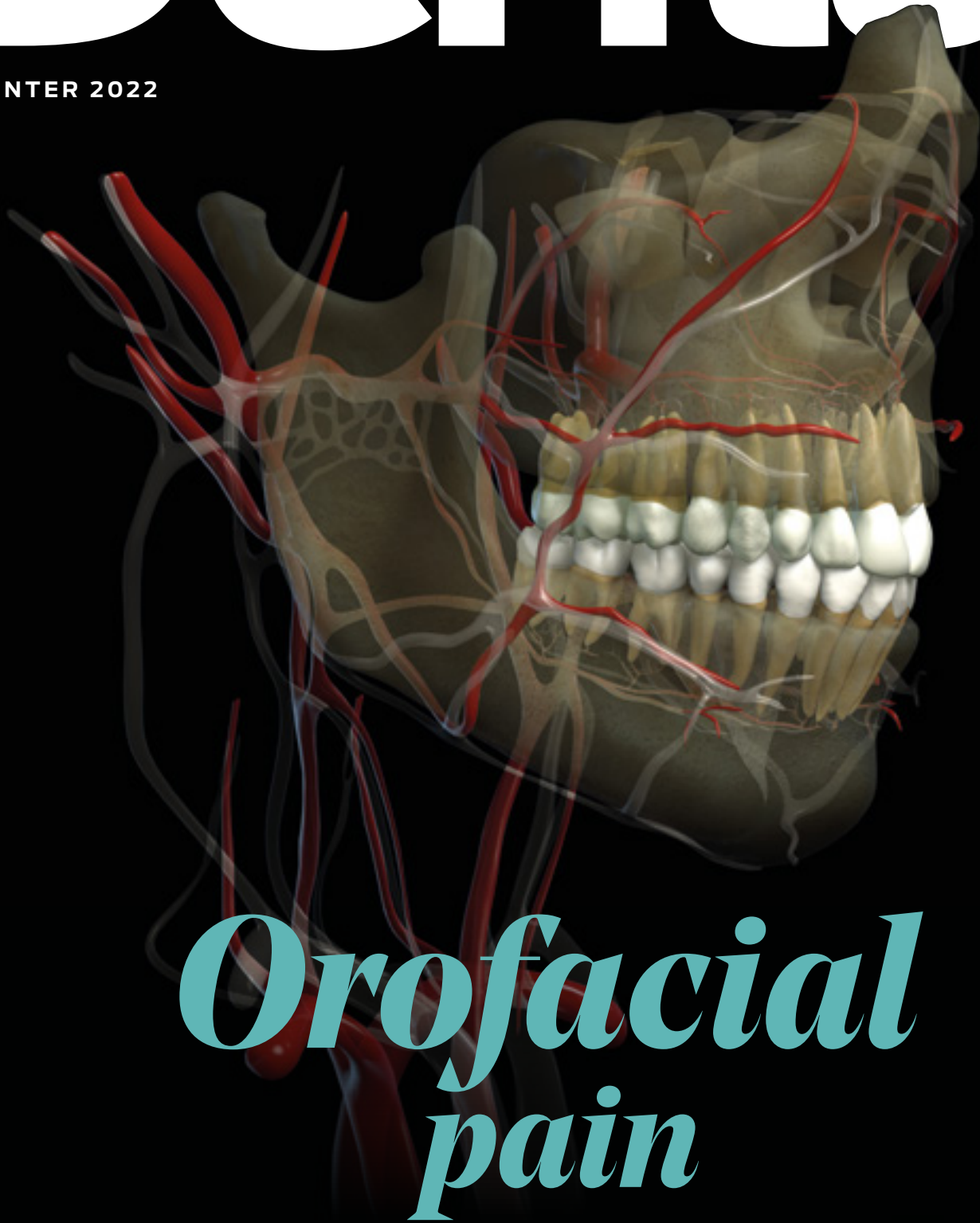


THE MAGAZINE FOR DENTAL PROFESSIONALS IN IRELAND

Ireland's Dental

WINTER 2022

RRP £5.50



Orofacial pain

How Dublin Dental University Hospital's new course will improve our understanding, page 21

