

THE MAGAZINE FOR DENTAL PROFESSIONALS IN IRELAND

# *Ireland's* Dental

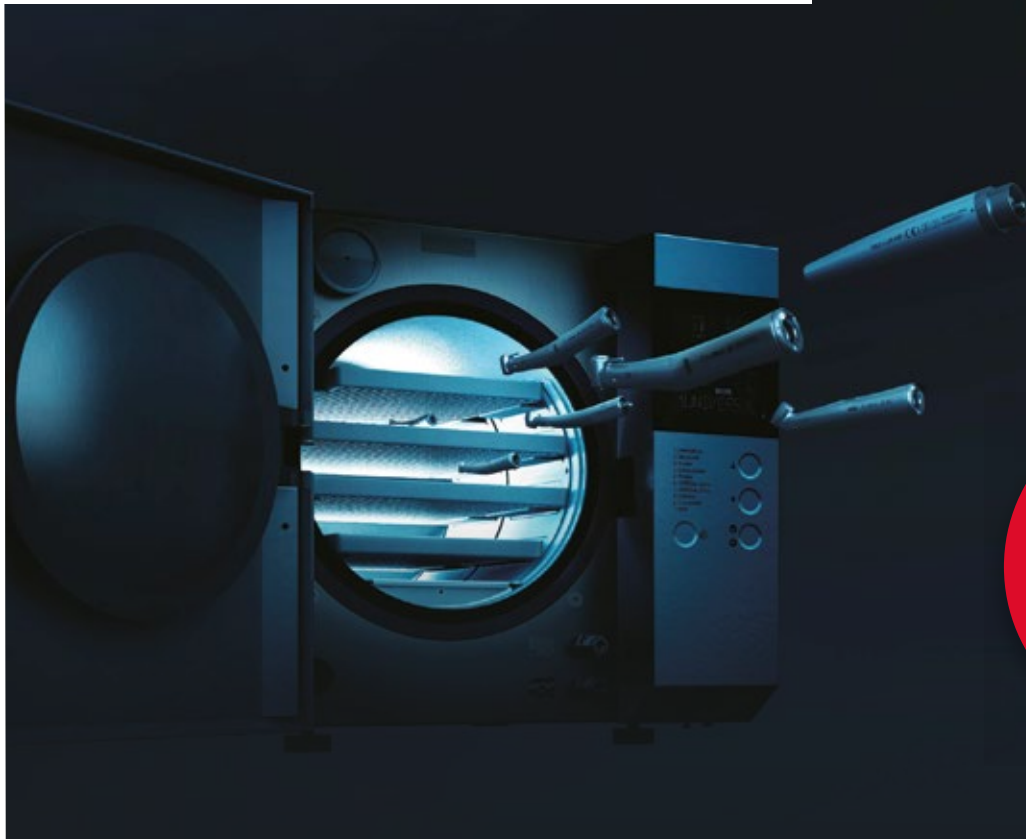
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# ‘Enough is enough’

*More than a year on from a Government promise to ensure that oral health features as a priority in the rebuilding of HSC services, the profession is ‘burned out and utterly demoralised’*

**E**arlier this month, the British Dental Association NI and 500 high street dentists wrote to Robin Swann, Northern Ireland's Health Minister, urging him to “call time” on the “dire situation” facing Health Service dentistry, and for the Department of Health to set out tangible solutions to overhaul the decades-old General Dental Services (GDS) contract. Eighteen months on from the start of this pandemic, the signatories state that many are now “burned out and utterly demoralised”, and that the present situation in Health Service dentistry has become “intolerable, and unsustainable”. Dentists report they have been working harder than ever to meet more stringent Infection Prevention Control measures but remain “hamstrung” in the number of patients they can see in a day.

Many indicate they are now being pushed out of being able to continue to offer care under the NHS. Latest published figures show dental earnings in Northern Ireland have fallen once again, by an average of 4.2 per cent compared with the previous year, or 36 per cent in real terms for associates and 43 per cent for practice owners since 2008/09 (see News, page 8). Those with the highest commitment to Health Service dentistry (75 per cent or more) have recorded the lowest earnings of all, averaging taxable income of £49,700 in 2019/20.

Practices are now facing huge challenges trying to recruit Associates and dental nurses to provide Health Service care, and the growing public access problems that have resulted post-COVID. Health Service dentistry has been on a downward trajectory for more than a decade, with the service becoming increasingly financially unviable.

Dentists have urged the Department of Health to face up to the crisis in dentistry and come forward with concrete solutions aimed at modernising Health Service dentistry,

and that address the terms and conditions associated with providing Health Service dentistry in order to safeguard its future.

The letter stated: “Our grim assessment is that the conditions pertaining to the provision of Health Service dentistry in Northern Ireland have reached a point where many dentists feel like they are being pushed out of being able to continue to offer care under the NHS. As small businesses and self-employed practitioners, goodwill, the bond with their patients and cross-subsidisation of NHS by private dentistry is no longer enough to make up for years of inaction by the department to heed the warnings. Enough is enough.”

According to Richard Graham, Chair of the British Dental Association's NI Dental Practice Committee, the situation will be compounded “many times over” if dentists continue to see little hope of their decades-old contract model being replaced with something that works, both for practitioners and the public alike.

“A 1990s activity-based contract model that was driven into the ground pre-COVID, has collapsed irreparably,” he said. “We need an overhaul of GDS, and we need it urgently. Without a fundamental shift of trajectory away from a race to the bottom, and meaningful work on a new GDS contract that works better for the public and practitioners alike, Health Service dentistry will not survive.”

In July 2020, Mr Swann met representatives of the BDA to reiterate his appreciation for the leading role the profession had played in the battle against COVID-19. At the time, the Minister said he had also taken the opportunity to address some of the issues that raised by the BDA in relation to PPE, financial support for General Dental Services (GDS) and “ensuring that dental and oral health features as a priority in the rebuilding of HSC services”.

More than a year on, with little sign of progress, it is no wonder that so many dentists in Northern Ireland are now saying: “Enough is enough.”







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## How COVID has changed our profession on many levels

**T**he historians will no doubt tell us that 2020 and 2021 were pivotal years for the world. And, as at time of writing, we are still marching through 2021, that sense of history is all about us. A reflection on the lockdowns, with their lack of social interaction, fear of disease, uncertainty of the future – will leave a lasting impression on many. In thinking about the impact on general dental practice, it is worth considering how COVID has changed our profession on many levels. In this column, I've looked at some of the clinical and non-clinical implications of COVID on the provision and delivery of general dental practice, both short term implications and in the longer term legacies.

### Clinical implications

The clinical implications for COVID have been many. The provision of sufficient PPE was among the initial key challenges at the start of the pandemic. Dentists, by our nature and training, tend to be very resource dependent. Without sufficient PPE, accurate temperature testing, methodological cleaning/sterilising routines, clinicians felt unsafe. This also led to increased work-related stress – particularly for principal dental surgeons – who now had the added headache of ensuring all staff were up to speed on the then ever-changing protocols.

### Leadership

Many principal dentists/practice owners found themselves expected to be the “go-to” person among their staff as the oracle of knowledge for all things COVID. Traditionally, principles do fulfil the leadership role in practice running/management, and this extra layer of responsibility, with the added onus of public health measures, saw many rise to that unprecedented challenge.

### Waiting rooms

Our waiting rooms changed both in physical confirmation (fewer chairs and further apart) and also in décor. Across the country, dental waiting rooms are now festooned with the yellow signage featuring key public health messages. Have we finally learned that our waiting rooms are potential instruments in educating our patients – not just in public health, but also in provision of our own services?

### Appointment book

The “slow down” nature of the COVID-compliant dental appointment, with its enhanced infection control, longer treatment times and fewer patients, led (in some cases) to a lower volume but higher net worth treatment planning. This single change in

practice alone has the potential to change the provision and delivery of service in the coming years.

### Work force planning

With an initial decrease in work output, the movement of associates across the profession has been marked. Though, at time of writing, practices seem busier than ever, many associates have used the time to re-think career goals – with some opting to pursue post-graduate training. This holds true also for older principal dentists who have restructured their retirement plans.

### Practice acquisition/sale

The increasingly vibrant market of dental practice sales continues apace. Some dental practices who had previously considered selling within the next five years have accelerated their plans – while others have used the time to stop, think and strategise about the next steps on their pathway.

### Dental treatment needs

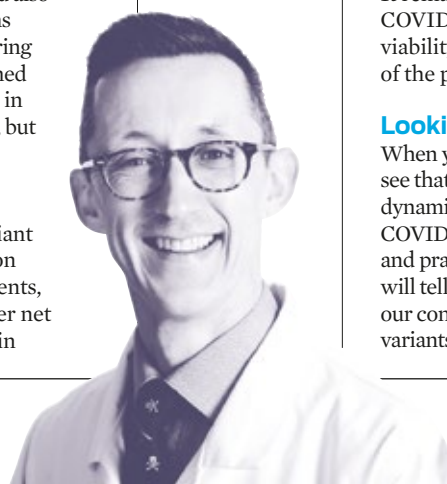
As with any interruption in service, there is now a pent-up demand on dental treatment. In general practice, we are seeing a trend of many patients seeking appointments for both routine and complex procedures. Recent articles in journals suggest that the increased on-screen time that patients had due to Zoom and Microsoft Teams etc has led to a heightened awareness of the aesthetic appearance of their dentition. This so-called “Zoom Boom” is very real – with many dentists reporting that “long-lost” patients are attending with very specific treatment requests. This single factor alone, coupled with the ever-increasing popularity of short-term orthodontics, is highlighting a distinct change in practice, gearing and delivery for most GDPs.

### National policy

In the months leading up to COVID, the new National Oral Health Policy was launched. The granular detail of that plan, coupled with its delivery and costs were in their infancy before Wuhan stopped us all in our tracks. It remains to be seen where this policy sits in any post-COVID world. The dental benefit schemes, and their viability, will also play a significant role in the aftermath of the preceding 18 months.

### Looking ahead

When you reflect on the above discussion points, you can see that the future of the profession is both vibrant and dynamic. We have responded to the challenges placed by COVID. However will the workflow, workforce planning and practice sales change utterly due to COVID? Only time will tell. For now, as we see almost 90% vaccination rates, our continuing focus is the mitigation of COVID and all its variants – in an effort to return to routine dental practice.





# NI dentists' pay 'continues to collapse'

*Latest fall in earnings is a 'wake-up call to avoid collapse of Health Service dentistry'*

**THE** "continued collapse" in pay among Health Service dentists in Northern Ireland could jeopardise the recovery of the service as it emerges from the COVID pandemic, according to the British Dental Association (BDA).

Taxable income for self-employed dentists in Northern Ireland fell from £68,000 in 2018/19 to £65,100 in 2019/20. Associate dentists have seen their pay fall, in real terms, by 36 per cent since 2008/9, and by 43 per cent for practice owners. While dentists across the UK have experienced sustained cuts to their real incomes, practitioners in Northern Ireland have seen their pay eroded by far the largest proportion.

Of particular concern says the BDA is that those dentists who are most committed to the Health Service have been hit the hardest. The largest dental group, representing associates where Health Service earnings account for at least 75 per cent of their total gross earnings, have the lowest average taxable income at £49,700.

The stark fall in dentists' pay is being attributed to "wholly inadequate fee uplifts, cuts in the form of removal of Health Service Commitment payments, and private work often effectively cross-subsidising HS activity", said the BDA.

Official figures, published last month, relate to the 19/20 financial year, and largely pre-date the further massive impact that COVID-19 has

had on general dental services and practice finances. They underline the precarious state of the service even prior to the pandemic.

The BDA has stressed that a new General Dental Services (GDS) contract is urgently required which ensures dentists receive fair remuneration for their work, and which makes Health Service dentistry financially viable and an attractive proposition.

It also points to the need to modernise a contract model that is decades old, and which is based on treatment and not prevention. The BDA hopes work on securing a financially viable future for Health Service dentistry can be progressed via the recently established General Dental Services Rebuilding Stakeholder Group.

Richard Graham, chair of the BDA's NI Dental Practice Committee, said: "When, post-pandemic, patients across Northern Ireland are already struggling to access dental services, these figures should serve as a wake-up call. We want to avoid a complete collapse of Health Service dentistry. For that to happen, we need a new contract model that works for both the general public and practitioners alike.

"For our patients' sake, the downward trajectory needs to be reversed before any more dentists conclude there is no future in the Health Service they have been so committed to. If Health Service dentistry is going to survive this pandemic, the time to give practitioners confidence it has a future is now."

## Programme explores solutions to health crises

**FUNDING** for a new research programme in Ireland aimed at creating solutions to public health crises was announced by Simon Harris TD, Minister for Further and Higher Education, Research, Innovation and Science.

The DOROTHY programme, led by the Irish Research Council in collaboration with the Health Research Board (HRB) and the Environmental Protection Agency (EPA) and co-funded by the European Union, will break down barriers between different academic disciplines by driving collaboration between researchers.

The programme is named after Dorothy Stopford-Price, an Irish doctor who was a pioneer in eradicating tuberculosis in Ireland, and who is to be credited with being the key figure in promoting the merits and use of the BCG vaccine here.

Under the scheme, 25 researchers will be awarded a three-year postdoctoral fellowship, with a total value of €5.5 million, which will allow them to work in both Irish and overseas research institutions.

