properly controlled or eliminated, then healthcare delivery will revert to a more traditional model. When that time comes, those that have adapted and looked after themselves will be best poised to maximise on the happy return of normality.



# Across Ireland, urgent support called for

*A range of professional organisations call on the Irish and UK Governments to act*

**THE** dental profession across Ireland is calling on financial support for mixed and private practices. Key stakeholders and groups – including the Irish Dental Association, the British Dental Association (BDA) and the Association of Dental Groups – have looked at the financial support currently available. As a result, they have called on the Irish and UK Governments for an ‘urgent response’.

“Dentistry is not really included in the Programme for Government and the National Oral Health Policy remains the Department of Health’s (DoH) vision for the future. The medical card and PRSI schemes are in serious trouble and as of yet there are no Government plans to open discussions,” commented Professor Leo Stassan, outgoing President of the Irish Dental Association.

He added: “There are difficult conversations ahead. The Association is and has always been willing to have an open, constructive, listening and reflective conversation but instead of the DoH and the Chief Dental Officer getting on and trying to do something, it is always somebody else’s responsibility/problem, and nothing happens.”

In Northern Ireland and the rest of the UK, a report has revealed that:

- Two thirds of practices (66%) are running at less than a quarter of pre-pandemic capacity
- 79% are likely or extremely likely to face financial difficulty in 3-6 months
- 54% lack confidence their practice could maintain current staffing levels in the coming year
- 78% determine ‘fallow time’ to be the greatest obstacle towards increasing activity levels

The report – the work of a short life working group bringing together a unique range of official and professional bodies – examines the current national and local financial support packages currently available to dental practices. It sets out key recommendations, including calls for an extension of the Coronavirus Job Retention Scheme for the dental sector, lengthening the repayment period for government loans, and extension of business rates relief for dental practices.

Martin Woodrow, the BDA’s chief executive, said: “Patient access to dentistry remains limited. Therefore, we face a real risk of deep health inequalities widening.” He was speaking after the publication of a report published by a range of professional organisations. “The measured view of this paper is that a vital healthcare service –



In the UK, BDA has written to Chancellor Rishi Sunak calling for an urgent response

now operating at a fraction of its former capacity – requires urgent support.

“While short-term assistance has been offered to NHS contractors, private providers have largely had to go it alone. From the extension of business rates relief to ensuring necessary funding is in place to support services for vulnerable populations, the [UK] Treasury has a responsibility to take heed and set out a clear plan to keep dentistry afloat,” he said.

In the UK, BDA has written to Chancellor Rishi Sunak calling for an ‘urgent response’. The stakeholder group undertook a review of the national and local financial support packages available to dental practices. This was supplemented with submissions from key stakeholders and a survey of dental practice owners/contract holders and associates to gauge level of self-declared risk, knowledge of, applications for and success in securing financial support. The survey also provided an opportunity to gauge the level of any anticipated financial risk and likely balance of future NHS/private service provision. In conjunction with National Association of Specialist Dental Accountants and Lawyers (NASDAL), the SLWG conducted a series of practice projections extending over an 18-month period.

As part of the public health measures and response to the pandemic, the necessary interruption to dental service provision has had and will continue to have consequences for income and sustainability of practices, dental laboratories, the dental supply sector,

self-employed dental care professionals and support staff, the report said.

Throughout the COVID-19 pandemic, in the UK the NHS has continued to make the usual monthly payments to dental practices for the NHS component of their income with varying levels of abatement. For wholly private dental practices and dental laboratories, fiscal sustainability has required a reliance on eligibility for national and local support packages for employers and small businesses. These support packages are time limited.

The likelihood of financial strain for high street dental practices and dental laboratories, in particular, is anticipated. Whilst risk of insolvency is low, the consensus of the group is that risk will need to be managed with national level backing for the dental sector as the broader COVID-19 support measures such as deferment of payments and loans are withdrawn. The viability of dental laboratories was highlighted as an unforeseen consequence and recommendations include support to this vital element of the patient care pathway.

The consensus of the group was that there is no evidence to substantiate the likelihood of a dearth of dental practices on the high street in 18 months’ time. However, capacity and capability exist within the mixed practice setting to further support NHS provision, address the backlog of unmet need and extend flexible commissioning initiatives to target oral health inequalities.

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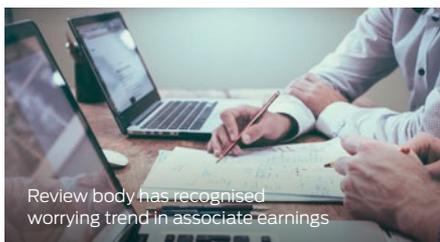


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# ‘Unacceptable’ delay in NI pay award

*Dentists feel less valued by employers, governments and society, report says*



Review body has recognised worrying trend in associate earnings

**THE** increasing delay in Doctors’ and Dentists’ Remuneration Board (DDRB) pay uplifts in Northern Ireland, in comparison with the rest of the UK, “has been particularly galling”, according to a British Dental Association official.

Tristen Kelso, the BDA’s Northern Ireland Director, said: “We’ve made clear that the delay in implementing pay uplifts in Northern Ireland has a negative impact on dentists, not only in financial terms, but also on dentists’ morale and the credibility of the pay review process.”

Kelso said that the concerns had been recognised by the current review body. Its July report noted that “the delays to the pay award process in Northern Ireland continue to be unacceptable” and that “the pay award for 2018-19 was only made in November 2019, more than halfway through the following financial year”. It added: “We expect pay awards to be made in a timely fashion...this has unfortunately not been happening in Northern Ireland for some time.”

At the beginning of September, the BDA began another cycle of considering the BDA written submission to the 2021/22 process, having only recently received the pay uplift for 2019/20, and as it continues to await a decision on 2020/21.

“As [the] DDRB has recognised, such inbuilt delay is wholly unacceptable,” said Kelso. “That’s why, we will continue to lobby our Executive for a major reboot to this system. Dentists in Northern Ireland deserve a pay review process which is fit for purpose.”

The review body has also recognised the “worrying trend” in associate earnings, which have been going down since 2010-11. They have also recognised that overall earnings are not keeping pace with DDRB recommendations for NHS earnings. The latest DDRB Report also reflected the low level of morale in Northern Ireland, and how dentists often feel less valued by employers, governments and society as a whole than they had previously.

“Of course,” noted Kelso, “this year’s DDRB cycle is very much overshadowed by the impact of COVID, and we will be seeking to ensure this is adequately taken into account by the Review Body. But even pre-COVID, stress in the profession was a significant issue, as shown in the last report. It’s good to see these issues being recognised.”

“We have requested that in future surveys, data is captured separately for CDS dentists to give us a clearer picture of the issues affecting our salaried colleagues.”

“In our evidence session to the NI Assembly Health Committee in March, we emphasised need for the long-awaited CDS Workforce Review to be carried out without further delay.”

He added: “We have the opportunity now to build on the progress we’ve made. Our concerted efforts to demonstrate the issues within dentistry – around pay, morale, stress and delays in the process – have been recognised by the Review Body.”

## Inspections create ‘senseless’ COVID risk

**DENTISTS** in Northern Ireland have expressed their frustration at the decision by the Regulation and Quality Improvement Authority (RQIA) to resume on-site inspections.

It is understood that mitigating measures will be put in place, with inspectors wearing PPE, keeping a two-metre distance from GDP staff, and talking to each member of staff for no longer than 15 minutes.

However, a British Dental Association spokesperson said: “We reiterated the profession’s concerns that on-site inspection senselessly increased the risk of COVID transmission and increased the likelihood that patient treatments – already significantly delayed – would have to be rearranged.”

“RQIA have said that they will give maximum support to practitioners, including around sufficient leeway in agreeing a mutually convenient time for inspections to take place. In addition, all practices selected for inspection would receive a supportive telephone call with an inspector a month in advance of an inspection taking place, and around flexibility to set a convenient date for inspections.”

The BDA is continuing to advocate on behalf of the profession and RQIA has committed to working with the association to design an updated inspection process which could feature remote inspections if the details can be worked out.

## Trainees’ disparity highlighted

**A DISPARITY** in pay amongst dental core trainee (DCT) jobs in the United Kingdom, particularly in Northern Ireland, has been highlighted.

The “significant” difference was revealed in a study, ‘Dental core training: the trainee perspective’, published in the *British Dental Journal*\*.

At present, all new graduates who begin dental foundation training (DFT) have a nationalised salary of £32,796. Following DFT, there are two main pathways taken by

trainees; applying for a DCT1 job or securing a contract as an associate dentist in primary care.

The salary for DCT1 in Northern Ireland is £28,641, a drop in salary of approximately £4,000. DCTs in Northern Ireland are paid £8,000 less per annum than their counterparts in England, where the salary is £37,191.

“This pay disparity poses a significant deterrent to those wishing to pursue further training and gain experience providing

treatment for patients in a secondary care environment in Northern Ireland,” commented Bronagh McGuckin, a dental trainee\*\*.

“This issue needs to be raised and addressed urgently by the relevant healthcare authorities in NI to ensure equal opportunities for all trainees.”