Plus: an in-depth report from the HSE Dental Surgeons Seminar, page 24



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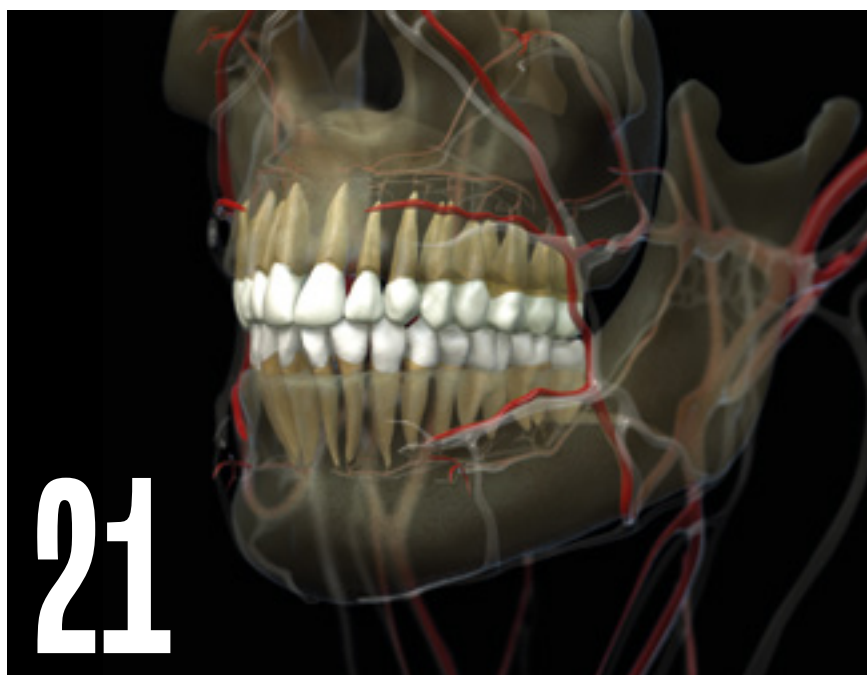
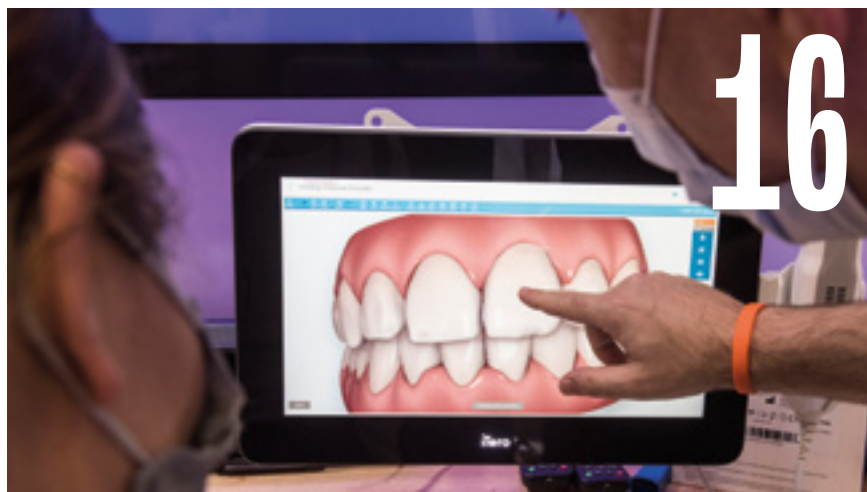
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Time for a new model

An 'unprecedented' funding commitment must go hand in hand with reform

As we detail in this issue, understaffing and the lack of resources in Ireland's public dental service is being blamed for delays in providing much-needed treatment. The number of practising public-only dentists has dropped by almost a quarter (23 per cent) over the past 15 years – from 330 in 2006 to 254 in 2022.

This means that the Health Service Executive (HSE) would need to hire 76 dentists, immediately, to the bring the service back to the level of 15 years ago.

The HSE public dental service provides care for children up to the age of 16, including emergency care, a fissure sealant programme and care for orthodontics.

Ireland's Health Minister, Stephen Donnelly, has conceded that there have been delays in the provision of these services. These were significant before Covid arrived and, as with many other patient services, the pandemic has made them worse, he told Parliament recently.

It is, he added, not acceptable that children and their families are facing these long waiting periods for access to oral healthcare.

The impact of the collapse in the Dental Treatment Service Scheme on the HSE dental service was evident in discussions among dentists at the HSE Dental Surgeons Seminar held in the autumn. One example cited was that the number of private dentists with DTSS contracts in the Laois-Offaly constituency has fallen from 36 in January 2015 to 11 last August.