The programme will promote effective international cooperation across multiple disciplines and will create innovative research networks, with a potential focus on the impact of Covid-19 from differing perspectives including the arts, humanities, education, political economy, environmental studies, engineering and immunology.

"As we strive to recover globally from the pandemic, I am looking forward to the roll-out of this programme and the opportunities it will present to examine public health from a variety of different perspectives," said Harris.

"At the heart of the programme is the opportunity for researchers to break down barriers between different disciplines and collaborate with peers, and ultimately deliver results that will benefit every facet of Irish society."



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1. Data on file at Align Technology, as of January 29, 2020

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# New academic field could 'revolutionise' dentistry

*Government, universities and business urged to create funding and jobs*

**ACADEMICS** have defined a new academic field – anthroengineering – which brings together engineering, the science of technology, and anthropology, the science of humanity.

They are now calling on governments to establish funding streams, universities to offer courses, and labs and businesses to create positions for anthroengineering.

The team of researchers at London South Bank University (LSBU) and the University of Washington argue that while engineering specialises in technology creation, it can lack understanding of the long-term impact of technology on human biology and culture. This can mean a full understanding of the effects of technology on human health, biology and culture is only realised after a technology, for example mobile phones, has been unleashed on the world.

Disciplines in which anthroengineering could deliver change include dentistry, they said. The primary function of chewing is to break food into smaller pieces, making it easier to swallow and digest but, the academics argue, current dental models fail to relate tooth shape and how food breaks down during chewing.

Dentures and dental implants used by

hundreds of millions of people do not function as well as they could, they said, leading to decreases in nutrition and quality of life.

Rather than purely focusing on contemporary populations, anthroengineering encourages analysis of how teeth have evolved in humans and non-human primates over millions of years. This could, said the academics, lead to new discoveries which improve denture and dental implant performance during chewing.

The potential for anthroengineering to revolutionise healthcare and other disciplines is set out in a Royal Society article, *Anthroengineering: an independent interdisciplinary field*, written by Michael Berthaume and Patricia Kramer.<sup>1</sup>

Berthaume, Deputy Head of the Mechanical Engineering & Design division at LSBU, told *Ireland's Dental* magazine: "By having a better understanding of what selective and non-selective evolutionary forces have shaped our teeth, we can get a better understanding of what they were 'designed' to do and what we must do to better maintain them now." Creating a new academic field, page 34

References: <sup>1</sup><https://royalsocietypublishing.org/toc/rsfs/2021/11/5>

## Repurposed meds reduce sleep apnoea severity 'by at least 30 per cent'

**RESEARCH** published in *The Journal of Physiology* shows that researchers have successfully repurposed two existing medications to reduce the severity of sleep apnoea in people by at least 30 per cent.

Affecting around 1.5 million adults in the UK, sleep apnoea is a condition where the upper airway from the back of the nose to the throat closes repetitively during sleep, restricting oxygen intake and causing people to repeatedly wake<sup>1</sup>. Those with untreated sleep apnoea are more likely to develop cardiovascular disease, dementia, and depression, and are two to four times more likely to crash a car than the general population<sup>2</sup>.

Despite almost thirty years of research, there are no approved drug therapies to treat the condition. Professor Danny Eckert, Principal Research Scientist at NeuRA and Professor and Director of Adelaide Institute for Sleep Health at Flinders University, has brought scientists one step closer by repurposing two existing, reboxetine and butylbromide, medications to test their efficacy in people in sleep apnoea.

Results from the study<sup>3</sup> showed these medications increased the muscle activity around participants' airways, with the drugs reducing the severity of participants' sleep apnoea by up to one third. Almost everyone studied had some improvement in sleep apnoea. People's oxygen intake improved, and their number of breathing stoppages was a third or more less.

Professor Eckert told *Ireland's Dental*: "The hope would be that eventually, combination therapy i.e., adding targeted pharmacotherapy, may be an option for the around 50 per cent of patients with sleep apnoea who have an incomplete therapeutic response to oral appliances alone."

1. <https://bit.ly/3j9GlgZ>

2. Teran-Santos J, Jimenez-Gomez A, Cordero-Guevara J. The association between sleep apnea and the risk of traffic accidents. *Cooperative Group Burgos-Santander. N Engl J Med.* 1999; 340 (11): 847-851

3. <https://bit.ly/3j9Hm8T>



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\* with hard foods vs. no adhesive

\*\* best technologies in Fixodent line-up

\*\*\* vs. no adhesive





# Getting the nation to #BrushLikeAProWithMo

*Runner describes how oral care is a key part of his physical wellbeing*

**OLYMPIC** athlete Sir Mo Farah CBE, in partnership with Oral-B, is on a mission to educate the UK on the importance of a good oral health routine, after research found that one in three families (33%) in the UK are in dental crisis, following a lack of dental care in the last 12 months.

Oral-B has launched a new TV advert featuring multiple Olympic, World and European champion athlete and dad of four, Sir Mo, who knows all about the importance of keeping teeth in good condition. A few years ago Sir Mo had a serious tooth infection which saw him admitted to hospital and miss a period of training. Mo is partnering with Oral-B to help raise awareness of the importance of good oral health and to inspire the nation to adopt better oral care routines at home.

"Good dental hygiene is crucial to everyday health," said Sir Mo, adding: "I'm a prime example of the effect dental issues can have on personal health and the ability to perform in your job. I urge the nation to look after theirs and their children's teeth and general oral

health, just as they would other aspects of their wellbeing, to keep them away from any nasties that poor oral hygiene can lead to."

Oral-B said it was proud to partner with Sir Mo to improve the oral health of the nation, by inspiring people to adopt better oral care habits from an early age and to #BrushLikeAProWithMo. Oral-B's initiative comes after Sir Mo paid a surprise visit to Thomas Tallis School in Eltham, South-East London, to educate the year-eight students about the importance of good oral health. The visit came after research, commissioned by Oral B, found that one in three children has experienced teeth and dental problems since the start of the pandemic, such as bleeding gums, tooth ache and cavities<sup>1</sup>.

<sup>1</sup>Research carried out online by Research Without Barrier. Conducted between 26 April – 5 May 2021. Sample comprised 2,001 adults and 1,001 UK parents of children aged 4-11 years. Research Conducted adheres to the UK Market Research Society code of conduct.

## CGDent opens to all and outlines membership

**THE** College of General Dentistry (CGDent), the UK's only professional body dedicated to primary dental care, has opened its doors to all dental professionals.

Membership of the new organisation is now available to the whole dental team at all grades, dependent on an individual's level of education and professional achievement.

To mark the realisation of this central ambition of its founders, the College is offering a two-thirds discount to dental hygienists, dental therapists, dental technicians, and clinical dental technicians for their first year's membership. Dental nurses and orthodontic therapists will also benefit from the discount on an ongoing basis, and dentists can receive discounted indemnity cover.

CGDent is also developing career pathways for the whole dental team, aligned to its membership structure, which will be launched in October.

All dental professionals who are registered with the General Dental Council or an overseas equivalent, or hold the BDS, LDS or an equivalent, qualify for Associate Membership of the College. Those with a relevant Postgraduate Certificate, or who hold the DGDGP, MJDF, MFGDP(UK) or MFDS, qualify for Full Membership (MCGDent), and those with a relevant postgraduate diploma or master's level qualification, or who hold the MGDS or a Specialty Membership of a UK dental faculty, qualify for Associate Fellowship (AssocFCGDent). Fellowship (FCGDent) is currently open to existing Fellows of a UK Royal College or overseas equivalent, with an assessed route planned shortly. Launching the new membership package, Dr Abhi Pal, President of the College of General Dentistry, said: "At CGDent, we're determined to offer professional development benefits which are affordable, relevant and accessible for all clinicians working in general dental practice."

**Further information is available at [cgdent.uk/membership](http://cgdent.uk/membership)**

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## DATES FOR YOUR DIARY

**Note: Where possible this list includes rescheduled events, but some dates are still subject to change.**

### 1-2 SEPTEMBER

International Conference on Medical and Health Sciences (ICMHS)  
Dublin  
[10times.com/icmhs-dublin-ireland](https://10times.com/icmhs-dublin-ireland)

### 26-29 SEPTEMBER

FDI World Dental Congress  
Sydney  
[www.world-dental-congress.org](https://www.world-dental-congress.org)

### 29-30 SEPTEMBER

38th International Conference on Dental Surgery and Medicine  
Dublin  
<https://dentalsurgeons.conferenceseries.com>

### 1-2 OCTOBER

ITI Congress UK & Ireland  
EICC, Edinburgh  
<https://tinyurl.com/yyms8cyw>

### 18-19 OCTOBER

8th Global Conference on Smart Materials and Nanotechnology Including dental implants  
Venue TBC  
<https://smart.materialsconferences.com>

### 11-13 NOVEMBER

BACD 17th Annual Conference  
EICC, Edinburgh  
[bacd.com/annual-conference/bacd-17th-annual-conference-2021-seeing-is-believing/](https://bacd.com/annual-conference/bacd-17th-annual-conference-2021-seeing-is-believing/)

### 12-14 NOVEMBER

BSP Conference  
The Royal College of Physicians, London  
[www.tinyurl.com/yyh2bcq3](https://www.tinyurl.com/yyh2bcq3)

### 3 DECEMBER

CGDent Scotland Study Day  
Updates on treatments for perio and endodontics.  
Glasgow Science Centre  
<https://cgdentcot.org.uk/glasgow-study-day/>

### POSTPONED FROM 2021 to 2022

#### 13-14 MAY 2022

British Dental Conference & Dentistry Show  
NEC, Birmingham  
[www.thedentistryshow.co.uk](https://www.thedentistryshow.co.uk)

#### 24-25 JUNE 2022

Scottish Dental Show  
Glasgow  
[www.sdshow.co.uk](https://www.sdshow.co.uk)

#### 6-9 JULY 2022

EuroPerio10  
Copenhagen  
(Postponed from 2-5 June 2021)

#### 11-13 AUGUST 2022

International Symposium on Dental Hygiene  
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[isdh2022.com](https://isdh2022.com)



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## DNO filter technology explained clearly

**PURER CLEAN AIR** is a Scottish company specialising in medical grade air purifiers. Their researchers at Oxford University have developed medical grade DNO patented filter catalysts which 'capture, kill and convert' airborne pollutants, including COVID-19.

This medical grade technology is called D-orbital Nano Oxide DNO multi-functional pollution removal technology. DNO is the most advanced technology on the market, combined with high performance filters, it can remove pollutants, bacteria, viruses and even some of the smallest pollutant and micron-level particles from the air.

Their filters capture, kill and convert particulate matter to levels of 0.003µm (microns) - the average COVID-19 particle is 0.12 microns, so their filters kill micron particulate matter (PM) 40 times smaller than COVID.

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[www.denplan.co.uk/Go-Private-IDM](http://www.denplan.co.uk/Go-Private-IDM)

# Futureproof

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# ITI

*The ITI Congress UK & Ireland 2021 will be held on October 1-2 in Edinburgh; its vibrant programme offering insight into what lies ahead in the field, while also bringing together a community of professionals who share the same passion for excellence in implantology*

**E**oin O'Sullivan is a Fellow of the ITI and Chair of the Scientific Programme Committee for the ITI Congress UK & Ireland 2021, entitled Future Proof.

Sharing why he feels it is so important right now to be looking ahead and focusing on emerging trends and solutions, Eoin said: "In the COVID era, we need to be able to work more efficiently and predictably than ever before. The latest innovations and clinical approaches will help us to do this, supported by the use of digital technology and new implant designs. Bringing all of this to one event gives dental professionals an opportunity to get up-to-date with the latest information, research and ideas in the field."

Colin Burns, Chair of the ITI Section UK & Ireland, discussed what the aim for the educational



programme was when putting together speakers and content: "The goal of the ITI is to represent everyone who contributes to the provision of implant dentistry, including dentists, dental hygienists and therapists, and dental nurses. Aligned with our members and fellows who work in the spheres of academia and research, we have sought to develop a programme that will be of interest to all.

"We therefore have chosen

speakers who have inspired us during our careers in the hope that they inspire others in the same way. We have also highlighted the importance of the entire dental team with dedicated programmes for dental hygienists and therapists and dental nurses. It is crucial that we recognise and respect the massive role they play in caring for implant patients.

"The theme – Future Proof – is the brainchild of Samantha Smith, a member of our Scientific Committee. It perfectly embodies the ITI's commitment to evidence-based implant dentistry, while highlighting the need to use techniques, protocols and materials that support long-term survival of the treatment we provide. We need to tailor treatment to maximise its resistance to failure in the future, proving its worth and protecting our patients from complications in the years to come."

Eoin added: "We have gathered some of the greatest speakers and innovators in implant dentistry to





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# Future Proof



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give an evidenced-based review of where we stand in implantology today. They will present the latest developments and innovations in the market, based on current research.

“It is a very strong programme that has been designed to appeal to professionals who are both experienced and inexperienced in implant dentistry. My hope is that delegates will come away from the Congress fully updated on different areas of implant dentistry and they will be inspired to adopt some of the new approaches in their practices.”

The calibre of the speakers and education on offer clearly set the ITI Congress apart, but that's not the only draw of the event. It will also provide a chance for networking and socialising with like-minded friends and colleagues.