\* [www.nature.com/articles/s41415-020-1534-6](http://www.nature.com/articles/s41415-020-1534-6)

\*\*[www.nature.com/articles/s41415-020-2075-8](http://www.nature.com/articles/s41415-020-2075-8)

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# Galway dentists secure €2m investment

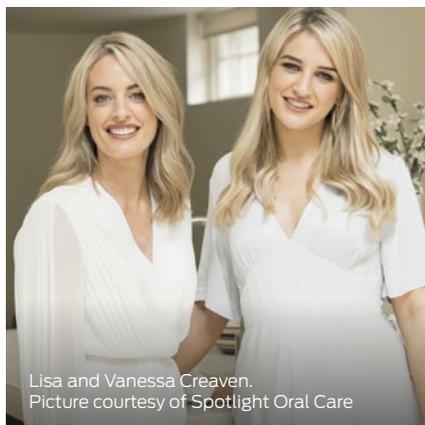
Oral health product firm founded by sisters backed by billionaire financier

**SPOTLIGHT** Oral Care, an oral health product company founded by Galway dentists Lisa and Vanessa Creaven, has secured a €2m investment from financier and billionaire Dermot Desmond's private equity fund, International Investment & Underwriting (IIU).

According to records filed with Companies Registration Office, Spotlight secured the investment from IIU toward the end of July.

The Creaven sisters founded Spotlight Oral Care in April 2016. It has since developed a range of oral care products – including toothpaste, teeth-whitening strips and a sonic toothbrush.

Spotlight Oral Care was founded by dentists Lisa and Vanessa Creaven in 2016. The firm offers a range of oral healthcare products, including toothpaste, teeth whitening stripes, sonic toothbrushes and biodegradable toothbrushes. The company has recorded significantly increased sales over the past three years, from €900,000 in 2017, to almost €6m this year. It recently announced new deals that mean its products are to be stocked in a



Lisa and Vanessa Creaven.  
Picture courtesy of Spotlight Oral Care

further 2,000 stores and pharmacies across the US, in addition to the several thousand outlets which already carry Spotlight Oral Care products.

In September, it celebrated its fourth anniversary. The sisters said in a statement: "We have gone from one product and mailing orders on our lunch break to over 30 staff globally and with new products launching. [This year] has been such an

exciting time for us as we launch into the US and continue to grow our Ireland and UK customers.

"We created Spotlight Oral Care with the aim to create the best oral health products, to educate and promote oral care, empowering people to engage with true customised preventative oral care. Our range combines the latest advances in oral care research with the highest quality of ingredients while always keeping the end consumer in mind.

"We identified a gap in the market as our patients struggled to find safe and effective oral care products, that contain clinically proven active ingredients to target their dental needs. We also identified that in our profession there is a lack of sustainability with billions of toothpaste tubes sitting in landfill each year.

"To tackle this issue, we had to make a move to become more environmentally friendly and aware. Our oral care toothpaste tubes are made from sugar cane making them the world's first ever 100% recyclable tube which completely revolutionises the oral care industry."



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## GDC appoints Belfast clinical director

**THE** General Dental Council (GDC) announced the appointment of three new members to its Council, following a competitive recruitment process earlier this year.

Donald Burden began his career as a general dental practitioner, before moving into educational and clinical roles within Queens University Belfast and Belfast Health and Social Care Trust (BHSCT). He now holds a combined role of Clinical Director for Dental Services in BHSCT and Director of Queen's University Dental School.

Laura Simons is an experienced non-executive director with a background in consumer affairs, campaigning and professional regulation, and brings a wide range of skills and experience drawn from working in consumer organisations of varying sizes and complexity. She joins the Council as a

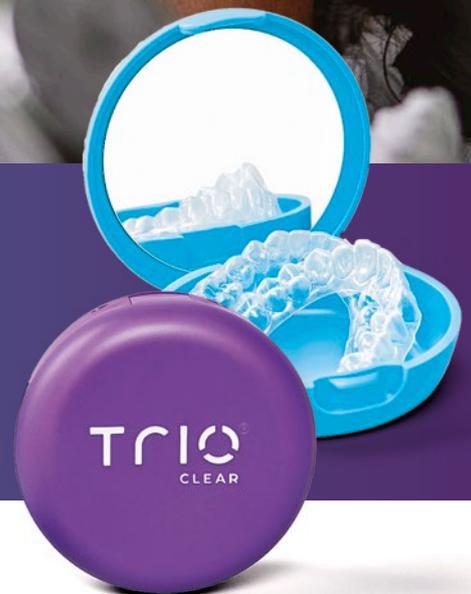
lay member.

Mike Lewis is a professor of oral medicine at Cardiff University and a consultant in oral medicine at Cardiff University Health Board. He has previously held the role of Dean at the School of Dentistry, Cardiff University and was Director of the Clinical Board for Dentistry at CUHB. The GDC has also confirmed the re-appointment of three existing Council members, Sheila Kumar, Crispin Passmore and Caroline Logan.

Dr William Moyes, the GDC Chair, said: "I am delighted to welcome Donald, Laura and Mike, who bring with them a wealth of skills and knowledge. In addition to the re-appointments ... [they] will ensure Council can continue with its important work with the benefit of strong expertise and experience, helping us to achieve our goals in what continues to be challenging and uncertain times."



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## DATES FOR YOUR DIARY

### 17-19 SEPTEMBER

#### British Orthodontic Conference

Manchester Central

\*Postponed: see below  
for updates

[www.bos.org.uk/News-and-Events/Events-Meetings](http://www.bos.org.uk/News-and-Events/Events-Meetings)

### 23-24 SEPTEMBER

#### Future Health Summit

Royal Dublin Society

[www.rds.ie](http://www.rds.ie)

### 23 SEPTEMBER

#### Faculty of Radiologists Annual Scientific Meeting

Royal College of Surgeons in Ireland, Dublin

[www.tinyurl.com/yxthkzfd](http://www.tinyurl.com/yxthkzfd)

### 23-24 SEPTEMBER

#### Medical Technology Ireland Expo & Conference

Galway Racecourse

[www.tinyurl.com/yy3wwar7](http://www.tinyurl.com/yy3wwar7)

### 25-26 SEPTEMBER

#### International Conference on Dentistry & Dental Marketing

Webinar

[www.dentalmarketing.conferenceseries.com](http://www.dentalmarketing.conferenceseries.com)

### 26 SEPTEMBER

#### IDA AGM

Charlemont Hotel, Dublin

### TBC OCTOBER

#### Academy of Dental Materials Conference

Radisson Blu Royal Hotel, Dublin

\*In person event cancelled: see below for details of virtual replacement

[www.admconference.com](http://www.admconference.com)

### 6 OCTOBER

#### International Exhibition for European Medical Device Manufacturers

Galmont Hotel, Galway

[www.tinyurl.com/y57c3or2](http://www.tinyurl.com/y57c3or2)

### 14-15 OCTOBER

#### Euro Dentistry Congress

Webinar

[www.eurodentistry.dentalcongress.com](http://www.eurodentistry.dentalcongress.com)

### 16-18 OCTOBER

#### HSE Dental Surgeons' Group Annual Seminar

Mullingar Park Hotel

[www.tinyurl.com/y8fh3g4y](http://www.tinyurl.com/y8fh3g4y)

### 22-23 OCTOBER

#### International Conference on Restorative and Esthetic Dentistry

Venue TBC

[www.tinyurl.com/y5wctqau](http://www.tinyurl.com/y5wctqau)

### 23-24 OCTOBER

#### International Conference on Dentistry & Oral Health

Central Park Hotel, London

[www.10times.com/icdoh](http://www.10times.com/icdoh)

### 26-27 OCTOBER

#### Prosthodontics & Restorative Dentistry

Webinar

[www.dentistry.dentalcongress.com](http://www.dentistry.dentalcongress.com)

### OCTOBER-DECEMBER

#### RCSI Faculty of Dentistry

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Paediatric Dentistry Specialty

Programme: 19 Sept, 21 Nov

### 7 NOVEMBER

#### Child Protection and Safeguarding Adults at Risk Combined Level 2

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## UDCs 'scaled down'

**DEMAND** for treatment at Northern Ireland's urgent dental care centres (UDCs) has fallen by 43 per cent, according to the Health and Social Care Board. With the recent increase in aerosol generating procedures (AGPs) at practices, the board said it was anticipated this fall would increase.

"Consequently, the regional UDC centre provision will scale down in a phased manner, so that from 1 October all sites will provide care at weekends only," said Michael Donaldson, Head of Dental Services. "This will support a smooth transition into the revised funding arrangements for GDS practitioners."

Only two out of the five UDCs will operate a full seven days per week service in September. From 1 October, UDCs will offer a weekend service only. But, said Donaldson, in the event of a "marked second wave" of COVID-19 cases, it may be necessary to expand treatment

capacity at the UDC centres. The long-term options for out-of-hours urgent care are being studied and Donaldson said that he would keep the profession updated.

He added: "I would like to express my genuine gratitude to those dentists who have staffed the rotas at the UDC centres. My thanks also go out to the dental practice teams who have provided access to urgent care for unregistered patients over the last five months. Your help and support have provided essential care to patients during this very difficult and worrying time and is greatly appreciated."

Our new appointments, in addition to the re-appointments of Sheila, Crispin and Caroline, will ensure Council can continue with its important work with the benefit of strong expertise and experience, helping us to achieve our goals in what continues to be challenging and uncertain times.