This makes access to dental care for adults challenging and, in turn, puts extra pressure on the HSE dental services which are supposed to focus on children, special care patients, refugees and other vulnerable groups.

Deputy Donnelly has provided details of an "unprecedented" €15 million in the budget for next year to enhance the provision of oral health services, of which nearly €5 million has been provided to develop a comprehensive oral healthcare package for children.

This will make a huge difference. It is an intervention package for

children from birth up to the age of seven and is aligned with the national oral health policy. In addition, €9 million has been allocated specifically to address the waiting lists in orthodontics. Resources will also be available to recruit more orthodontists.

The Irish Dental Association (IDA) has said 400 more whole-time equivalent staff are needed in the dental service – a view on which the Health Minister concurred. The question is, from where will those dentists be sourced?

Deputy Donnelly said a number of community healthcare organisations have already held recruitment initiatives to fill vacancies, and the equivalent of 72 whole-time equivalent staff have been hired so far as a result.

A recent HSE dental service recruitment event was also well attended by dentists who were expressing an interest in public service jobs.

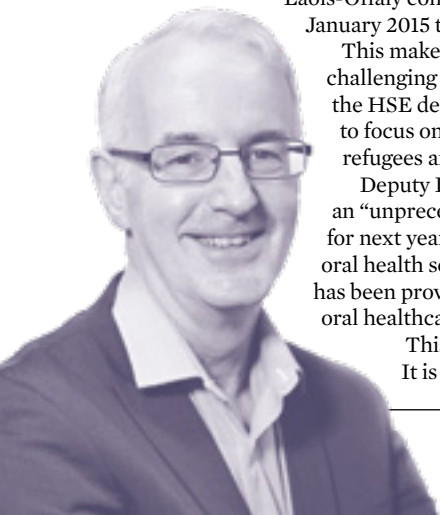
The lack of oral or dental hygienists, particularly in schools, is another issue. There is a need for radical action on college and training places – at least a doubling of the number currently available in order to meet the demand for dentists and dental hygienists.

Reform and modernisation of the model of care is also required. At the dental surgeons' seminar, a presentation by Dr Dymphna Kavanagh, Ireland's Chief Dental Officer, signalled that significant changes in the model of dental care are envisaged by the Department of Health.

However, many dentists are sceptical and the IDA said it was critical that discussions began with the association "sooner rather than later". That is only right. But, equally, the profession has to be open to new ways of working that focus on prevention of disease.

“

THE PROFESSION HAS TO BE OPEN TO NEW WAYS OF WORKING THAT FOCUS ON PREVENTION OF DISEASE.”



'Two people shorten the road'

As we begin 2023, perhaps an old Irish proverb might be in order...

It's worth looking at what the future might hold for dentistry in Ireland over the next 12 months, following the tumultuous events of the recent past and their impact on service provision, training and workforce planning. Following the emergency measures imposed to restrict the spread of Covid, the resultant, pent-up treatment need has kept surgeries busy up and down the country.

While this is welcome, and patients are reattending in good numbers, it occurs against a backdrop of uncertainty. There is uncertainty in relation to spiralling energy costs, a potential recession, escalating costs of living and a severe workforce shortage.

Individually, each aspect would prove challenging for any profession but, collectively, it is arduous.

The welcome news that dental surgeries are to be eligible for the Temporary Business Energy Support Scheme (TBESS) was greeted with a sigh of relief among many. The ongoing cost of living increases are, however, mitigating against any meaningful impact this may have. Similarly, the ability to attract and retain our dental nursing colleagues is proving particularly challenging.

Within the new graduate dentist market, we are seeing a swing towards Canada, as our long-standing mutual reciprocation of Irish and Canadian training means many Irish graduates head to the land of the Maple Leaf – and, likewise, many Canadians move here then return.

Recent headlines and discussions in the Dáil all point towards the same conclusion – more dentists are needed. With plans in place for the new Dental School building in Cork and announcements about the expansion of undergraduate intake, the hope is that recruitment needs will be met, albeit over time.

A look at the Register of Dentists will show a significant rise in numbers over the past decade – however, statistics and figures don't tell the whole story.

With an increasing population, and an ageing one at that, treatment needs are increasing both in volume and complexity, as skills in gerodontology become more urgent.

With the failing Dental Treatment Services Scheme, one wonders what provisions will be set in place to meet these ever-growing demands?