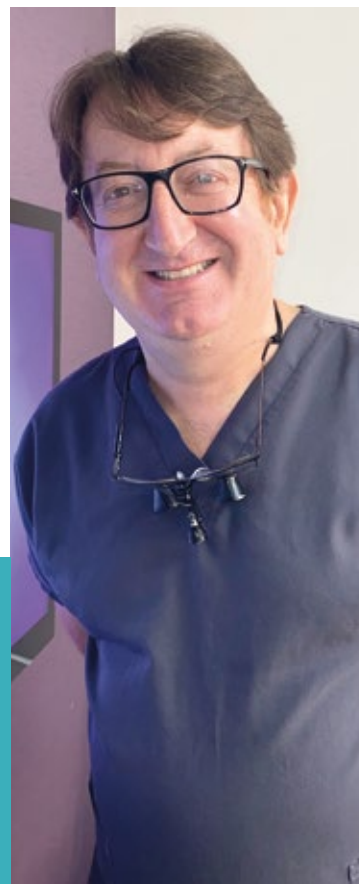
As Eoin commented: “So many events have been cancelled as a result of the pandemic, so the ITI Congress 2021 may well be the first opportunity many of us have to safely meet face-to-face. In the ITI, we really value camaraderie and friendship, and we have organised what we hope will be an enjoyable social programme alongside the education. Indeed, the Straumann parties are legendary! I am really looking forward to catching up with many friends and colleagues at the Congress.”

Colin agrees that the opportunity for socialising and the importance of community are just as much a part of the ITI and this year's Congress as education. He said: “I really hope that people enjoy themselves after being isolated and kept away from each other during the pandemic. The friendship and companionship within the ITI create such a strong

bond between colleagues. Congress will be a chance to meet up with friends, to listen to international speakers and be inspired again.

“The Straumann-sponsored party promises to be the best one ever – we are very excited about the live band and the fantastic venue. Sarah Gardiner, Events & Educational Courses Manager for Straumann, has been so supportive and worked with us to put on quite the show.

“I want everyone to have some fun with their friends, to be encouraged by the like-minded people around them and to find fresh motivation for excellent implant dentistry.”



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See also Women In Implantology, page 28



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# Not losing sight of *the main objective*

*A message from the Running Scotland 2021 team ahead of their bid next month to run from John O'Groats to Gretna Green - and raise money and awareness for SAMH, Scotland's mental health charity*

**W**hile we continue training every day for the big Running Scotland challenge, it is important not to forget why we are doing this epic event in the first place.

Mental illness is a huge challenge for public health in Scotland. In any one year, it is estimated that around one-in-three people are affected by some form of mental health condition. It is a pretty safe bet to say that most people know a close family member or friend living with a mental health problem, or indeed may be living with mental health problems themselves.

As dentists and health care professionals, we are absolutely not immune to these problems. It is well reported that dentists often suffer high levels of work-related stress, due to a job that can regularly be both physically and mentally exhausting. It has also been shown that these issues have been

exacerbated since the COVID-19 pandemic, with enhanced stresses and uncertainties. Not forgetting that, for everyone, the pandemic has kept us locked indoors, reduced our contact with friends and family, and generally disrupted our regular routines that used to give us some kind of day-to-day normality.

This is why we have decided to undertake this challenge to raise money for SAMH, Scotland's mental health charity, which has been providing essential mental health support services for adults and young people for the last 90 years. Simply, their goals are to be there for people, promote good mental health, and end stigma and discrimination.

We want people, not just dental professionals, to be able to speak up about mental health. We also firmly believe that exercise and the great outdoors are so important to improving our own lives. You don't have to run the length of Scotland, though! We as a group can all firmly testify that a run after work can sometimes turn a

rubber day into a slightly better one, and sometimes that slight improvement is all that is needed. With participants and sponsors hailing from Ireland, this is your chance to support a great cause. One run can change your day. Many runs can change your life. As always, massive thanks to all our sponsors who are instrumental in allowing this challenge to take place.

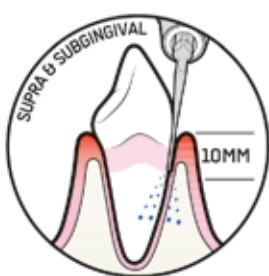
**Paddy (Team Running Scotland)**

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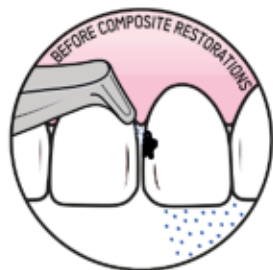
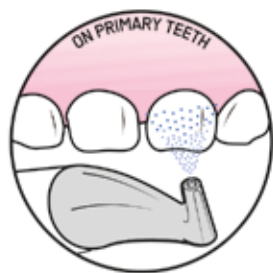
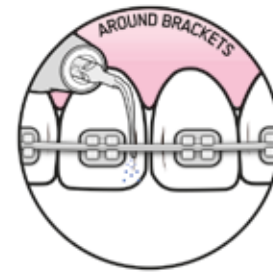
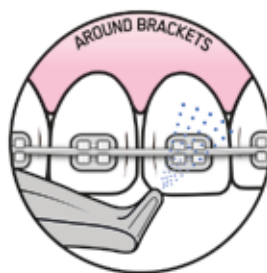
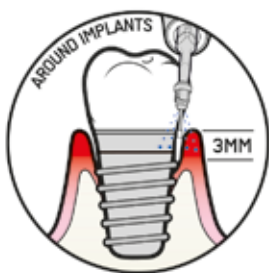
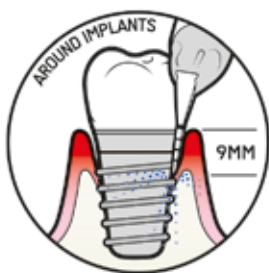
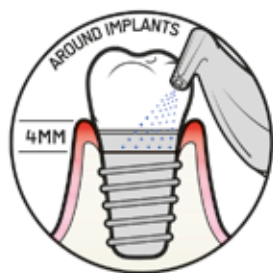
*Running Scotland is kindly supported by: Kalyani Dental Lounge, Extreme Business with Coach Barrow, Rachel Barrow Web and Design, Quintess Denta, Sweden and Martina, PW and Partners, Vision Dental Laboratory, Kitchens International, Biohorizons Camlog, Perioacademy, Tunnocks, Ashley Latter Dental Sales Training, GSS Autocentre, Scottish Dental Study Club*



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# Looking to WIN

*The Women's Implantology Network ITI UK and Ireland Section will work to inspire and support more women into the field of implant dentistry*

In the UK there are almost equal numbers of men and women registered as dentists with the GDC: 48.7% males and 51.3% females as of June 2021. Alongside these figures, in the past 10 years we have seen a consistent dominance of female new registrations: 63% (female) versus 37% (male) in the year 2019<sup>1</sup>. It is clear that young women are choosing to become dentists and are not put off by the high entry requirements or the five-year undergraduate degree. You might therefore expect a gradual shift towards a female-biased profession with a proportional increase in female involvement across all fields of dentistry, including implant dentistry.

However, this is not what we see. In the UK, there is not a specific specialist list for implant dentistry and all dentists can be involved in implant dentistry without being a registered specialist in a related field, so it is therefore not easy to have an accurate measure of the number of women involved in this discipline. However, the low involvement of women in this field is visible in other ways.

I have been attending UK implant related conferences for the past 20 years and low female participation is very evident. In this setting there is very low female representation both as conference participants and speakers. A survey of female speaker representation at six recent UK implant-related conferences revealed an average of 20%, with a range from as low as 7%. Clearly far short of the 50% of females registered with the GDC.

If we take a close look at the male/female split on the UK specialist lists (Fig 1), we see that women are taking on the challenges of post-graduate training in some fields – such as Orthodontics, Paedodontics and Special Care Dentistry, but seem to be actively avoiding other specialities. It is clear that there is low female representation in the surgical and restorative-based specialities, all of which are likely to include implant dentistry skills.

## Does it matter?

Well, yes, we believe it does – on a personal level, a patient level, a professional level, and a societal level.

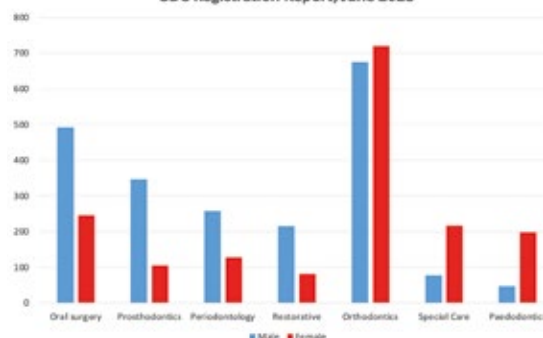
On a personal level, we want to ensure that the bright young women who are clearly capable of the academic and clinical challenge of undergraduate dental training are then supported to fulfil their full professional potential within their working career.

On a professional level, we want to see a true cross-section of speakers, leaders and role models to encourage and inspire the next generation, and we want the profession to benefit from full involvement of this talent.

On a patient level, we need to ensure that all dentists have an adequate knowledge of implant dentistry so that they feel confident to refer their patients for implant treatment and then have the skills to maintain them in the longer term, and to allow progression to further training to be able to offer implant restorative or surgical treatment themselves, if they wish to do so.

Furthermore, within society and within our wider profession, there is an increasing awareness of equality and diversity, and the importance of

Figure 1: Specialty by Gender in the UK GDC Registration Report, June 2021



inclusivity. In May of this year, the Diversity in Dentistry Action Group (DDAG) published a document titled: *Equality diversity and inclusion within dentistry*<sup>2</sup>. DDAG is strongly supported by many of our key national dental organisations, including the BDA and the GDC and this document is a landmark step towards improving overall diversity. DDAG's mission statement is 'to promote a collaborative approach to shape a dental profession which respects, values and lives by the principles of equality, diversity and inclusion'. Women are part of the equality and diversity.

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## So, WIN ITI UK and Ireland is working to make a difference...

### Who are we?

We are a committee of three women, each involved in implant dentistry from a different speciality perspective. Our Chair is Nicola Cross, Specialist in Oral Surgery, and is supported by Narinder Dhadwal, Specialist in Periodontology and myself, Adela Laverick, a Specialist Prosthodontist working in practice in Perthshire.

As a committee we work in conjunction with both the Women's Implantology Network (WIN) and the International Team for Implantology (ITI) to engage, inspire and support female dental professionals within implant dentistry. As such, we are working to raise awareness of both organisations.

### The Women's Implantology Network (WIN)

WIN was first established in 2016 and is led by a global core team of female dental professionals, all of whom are accomplished implant clinicians in their own countries. Together, with support of an administration team in Basel, Switzerland, WIN global is working to increase the engagement of women in implant dentistry at all levels; from being confident talking to patients about implant treatment, to taking on further training themselves. WIN also aims to raise the profiles of women working within this field and to empower them to follow their ambitions and advance into leadership roles, so to make them more visible.

WIN now has more than 4,000 members from 136 different countries. Within the member countries we see a recurring pattern: despite high numbers of women qualifying as dentists, relatively few are taking on the challenges of a career in implant dentistry.

Membership of WIN is entirely free and gives you immediate access to this ever-growing global supportive network. Members receive a bi-monthly digital newsletter packed with interesting, relevant news items and educational content.

A key benefit is that WIN members get access to the 'WIN Classroom' within the ITI.net. The classroom provides easily accessible links to topic-based learning material selected from the wider ITI Academy. For non-ITI members the WIN classroom provides an insight into what a comprehensive and extensive educational resource the ITI Academy is.



### The International Team for Implantology (ITI)

The ITI, established in 1980, is the largest international academic organisation in implant dentistry. It aims to promote and disseminate knowledge of implant dentistry and related fields via both online and in-person educational activities. A key benefit of ITI membership is the local study club structure, which brings together like-minded clinicians for networking and learning opportunities in their local area. This strong and supportive local network benefits all members but will be especially nurturing for dentists that are new to the discipline, as it offers possibilities to talk through cases or problems with more experienced clinicians.

### What are the barriers?

As a group we have carried out our own research including looking at relevant studies, carrying out personal interviews and a closed Facebook page. It is clear that this is a complex, multi-factorial problem and it will inevitably take time to begin to make a difference.

It is a generalisation, but one that is commonly accepted that women are more risk averse. Implant dentistry is considered to be relatively high-risk treatment and therefore women are less likely to take on the challenge. However, we can turn this into a strength and redefine it as being 'risk aware', rather than 'risk averse'. A risk aware dentist will take care to plan and execute treatments to minimise the risks to the patient and maximise the benefits - a clear

advantage when providing potentially complex treatments.

Another common theme is the work-life balance. Inevitably, many women will be the main care providers for their families and often these demands will require flexibility in their work. As a profession, dentistry is an incredibly flexible career that does allow women to work part-time at a high level. In my experience, providing implant treatment in a specialist setting has allowed me to work part-time at a high level of interest, engagement, and financial reward. It is true that the training was at times more demanding of my time and energy, but the rewards are worth the earlier investment of that time and energy.

Another potential difficulty for all dentists is the lack of a set training pathway. The discipline of implant dentistry is a relatively young one when compared with more traditional specialities such as Orthodontics and Prosthodontics, and it is not a GDC-recognised speciality subject. This makes it more difficult for our young graduates to plan their training because there is not a well-defined path. Being a member of a national organisation such as the ITI can provide invaluable support, advice, and reputable training courses to set an interested dentist on the right path.