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# Education Around the world ... in a day

*With speakers from across four continents, the Faculty of Dentistry RCSI's 'Back to school' event provided a global insight into how dental education adjusted to the COVID-19 era*

WORDS  
WILL  
PEAKIN

Over the summer, the Faculty of Dentistry, RCSI, led an international debate on the future of dental education, hosting a webinar *Back to School in the time of COVID-19: an international perspective*, which attracted more than 600 participants from all over the world. The speakers were Deans or Directors of Education from 10 Dental Schools from Ireland, Hong Kong, New Zealand, Australia, Canada, the UK, USA, UAE, Italy and Holland, which provided a global insight into how dental schools are rising to the unprecedented challenges as a result of COVID-19. It was chaired by Professor Albert Leung, Dean of the Faculty of Dentistry, RCSI, and Professor of Dental Education at the Eastman Dental Institute at University College London. "The faculty was founded in 1963, with the core mission of advancing the science, art and practice of dentistry by promoting education, study and research," said Professor Leung. "With this in mind, the faculty has brought together important leaders, movers and shakers in the dental education world from Europe, North America, Asia and Australasia to discuss the many challenges COVID-19 presents, not least in the dental schools." Professor Cathal Kelly, chief executive of the Royal College, added:

“

**HOPEFULLY BY SHARING INFORMATION AND OPENING DIALOGUE ACROSS INTERNATIONAL BORDERS, WE WILL ALL EMERGE STRONGER AND ABLE TO FACE THE CHALLENGES OF THE CURRENT CRISIS”**

**PROFESSOR CATHAL KELLY, ROYAL COLLEGE**

"The education and training of students of dentistry, at both undergraduate and postgraduate levels, has been significantly disrupted. There's a lot of confusion, concern and, as yet, many unanswered questions about the future safe practice of dentistry and the delivery of dental education in this new normal. We don't have all the answers yet. The aim of this webinar is to bring together friends of the faculty of dentistry at RCSI and leading national and international opinion leaders in dental education, to share information and advice on practices they're adopting in their own schools – and hopefully we can all learn from each other. There is a great Irish expression, *Ní neart go cur le chéile*, roughly translated as: 'There's no strength without unity'. Hopefully by sharing information and opening dialogue across international borders, we will all emerge stronger and able to face the challenges of the current crisis."

Chris Tredwin, Professor of Restorative Dentistry, head of the UK's Peninsula Dental School and the incoming chair of the Dental Schools Council UK and Ireland, spoke of the challenges the school faced in June as the resumption of practice began in the UK. The focus was on staff and students – minimising risk and putting safety first – patients' clinical needs and vulnerabilities, aerosol generating procedures (AGPs), access to buildings, and increasing simulation facilities. From the beginning, the school switched to an online teaching platform but, over the course of the summer, moved to blended learning. It established clear operating procedures for AGPs and non-AGPs, carried out risk assessments for staff and students, and prioritised patients according to their treatment plan. Tredwin cited the FGDP (UK) and College of General Dentistry's "comprehensive and useful" guidance on the implications of COVID-19 for the safe management of general dental practice. AGPs, following a clear scope of practice, had been feasible in single surgeries; open plan clinics presented obvious challenges with the use of fast handpieces, using three-in-one – both air and water at the same time – and ultrasonic scaling. The approach had been to instead use slow handpieces, surgical handpieces,

and use the three-in-one separately; air only or water only. In periodontology, evidence showed that hand scaling could be as equally effective as ultrasonic, “and therefore we moved to hand scaling only”.

Patterns of air flow, exchange and filtering were explored, along with the positioning of different types of clinics to minimise aerosol travel. Access to, and movement around, buildings had been reviewed and changed to reduce the risk of infection. Learning through the use of simulation has been increased but, where possible, it is augmented by in-person supervised practice. Telephone consultations and virtual clinics were developed. Tredwin added that ongoing research into issues such as aerosol spread was also a key area of activity.

Alastair Sloan, Professor of Tissue Engineering and Dental Biology and Head of Melbourne Dental School, said that as soon as lockdown was imposed in March, he tasked his colleagues and staff with planning for a return. “We left in a rush,” he said. “I wanted our return to be organised.” As planning got under way, student placements were a priority; to reintroduce them as soon as was safe, appropriate and possible. They had to comply with the prevailing national, state and local guidelines. Similarly, a phased reintroduction of workplace simulation was planned. As much didactic teaching was brought to the front of the year as possible.

Students worked from a document charting their safe return, including traditional simulation activities that were complemented by new skills in terms of personal protective equipment (PPE) and cross-infection protocols. The school building was zoned, students only attended when timetabled and they were temperature tested on entry, and PPE was available at all times. A handbook and video were created for students. Student and staff mental wellbeing – avoiding ‘burnout’ – was a priority. The school also worked closely with placement providers. The whole process, however, was a “moving piece,” said Sloan, referring to a second spike in cases that Australia experienced in July.

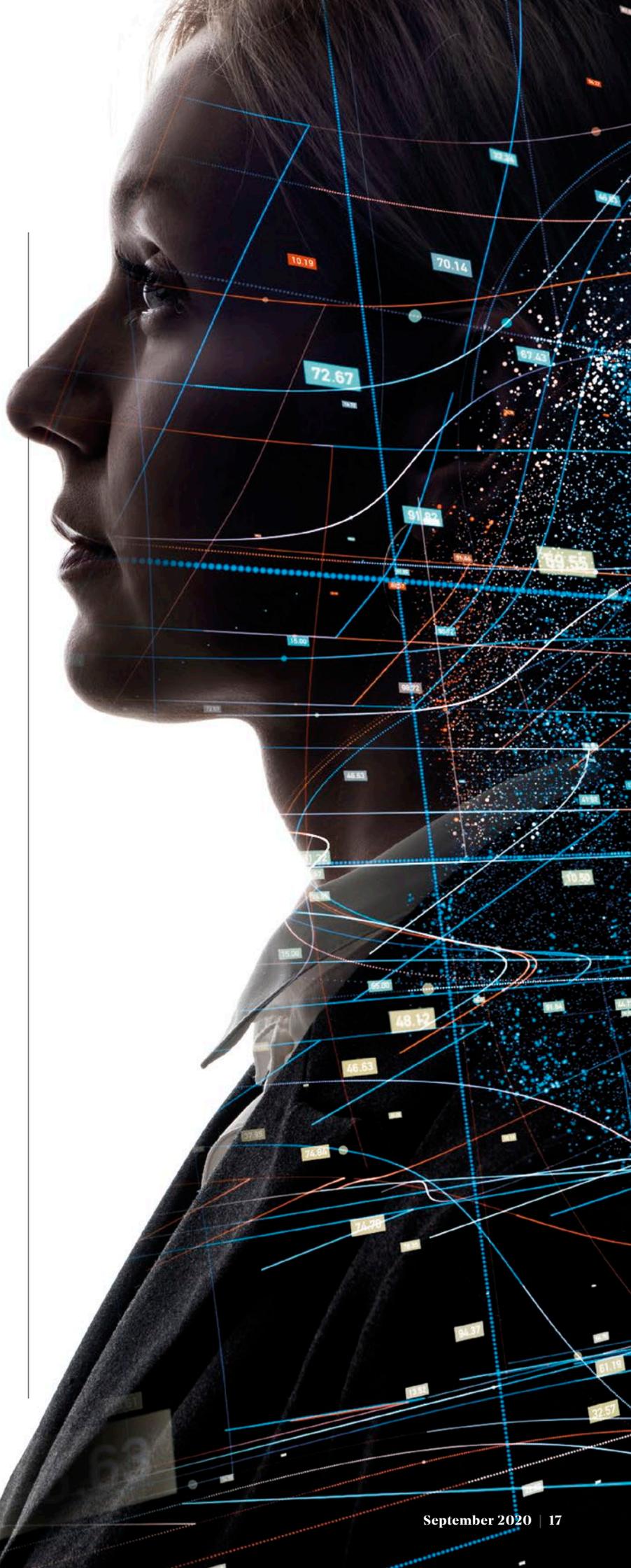
Corrado Paganelli, Dean of the Dental School at the Università Degli Studi Di Brescia in Italy, and Chair of the Forum of European Deans and Heads of Departments, noted that neither the Italian Government nor the country’s health authorities ordered a shutdown of dental practice; only that it be limited to emergencies. The ability to practice was limited, however, because of the diversion of PPE to hospitals and the school itself became a facility for the treatment of dental emergencies. When students returned home in February, said Paganelli, the school’s thinking turned to the structural changes that would be needed in the future.

“We think that international collaboration is needed,” he said. “It has been clear for many years how technology enhanced learning can be part of the solution, such as this initiative – and I really would like to thank again the Royal College of Surgeons.”

Mary MacDougall, Dean of the Faculty of Dentistry at the University of British Columbia, Canada, spoke of its transition to remote working and online learning.

“Initially, we called together a rapid response leadership team comprising individuals overseeing our clinical facilities, educational programmes, and student admissions, both in the DMD and dental hygiene programme, graduate programmes, as well as department heads.

The Dean added: “We reached out, through the Association of Canadian Dental Faculties, to collaborate and mitigate the impact that closure of





academic programmes would have on our students. We also collaborated with the American Dental Education Association, and all the US dental schools. We developed a plan outlining clinical safety operation protocols, following Ministry of Health guidelines. “We also resumed research, which was halted with the Faculty working remotely. Finally, we transitioned to our educational resumption plans. This involved bringing students back through simulation exercises, followed by, ultimately, patient care. Our facilities were never fully closed; we did operate an emergency clinic for our patients, facilitated by faculty members who were volunteers.”

“In June, we were able to resume our clinics, initially for our graduate students, and also our research activities with a capacity of about 33 per cent. In August, we [brought] back a cohort of our DMT and dental hygiene students from years one, two and three, and they will come in through simulation to finish their competencies for the 2019-20 academic year and be assessed for promotion. If they are successful, they will then begin the next year of their academic programmes in the fall. That education model is going to be a blended one, so all of our didactic courses will be online, with simulation experiences face-to-face on our campus. We will then transition the students to patient care, learning from the experiences we’ve had with our graduate programmes.

“What we found in this process was that it is absolutely essential to have support not only for our students, but also for faculty members. We found through town hall experiences that students have some challenges with online learning. There have been issues with computer resources and internet signals and our students have really experienced significant financial hardships based on the loss of some of their employment over the summer. This has really drained their mindfulness, causing stress and anxiety.