The (as yet to be fully implemented) Oral Health Policy (2019) still falls outside the main thrust of Sláintecare and the proposed amendments to the Dentist Act 1985 remain unclear. This also adds to the uncertainty.

However, the basic tenets of general practice remain unchanged. Providing access, delivering high-quality treatment and being available to our patients remains a

“

I SEE FURTHER DEVELOPMENT IN THE FIELD OF SUPPORT ADMINISTRATIVE POSITIONS, ROLES AND RESPONSIBILITIES.”

constant. Recent media coverage about the perils of dental tourism has highlighted once more how treatment at home is almost always the better option. Industry/professional awards continue to demonstrate the high levels of care and continuity found in Ireland, and underline the strong sense of community within dentistry here.

As the dental class of 2023 gets ready to sit their final examinations in June, they enter a world of opportunity for employment, albeit set against the difficulties highlighted. There has been a growing trend within new graduates to remain Associates and not seek the mantle, role or responsibilities of Principle. Given the challenges associated with running a dental practice, it's not hard to see why the 'Lifelong Associate' position holds attraction.

Into this mix comes new auxiliary positions, which until recently were not traditionally found in general practice. The roles of Treatment Coordinator, Practice Manager and other administrative posts are growing – and not before time. While meeting many dentists over the past few months (since the easing of restrictions), a common theme has emerged – the desire to focus solely on clinical practice of dentistry without the headache of the business of dentistry.

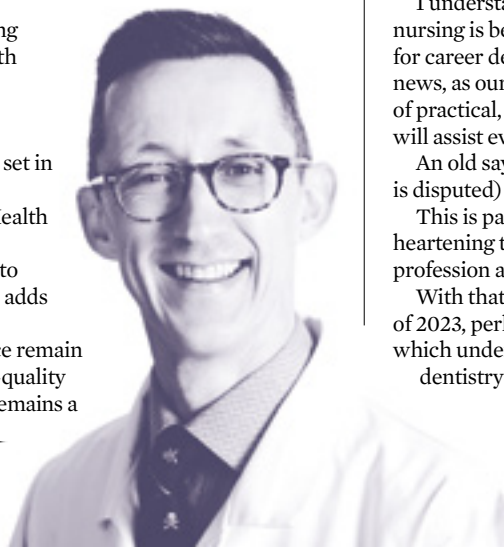
My crystal ball might be wrong, but I see further development in the field of support administrative positions, roles and responsibilities in the future.

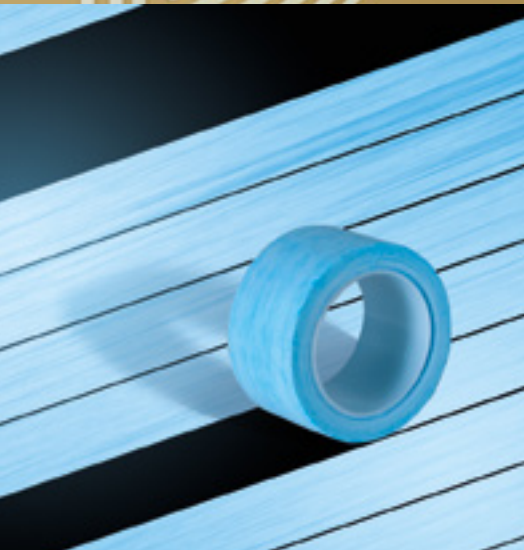
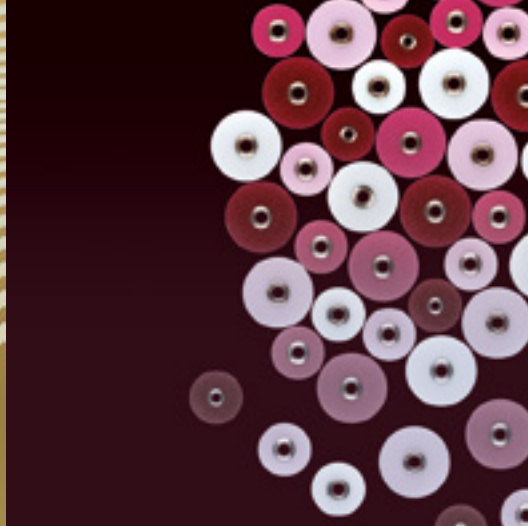
I understand that a full degree programme for dental nursing is being considered, with a structured pathway for career development in that field. This is most welcome news, as our dental nursing colleagues possess a wealth of practical, clinical and administrative knowledge that will assist every clinician team in helping run a practice.