### The challenge of being inclusive

WIN and the ITI embrace mutual collaboration across specialities, age, gender, and culture. As such, we encourage male colleagues to also join WIN to help and support us make a

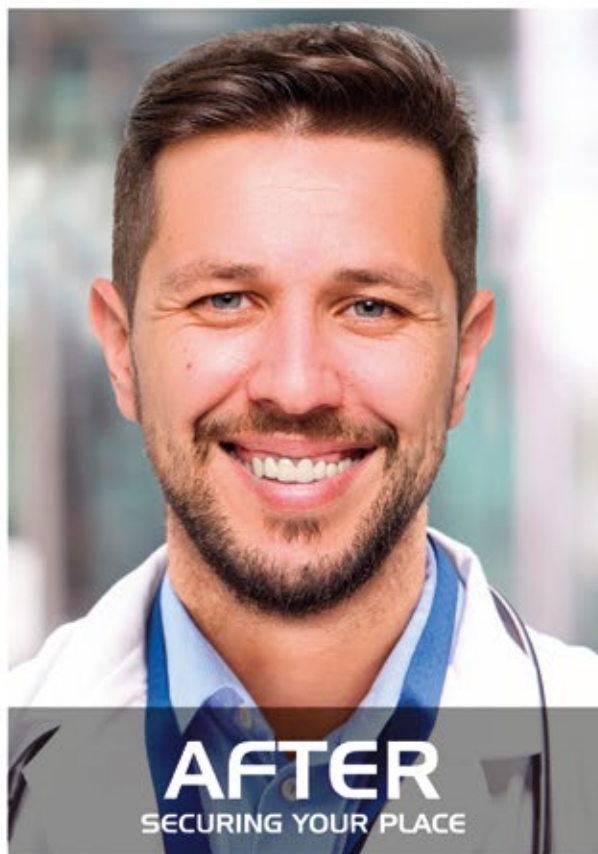
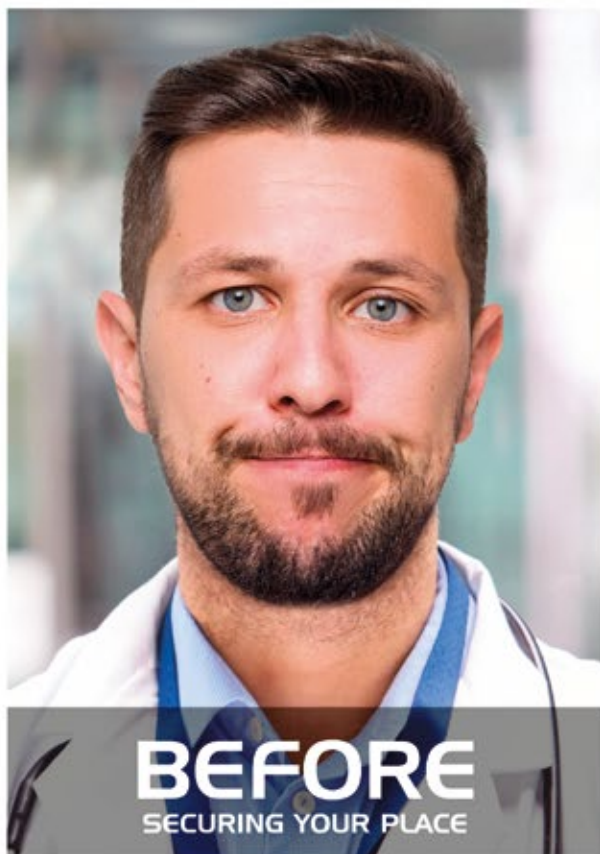


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change. It is very important that we work with, and alongside our male colleagues to support and empower the female talent to become more visible.

Personally, I also hope that by raising the profile of implant dentistry itself as an interesting and rewarding career option, and by providing a welcoming and supportive network for interested clinicians, that as a group we might help to contribute to overall diversity and equality within our profession.

### Future events

To help our group become more visible we have planned a great programme of four online webinar events. It's a progressive programme, taking participants from the planning stage of implant treatment through to the execution, and then maintenance stages. For each of these events, we have collaborated with the WIN global core team to showcase a talented female speaker; this also helps to raise the profile of female speakers.

Our next event is on 16 September, 7-9pm, and will focus on restorative aspects of implant treatment: 'Implant prosthodontics: critical factors for success' with WIN global leader Anja Zembic from Switzerland.

The final event in this year's series is on 25 November, 7-9pm 'A focus on establishing and maintaining peri-implant health', featuring WIN global leader France Lambert, and UK specialist in periodontics, Ana Gamboa.

Registration for these events is via ITI.org and is free for WIN and ITI members. Non-ITI members



## TO HELP OUR GROUP BECOME MORE VISIBLE, WE HAVE PLANNED A GREAT PROGRAMME OF FOUR WEBINAR EVENTS\*

are welcome to attend up to two ITI events as a complimentary introduction to the ITI.

In addition we are very excited to be hosting a breakfast WIN ITI networking event at the forthcoming ITI UK and Ireland Congress, 'Future Proof', planned for 1 and 2 October, in-person, in Edinburgh. Please do join us for breakfast at 7.45am on Friday 1 October. It's an opportunity for a social start to the congress, to network and meet with like-minded colleagues and learn more about WIN ITI UK and Ireland. We will be joined by guest speaker Nadine Montgomery, who will share the personal story behind the change in dental and medical consent. Register for the congress and the breakfast at [events.iti.org](https://events.iti.org).

Step by step, we hope to become more visible and to gradually strengthen the network.

### How can you become engaged?

WIN welcomes new members – whatever your current level of engagement in implant dentistry. Please consider joining – it's free and easily accessible via the QR code

Please do join us for our webinar events in September and

November, and if you are coming to the Edinburgh ITI congress in October, then please register for the networking breakfast event.

We would welcome contact from all interested parties: whether you are starting out or more experienced and feel you might be able to support our initiative.

*Together, we are stronger!*

*Inspire. Engage. Be part of the change – WIN ITI UK and Ireland Section*

*Dr Adela Laverick is a Perthshire-based Specialist Prosthodontist (Contact Adela at: [info@blackhillsclinic.com](mailto:info@blackhillsclinic.com)).*

### REFERENCES

<sup>1</sup>GDC Registration Statistical Report 2019

<sup>2</sup>Equality Diversity and Inclusion within Dentistry. A profession wide commitment. May 2021.



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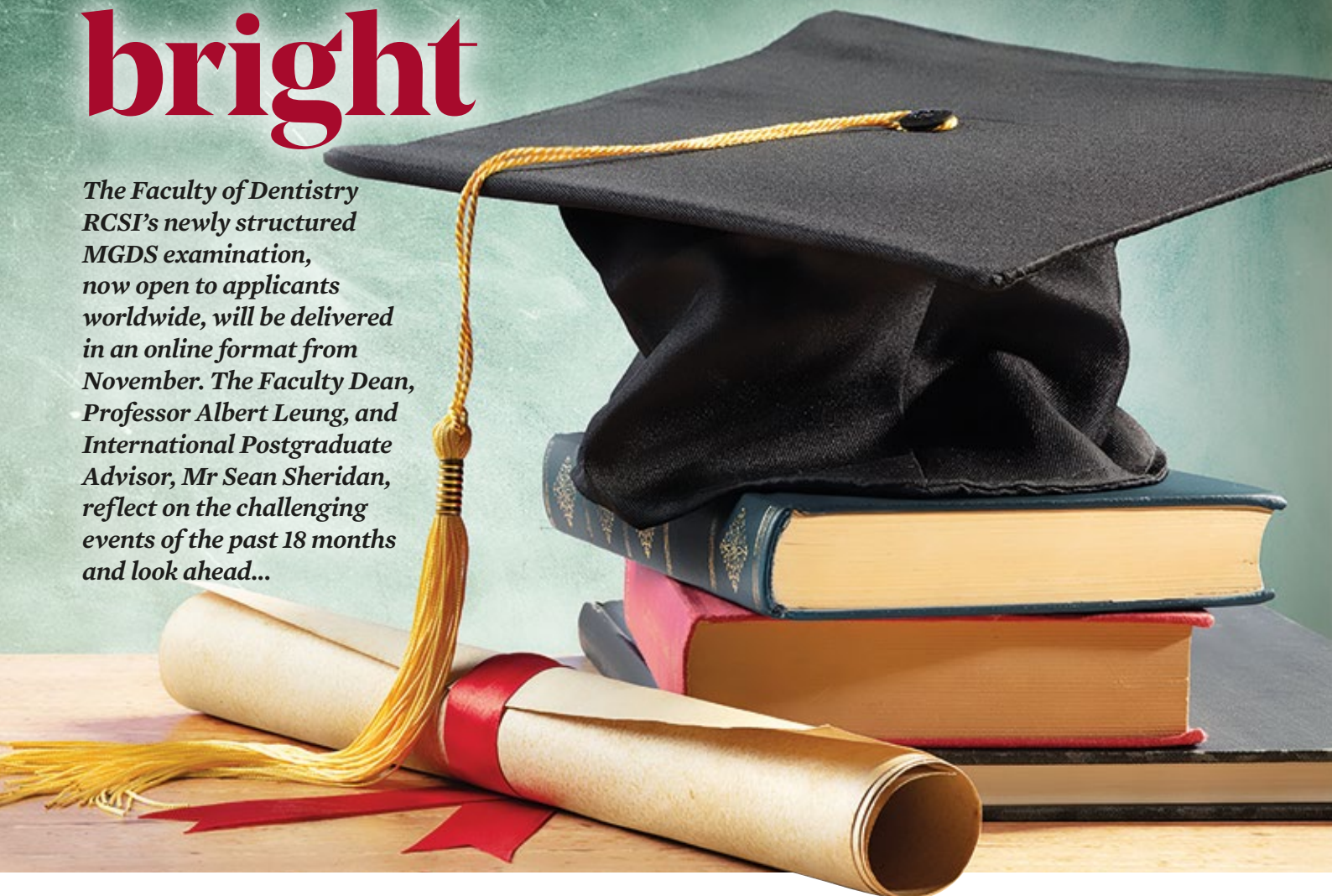
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# The future's bright

*The Faculty of Dentistry RCSI's newly structured MGDS examination, now open to applicants worldwide, will be delivered in an online format from November. The Faculty Dean, Professor Albert Leung, and International Postgraduate Advisor, Mr Sean Sheridan, reflect on the challenging events of the past 18 months and look ahead...*



## **How has the pandemic affected practice and education and what's your sense on the future of both?**

**Professor Albert Leung:** The COVID-19 pandemic has affected both the practice of dentistry and dental education in a permanent and indelible manner. As Dean of the Faculty of Dentistry RCSI and Professor of Dental Education at UCL Eastman Dental Institute, I feel that I have had much exposure and experience with both of these aspects in a unique manner, which I would really like to share with you.

In a sense, COVID-19 was a rude wake-up call for many longstanding clinical and pedagogic practices, and that the status quo would no longer be an option. I mean it in the nicest possible way, that the pandemic forced us into swiftly thinking long and hard about some fundamental beliefs which overnight became completely out of sync, irrelevant, and even unsafe and unsound. The change in outlook to these concepts in clinical practice has been one of the key features that COVID-19 has had in changing the clinical practice of dentistry. Who would have thought about the routine use of Test-fitted FFP3 masks, goggles and gowns for the dental

professionals, N95 masks for the patients, routine hand-washes for everyone, reinforced infection prevention and control measures, the new protocols on aerosol generation procedures (AGPs), social distancing, the obliteration of open-plan surgeries, the accelerated departure from using air turbines, the huge reduction of patient throughput, and many more examples?

In terms of dental education, the rapid move from face-to-face teaching to an exclusively online, or hybrid, mode has been staggering. The concept of asynchronous learning, bespoke curriculum being delivered to everyone's home, and a vast reduction in clinical activities, would have been unimaginable. With comprehensive treatment plans going out of the window, active prevention and conservative management and maintenance of the patient's oral health becoming the mainstay of treatment modality, we would have been completely taken by surprise. With so many students (and even teachers) facing extenuating circumstances and, perhaps more acutely, the inability to pay for their own continuing professional development, the changes have been seismic to say the least.

Modified curricula, inverted approaches, flexible and honed-in deliveries of education, including some close support clinical skills acquisition, have certainly caught on very rapidly. The motto "the survival of the fittest" certainly comes to mind. As far as the Faculty of Dentistry of the Royal College of Surgeons in Ireland is concerned, we swiftly and successfully moved our default learning platform on-line within two weeks of the first lockdown. We reinforced the education content being offered, online, to our 3,000 fellows, members, diplomats and affiliates to support their continual learning and career development, in this unique manner. We linked this content to our proctored, standard set online examinations to allow colleagues both in Ireland and abroad, both in primary care practices and beyond, the opportunity to collaboratively continue to develop their skills, knowledge and acumen.

This has gone down very well with our colleagues all round the globe, and this bespoke hybrid mode of delivery of education, plus our robust but fair and flexible online assessments along a career pathway both for dentist in primary care and in higher training, will, I think, be a norm for us moving on as we



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gradually exit the pandemic. The future is bright in my opinion, because I think we have been able to refocus and reinvigorate as a profession. This is where the MGDS RCSI comes into play; as it is about a bespoke examination organised by RCSI to raise standards in primary care practices; arguably, the environment where up to 90 per cent of dentists practice in. As we know, all the RCSI qualifications are 100 per cent compatible in the EU and, as part of the National University of Ireland (NUI), RCSI qualifications are completely quality assured. Please come and join us.