“Communication has been critical to inform the students of the situation on campus and to engage them in the process. These same critical areas we find also in our Faculty; the online transition has been harder for some. Our take-home lessons have been collaboration, working together not only within our faculty but the university at large, as well as other dental schools in Canada and North America. I’m working to mitigate some of the adversities that our faculty, staff and students are facing and to really exude a level of kindness to one another, and the Minister of Health, Dr Bonnie Henry has been very vocal about being safe and being kind to one another during this pandemic.”

Back in Ireland, the RCSI’s first priority was to devise an alternative plan for examinations that were due to take place. The faculty conducts more than 1,000 postgraduate assessments each year, with candidates from all over the world, so considerable effort went into ensuring that formats and learning outcomes could be adapted, while complying with regulatory standards, and without undermining standards. A fortnight in, with help from the College’s Faculty of Medicine, the first remote examination took place. It was conducted 3,000 miles away in Qatar, with exam and examiners based in Scotland and Ireland using local proctoring. Video monitoring, via Zoom, meant that the RCSI could see those in Qatar. The candidates practised social distancing and wore masks, while trainers were located in different rooms. It was the first postgraduate exam to be conducted in such a way by the RCSI. Since those first exams, the Faculty has been refining its approach. “In the first exams, there were many moving parts and a lot of things could go wrong,” said



## OUR TAKE-HOME LESSONS HAVE BEEN COLLABORATION, WORKING TOGETHER NOT ONLY WITHIN OUR FACULTY BUT THE UNIVERSITY AT LARGE, AS WELL AS OTHER DENTAL SCHOOLS IN CANADA AND NORTH AMERICA”

MARY MACDOUGALL, UNIVERSITY OF BRITISH COLUMBIA

Professor Leung. “They didn’t go wrong, but there was a huge amount of effort involved to make sure of that. We have made modifications to our initial approach so that there are now fewer moving parts, fewer things can go wrong, and the candidate’s experience can be improved”.

The College’s lectures have also moved online, and are recorded in the lecturer’s home, edited and uploaded within 24 hours. For the future, Prof Leung foresees a mixture of face-to-face and online education becoming the norm, at least in the short to medium term. “There are certain values of face-to-face teaching and assessment. A patient is an individual. Ultimately, can you treat an individual well? If you can, how do you actually do that? Can we test candidates in this particular environment in a way that is close to what they practice? I’m contacting the software providers to see whether or how some aspect of these online examinations can be more interactive, in which clinical scenarios can be tested online. I don’t know whether it will happen or not, but we’re trying”.

He is full of praise for his colleagues around the world: “I am very grateful for the splendid work that they have done. We have been very lucky in that the Faculty Board and other colleagues have huge amounts of expertise in different arenas and different parts of the world. The feedback from candidates was very useful as well. They pointed out things that we didn’t notice, and we made changes accordingly”.



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CHANGING



# Adopting a new way of thinking

*Emergency dentistry in the recovery phase of the COVID-19 pandemic*

WORDS  
LAURA FEE

## Introduction

Following the postponement of routine dentistry during the COVID-19 pandemic, there is an inevitable national backlog of untreated dental disease. Dentists must now re-evaluate how dental services are prioritised. The road to recovery requires a novel approach in the delivery of dentistry. Providing pain relief and effective management of acute infections must now be prioritised instead of routine dental care. Consideration must be given to environmental concerns which result in fewer patients being examined within the same time frames. These are uncomfortable times in dentistry, but we must adopt a new way of thinking as returning to normal is impossible.

Throughout the recovery phase of this pandemic dentists must strictly adhere to protocols which enable the safe triaging of patients in relation to their likelihood of carrying COVID-19 infection. The donning of appropriate personal protective equipment (PPE) is table stakes. Extreme care in accordance with practice policies must be taken during aerosol generating procedures. Urgent dental care must be prioritised following a stringent triage system. It is important that footfall is decreased in clinics to ensure social distancing which protects patients and staff.

Wherever possible dentists must underline the importance of prevention in dental health for each

patient. Each dentist must strive to perform procedures which result in the lowest aerosol exposure. It is really important that dental services continue to be accessible to all patients including those who are shielding or those who are socially vulnerable. Dental teams must be able to prioritise urgent dental care. Each patient must receive individualised oral health advice. Dentists must take every opportunity to recommend smoking cessation and this is particularly important in the field of oral surgery.

## FFP3 masks without valves

Asymptomatic dentists can be COVID positive. Asymptomatic dentists pose a risk to patients and the dental team. This risk is obviously increased during oral surgical care where close proximity is required for an extended appointment. Good hand hygiene and social distancing is important where possible.

It is important for dentists to understand that different masks offer variable levels of protection for patients. Valved FFP3 masks represent a higher risk as they direct unfiltered exhaled air towards the patient. As dentists can be COVID-positive and asymptomatic it is important to consider the role of PPE in protecting patients.

FFP3 masks that have no valve provide 99 per cent reduction in aerosol for both the dentist and patient. FFP3 with an exhalation valve is more comfortable by design,



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however they permit unfiltered breath to be exhaled towards patients when in close proximity. It is therefore recommended that dentists avoid using FFP3 masks with exhalation valves when interacting closely with patients.

If a dentist has FFP3 masks with exhalation valves then a surgical mask must be used to cover it and protect the patient. Full face visors also provide extra protection to both the patient and dentist. No PPE can provide complete protection and inefficient use of PPE can increase the risk of COVID-19 transmission. A mask is a single element of PPE but may not be the most important component as excellent cross infection control behaviours have been shown to decrease transmission more significantly than PPE.

### Oral surgery management

Emergency oral surgery is required to manage odontogenic infections. Dental trauma needs to be prioritised, for instances in cases where an avulsed tooth needs to be re-implanted. Post-extraction haemorrhage also requires emergency oral surgery interventions. Dentists need to be vigilant about managing post-operative surgical complications.

Patients will also require assessment and treatments before oncological procedures. Dentists need to prioritise solitary ulceration or swellings on the oral mucosa which have been present for at least two weeks. These are unlikely to reflect local trauma or dental infection. The manifestation of an area of paraesthesia/anaesthesia of the trigeminal region with no history of trauma or infection may also require urgent oral surgical intervention. Dentists must urgently refer suspicious oral lesions, acute lymphadenopathy or a progression of pre-existent lymphadenopathy of the head and neck to their local oral surgeon. Cancer screening patients is critically important

due to the inevitable backlog caused by the COVID-19 pandemic.

The cessation of basic dental care during the COVID-19 pandemic along with the advice to manage infections with antibiotics is likely to increase the need for dental extractions as dental services return to their new normal. This will result in more patients being referred for specialist oral surgical services and this demand must be managed in an environment where few patients can be examined. However, patients on oncological pathways, such as those with suspected malignancies, must be prioritised in the normal way with no delays.

### Treatment modalities

- Local anaesthesia is safe to continue with
- Inhalation sedation helps patients potentially avoid a general anaesthetic. There remains a lot of uncertainty regarding the safety of inhalation sedation during the COVID-19 recovery. Enhanced PPE and disposable nasal hoods and tubing may be needed as concerns have been raised regarding whether the current sterilisation processes are adequate
- Intravenous sedation is safe to proceed with once safe staffing levels and conscious sedation guidelines are adhered to
- General anaesthesia (GA) is required for many oral surgery procedures. Urgent treatment under GA should be prioritised for patients who have sustained a trauma to their permanent dentition, dentoalveolar or orofacial skeleton in cases where local anaesthetic and intravenous sedation is inappropriate. Patients whose deteriorating dental health is negatively impacting their systemic control of diseases such as diabetes, cardiac conditions, epilepsy or inherited metabolic disorder. The benefits of undertaking oral surgery for these patients may outweigh the risk of bringing patients into hospital environments during the COVID-19 pandemic. Priority must also be given to patients with acute dental infections which are unresponsive to antibiotics and who cannot be managed with local anaesthesia with intravenous sedation. Urgent treatment may be required for patients with learning disabilities such as those with autism where dental pain is exacerbating their behaviour. Biopsies to enable diagnosis of suspected cancerous lesions or pre-radiotherapy extractions must be prioritised. Clinical urgency must be prioritised and airway management remains unchanged in response to the COVID-19 pandemic.

### Medically complex patients

Dentists must prioritise patients with an underlying medical condition who are suffering with a dental infection. An unresolved surgical problem may pose greater risks to these medically complex patients. Dentists must also ensure patients with learning disabilities such as autism are referred urgently to avoid adverse behaviours such as self-harm. It is important for dentists to consider the following conditions which often justify urgent oral surgical care:

- Bleeding risk due to chronic renal failure, liver disease, haematological malignancy, recent/current chemotherapy, inherited bleeding disorders such as haemophilia or von Willebrand's disease
- Increased infection risk due to being immunocompromised for example a transplant patient, diabetic patient or a patient taking immunosuppressants, steroids or chemotherapy
- Patients at increased risk of infective endocarditis



RELIEVING PAIN AND MANAGING ACUTE DENTAL INFECTIONS IS THE IMMEDIATE PRIORITY”





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## THE ROAD TO RECOVERY REQUIRES A NOVEL APPROACH IN THE DELIVERY OF DENTISTRY”



• Patients with communication or behavioural needs such as severe autism where dental disease can negatively impact patients and their families.