An old saying (supposedly of Chinese origin, though this is disputed) states: “May you live in interesting times.”

This is particularly true of the past two years. It is heartening to see the solidarity and community within the profession as evidenced by the recent Colgate Awards.

With that in mind, and as we set out down the road of 2023, perhaps an old Irish proverb might be in order, which underlines this sense of community within dentistry in Ireland: “Two people shorten the road.”





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€15 million to enhance oral health

Ireland's Health Minister responds to claim that 'the system has collapsed'

AN "UNPRECEDENTED" €15 million has been allocated in the Irish Government's budget for next year to enhance the provision of oral health services.

Minister for Health Stephen Donnelly conceded the Irish Dental Association (IDA) was correct in identifying the need for a significant increase in staff.

The issue of the public dental system was raised in Parliament by Labour's Duncan Smith, who said it had "collapsed", adding: "What is the Minister's plan to address this?"

Deputy Donnelly (pictured) responded: "There have been significant delays in



the provision of services. These were significant before Covid-19 arrived and, as with many other patient services, Covid has made them worse. It is a top priority for me and the Government to address it.

"We are backing that sentiment up with money. I have allocated an unprecedented €15 million in the budget for next year to enhance the provision of oral health services. A dedicated amount of nearly €5 million has been provided to develop a comprehensive oral healthcare package for children. I have allocated €9 million specifically to address the waiting lists in orthodontics, which the Deputy has quite rightly called out, and to allow the public dental service to provide care to all eligible children.

"In addition to the €15 million allocation, resources will also be available to recruit more orthodontists."

Deputy Donnelly also discussed where the much-needed dental professionals would be sourced, saying: "A number of community healthcare organisations

have run recruitment initiatives to fill the vacancies that exist. Vacancies equivalent to approximately 72 whole-time equivalent staff have been filled so far this year.

"The HSE dental service recently held a recruitment event. It invited dentists who are registered or entitled to be registered with the Dental Council of Ireland. I am delighted to say that the event was well attended by dentists who were expressing an interest in these public service jobs, which is where we need them."

He added: "One area in which we need to be open to quite radical action is that of college places and training places.

"We do not educate remotely enough healthcare professionals in our country. We need at least a doubling of college places. That would cover both groups of workers, dentists and dental hygienists.

"We need to be radical and ambitious in scaling up the number of college places and training places in the coming years."

Dentistry's future in question, see page 24.

Dentists 'most confident' of healthcare professions

DENTISTS' confidence has fallen slightly over the past year, though they remain the most confident of the healthcare professions surveyed in the latest Lloyds Bank Healthcare Confidence Index, published in December.

The survey of dentists found their short-term confidence fell by just three points, from 38 to 35. This proved more resilient than GPs and pharmacists, with declines of 14 and 15 points respectively.

This confidence is reflected in dentists' expectations for practice profits, with seven in 10 (70 per cent) anticipating profits will increase in the year ahead, although this is down from 72 per cent last year.

But dentists also face economic headwinds as the cost of living crisis continues to bite, which is likely to impact the amount of private work coming their

way. Key challenges cited for the year ahead include inflation (91 per cent), energy prices (88 per cent) and interest rates (69 per cent).

Almost half (47 per cent) of the dentists surveyed would like to do less NHS work and see more private patients, while a fifth (19 per cent) would like to go fully private.

However, attitudes may change in the coming year as it is likely that the level of private work will recede and the NHS offers reliable recurring income, albeit less profitable.

This year the index has shone a spotlight on dentists' sustainability strategies, which have remained remarkably resilient in the current environment.

Every respondent said they had taken measures to improve sustainability in their business, up from 9 per cent last year. This includes waste reduction (72 per cent),

cutting energy use (53 per cent), using electric vehicles (38 per cent) and more energy-efficient buildings (28 per cent).

Martyn Kendrick, Head of Health Care Banking Services at Lloyds, said: "Dentistry is a profession that has always been resilient and entrepreneurial, and I am sure that dentists will continue to create growth opportunities while also working to achieve the best outcomes for their patients.

"Pressure on margins will be unavoidable in the year ahead but dentists are agile and adaptable and I'm confident they can come through this testing time in good shape."

The Healthcare Confidence Index, a survey of dentists, GPs and pharmacists, has run annually since 2011 and seeks to give a detailed overview of the sector as it is today, as well as exploring the professions' ambitions and expectations for the future.