**Mr Sean Sheridan:** The effect on education, not only for dentistry, was a real wake-up call for survival, requiring new initiatives. The internet was the answer, with all fields of education becoming involved with various forms of online learning, as face-to-face contact was restricted and in many cases no longer available. We in the Faculty of Dentistry Royal College of Surgeons in Ireland were very quick to embrace this technology, firstly by modifying most of our examinations to an online format. This now allows candidates to complete the examinations from their own home/office/country. In addition, our usual examination preparatory courses were similarly modified to be screened online. For the future, I believe this format of education will continue – however, we as educators look forward to a return to face-to-face, or at least a hybrid version allowing both on-line and face-to-face teaching. Certain aspects of clinical and technical dentistry do require a hands-on approach.

### Tell us about your own experience of the MGDS exam.

**Albert:** I was indeed an MGDS candidate 25 years ago and doesn't time fly?! At the time, I found the MGDS RCSI examination onerous and demanding. The four advanced and comprehensive patient cases from one's own practice, to be presented at the highest order, were tough and so was the practice inspection and the general viva voce that followed. I was so happy and relieved that I passed.

The MGDS was the key for me at the time to secure a part-time lecturer position at the dental school, allowing me to combine primary care dental practice, teaching clinical dentistry, to train and study further whilst in practice. The MGDS RCSI opened the first gate for me. Little did I know at the time, that progressing my career 25 years from that point, that I would be the proud Dean of the Faculty of Dentistry at RCSI. I would thoroughly recommend the MGDS to everyone. I was involved in the running of the



MGDS examinations from 2004, until I became Vice Dean in 2017. It was very much a team effort led in particular by the inspiring Sean Sheridan, the brilliant Dr Mary Keating and the wonderful Dr Peter Cowan. Dr Keating also established an MGDS study group in Ireland. The MGDS in Kuwait, in particular, had been a special three-year full-time training programme for many years, producing some extraordinary advanced and competent local practitioners, thanks to the close support mentoring programme the Faculty delivered under Mr Sheridan and Dr Keating. The format for the MGDS which you are looking at in 2021 has been changed and is very much in line with the development of modern dental education, for colleagues in Ireland in particular but for elsewhere – home and abroad – as well, and these changes will be discussed later on in this article.

**Sean:** I have been involved in the running of the MGDS examination for more than 20 years. It was always very much a team effort with major contributions from many other colleagues (too numerous to mention) who assisted often requiring not only travel in Ireland but also the UK, Germany and Middle East mostly Kuwait (special three-year MGDS training programme). I must acknowledge the extraordinary assistance of Dr Peter Cowan and Dr Mary Keating during those latter years, particularly in Kuwait. Dr Keating was instrumental in establishing an MGDS Study Group here in the College, which ran for many years.

### What was your input into the restructuring of the MGDS exam and what are its key features?

**Albert:** The restructuring of the MGDS has been a real team effort, from Mr Sheridan,

Gerry Kearns, Professor Lynch and myself as Dean. The main objectives of the restructuring were to make the MGDS examination relevant to the contemporary day-to-day primary care clinical practice environment, not only here in Ireland but across the globe as well.

The key feature now is that the new MGDS is a knowledge-based online examination, assessing the same features which candidates would have been presenting from their patient treatment cases in the old format.

**Sean:** The restructuring process was very much a team effort involving many experienced MGDS Examiners, along with the current Chair of the Education Committee Gerry Kearns and the Dean, Prof Albert Leung. The main aim was to make the examination fit for purpose and more relevant to the modern dental general practice environment.

### How has the Faculty fared and what are the things you are most looking forward to?

**Albert:** Thanks to the fantastic teamwork from Faculty colleagues and from our brilliant operational and administrative staff, the Faculty has managed to adapt very well in facing the unprecedented challenges arising from the pandemic. Many of the features which we have developed, such as the dedicated learning hub, examinations preparatory programmes, the reform of the MGDS, the online examinations and learning opportunities we offer, are going to continue to feature heavily for the future. The future is bright, so please come and join us!

### What has international engagement with the new approach been like?

**Sean:** The new format allows eligible candidates to challenge the examination online from any part of the world. The first diet of the new format will take place in November 2021. There are 48 registered for the examination, with more than half from overseas.



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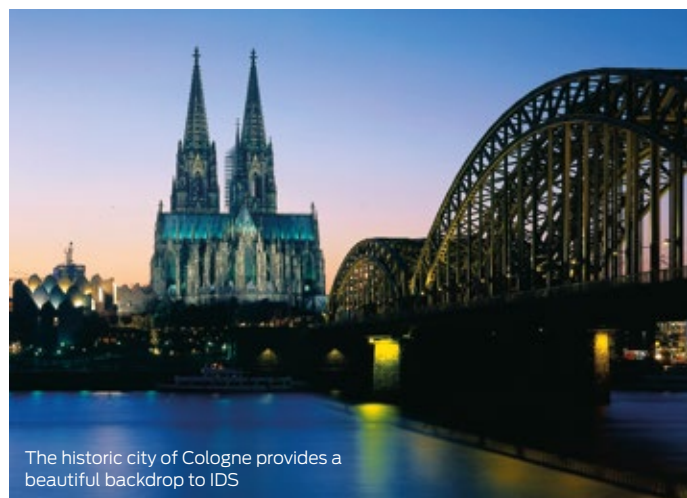
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The #B-SAFE4business initiative has created the conditions for a great and safe trade fair experience



The historic city of Cologne provides a beautiful backdrop to IDS

# So good to see you...

*IDS opens its doors for the 39th time on 22 September, providing the international dental community one of its first opportunities to meet in-person post-pandemic*

**A**round 830 companies from 56 countries will be present in Cologne this September for the International Dental Show, the leading international trade fair for dentistry and dental technology. Organisers say that the global trade fair will combine the strengths of a physical event with “trailblazing digital features” in the form of ‘IDSCConnect’. They add that this hybrid approach will enable dental professionals to discover companies and products, and connect with potential partners, via a series of innovative channels.

The managers of Koelnmesse say they have created the conditions for a great and safe trade fair experience with their initiative, #B-SAFE4business. Last month, *Ireland’s Dental* caught up with Mark Stephen Pace, chairman of the board of the Association of the German Dental Industry (VDDI), and Oliver Frese, chief operating officer of Koelnmesse, to ask them about the show, their experience of the pandemic, and what exhibitors and delegates could look forward to this year.

**Can you give us a bit of background on IDS – how it got started and the story of its growth to where it is today?**

**Mark Stephen Pace:** The history of the IDS is closely linked to the history of our dental industry in

Germany. The Association of German Dental Manufacturers e.V. (VDDI) was founded 105 years ago, in Berlin. The aim was to find new markets and sales opportunities for dental products in the extremely difficult geopolitical and economic times of the First World War. The vision of organising a dental show was clear from the very start – the aim was to jointly present the products of the manufacturers to the trade audience for their appraisal.

Six years after the establishment of the association, it succeeded in staging the first dental show in 1923 in the middle of the year of hyperinflation in Germany. Our industry invited foreign manufacturers to exhibit at the dental show at an early stage, so that the dental show in 1928 was the first show with international participation. What began 98 years ago on 350 square metres with around 30 exhibitors developed over time into the largest dental trade fair in the world. Over the course of time, the national trade show has become the international trade fair of the worldwide dental industry, meeting up in Cologne every two years to compare its accomplishments, innovations, and product developments.

**Can you describe your experience of the pandemic and how the organisations operated during the lockdown?**

**Oliver Frese:** The COVID pandemic has completely turned our lives and

## WORDS WILL PEAKIN

the world we knew up until now upside down. In our private lives, we were no doubt confronted with the same challenges as millions of other people. As far as professional life is concerned, the Covid crisis has changed the trade fair landscape long-term and in a sustainable manner. Here at Koelnmesse we particularly worked intensively on two themes from the very first day – digitalisation and the re-start.

I am convinced that the development of digital trade fair formats can no longer be reversed. The Covid crisis has merely accelerated the digital transformation of the trade fair scene, which was already clear beforehand. In future, we will move between both worlds in a hybrid fashion. Whereas the main focus of the interdisciplinary knowledge exchange and information transfer (content) will be digitally oriented, the personal experience and the face-to-face exchange, i.e., the basic foundation for sustainable business, remains to be the great benefit of the on-site trade fair. Experiencing the products in haptic form is indispensable, especially for a trade fair like IDS. There will be a flowing transition of the networking between the two elements, definitely in-person on-site, but also via the Web.

This is why we are combining the great strengths of a physical trade fair with trailblazing digital features in the form of IDSCConnect. Our hybrid approach enables visitors from all over the globe, who are not able to travel to Cologne this year, to discover attractive trade fair presences and products and connect with contact partners via innovative channels. Parallel to this, we have developed the extensive hygiene and safety concept, #B-Safe4Business, which enables the conduction of trade fairs under observance of all conceivable regulations and requirements. This is helping us now with a view to the pending IDS 2021 and is at the same time the ‘blueprint’ for the future.



Mark Stephen Pace



Oliver Frese



# To treat, or not to treat, that is the question

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# Creating a new academic field

*Dr Michael Berthaume, LSBU's Deputy Head of Mechanical Engineering and Design, on the genesis of anthroengineering and its potential application to dentistry*



## What was the spur for beginning work on defining this new academic field?

As an undergraduate at the University of Massachusetts, Amherst, I was interested in both engineering and anthropology. Being in the US, I had the ability to study them both at the same time. But when people asked me what I was going to do with my education, I had no idea as I could find no one else who combined the two fields!

Luckily, I discovered an engineering professor - Professor Ian Grosse - at my university who had a grant with anthropologists to use mechanical models to study human evolution. I began working with him as an undergraduate, ultimately getting my PhD with him.

Over the course of my post-doctoral training, I met many others who combine anthropology and engineering in their work, many in some quite unique ways, and we all had the same story; we were interested in the two fields but, being unable to find others who were, lacked guidance on how we could have a career that combined the two.

We also found it difficult to do research, that is obtain funding and publish our results, as we often weren't "anthropology enough" for the anthropologists or "engineering enough" for the engineers. As such, we were forced to work twice as hard and never really fit in anywhere. We all wished we had known about each

other sooner, so that we could have learned from and with each other instead of having figure out how to combine the two fields successfully all on our own. So, the biggest inspiration was to give those people an identity - i.e., "I am an anthroengineer" - and provide a space for those people to belong ... that is, now, London South Bank University!

## Can you describe the process?

That's a very good question! When I tell people it is my career goal to create the field of anthroengineering, I always follow it up by saying I feel like I am saying I want to be an astronaut! We all know they exist, but very few of us know the process of how to become one.

Over the last five years, I have talked to a lot of people about what this process might entail, and we all agree on a few things. For one, there must be a literature, and that's what the special issue in the *Royal Society Journal*<sup>1</sup> has attempted to accomplish; to start the literature of anthroengineering. There also must be a place where people can be educated

in the field, and that is what we are starting to do at LSBU. Currently, I am working to create a masters' course in anthroengineering where people can come and gain training.

There also must be jobs for people to move into after they are trained, and I have started conversations with some companies about what this might look like. Finally, there needs to be a division, department, or school dedicated to it; a Division of Anthroengineering, if you will. I'm working on that.

## Why did you choose to include dentistry as an area in which anthroengineering could be applied?

Interestingly, I have been studying dental biomechanics since I began research back in 2009. My very first project was to investigate the relationship between tooth shape and biomechanical function in a few species of extinct hominins. That led to my dissertation, and several studies since then where I have been continuing this line of work, investigating the relationship between complex tooth shapes - like molars - and function.



**IMAGINE DENTURES WITH LION-LIKE CARNASSIAL MOLARS TO HELP YOU CUT THROUGH YOUR STEAK!"**

“

## LIONS HAVE SHARP, BLADE-LIKE CARNASSIAL MOLARS WHICH ARE GOOD AT CUTTING MUSCLE AND TENDONS

**Announcing the new field, you said: “Current dental models fail to relate tooth shape and how food breaks down during chewing.” Can you explain?**

It's what I've been looking at for the last 12 years! People often make sweeping statements like “sharper teeth require less force or energy to break down foods.” This is certainly true for simple teeth, like canines or incisors, where there is only one cusp or one blade interacting with the food item per tooth.

But in molars, there are many cusps contacting the food item per tooth at the same time. This means the forces and energy being transferred from the tooth to the food item are not being transferred at a single point or along a single line, but over a set of points. When this multi-cusp-tooth-food interaction occurs, those fundamental principles begin to break down.

**And you added: “This means that dentures and implants do not function as well as they could.”**

I have not carried out research into this area myself, but quite a few studies have shown that, the fewer teeth you have, the lower your quality of life<sup>2</sup>. Similarly, the biomechanical point of mastication is to break food into smaller pieces. This creates a higher surface-area-to-volume ratio for the food particles, which gives the bacteria in the gut more surface area to act on.

As a result, more nutrients and calories are extracted from smaller food particles - although, there is a threshold under which all particles are “small enough” to be fully digested, and some foods, like jelly, will naturally break down in the stomach. In general, this rule of thumb is more applicable to unprocessed, “natural” foods like salads, whole fruits, and steak.