### Shielded patients

COVID-19 poses a significantly increased risk to certain patients. Careful consideration must be given to the risks and benefits of taking these patients in a dental surgery setting. Vulnerable patients may include the following people:

### Organ transplant recipients

- Cancer patients such as those undergoing active chemotherapy, patients undergoing radical radiotherapy for lung cancer, patients with cancer of the blood/bone marrow such as leukaemia, lymphoma or myeloma
- Patients undergoing immunotherapy or antibody treatments for cancer
- Patients having targeted cancer treatments which impact the immune system such as protein kinase inhibitors or parp inhibitors
- Patients who are taking immunosuppressant drugs or those who have had a bone marrow or stem cell transplant in the last year
- Patients with severe respiratory illnesses such as cystic fibrosis, severe asthma and chronic obstructive pulmonary disorder
- Patients at increased risk of infections such as those with severe combined immunodeficiency or homozygous sickle cell disease
- Pregnant women with significant congenital/acquired heart disease
- Patients on immunosuppression therapies at increased risk of infection.

The dental profession must ensure that medically complex patients have their dental needs met as an integrated aspect of their general health. Oral surgical services must be made available in a manner that minimises these patients need for additional visits to a dental environment.

### Safeguarding

As dentists, our responsibilities to safeguard patients continues throughout this pandemic and in its aftermath. It is important to acknowledge the reality that some of our patients will have been exposed to increased risks of domestic abuse. Similarly, many patients may have experienced a deterioration in their mental health as a result of the restrictions that the COVID-19 pandemic has placed on their daily life. Consideration should be given to prioritising dental examination for these patients.

### Preparation of patients before contact

- Ask patients whether they have a history of a cough, fever, loss of taste/smell or self-isolation.
- Non-urgent treatment for patients displaying COVID-19

symptoms should be postponed

- Patients should not have a person accompanying them unless an escort is necessary for support
- Digital platforms should be utilised for history taking before attendance to reduce face-to-face time in the dental surgery.

### At-home self-care

Patients should be encouraged to optimise their oral self-care to reduce the likelihood of developing new disease. Key preventative oral hygiene measures should be reinforced.

### Workforce concerns

During the recovery phase, there will workforce issues that may challenge our capabilities in dental care provision for children and young people. Workforce issues include a reduction in the attendance of dental team members due to shielding, self-isolating, child-care demands or mental health issues. There may also be the need to alter working patterns such as an extension on the working day to compensate for less ‘efficient’ use of clinic time. The COVID-19 pandemic has also negatively impacted the undergraduate and postgraduate clinical training programmes which will have serious long-term implications on the workforce.

### Conclusion

An integrated and flexible workforce within primary and secondary care will help ensure our care pathways are streamlined and that dental service provision is as effective as possible. As dentists, we need to adopt a new way of thinking as we work through the considerable backlog of untreated dental disease within the population as a result of the postponement of routine dental services. We need to re-evaluate how services are prioritised and delivered. Relieving pain and managing acute dental infections is the immediate priority. It is important that every patient receives tailored oral health advice in these uncomfortable times to minimise the need for urgent dental treatment.

### ABOUT

Dr Laura Fee, B.A. B Dent Sc (Hons), MFDS RCS (Edin), MJDF (Eng), MSc Dental Implantology, Dip Conscious Sedation, Dip Oral Surg RCS (Eng), graduated from Trinity College, Dublin, in 2010 with an honours degree and was awarded the Costello Medal for undergraduate research on cross-infection control procedures.

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# Sceptic turned believer

*The iTero Element scanner – time to sign-up for courses being run through autumn and winter*

**E**oin O’Sullivan (MFDS RCS Eng 2000, MSc Lond 1997, BDentSc Dubl), who graduated from Trinity College Dublin in 1991, is a specialist prosthodontist whose specialist training was conducted at the Eastman Dental Institute.

On completion, he was invited to become a lecturer at the Eastman. For 15 years, he was a clinical lecturer in the prosthodontic department, with responsibility for teaching implant dentistry. Eoin now runs a specialist referral practice focusing on complex restorative dentistry and dental implants.

In 2011, Eoin was invited to become a Fellow of the International Team for Implantology (ITI). From the beginning, he sought out advanced innovations to provide the best treatments for his patients, one of which was an introduction to the iTero digital scanner via ITI and Straumann, who originally had the franchise for the scanner. He explained that back in the mid 1990s Cadent, which developed the iTero system, was regarded as the main innovator in digital dentistry, with its first laboratory scanner in 2006 in Israel and the States.

At the time, Eoin was one of only a few doctors in the country to have an iTero scanner but admits that the initial technology was rather basic and certainly in its developmental stage. However, the scanner demonstrated capabilities that led

him to make it an integral part of his practice. By today’s standards, it was slightly difficult to use, there was no lab support and its overall application was limited. But the fact it was so incredibly accurate totally justified its existence in his dental practice. Well, at least in his view, as his four partners could only see it as a ‘crazy toy’ Eoin was playing with.

In March 2011, Cadent was bought out by Align Technology. Eoin was a little concerned that Align was an orthodontic company whilst his focus was certainly restorative dentistry. Eoin nonetheless continued to use his initial iTero until two years ago, when the scanner started getting tired.

It was time for a new scanner. He did a lot of research and tested a number of scanners to acquire a full grasp of next generation of digital technology. However, fancy flashy graphics, which the majority featured, failed to deliver what he needed. He felt that these new scanners were in actual fact a backward step compared with his old iTero – they were not as accurate or could not deliver what he needed for his restorative work.

Eoin was despondent and put the idea of upgrading his old iTero on the backburner. Shortly afterwards, however, his wife, also a dentist, was opening a new orthodontic practice. Eoin naturally went to the opening party. That was a revelation. The practice had a new iTero Element scanner. Eoin was intrigued and asked whether it was capable of restorative functionality. This was his eureka moment; here was the next generation scanner with a contemporary new interface, easy to use, advanced features he had

yearned for, with the same quality and accuracy he was used to with his original iTero intraoral scanner.

Eoin bought the iTero Element almost immediately. Interestingly, his partners started to look at it and asked if they could have a ‘play’. Eighteen months down the line, the whole practice has gone digital with three iTero intraoral scanners in situ. Eoin still smiles at his partners’ reactions; usually sceptical and conservative, now enthused and infused with excitement.

“They can even contemplate undertaking treatment options they would have never considered before. It has totally liberated them and given them a new lease of life with so many new options,” he said. “It is a revelation, improves predictability, and makes it a more joyful experience to undertake the type of treatments we do. It is also an excellent communication tool which patients love, and the 3D images makes the penny drop, which conventional photos could never achieve.”

The impact of the iTero scanner doesn’t end there. Recently, Eoin embarked on an Invisalign Go training course to brush up on his orthodontic skills. Not what he had contemplated when he had employed two orthodontists, but the iTero scanner empowered him, and it was his patients who led the way.

He explained that one day he was making crowns for a patient. As these needed adjustment and there was a short wait, the patient started discussing how she had never been happy with the position of her lower incisors. Eoin started manipulating her scan using the iTero Outcome Simulator and within minutes, the patient was blown away at the predicted outcome if she underwent Invisalign treatment.

Eoin concluded: “Patients often won’t take no for an answer – and the iTero scanner seems to have that ability to empower them to explain what they want and help them articulate their needs”.

Align Technology is holding training courses specifically for dentists in Ireland in September, October, November and December. To sign up, please visit [www.invisalign-go.co.uk](http://www.invisalign-go.co.uk) for Northern Ireland and [www.invisalign-go.ie](http://www.invisalign-go.ie) for the Republic of Ireland.

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# Introducing Oral-B iO

*It incorporates breakthrough technology to deliver a professional, clean feeling*

**A**t a virtual event held over the summer, Oral-B unveiled an “unprecedented era in brushing” with the introduction of its most advanced rechargeable electric toothbrush, the Oral-B iO.

The company said that Oral-B iO represents a step forward in creating the right balance between effectiveness and experience and reimagines how a brush performs, cleans and feels. From its revolutionary design to the harmony of its oscillation rotation and micro-vibrations technology, Oral-B iO “wholly transforms brushing from a perceived ‘chore’ to a pleasurable experience that patients will love,” said the company.

“Oral-B is committed to continually advancing our technology to provide a superior clean [versus a manual toothbrush] while also perfecting the art of brushing for the most enjoyable experience,” said Ian Barton, the company’s R&D Senior Director. “We re-engineered our iconic round brush head technology and combined oscillation rotation with the gentle energy of micro-vibrations to deliver a gentle, sensational clean patients can’t resist.”

## Oral-B iO’s key features include:

- **Deep, but uniquely gentle clean:** Oral-B’s iconic round brush head contours each

tooth, while the combination of oscillation rotations with the gentle energy of micro-vibrations allows Oral-B iO to glide tooth by tooth for a gentle clean, even along the gumline.

- **Pressure optimisation:** The new Smart Pressure Sensor light provides positive reinforcement and protects gums by turning green when optimal pressure is applied and red when pressure is too hard.

- **Precision:** The new Frictionless Magnetic Drive system gently transfers the energy towards the bristle tips so that it is concentrated where it is needed most, to experience a deep, but uniquely gentle clean. It is six times more effective at plaque removal along the gumline, compared with a regular manual brush.

The brush’s interactive display allows easy navigation through the brush features and enables users to personalise their brushing experience through a number of settings: welcoming greetings, choice of brushing modes, battery life icons, selection of preferred colour for the icons and Smart Ring, reminders to change the brush head and language settings.

The Oral-B iO also comes with artificial intelligence (AI), and is equipped with position sensors located in the handle. The Series 9 includes 3D teeth tracking technology with AI-enabled brushing recognition to track the lingual and buccal

areas of the three bottom and upper jaw areas, plus occlusal surfaces.

Oral-B iO’s superior performance is evident in the results of an eight-week clinical study with peer reviews. Compared with manual brushes, patients experienced:

- Twice as much plaque removal, and six times more plaque removal along the gumline
- 100% healthier gums in only one week

The company said that Oral-B iO is a brush that dental professionals can recommend with confidence, knowing their patients will get a one-of-a-kind brushing experience that will encourage them to brush longer and more effectively. In testing, patients using the Oral-B App, brushed an average of two minutes and 27 seconds per session compared with patients using a regular manual toothbrush, who averaged less than a minute.