Cady Coleman aboard the International Space Station

The final frontier

Colgate and NASA collaborate to advance oral health

COLGATE-PALMOLIVE has signed an agreement with the National Aeronautics and Space Administration (NASA) to explore advances in oral health, personal care and skin health – both for astronauts while they are working in space and for people here on Earth.

Former astronaut Dr Cady Coleman will work alongside Colgate as an advisor, helping to guide research design and offer insights into the realities of space travel and life in microgravity.

The Space Act Agreement (SAA) paves the way for the consumer goods company and the space agency to “fulfil Colgate’s purpose to reimagine a healthier future for all, while also helping NASA achieve its strategic objectives”.

Through the SAA, Colgate and NASA will collaborate to test Colgate technologies – across oral health, skin health and personal care product categories – that could help maintain or improve the health and wellbeing of future space travellers in low orbit.

The agreement enables Colgate to use the International Space Station (ISS) as a testing ground, enabling the company to gain insights and accelerate innovations

that will promote health and wellbeing.

Colgate and NASA will also explore sustainable hygiene for NASA crew members by testing innovations that are suitable for space consumption, such as waterless tablets and compact packaging technologies.

The findings could potentially inform further product developments.

Dr Coleman said: “I’m excited to work with the Colgate team as they collaborate with NASA to better understand how to maintain a healthy environment for humans living and working in space.

“The International Space Station is our testing ground for future missions to the Moon and Mars. Like so many of the investigations that we conduct in space, this work can also lead to discoveries that will advance health and wellbeing for everyone here on Earth.”

Dr Coleman draws upon her experience as a polymer chemist in the US Air Force and her 24-year tenure at NASA, where she consulted extensively on experiment development and troubleshooting.

Over the course of her three space missions, Dr Coleman conducted more than 100 different experiments.

Oral-B and Straumann announce alliance

ORAL CARE companies Oral-B and Straumann have announced a global alliance – with the aim of elevating the importance of prevention in periodontal and peri-implant health.

This affiliation will set new standards in quality scientific education for dental professionals and help their patients to achieve better long-term outcomes.

The alliance has a long-term goal of delivering a holistic programme of scientific events, professional courses, webinars and publications, co-created with, and delivered by, the world’s leading experts and thought leaders in dentistry.

The collaboration was launched amid a Sponsored Scientific Session at EuroPerio10 Copenhagen this year, where both companies presented innovations for periodontal and peri-implant patients, including Straumann’s biomaterials solutions for enhanced wound healing and bone regeneration, soft-tissue management and wound care, and Oral-B’s Specialised Clean brush head and its iO10 toothbrush with iO Sense.

“The alliance will play an important role in enabling ongoing dialogue between dental professionals and their patients to understand the most up-to-date science on the prevention of implant-related diseases and the promotion of periodontal health,” said J. Leslie Winston, Vice President of Global Health Care R&D at Procter & Gamble.

Ari Zucker, Vice President of Global Head of Biomaterials at Straumann, added: “We work closely with experts from the research and clinical fields to address the issues caused by peri-implantitis and periodontitis.

“The alliance complements our efforts and offers a solid ground for further scientific and educational activities that will enable more dental professionals to improve their patients’ lives.”

In Europe, 30 per cent of people between the ages of 65 and 74 have no natural teeth left. Growing scientific evidence highlights the association between periodontal disease and several systemic conditions, such as type 2 diabetes, cardiovascular disease and Alzheimer’s disease.

A study found that Covid patients with periodontitis are 3.5 times more likely to be admitted to intensive care and nine times more likely to die than Covid patients with healthy gums.

Beyond the significant personal benefits to patients, studies have also shown that eliminating the burden of gingivitis and increasing the diagnosis and treatment rate of periodontitis to 90 per cent in six European countries showed a positive return on investment for society over a 10-year period.

Supporting Ireland's children

Collaboration aims to promote habits that will last a lifetime



THE FULBRIGHT COMMISSION in Ireland and the RCSI Faculty of Dentistry, in collaboration with the Fulbright Smiling Children group, is advising parents to ensure children receive early dental checks, ideally before one year of age, to prevent more serious oral issues occurring at a later stage.

The announcement was made in advance of the Fulbright Smiling Children Dental Health Awareness event, which took place at the RCSI in Dublin during the autumn.