**In what ways do you think an analysis of how teeth have evolved in humans might lead to new discoveries?**

In many mammals, there is a close relationship between tooth shape, size, and function. For example, the molars of horses are covered in these sharp

ridges which do an excellent job of cutting hay, and lions have these sharp, blade-like carnassial molars which are really good at cutting muscle and tendons.

Our molars, for example, are much smaller than you would expect for a mammal of our size. They also have extremely thick enamel which has woven prisms – presumably these are adaptations for resisting a bite force that is relatively high given the size of our molars.

By having a better understanding of what selective and non-selective evolutionary forces have shaped our teeth, we can get a better understanding of what they were “designed” to do and what we must do to better maintain them now.

For example, our thick enamel and soft, compliant diets mean we wear our teeth much slower nowadays compared to our ancestors. Some have hypothesized having high crowned cusps is the reason abfractions are so common nowadays, and we actually need to be wearing our teeth quicker.

We could also redesign denture crowns so, instead of looking like the teeth they are replacing, they are shaped like a horse's, for example, so they are better at cutting relatively flat food. Could you imagine sitting down to a meal and popping in a pair of dentures with human incisors but lion-like carnassial molars to help you cut your steak!

**How do you see anthroengineering being applied to dentistry?**

There are a few dental projects I would love to see get off the ground. One would be to apply what we know about tooth shape and food item breakdown towards the redesign of denture and dental crowns so that people can continue to eat the foods they like, as they lose their teeth.

Another would be to take what we know about the relationship between enamel microstructure and how teeth wear and applying that to false teeth so that they wear in a manner which maintains dental function.

Finally, I think we can translate a lot of what we know about tooth roots and their variation in size and shape, and how they are connected to the bone to improve the ways which we anchor implants to our jaws.

Of course, my list is tailored towards teeth - given my research - but there is also a lot we can use from anthroengineering to take what we know about how primates chew, for example, to improve masticatory kinematics - jaw movements - and kinetics - muscle activation patterns.

**Have dental professionals had an input into your work?**

I have talked with a few and we agree there is lots of potential for future work, but unfortunately have not collaborated yet. Mostly, the dental work I have done in the past has been with other anthropologists, biologists, and engineers but I would love to work with dental professionals in a research context. Please get in touch! You can email me on: [berthaume@lsbu.ac.uk](mailto:berthaume@lsbu.ac.uk)

<sup>1</sup> <https://royalsocietypublishing.org/toc/rsfs/2021/11/5>

<sup>2</sup> <https://journals.sagepub.com/doi/full/10.1177/0022034516657992>



A lion's carnassial teeth



Dr Michael Berthaume



# SERVING OR SELLING?

*A rising tide may float boats, but it is only the ones that are seaworthy and with a good crew that can take advantage*

[ WORDS: ALUN K REES ]

**WHEN I SIT DOWN TO WRITE THESE** pieces, I gather together thoughts, notes and links that have stimulated me over the preceding couple of months and I hope will be of interest to the reader. I am aware that it is impossible to please, inform or entertain all of the people all of the time; but I'm happy enough if I stimulate you to say, "that man talks rubbish, and this is why". In that manner I have, at least, provoked a reaction and made you think.

The doyen of private practice conversions, Colin Hall Dexter, introduced me to the concept of trinket dentistry some 30 odd years ago. In his weekend of deep immersion Colin shared his journey from a 99 per cent NHS practice in Tooting, South London to his enviable place in 20, Harley Street, London W1. In those days dentists doing some private work would try to "sell" an item, usually a crown or denture, privately to their mostly NHS patients. Colin soon realised that this was the dental equivalent of selling trinkets, and unless you provided comprehensive care at the same high standard, you were merely dabbling.

A conversation with a new client this week brought Colin's words back to me. This particular client does not provide any orthodontic treatment, but does undertake advanced restorative work. When the practice received a call from a patient saying they "needed alignment and composite bonding", they said that they didn't undertake "alignment" work and suggested they try elsewhere.

Before you tut and shake your head about them not being involved in the current adult orthodontic alignment "bonanza", let me examine this from a slightly different point of view and how, I hope, they will deal with it in future. First, let's look at the difference between transactional patients and relationship patients. Transactional patients are mostly, if not always, interested in price, they will tend to shop around, usually for the best deal or the most convenient practice. They are not loyal and will move on whenever they think they can get something better.

The more effusive the patient in

“

**EVERY TEAM MEMBER SHOULD BE ABLE TO LISTEN, TO TAKE A HISTORY, TO KNOW WHAT QUESTIONS TO ASK AND TO RESPOND ACCORDINGLY”**

their initial praise, the more wary you should become.

Unfortunately, there is much in modern marketing that encourages otherwise neutral patients to become transactional in character as we seek to sell them "things", in the manner of Colin's trinkets, as opposed to a service. Relationship patients are quite the opposite, they are the rocks on whom you build a business, they come to trust you, accept your advice, and send their friends and family. The joyful irony is that they become easier to persuade of the value of treatment because trust has been established before everything else.

This does not mean to say that someone who calls and says they "need" a particular treatment can automatically be labelled as a transactional patient, but in the busy, telephone heavy, day of a front desk person it can often feel easier to just say no when asked a specific question about treatment. My advice to the client was to seek the context in the call and to try to discover exactly what had made them call you, and why they picked up the phone now.

I suggested that instead of saying, "we don't do alignment", a question could have been, "what is it about alignment and bonding that interests you?" From there the conversation might go in a number of

different ways. It could be that they had a quote for treatment and were ringing around for the best deal, in that case perhaps you may well be better off letting them go as they clearly presume that all named treatments are the same and only the price changes.

But it could be the case that they have concerns about their appearance and are embarrassed by their smile; perhaps they had read about "alignment and bonding" or had known someone who had the treatment. In that case, you might say that alignment isn't always the best way to treat things and would they like to talk to someone about their concerns.

By showing that you are interested, you show you care and want to serve them. Yes, a conversation takes time but it does not have to be done there and then, nor must it be done by the front of house team. By saying "no" without knowing and understanding what you are saying "no" to, you miss opportunities. Every team member should be able to listen, to take a history, to know what questions to ask and to respond accordingly.

The increase in promotion of some types of treatment should be a stimulus of interest of help to all dentists. While John F Kennedy once said a rising tide floats all boats, it is only the ones that are prepared, seaworthy and with a good crew that can take advantage.

Alun K Rees BDS is The Dental Business Coach. An experienced dental practice owner who changed career, he now works as a coach, consultant, trouble-shooter, analyst, speaker, writer and broadcaster. He brings the wisdom gained from his and others' successes to help his clients achieve the rewards their work and dedication deserve.

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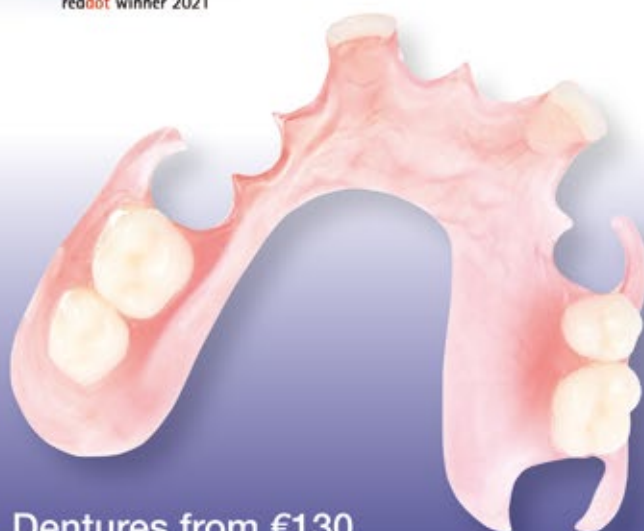
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# CASE STUDY: THE MERZ APPROACH WITH BELOTERO® REVIVE

## BY JULIE REDMOND

Julie Redmond RGN. NIP shares why she is so excited about using Merz Aesthetics' new product BELOTERO® Revive, to revitalise, restore, regain life, and strengthen patients' skin, especially after the year we have just had.



### NO FILTER. JUST YOU

Skin surface and pigmentation strongly impact perceived facial attractiveness, and even small changes of 25% drive differential perception. I really believe this; we do not need significant changes to see people in a different light. We need subtle, smooth changes that occur continuously over time. So when you hear people saying, "She looks great, what has she had done?" That is what I want to hear.

When BELOTERO® Revive first hit the UK, I was extremely excited as I needed a product like this in my clinic. How many patients say to you, "I look tired", I am sure it is nearly every second one. That is why BELOTERO® Revive will be great for your clinic; who doesn't want 37.5mg/ml of hydration in their skin?

BELOTERO® Revive is a revitaliser or skin booster. It has 20mg/ml of HA, and 17.5mg/ml of glycerol in a 1ml syringe indicated for early-onset photodamage.

### ASSESSMENT/PATIENT BACKGROUND

A 60-year-old female patient presented with uneven skin texture. She said she felt like she looked very tired. She is

the ex-wife of a famous rock star and was a Top of the Pop's dancer and model in the 80s. She has a Fitzpatrick III-IV skin type and is originally from Cyprus. She has great volume still and is a very beautiful lady, however, her concerns were roughness of skin texture, tiredness, loss of skin glow, loss of firmness and pigmentation.

She wanted to improve this without gaining too much volume; she is conscious a lot of her girlfriends have gone overboard with aesthetic medical treatments and therefore wanted a subtle look.

BELOTERO® Revive is suitable for all patients with signs of photodamaged facial skin. The unique combination of Cohesive Polydensified HA and glycerol would revitalise her skin and give her the outcome she desired.

As we know, photodamage is defined as the change in structure, appearance, and function of the skin after ongoing exposure to harmful light rays with advancing age. Exposure can start in the first decade without visible signs on the skin. As the exposure continues, early

signs such as tanning, freckles and sunspots emerge. Other symptoms of photodamage include fine wrinkles (<1mm in depth), coarse wrinkles (>1mm in depth), skin laxity, dryness, sallowness, rough texture, patchy and uneven pigmentation, and dilated blood vessels.

Microscopically these changes are seen by atypical skin cells, skin thinning and atrophy, degeneration of elastic tissue, loss of collagen and increased melanin in the skin. BELOTERO® Revive is an ideal choice for anyone showing these signs or for patients who want to improve their skin's appearance without drastic volume changes. BELOTERO® Revive is a perfect early intervention that offers a natural-looking, enhanced skin look.

### FIRST TREATMENT/TECHNIQUE

With all my patients, I consent them, take photographs and prep their skin for treatment. Before the treatment, I informed her about the device and possible contraindications and side effects. I also applied some LMX cream around the perioral lines. She received 20 superficial-mid micropuncture injections of cohesive polydensified matrix HA filler (CPM-HA20G BELOTERO® Revive lidocaine free) in a grid pattern in the mid and lower face and around the periorbital region. I injected slowly using the



## Linear Thread Technique

27G or 30G needle (40mm)

Superficial to mid dermis.

Linear threading 0.05mls/ pass technique in star pattern for maximal reach from a single entry point.



## Bolus Technique

30G needle

Superficial to mid dermis.

Bolus technique 0.05mls per bolus using a grid pattern with even distribution of product in each square of the grid.

supplied needles. The quantity of gel to be injected depends on the area being treated and the correction you want to achieve.

Revive can be used with other BELOTERO® products in the same session. I gently massaged the treated areas after the injection to distribute the product uniformly. She found the treatment tolerable with no redness or bruising afterwards. Atrophic scars, photodamaged skin and fine lines are treated through one treatment session in the superficial part of the dermis. Improvement of the elasticity and firmness of the skin can be achieved with a treatment plan of three sessions of serial puncture injections in the mid deep dermis four weeks apart.

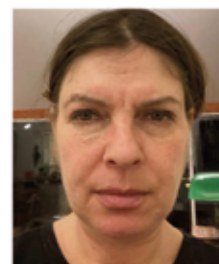
## BENEFITS OF GLYCEROL

The beneficial effects of glycerol on the skin have been recognised for more than 85 years. It is widely used for its moisturising and smoothing effects in different dermatological

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## SUMMARY

BELOTERO® Revive can be used in all ages for early intervention or in later years. It is excellent for skin revitalisation and is a well tolerated and effective treatment. In the BELOVE study, BELOTERO® Revive was shown to decrease skin roughness for up to seven months; increase skin firmness for up to six months and decrease skin redness for up to nine months. It also showed that 86% of patients rated themselves as having an improved aesthetics outcome at six months and 90% of patients would recommend the treatment to a friend.



BEFORE



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Increased skin firmness



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Adverse events should be reported. Reporting forms and information for United Kingdom can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard). Reporting forms and information for Republic of Ireland can be found at <https://www.hpra.ie/homepage/about-us/report-an-issue/mdiur>. Adverse events should also be reported to Merz Pharma UK Ltd by email to [UKdrugssafety@merz.com](mailto:UKdrugssafety@merz.com) or on +44 (0) 333 200 4143.

References: 1. Merz BELOVE Study, 2019. 2. Samson N et al. Journal Cosmetic Derm 2011. 3. Fink B et al., Int Journal Cosmetic Science 2018. 4. Hertz-Kleptow et al. Clinical, Cosmetic and Investigational Dermatology 2019;12 563-572. 5. Succi IB, Da Silva RT, Orofino-costa R. Rejuvenation of periorbital area: treatment with an injectable nonanimal non crosslinked glycerol added hyaluronic acid preparation. Dermatol Surg 2012;38 2 192-198

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- Improves skin hydration<sup>1</sup>
- Increases skin elasticity and firmness<sup>1</sup>
- Smooths skin texture<sup>1</sup>
- Reduces pigmentation<sup>2</sup>

1. Belotero Revive IFU  
2. BELOVE 2019 Facial skin revitalization with CPM-HA20G an effective and safe early intervention  
M-BEL-UKI-1215 Date of Preparation August 2021

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\* Average size surgery calculated at 5m x 5m using HA500 purifier.