“Oral-B iO’s advances give patients a sensational clean and an enjoyable, truly one-of-a-kind brushing experience that will encourage cleaner teeth and healthier gums,” said Dr Ian Dunn, Specialist Periodontist. “Dental professionals can confidently recommend Oral-B iO, knowing that patients are brushing with Oral-B’s most superior electric rechargeable toothbrush.”

More information: <https://io.oralb.co.uk/en-gb/>



# Managing OSA with a completely digital workflow to provide life-changing results

Reaney P, BDS, MFGDP(UK), DPDS, Dip PCOrth RCS(Eng), MDTFEd

For the past few years, dentists have been exploring the role they play in sleep medicine. Recently, COVID-19 has highlighted the importance of the airway and clear breathing, making dental sleep medicine an important tool in offering patients' crucial treatment. In addition to life-changing treatment, the non-aerosol generating procedures required for managing obstructive apnoea (OSA) may appeal to patients during a time when many routine dental procedures are restricted. Even before the pandemic, sleep medicine had been a fast-rising global topic in the medical and dental fields, and even among patients.

But before you make the leap to sleep dentistry, it all starts with the right training, tools and partnerships. For example, intraoral scanners, like Carestream Dental's CS 3600 and CS 3700, have long been recognised for their accuracy when compared to traditional methods of taking impressions; and accuracy is, of course, crucial for any appliance. Other digital technology that can aid our medical colleagues includes software for CBCT systems that help visualise the maxillary sinuses and nose to detect pathology and anatomical abnormalities that may compromise the airway. For the dentist, working with third-party labs that specialise in sleep devices take some of the burden off the practitioner so that they can focus on what they do best: Capture scans and manage patients, while the lab designs the device.

## Case

A 53-year-old woman was referred to the practice from her medical doctor (Fig1, 2). She had suffered a stroke early in her life (before the age of 50) and was experiencing extreme fatigue that affected her quality of life. She had completed a sleep study through a hospital, which showed an Apnoea/Hypopnoea Index (AHI) score of 34 consistent with severe Obstructive Sleep Apnoea (OSA), making her unfit to drive – life-altering and career-

changing news for a professional driving instructor.

With an OSA diagnosis, an appliance would be necessary. As the mechanics of oral appliances for OSA closely resemble the form and function of an orthodontic functional appliance, the patient was assessed in a similar way to an orthodontic case.

As with any orthodontic/OSA exam, a panoramic radiograph was captured using a CS 8100 3D extraoral imaging system to better view the roots; understand any previous orthodontic work; assess the periodontal condition; find undetected pathology; examine the TMJ; and be aware of any restorations and/or relieve retention if those restorations were compromised (Fig 3).

A clinical evaluation found the patient to have a moderate Class 2 skeletal case relationship, a retrognathic mandible and the lack of space for the tongue were found to be contributing factors for the tongue compromising the airway during sleep (Fig 4, 5).

Full guidelines for patient assessment and management were also followed as laid out in the British Society of Dental Sleep Medicine guidelines, including examining for signs of sleep-related bruxism; dental erosion; soft tissue indicators such as scalloped tongue.

The patient was also asked to complete a screening questionnaire and was sent home with an Ectosense Night Owl home sleep monitor that used Peripheral Arterial Tonometry to record data. The monitor was an essential requirement to effectively screen the patient and titrate the oral appliance and provided the optimum patency in the airway. The sleep reports were set up and downloaded remotely by the supervising clinician.

Considering the lack of space in the lower arch and the results of the patient's sleep reports, it was decided using a digital CAD/CAM workflow would be best to deliver an appliance that would be smaller and better tolerated – in this case, a ResMed Narval CC Mandibular



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5





Advancement—rather than an appliance created through by traditional workflow.

Intraoral scans were captured with the CS 3600 intraoral scanner using the orthodontic workflow, which allowed for the multiple bite capture necessary for such appliances. Carestream Dental's Mesh Viewer allowed us to confirm that protruded bites were not recorded with any inaccurate deviations of the mandible. Within the CS IO 3D Acquisition v3.1 software, the use of undercut tools helped identify if tooth anatomy could be altered to improve the appliance outcome, e.g. use of direct composite attachments to create undercuts. The software allowed for measurement of overjet/overbite at the initial scan and future reviews to monitor tooth movement (an unwanted side effect of the MADs). This visualisation tool also helped to communicate with the patient the protrusion of the mandible and how it brought the tongue forward/caused tension in the muscles of the airway and stopped airway collapse during sleep (Fig 6, 7).

Once the full arch scans had been acquired, they were exported to ResMed so that the 3D model could be aligned with a virtual articulator. The Narval CC appliance was then designed using a completely digital workflow (Fig 8, 9, 10, 11).

On the day the device was fitted, the following were checked: Retention, the occlusion, the TMJ, demo connectors/ elastics, insert/removal, OHI and ensuring the protrusion had not deviated as recorded. The accurate and comfortable fit of the device re-emphasised the benefits of using intraoral scanners to capture digital impressions and following a fully digital device design workflow. Most important, the patient's sleep score after management with the ResMed Narval CC Mandibular Advancement Appliance was an AHI score of 2.6, with a value below 5 considered normal (Fig 12, 13, 14).

**Conclusion**

For this particular patient, sleep dentistry gave her back her livelihood and her quality of living. As dentists look for opportunities to expand their treatment options, combining a fully digital workflow with the right sleep lab or partner can help them change the lives of countless patients.

This case would not have been possible without David Claridge, of Carestream Dental; Margaux Piazzon, of ResMed; and Ciaran McCourt at Ectosense.

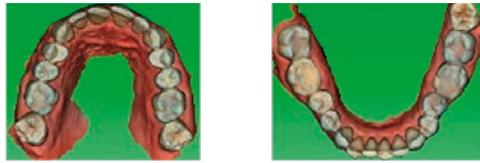


Figure 6

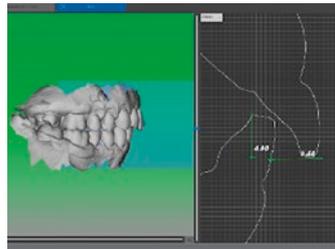


Figure 7

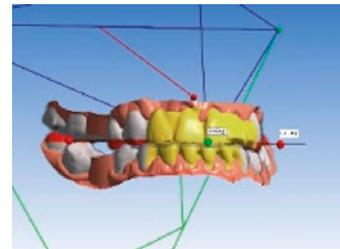


Figure 8



Figure 9

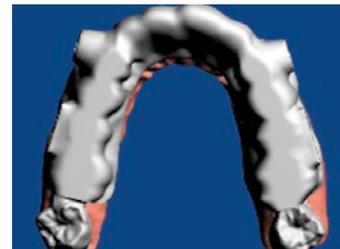


Figure 10

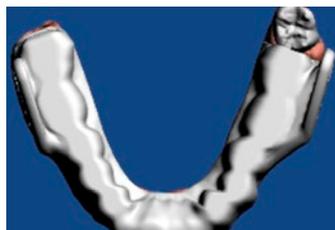


Figure 11



Figure 12



Figure 13



Figure 14



**ABOUT THE AUTHOR**

Dr Paul Reaney is a dentist with special interest in orthodontics and has successfully incorporated a dental sleep medicine clinic within his general practice. He gained accreditation by examination to the European Academy of Dental Sleep Medicine and is currently a committee member of the Irish Society of Dental Sleep Medicine. Dr Reaney has a specific interest in digital technology to provide dental sleep medicine and his workflow has been recognised by winning the Best Digital Practice at the 2019 International Digital Dentistry Awards and winner of Best High Technology Practice category in the 2020 Irish Dental Awards. He has recently been invited by ResMed to their Narval cc Advisory Board.

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# Introducing Scan – Plan – Guide

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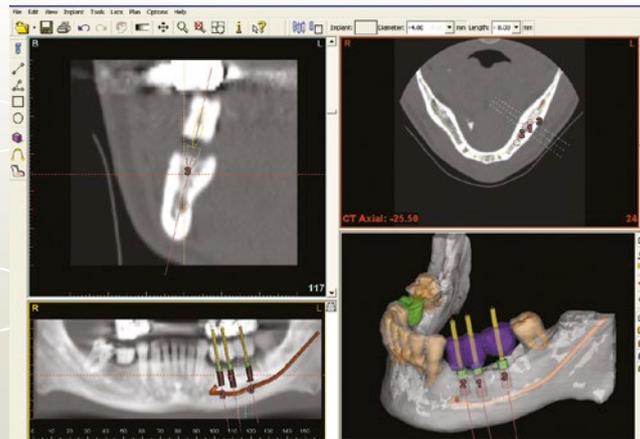
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# QUDENT – YOUR BEST CHOICE FOR DENTAL EQUIPMENT

New owner outlines plans for growth

In February, this year, Quayle Dental Manufacturing (Export) Limited, t/as Qudent, was sold by its owners, Richard and Andrew Quayle, to Simon Button.

Despite the timing of the purchase – and who could have predicted the impact of the pandemic – Simon is delighted to have bought this long established and highly respected business.

When asked why he chose this business as a possible purchase, he told us: “The reputation of the Quayle and Qudent name in the marketplace was among the elite within the sector, and it was an obvious acquisition to make.”

Simon has some great plans to grow and develop the business, ably assisted by the existing Qudent and Quayle team, many of

whom have been with the business for 15 or more years.