The event was part of a collaboration between the Fulbright Commission and RCSI aiming to improve the oral health of the children in Ireland. Led by experts

in children's dentistry – Professor Jeffrey Dean, Fulbright Scholar, and Professor John Walsh, paediatric dentist – the awareness evening aimed to educate and inform parents on creating a solid foundation for lifelong oral health, preventing costly and more serious dental issues occurring at later stages.

It was noted that the availability and accessibility of well-trained dental healthcare professionals will also be crucial to help to maintain oral health.

Professor Dean said: "It has been reported that lack of access to services and oral health improvement programmes, along with cultural and educational

barriers, contribute to a large number of the dental problems in children. Good dental health requires an important effort by parents and children from an early age.

"This event aimed to give the parents the tools they need to instil good dental habits in their children which will last them through life.

"This awareness event is an essential part of our overall strategy to reduce the prevalence of tooth decay that causes infection, pain and tooth destruction in far too many Irish children today."

Topics discussed included the first dental visit, best brushing habits, how to prevent decay in children with a teeth-friendly diet, the benefits of fluoride and preventing tooth injuries.

Established in 2019, the RCSI Fulbright programme offers full scholarships for US candidates to complete their PhDs at the RCSI campus in Dublin.

This initiative builds on RCSI's existing partnership with the Fulbright Commission, which has enabled junior and senior academics from RCSI and US institutions to spend time sharing expertise across the two countries.

Fulbright Smiling Children is part of a joint initiative between the Fulbright Commission and RCSI that aims to improve the dental health of children, particularly those from disadvantaged backgrounds.

The Fulbright programme was established by Senator J. William Fulbright in 1946.

Peri-implant disease guideline to be created

THE EUROPEAN FEDERATION of Periodontology's (EFP) Perio Workshop 2022 has reached consensus agreements that will lead to the development of 52 recommendations forming a clinical practice guideline for the prevention and treatment of peri-implant diseases.

At the workshop, held from on 6-9 November in La Granja de San Ildefonso, Spain, 71 experts (27 of them women; 38 per cent of the total) from 21 countries evaluated 13 systematic reviews on peri-implant health and the prevention of peri-implant diseases, and the treatment of peri-implant mucositis and peri-implantitis.

In four working groups, they listened to the scientific evidence and voted on specific recommendations to create an evidence- and expert-based guideline for the prevention and treatment of peri-implant diseases, which is expected to be published in spring 2023 in the *Journal of Clinical Periodontology*.

The guideline will be of the highest level – S3 – like the two existing EFP guidelines for the treatment of stage I-III periodontitis¹ and stage IV periodontitis², which were drawn up at previous editions of the workshop.

"The development of this third EFP clinical-practice guideline was a challenge from the start," said David Herrera, chair of the EFP workshop committee. "For periodontitis, decades of research and knowledge

were available; for peri-implant diseases, as they are relatively novel, we knew from the beginning that we would have limited evidence.

"However, we believe that we could help clinicians and patients to take the best decisions by selecting those interventions that can be suggested or recommended, and by highlighting which interventions need additional research and should be a priority in the research agenda. I believe that the fruitful discussions in La Granja will help us to achieve those goals."

The EFP has also simplified the clinical guideline on the treatment of the first three stages of periodontitis and has translated it into visual terms "without compromising its scientific rigour"³.

Shining a light on oral bacteria in a bid to fight infections and inflammation of the gums, see page 30

¹www.efp.org/education/continuing-education/clinical-guidelines/guideline-on-treatment-of-stage-i-iii-periodontitis