# BUYING, SELLING?

Ensure you use specialist dental financial and legal professionals for every aspect, writes Louise Matkin

**T**he process of buying or selling a dental practice is a famously complicated one but it does not need to be so – if you use professional advisers. This is not the time to experiment and save on the advice as it may cost you much more in time and money in the long run.

Compliance, financial stress testing, tax planning, due diligence, profit and loss surveys, business plans, and finance applications are a few of the many processes that may be involved depending on if you are a buyer or a seller, and your circumstances.

The process involves many different parties and typically takes about six to nine months to complete.

The dental practice market is also unique, with its own set of rules and regulatory bodies, which both buyers and sellers must satisfy.

Given its complicated and specialist nature, buyers and sellers should ensure they use specialist advisers for finance, legal, accountancy and business advice.

## DENTAL PRACTICE BROKERS

A specialist dental practice broker is the experienced facilitator keeping all the parties moving towards the same goal.

Although they are instructed by the seller, they also offer advice



and assistance to the buyer to keep the process moving.

They can put the buyer in contact with dental financial advisers to help them access the best healthcare lenders, and identify those most likely to offer good lending terms to dental practice buyers at the time.

Dental practice brokers work closely with solicitors, accountants, and lenders to ensure the transaction proceeds in a timely manner. Their expertise has been built over many years and they facilitate the negotiation between the buyer and the seller.

## ACCOUNTANTS

Practice owners and prospective buyers should make sure they have a comprehensive conversation with their accountant even before a practice has been identified to buy.

The accountant can get an idea of the buyer's financial circumstances and use sector knowledge to advise them on the type of practice that is within their affordability.

Once the buyer has identified a practice, the accountant can help with producing budgets and forecasts, and perform a stress test – which projects a worst-case scenario and tests the strength of the business plan.

Apart from accountants, there are now companies that will act as a hired partner in

your business, helping the buyer set the business up in the right way ensuring the income, costs, team and goals are aligned. An example of a company like that is Spot On Business Planning, specialising in the dental sector.

Once the sale is agreed, and during the due diligence process, the accountant or financial advisor can check the financial due diligence aspects alongside the solicitor, and review the all-important sales and purchase agreement (SPA), which contains the financial details of the transaction.

In addition, the accountant will advise on any relevant tax matters, including any tax liabilities resulting out of the sale. This is particularly important should the individual need to decide about selling shares or assets and tax planning as part of the purchase.

## SOLICITORS

Buyers should engage Solicitors who are experienced in all the intricacies of the dental practice market and know what is required by third party bodies.

## WEALTH MANAGERS

A specialist wealth manager can advise on whether it's a good time to sell from a financial point of view, and what level of valuation the client should look to achieve.

A wealth manager analyses the

entire financial circumstances of the seller, including the practice property, loans and pensions.

They will advise the client on the best 'lifetime plan', which includes analysis of what the post-sale plans look like in order to achieve the desired lifestyle.

Wealth managers have an understanding, not only of the dental market, but also the entire financial market, and will advise on tax implications of the sale.

In essence, they work out how to make the seller's money work as hard as possible.

Louise Matkin is a Senior Transition Specialist at MediEstates



We recommend our customers use specialists because dental practice brokers, accountants, solicitors and wealth managers deal with dental practice sales every day, and the combined expertise can ensure the sale goes through in a timely manner and to everyone's benefit.

If you are interested in finding out more, please contact the MediEstates team on 087 718 7615, [info@mediestates.ie](mailto:info@mediestates.ie) or visit [www.mediestates.ie](http://www.mediestates.ie)

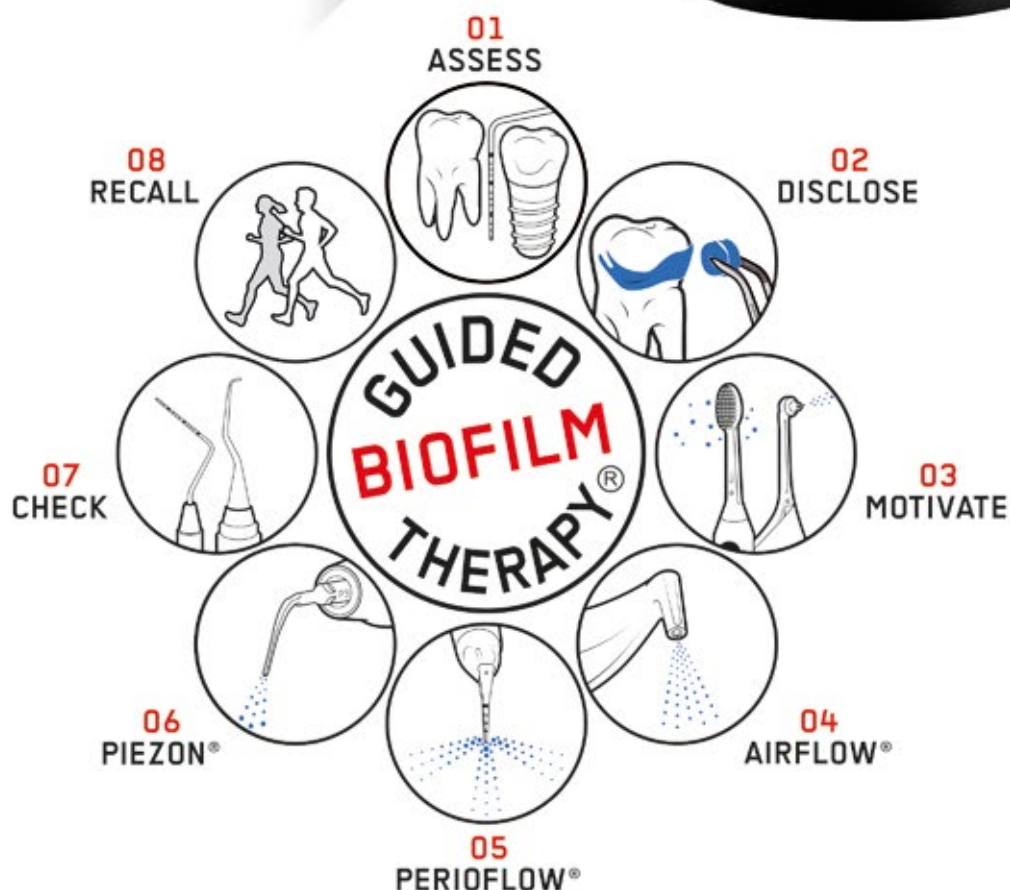


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# HELPING YOU FIND THE RIGHT JOB

Dental Jobs Online has been steadily working to try and improve dental recruitment in Ireland for nearly a full year. We took the time to catch up with their director, Dr James Parish, and asked him how it has all been going

## WHY DID YOU DECIDE TO LAUNCH A JOBS WEBSITE, BACK IN SEPTEMBER 2020?

This is a question I get asked a lot, but I'd have to say that it stems back to when I first tried to find a job in Ireland back in 2015. I graduated in dentistry in 2013, following which I moved to England and worked in good family practices in Bristol and Cheltenham. When I returned to Ireland in 2015, I was hoping to find a job in Dublin, but I found it very difficult to find one! I was well qualified and experienced at that stage and not being able to find a suitable job was frustrating. I felt that the recruitment situation (especially the visibility of vacancies) could be improved, especially for other dentists like me who had moved across the water and weren't sure where to look, or for dentists who didn't have contacts in Ireland and couldn't rely on word of mouth to help them find a suitable position. The idea for Dental Jobs Online was born, and after establishing my dental career in a fantastic practice I decided to use my spare time to try and improve dental recruitment in Ireland.

## HOW HAS THE WEBSITE BEEN DOING OVER THE PAST TWELVE MONTHS?

The website has been growing steadily over the past year, which is great for recruiters and dental professionals alike. The number of visitors using the site has really blown us away – we have more than 4,000 page views per month, from over 900 individual unique users, and all our jobs are posted on our Facebook and Instagram pages which have more

than 850 followers between them. We particularly hope that the high use of the site benefits practices who advertise with us, and ultimately leads to more dental professionals being offered great jobs.

## HOW DOES SOCIAL MEDIA HELP YOU REACH OUT TO DENTAL PROFESSIONALS?

Social media has been invaluable in helping us advertise jobs to dental professionals. Often there may be an ideal dental professional to fill a position, but too often they are settled in a current practice and may not even know the job is available if they don't keep up to date on recruitment websites. Our social media helps keep dental professionals in the loop by providing an easily accessible method for them to check vacancies. Often new vacancies will even be displayed in our news feed as they scroll as well as in their stories. This helps us maximise awareness of every job which is advertised with us to increase the number of potential applicants. We hope that this will lead to more, and higher quality applications for practices who advertise with us.

## HOW HAVE YOU MANAGED TO KEEP ADVERTISING COSTS LOW?

The past 18 months have been very difficult for dental practices, and we try to keep our costs low to ensure this isn't a factor in deciding where to advertise. Placing a standard advert with us costs €50, a boosted advert is €100, and a top-spec promoted advert is €150. We understand that

the costs of running a dental practice can be very high and wanted to make sure that paying for recruitment wasn't an added burden.

## HOW DOES YOUR WEBSITE FIT IN WITH OTHER ESTABLISHED RECRUITMENT WEBSITES?

We view our website as supplementary to existing Irish recruitment pathways. There have been other long established recruitment platforms which will always be used by recruiting practices. We view our platform as a service which can be used in addition to these to help maximise the visibility of each job advert, where we 'bring the information' to potentially interested dental professionals. Dental professionals who are looking for jobs can also register their details on our website where they will be visible to actively recruiting practices.

## HOW HAS YOUR SITE DEVELOPED OVER THE PAST YEAR?

Our site is continually changing as we constantly get feedback from our recruiting practices about what works for them and what needs to be improved. One key feature which we have introduced is that practices can select to also advertise on our sister site NI Dental Jobs ([www.dentaljobsonline.co.uk](http://www.dentaljobsonline.co.uk)), which is a similar website, but broadcasting job information to Northern Irish dental professionals. Recruiting in border practices has always been a challenge, so we hope this latest development will help them in particular, as well as other practices who are hoping to



attract the top talent from the whole of the island.

## WHERE DO YOU SEE YOURSELF GOING OVER THE NEXT YEAR?

Technology keeps advancing and we are hoping to keep up with the changes. We are aiming to bring in some new developments which we again hope will further help practices find the people they need, and help dental professionals find the right jobs.



**Dental Jobs  
Online.ie**



**Northern Ireland  
Dental Jobs**

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# DentalJobsOnline.ie Jobs Section

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- **Associate Dentist**  
Bunbeg Dental - Bunbeg, Co. Donegal
- **Associate Dentist**  
Clogher Valley Dental - Clogher, Co. Tyrone
- **Associate Dentist**  
Haugh Dental Care - Newry, Co. Down

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- Galtymore Dental - Dublin City
- South East Dental Solutions - Waterford City
- Clements Dental Care - Carrickfergus, Co. Antrim
- Menary Dental - Hollywood, Co. Down
- Helens Bay Dental - Bangor, Co. Down
- Calla Dental & Cosmetic Clinic - Lisburn, Co. Down
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# BREAKING THE CHAIN

A key strategy in protecting both staff and patients from infection

By Dr Kayleigh Cox-Nowak

**E**ffective infection prevention strategies are essential in the dental setting, where there is a high risk of cross-contamination [DePaola, 2019; Upendran 2020]. The use of water air sprays, high-speed handpieces, ultrasonic instruments and air polishers are all aerosol generating procedures (AGP). If a patient has an infection, the aerosols and droplets produced have the potential to contaminate surfaces and become reservoirs of potential infection [Harrell, 2004; Rautemaa, 2006].

Hand hygiene and surface disinfection are key to preventing the transmission of pathogens and there is evidence to strongly link the two. Making contact with a contaminated surface and not performing hand hygiene adequately can facilitate the transmission of pathogens. Likewise, poor hand hygiene can lead to surface contamination. Contaminated surfaces are an established route of transmission for both bacteria and viruses; potentially resulting in onward contamination of hands or equipment [Otter, 2016].

## BREAKING THE CHAIN – SURFACES

Surfaces can become contaminated by hands, objects, and the settling of pathogen containing aerosols or contaminated fluids [Becker, 2019]. Viral persistence on different types of inanimate surfaces is well documented and includes dental chairs, hand rests, tables, drawers, plastic and wooden surfaces, switches, light handles, latex, cotton, tissues, gloves, disposable gowns, steel objects, and dental instruments [Otter, 2016; Peng 2020]. Pathogen transfer can be interrupted by the appropriate cleaning and disinfection of surfaces; with disinfectant wipes having a key role to play [Sattar, 2013].

Disinfectant wipes are frequently used in healthcare settings, like dental surgeries, as they are quick and convenient to use, but there is considerable variation in efficacy between different wipes. Given the links between environmental contamination and pathogen transfer, it is important to select the most appropriate wipes.