“The wealth of experience within the business makes this a great platform to bring the business up to date supplying dentists, engineers and trade buyers all around the UK and in some of its more established overseas markets like the Seychelles, Tanzania and the Middle East,” said Simon.

The business has already redesigned its Qudent and Quayle Dental websites, giving them a more contemporary look, and a more user-friendly experience. They are becoming more active on the various social media platforms and are also looking to develop a more active outbound sales channel to improve revenue streams in all areas of the business.”

[www.qudent.co.uk](http://www.qudent.co.uk)

The team at Qudent is here to continue working with its customers, whether it be advice on equipment, refurbishing a full dental surgery with dental chair packages, cabinets, flooring and electrics or general servicing of equipment and supplying spare parts for faulty items.

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Qudent have been in the dental market for over 30 years, both as a manufacturer as well as a dental equipment wholesaler and retailer. Located in the South of the country we offer a full range of dental surgery equipment, from dental chairs and cabinets to autoclaves, instrument washers and OPG's.



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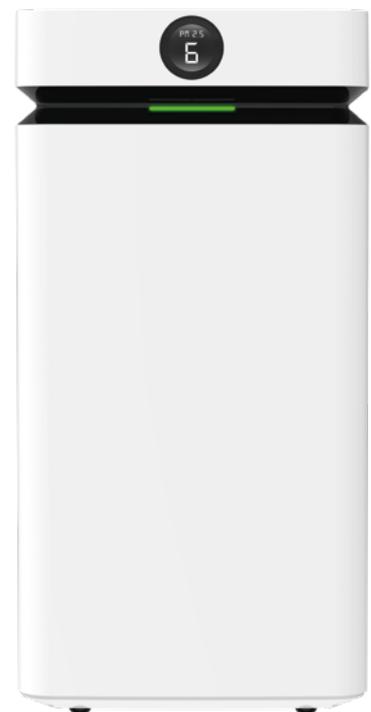
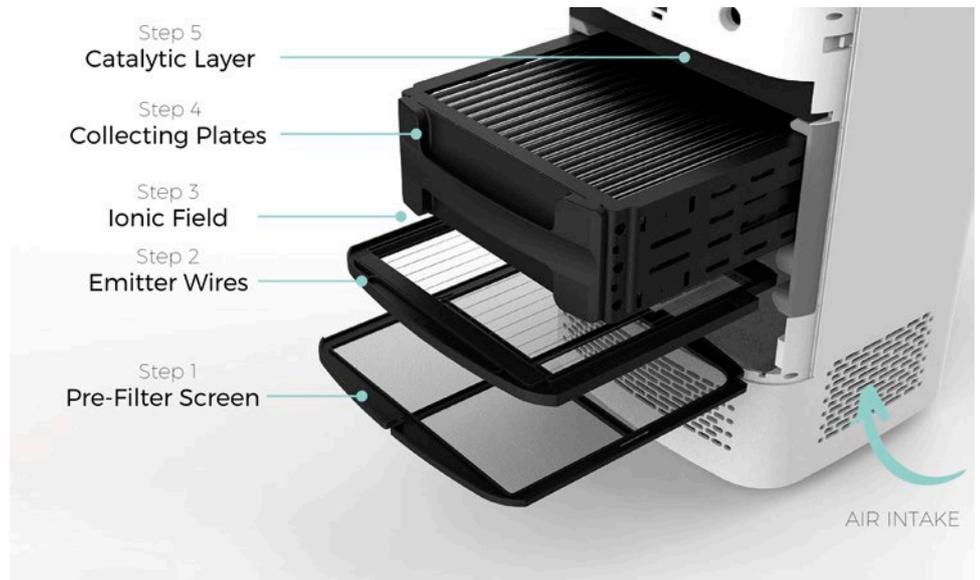
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# Your reps across Ireland

**W**hether in-person or on a video call, there may be some familiar faces in the next few pages of our special feature on dental business representatives. Some may be new to you. But they all represent the best dental supply companies in the industry providing world-class products. They encompass the whole of spectrum of dental equipment, dental materials and supplies and come with years of experience in their respective fields.

This special feature aims to give you some insight to who you and your practice managers will be speaking to, their industry background and the services they provide,

helping you to maintain leading standards of patient care.

These dental representatives can be a tremendous resource to dentists and their teams, helping to explore the best options for choosing equipment, dental materials, consumables or services to improve the efficiency and cost effectiveness of the dental practice. It's difficult for dental practices to keep up with all the developments in the dental marketplace so dental representatives can provide a valuable service to find out what is new in the industry, and to provide advice on what could help dental teams and their practices going forward.

Dental representatives are keen to develop

strong relationships with individual dental practices, so the better they know each dental team the more they can tailor their advice and services to meet the aims of each practice.

They often have wide experience in their respective fields and are ideally suited to provide valuable advice on solutions to dental practice issues, as well as training and after sales support, where applicable, to make the most of dental practice investments.

*Read more about the leading business representatives and their excellent products and services on pages 39-42.*

## TOM FAHY, HANDPIECE HARRY



Tom Fahy  
M: 094 938 1122  
E: tom@handpieceharry.ie



**TOM** has more than 20 years' experience in dental, starting out as a dental equipment engineer with one of Ireland's leading dental companies. He set up his own dental equipment business in 2005, covering the west of Ireland.

Handpiece repairs requests were frequent and in 2009 the decision was made to introduce Handpiece Harry to dental. The decision to concentrate in the specialist handpiece area was aided by the shock experience of Tom becoming ill with meningitis, which resulted in him reconsidering life's priorities.

He enjoys a healthy mix between being office-based and out on the road meeting you dental professionals out there. He understands that finding the time to talk with reps is difficult, so he really appreciates the sacrifice you make to say hello when he calls in.

Tom's free time consists of enjoying time with his wife, Ann Marie, and their three children, coaching, and enjoying the lovely countryside. The family are supporters of the Green and Red of Mayo and although Tom does not believe in the myth of the 'Curse', he continues to believe: 'This is our year.'

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The backup team at Handpiece Harry are Marguerite, Ger and John. To find out more on Handpiece Harry, call 094 938 1122 or tom@handpieceharry.ie and you can browse at [www.handpieceharry.ie](http://www.handpieceharry.ie)

Take care and stay safe in the return to the new normality of post Covid-19 and after Tom's experience in 2009, remember ... your health is your wealth.

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# TRAINING TO THRIVE IN FACIAL AESTHETICS



**Ben O'Reilly**  
Regional Portfolio Manager –  
North of Ireland  
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MERZ AESTHETICS

**BEN** O'Reilly is a Regional Portfolio Manager for Merz Aesthetics in Ireland. His customer base covers the provinces of Ulster and Connaught and he is keen to speak with any dental practitioners that practise facial aesthetics, or who are keen to know more about our portfolio of products.

Ben's role is to provide each business with education, training and marketing support to help their businesses thrive.

Over the past number of months, Merz has invested heavily in webinar training events concerning basic dermal filler training, through to advanced injecting. Merz will continue to host multiple clinical and product training webinars through to the end of the year.

Please contact Ben to discuss how you can access these free webinars and how he can support you in your facial aesthetics business.

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Merz Aesthetics also supplies and supports the FDA cleared Ultherapy® system. For more information, please contact Ben.

# HELPING YOU IN YOUR FACIAL AESTHETICS JOURNEY



**Janis Quane**  
Regional Portfolio Manager –  
South of Ireland  
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MERZ AESTHETICS

**JANIS** Quane is a Regional Portfolio Manager for Merz Aesthetics in Ireland. Her customer base covers the provinces of Leinster and Munster. Janis is keen to speak with any dental practitioners that practise facial aesthetics or who are keen to know more about our portfolio of products.

Janis really enjoys engaging with practitioners around digital marketing and social media as she believes this is crucial for successful businesses.

As well as product webinars, Merz has engaged with experts in marketing and social media to help customers to grow their facial aesthetics businesses. Merz will continue to host further webinars to support clinics from a business and marketing perspective through to the end of the year.

Please contact Janis to discuss how you can access these free webinars and how she can support you in your facial aesthetics business.

Merz Aesthetics is a trusted supplier of injectables in Ireland and distribute through our trusted wholesale partners; Wigmore Medical and Church Pharmacy who stock Merz UK and Ireland approved products.

Merz Aesthetics also supplies and supports the FDA cleared Ultherapy® system. For more information, please contact Janis.

# LOOKING FORWARD TO MEETING YOU!

With more than 10 years' experience in orthodontics, Orascoptic's Scott Riley is a great advocate for the benefits of magnification



Scott Riley  
Sales Rep - Scotland & Ireland  
E: scott.riley@orascoptic.com  
M: 07824370126

I'M Scott Riley from Glasgow. I manage both Ireland and Scotland as a sales representative for Orascoptic.

I have more than 10 years' experience in the orthodontics world and I was first introduced to loupes and the benefits of magnification by a Key Opinion Leader in this field.

Since that point, I have been an enthusiastic advocate for dental loupes and headlights and advised all my dental clinicians to invest in a pair as they are investing in both their health and their patients.

I had the opportunity to join with Orascoptic, who are the market leaders in the dental industry for magnification and illumination. I jumped at the chance as working with the highest quality products is extremely important to me.

I look forward to meeting with all my future dentists and hygienists soon to discuss our superior loupes options.

# NSK UK & IRELAND



Jonathan Singh  
NSK Product Specialist  
& Technical Services  
Engineer, NI & ROI  
www.nsk-ie.com  
NSK UK LTD  
@nsk.uk  
@NSK\_UK

AS ONE of the world's foremost manufacturers of dental handpieces and small equipment, NSK understands the dedication and commitment required to be a successful dental professional. NSK products are developed and designed with advice from the profession and the extensive product range includes some of dentistry's most advanced air turbines and contra-angles.