To ensure the efficacy of a disinfectant wipe against viruses like SARS-CoV-2 there is a recognised microbiological test for virucidal activity, according to the European Norm (EN) standard EN14476. A positive result



means that the solution within the wipes/tissue is efficacious against enveloped viruses. Choosing a wipe with 'virucidal efficacy against enveloped viruses' combined with mention of EN14476 is a useful indicator for the selection of the disinfection wipe. Passing the EN14476 test means that the disinfectant solution can kill viruses like SARS-CoV-2, but what influences the practical application of the wipe is the required contact time. This is the time required for the solution to be in contact with pathogens in order to eliminate or inactivate them.

A disinfectant wipe could be EN14476 certified but may require a contact time of five minutes to be effective, compared to another requiring only 30 seconds. A long contact time is more likely to damage a surface over a period of time, than a shorter one. A shorter contact time will save time, help simplify the cleaning/disinfection process and is likely to make compliance easier to adhere to. The EN16615 test is the highest level of testing for antimicrobial wipes under the recognition of the European Standards committee. The test examines the efficacy of the wipe as a whole i.e. the wipe plus the disinfectant component.

When selecting a wipe for the clinical setting, it cannot be assumed that all wipes will have this 'gold standard' EN16615 certification. A wipe like mikrozid has both EN14476 and EN16615 certification. However, many wipes will have EN14476 certification without EN16615, which should raise questions about whether these wipes are fit for purpose in a dental practice.

## BREAKING THE CHAIN – HANDS

It is recommended that hand hygiene products are manufactured for clinical

use, as these products are generally unscented, have fewer allergenic components, and are formulated to be used repeatedly throughout the day. Alcohol-based hand rubs (ABHR) kill microorganisms more effectively and more quickly than hand washing with soap and water. They are also less damaging to skin, resulting in less dryness and irritation. They are also more accessible and may enhance compliance. However, they do not physically remove debris from hands and should not be used if hands are visibly soiled [Fluent, 2013].

Hand hygiene with (ABHR) is widely accepted as one of the most effective, simple and low-cost procedures to help prevent cross-transmission of pathogens. By denaturing proteins, alcohol inactivates enveloped viruses such as coronaviruses. When exposed to an ethanol-based disinfectant, the SARS-CoV-2 virus on human skin is completely inactivated within 15 seconds [Hirose, 2020].

The alcohol component of the hand rub is the active ingredient that eliminates microorganisms. Besides its rapid killing action, the fast drying time is also an advantage when it comes to hand sanitising. 60-70% alcohol (commonly ethanol/isopropanol) is the concentration demonstrated to be effective against enveloped viruses, such as those causing COVID-19 [CDC, 2020]. The actual formulation of an ABHR is critical. The antimicrobial agents within the product need to work in conjunction with added components like moisturiser, without compromising each other. An ABHR for use in a dental practice should conform to stringent testing, for example European Norms (EN): EN 1500, EN 12791 and EN 14476.

European Norm (EN) 1500 is utilised

in Europe for testing of ABHRs to reduce the level of microbes for normal hand hygiene practices whereas EN 12791 applies to surgical hand hygiene. Both EN tests require healthy test volunteers and the hand rub being tested is challenged against a reference active agent. This is a rigorously defined procedure to examine the efficacy of a particular hand disinfectant. EN 14476 evaluates virucidal activity and is a specific in vitro test of formulations against viruses including enveloped viruses, like SARS-CoV-2.

There are significant differences in efficacy between products that have been certified in accordance with the applicable European standards, compared to non-certified products. A study comparing a certified ABHR with a non-certified one showed that even after participants had been trained to EN 1500 standards in hand hygiene, the bacterial burden was only reduced by six-fold from baseline using the non-certified product compared to close to 50-fold from baseline with the certified one [Babulek, 2014].

A useful starting point therefore for selecting an ABHR is to check if it conforms to EN standards. For example, desderman® pure gel meets EN1500 for hygienic hand disinfection in 30 seconds and EN12791 for surgical hand disinfection in 90 seconds as well as EN14476 for virucidal efficacy. When selecting an ABHR for use, it is essential that it is formulated with additional moisturisers and re-fattening agents to help protect the hands. This is also likely to improve compliance as the ABHR is not drying out the hands.

Since the COVID-19 pandemic began, clinical grade ABHRs have sometimes been in short supply due to the surge in demand. This has led to a number of 'new' ABHR manufacturers who often have little or no experience of supplying medical grade products. Considerable caution therefore needs to be exercised in selecting an ABHR for clinical use. A substandard ABHR could have undesired consequences, such as sub-optimal antimicrobial efficacy and skin incompatibility for staff and patients.

Dr Kayleigh Cox-Nowak is Technical Support Manager, Schülke & Mayr UK Ltd [www.schuelke.com/gb-en](http://www.schuelke.com/gb-en)  
References: Go to [www.irelandsdentalmag.ie/breaking-cross-contamination-chain](http://www.irelandsdentalmag.ie/breaking-cross-contamination-chain)

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# Your reps across Ireland

*In this special section, we feature leading company representatives supporting the dental profession across Ireland with world-class products and services*

**W**hether in-person or on a video call, there may be some familiar faces in our special feature on dental business representatives; they represent the best dental supply companies in the industry providing world-class products.

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, particularly in the era of COVID-19, 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. So, read more here about the leading business representatives and their excellent products and services.

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Our clinical support and product specialist in Ireland is Stephen Wilson. Having come from an engineering background, he initially entered the dental field through the supply and repair of dental equipment. His focus is on customer care and specialist support for those customers using Southern's advanced implant solutions.

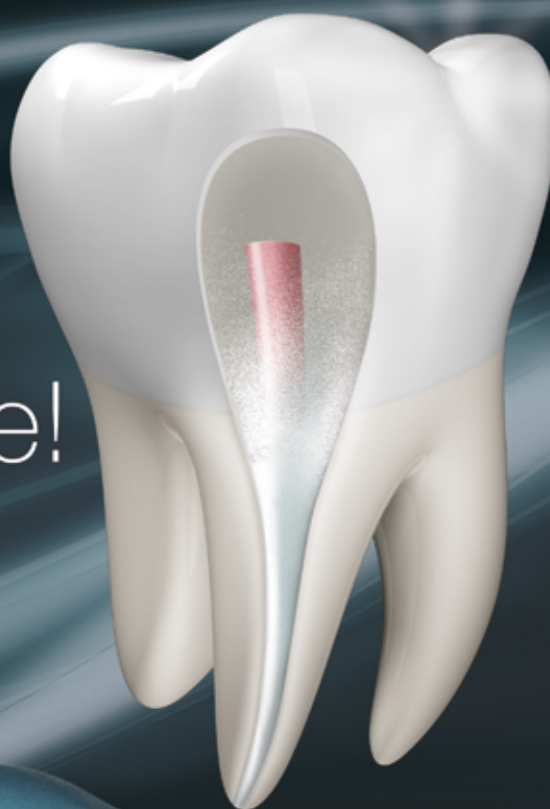


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NSK opened its UK and Ireland headquarters in 2007, and in that time has built a solid reputation for high-quality products, which are recognised as some of the best and most innovative across the industry. The key to their success has been the combination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

Jonathan Singh is NSK's Product Specialist & Technical Services Engineer for Northern Ireland and the Republic of Ireland. Jonathan, who is based in Belfast, has a wealth of experience in the dental and medical industry, with a specialist focus in the maintenance and servicing of dental handpieces and autoclaves. An experienced engineer, Jonathan recently attained his AP(D) (Authorised Person (decontamination)) qualification. This accreditation further supports his comprehensive knowledge of the methods, techniques and processes used in the validation and verification of all decontamination equipment, enabling him to be effective in the management of all engineering aspects of the dental practice's decontamination equipment.

Jonathan also has an in-depth knowledge of the NSK product range and is adept at advising and supporting practices about the most suitable handpieces and autoclaves to meet their individual needs.

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

**For more information about NSK products and services in ROI and NI, contact Jonathan on +44 7464 675158 or +353 1695 0053 or NSK on ROI 1800 848959 or NI 0800 6341909.**

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SDI's investment into research and development has ensured superior quality is achieved for the Pola tooth whitening, Riva glass ionomers, composites and amalgam ranges. SDI has offices and warehouses in USA, Germany, and Brazil.

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**Q**uintess Denta is a specialist surgical company delivering state-of-the-art products into dental practices across the UK and Ireland that support workflow efficiency, as well as being committed to providing continuing education for all members of the dental team alongside the newly opened L.S. Brown Centre in Enniskillen. A family-run company with decades of experience, expertise and excellence in handpiece repair and maintenance, Quintess Denta guarantees high-quality services, innovative products, professional attention to detail and competitive prices.

## QUALITY REIGNS SUPREME

Among the incredible products available from Quintess Denta is Neodent, the value-driven premium implant. Offering Neodent means that patients can afford quality dental implant treatment, while providing dentists with the confidence that the materials they place in their patients' mouths are well-manufactured and safe.

Neodent implants offer an outstanding ability to maintain and preserve bone around the connection, which gives patients beautiful and lasting results. A combination of the surgical protocol, Morse taper connection, acid-etched surface, thread design and abutment selection options deliver exceptional results for dentists and their patients. In addition, Neodent implants are packaged with a hydrophilic treatment to speed up the healing process.

## SUPERIOR DIGITAL DOCUMENTATION

Embracing digital technology with open arms are Futudent cameras, a solution for superior dental documentation in daily dentistry. Using a traditional camera to best effect can take up around three to five

minutes of any given appointment. You have to stop the procedure, de-glove, locate the camera and set it up, operate the mouse, deal with potential fogging, sterilise the equipment or place on protective covers, and then transfer any files.

On the other hand, Futudent's imaging system frees your hands and saves time. It offers:

- › Hands-free recording using a foot pedal
- › Instant availability
- › Photos and video
- › Light or loupe mounting, matching the dentist's own loupe
- › Record/save/share video
- › Data storage.

## NO HALF MEASURES

Then there is Imetric 4D, technology at the pinnacle of implant measuring and revolutionising the workflow for multi-implant restorations, for example in the form of the iCam 4D.

The iCam 4D technology reduces chair-time, the number of visits, and it eliminates significant hardware, personnel and production costs. It is the only technology that guarantees predictable and accurate results independent of the operator.

## MOTOR MANAGEMENT

As for the Novag motor system, it is capable of perfectly accomplishing any procedural step in implantology, due to its wide range of motor management and gear ratio.

Looking more closely at a couple of the motors in the range, the MD 11 comes with three special features. The all-new separate program for thread cutting as well as the compartment with integrated tubing bracket and the real-time graphical representation of the torque improve the motor system's usability significantly.

Meanwhile, the third generation MD 30 motor system is designed for implantology and surgery. Ten stored programs for each of the two

brushless motors ensure smooth running during the procedure. Accurate speed control of the motors allows you to work with the highest possible precision. Manufactured in Switzerland, the MD 30 comes with one motor but is equipped to take two motors, making work considerably simpler and more efficient.

## KNOWING THE DRILL

An exciting new addition to Quintess Denta's product portfolio is the innovative Loocid drill bit. Its design was initiated based on clinical reports showing that, after placement of dental implants, there is a critical healing period of three to four weeks.

In this period, decreased implant stability, potential complications, and even failures have been reported. Surgical trauma, after implant bed preparation, results in bone resorption and remodelling that may affect osseointegration. This can be a significant problem when advanced treatment protocols, such as immediate function or immediate loading, are used.

Based on these clinical findings, the Loocid BCP technology was developed featuring bone cell protection paired with high clinical efficiency. The clinical goal of Loocid BCP is a high level of implant stability through minimising trauma and maximising efficiency for every implant osteotomy.

## COURSES FOR IMPLANT CONFIDENCE

Quintess Denta is not just about incredible, evidence-based, value-driven products. Together with the newly opened L.S. Brown Centre in Enniskillen, they are delighted to introduce some very exciting courses over the next few months.

*17 September – Surgical and restorative keys to success in implant-retained dentures (using the Novaloc system)*  
This one-day interactive course will

teach you everything you need to know get started in practice. Including lectures, desktop hands-on, and discussion elements, delegates will leave able to place implants for implant-retained dentures.

*24 September – Comprehensive bone and soft tissue grafting*

This course will teach delegates how to use autogenous bone, covering different intraoral harvest sites and techniques, as well as grafting methods. The day will comprise presentations and step-by-step clinical case demonstrations with high quality photography and video, as well as hands-on experience of bone and tissue augmentation.

*8 October – Immediate implant restoration*

This one-day course is designed for those wanting to place and restore single-unit implant cases using a specially designed implant system. The day will cover the planning, surgical and restorative stages required for a successful outcome. There will be a hands-on case to complete using models.

## HERE FOR YOU!

At Quintess Denta, we think that alongside supplying excellent products, our clients deserve a quick, reliable and efficient service delivered with a personal touch. That includes our restoration centre, which covers repairs to most popular handpiece brands, with expertise in fixing electric and air turbines as well as scalers. We have seen for ourselves that is what's needed for happy customers who come back time and again. We are more than a repair or sales company; we are an integral part of your practice.

To find out more about Quintess Denta, please contact Ian Creighton on +353 (0)1 691 8870, email [ian@quintessdenta.com](mailto:ian@quintessdenta.com) or visit [quintessdenta.com](http://quintessdenta.com)



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- Power tool for safe and efficient education



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