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.

# Detail at a Distance™

by  ORASCOPTIC™

## Loupe magnification and illumination matter now more than ever.



Enable **increased working distances** from client



**Unlock a larger image** for enhanced clinical detail



Support **ergonomic neck and back posture** in a fast-changing environment



Contact your local sales representative to learn how loupes can help you achieve Detail at a Distance™.

**Scott Riley** | Direct +44 7824 37 0126 | [Scott.Riley@orascoptic.com](mailto:Scott.Riley@orascoptic.com)



## TIPTON TRAINING COURSES SET TO RETURN AFTER LOCKDOWN WEBINARS

**T**ipton Training has announced that its flagship PG Certificate in Restorative Dentistry will return to Belfast in January 2021.

This Level 7 qualification consists of six units over 15 days. It teaches the theoretical, scientific and engineering principles behind restorative dentistry.

These units can be completed over the course of 12 months via Blended Learning, which combines practical face-to-face sessions with online lectures and seminars.

Under the tutelage of Tipton Training's lecturers – including Professor Paul Tipton – delegates can hone their restorative techniques with the very latest scientific knowledge. Topics covered include: Occlusion, Articulators, TMJ Splints, Endodontics & Periodontics, TMJ, Veneers, Aesthetics, Posts, Advanced Composites, Adhesion, and Treatment Planning.

The news follows a challenging period of lockdown for dentistry as a whole, during which Tipton Training hosted a comprehensive series of free webinars. The initiative – designed to support dentists through the COVID-19 pandemic – attracted more than 8,000 webinar views from 91 countries.

### BLENDING LEARNING THROUGH COVID-19

Like many businesses, Tipton Training has

had to adapt to ensure the safety of its delegates and staff. This is where blended learning comes into play. It combines some online lectures and seminars with practical face-to-face sessions.

“Ultimately, blended learning gives delegates the flexibility to watch our experts deliver lectures from the safety of their own home,” explains Les Pringle, CEO of Tipton Training.

“Plus – as some of these lectures are delivered online – delegates can consume them at a time convenient to their schedule.

“It's the perfect solution for working dentists.”

### EXPERIENCED. ACCREDITED. TRUSTED.

Tipton Training now offers a range of Level 7 (Master's level) courses that lead to nationally recognised PG Certificates and Diplomas:

- PG Certificate in Restorative Dentistry
- PG Certificate in Operative Dentistry
- PG Certificate in Dental Implantology
- PG Certificate in Aesthetic Dentistry
- PG Diploma in Prosthodontics
- PG Diploma in Aesthetic Dentistry
- PG Diploma in Restorative Dentistry
- PG Diploma in Implant Prosthodontics
- PG Diploma in Dental Implantology



Professor  
Paul Tipton

Tipton Training is the first private dental training company in the UK to have accredited status from The Royal College of Surgeons of England (RCS). The accreditation is a kite mark of quality for education and training.

### MASTERS PATHWAY

Tipton Training's PG Certificate and Diploma qualifications can also be used as a Master's pathway. With an additional year of study, delegates can earn a MSc or MCLin Dent qualification.

### RECOGNITION OF PRIOR LEARNING

Dentists who completed a Tipton Training course before September 2017 now have the opportunity to upgrade their qualification to a Level 7 PG Certificate or Diploma. This upgrade is called Recognition of Prior Learning (RPL) – and it requires the delegate to attend Level 7 course days and examinations.

### BOOK ONLINE – OR GET IN TOUCH

If you – or perhaps one of your colleagues – would like more information about Tipton Training courses, please call +44 (0)161 348 7849 or email [enquiries@tiptontraining.co.uk](mailto:enquiries@tiptontraining.co.uk). Alternatively, you can visit [www.tiptontraining.co.uk](http://www.tiptontraining.co.uk) and book online.



## PG Certificate In Restorative Dentistry

**ACCREDITED LEVEL 7, BLENDED LEARNING COURSE**  
Starting January 2021 in Belfast

### What you will learn:

- ✓ Improve your Dentistry
- ✓ Make the move to Private Dentistry
- ✓ Obtain Level 7 Post Graduate Qualification

### Topics Include:

- ✓ Occlusion
- ✓ TMJ/Splints
- ✓ Articulators
- ✓ Treatment Planning
- ✓ Veneers
- ✓ Tooth Preparation
- ✓ Bridge Design
- ✓ Implants
- ✓ Endodontics
- ✓ Periodontics
- ✓ Adhesion / Composites
- ✓ Aesthetics
- ✓ Treatment of Toothwear
- ✓ Posts
- ✓ Full and Partial Dentures

ACCREDITED BY



**Course Location**  
**Starting Date**

**Belfast**  
**January 2021**

Subject to availability

The PG Certificate in Restorative Dentistry both myself and my wife Aradhna attended were exceptional. We've flourished as a practice since. Thanks Paul.

*Dr. Manhar Segal 2019*

**Pathways to MSc**  
**Learn | Practice | Achieve**

15 day course £6,995 (inc VAT). Plus a £500 registration fee.

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# QUINTESS DENTA LAUNCHES DEDICATED PPE WEBSITE

Early on, it identified a need for the supply of quality, affordable PPE supplies from a company people knew well and could trust



Quintess Denta Team (from left) Ian Creighton, Elaine Bailey, Noelle Doherty and Kieran Keown

**T**he Quintess Denta Team has launched a brand-new business in the supply of quality personal protection equipment (PPE).

On March 17, the popular dental distributor saw their business halt overnight, like so many others, due to Covid-19. With dental practices all over the UK and Ireland forced to close, the team of 11, led by James Hamill had a decision to make on how they would respond from a business and personal perspective to the situation that they found themselves in.

One solution was to mothball the business, furlough staff and wait for dental practices to re-open. However, following a team call, the decision was taken to see what could be done to help both at a local and wider level. The team identified a need for the supply of quality, affordable PPE supplies from a company people knew well and could trust.

Over the next six weeks, using their contacts across Europe and the Far East, their medical knowledge and resolute resourcefulness, the Quintess Denta team managed to launch a brand-new business in the supply of quality PPE. This has culminated in the launch of their website [www.quintessdentappe.com](http://www.quintessdentappe.com).

Catering for all business types, not just Dental, the supply of high-quality PPE is an essential service for getting businesses back to work as safely as possible as is the advice required to ensure that the correct products are purchased. This is even more important when it comes to masks and staff safety.

James Hamill, owner of Quintess Denta, commented: "With every business now looking to buy masks, it is imperative that business owners are fully aware of what they are purchasing for their staff and that they can get a predictable supply chain.

"Unfortunately, the market is flooded with poor quality masks that provide little or no protection and many businesses are falling into the trap of buying PPE from suppliers with little or no knowledge of the medical and regulatory requirements attached to PPE. This is where we can offer personal advice and guidance for businesses."

James added: "I am extremely proud of my team. We all took a brave decision on the 17 March, but we took it together and the last few months have been a complete rollercoaster as we have had to compete in a global market that changes almost hourly.

"However, by getting our heads down and working collectively we have managed to support businesses all over Ireland, the UK

and even into Europe in their quest for quality assured PPE.

Our wish is to now make sure that we provide the best possible service and advice for business owners."

Based on long standing, well-established relationships with existing, trusted suppliers around the world, the Quintess Denta purchasing team were able to source PPE equipment and supplies that meets all the stringent requirements. All Products are CE Certified, and test approved. Their vast PPE product range includes:

- Medical disposable masks including IIR, FFP2 and FFP3
- Face Fit test kits
- Protective clothing including gowns and hats (disposable and reusable), nitrile gloves EN455 medical grade, shoe covers and aprons
- Face visors, Loupes Friendly face shields and goggles.
- Branded Sanitiser floor standing stations and countertop stations
- Automatic Sanitiser dispensers and all bottle sizes of liquid and gel sanitiser
- Disinfectant wipes
- Sneeze screens and range of welfare products
- Infra-Red thermometers
- Jade Medical Grade Air Purifier units.  
<https://www.scaukandireland.com/>

Business owners and staff need to feel protected when at work. Quintess Denta PPE is a trusted source for the reliable supply of PPE products that ensure the safety of staff and customers when visiting your business.

If you'd like to know more about how Quintess Denta PPE can help create a safer environment in your workplace, contact us on:

NI 028 6862 8966

ROI 01-691 8870.

For more information, visit [www.quintessdentappe.com](http://www.quintessdentappe.com)



# Quintess Denta PPE

Helping businesses return to work safely

Masks | Gloves | Gowns | Sanitiser | Protective Clothing



We endeavour to provide the best service that we can, using only quality products we can trust.

We work with a number of major manufacturers and have established relationships with them based on trust, honesty and fairness.



**Automatic Hand Sanitiser Bundle**  
includes Automatic Dispenser &  
2x Boatyard 5L Hand Sanitiser



Loupes  
Friendly  
Face  
Shields

**10% off ALL sanitiser products - Enter Promo Code IDM at checkout**



| Gowns | | Masks | | Thermometers | | Sanitiser Stations |

**Tel: 01-6918870 (Dublin) / 028-68628966 (NI)**

**Shop Online: [www.QuintessDentaPPE.com](http://www.QuintessDentaPPE.com)**

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## iClave plus B-type vacuum autoclave

- 20% more sterilisation space than a conventional stainless steel chamber of the same size
- Copper chamber minimises internal temperature fluctuations
- Super fast cycle as quick as 18 min, including drying
- 2 year warranty



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**Jonathan Singh** Product Specialist & Technical Services Engineer - NI & ROI 📞 +44 (0)7464675158

[nsk-uk.com](http://nsk-uk.com) 0800 6341909



\*Terms and conditions apply. E&OE.