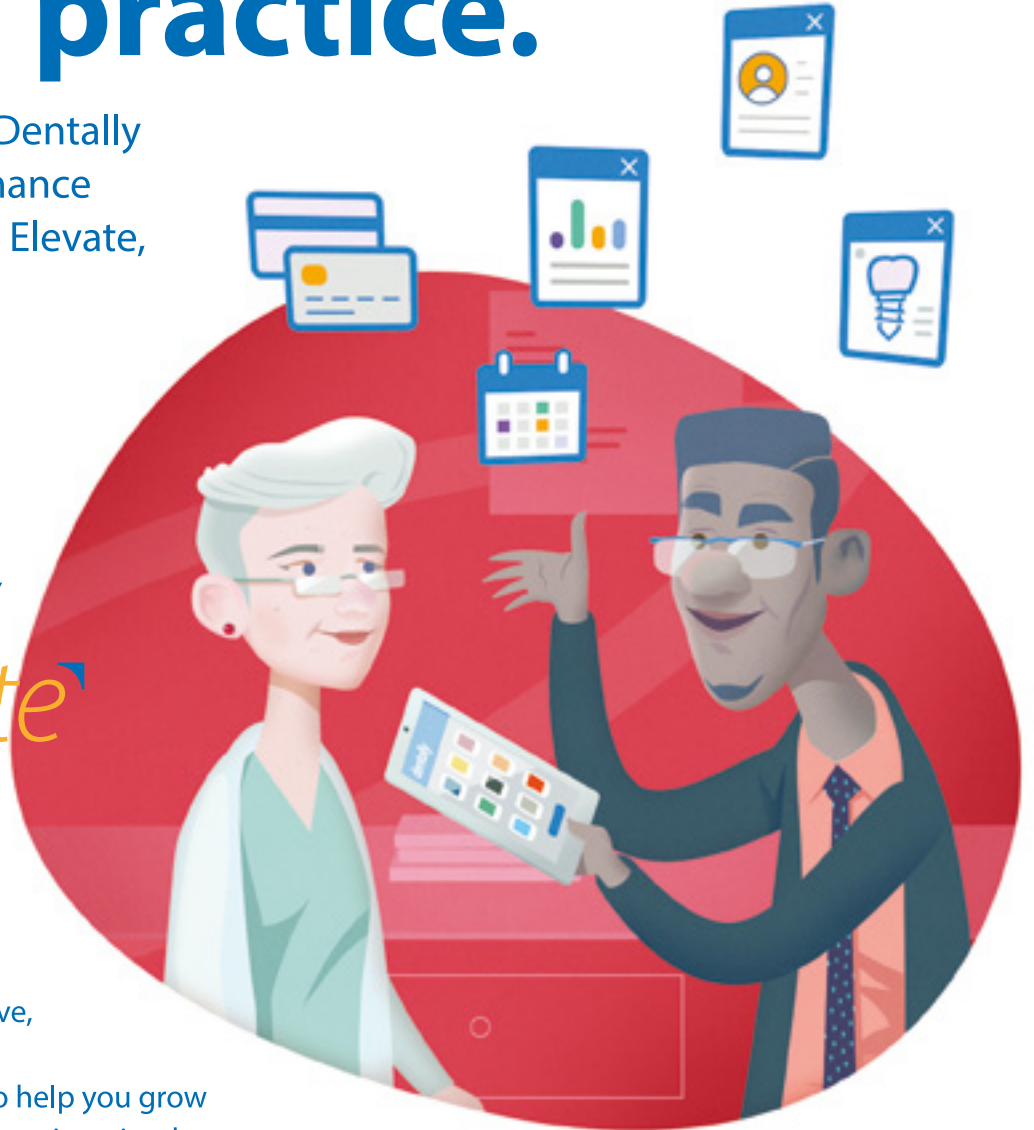
²www.efp.org/education/continuing-education/clinical-guidelines/guideline-on-treatment-of-stage-iv-periodontitis

³www.efp.org/education/continuing-education/clinical-guidelines/guideline-on-treatment-of-stage-i-iii-periodontitis/guideline-infographics

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New orofacial pain course endorsed

Leading dental body announces accreditation of course created by two international institutions

THE Royal College of Surgeons of Edinburgh's Faculty of Dental Surgery has confirmed its accreditation of the Certificate in Orofacial Pain, a new joint course launched by the University of Southern California (USC) and Trinity College's Dublin Dental University Hospital.

The course will focus on orofacial pain – a complex area of dentistry in which patients often need very careful diagnoses – and will arm dental professionals with the requisite skills to treat patients living with conditions such as TMD, headaches, and orofacial pain.

Glenn Clark, Professor at the Herman Ostrow School of Dentistry of the University of Southern California (USC), Dr Dermot Canavan, Lecturer in Orofacial Pain and Michael O'Sullivan, Director of Graduate Prosthodontics, at Dublin Dental University Hospital, devised the course in a bid to improve understanding and awareness of these conditions and how to treat them.

Professor Phil Taylor, Dean of the Faculty of Dental Surgery at the Royal College of

Surgeons of Edinburgh, said: "This new course covers a very important area of dentistry and I'm glad the Faculty of Dental Surgery has been able to offer its support by announcing its accreditation.

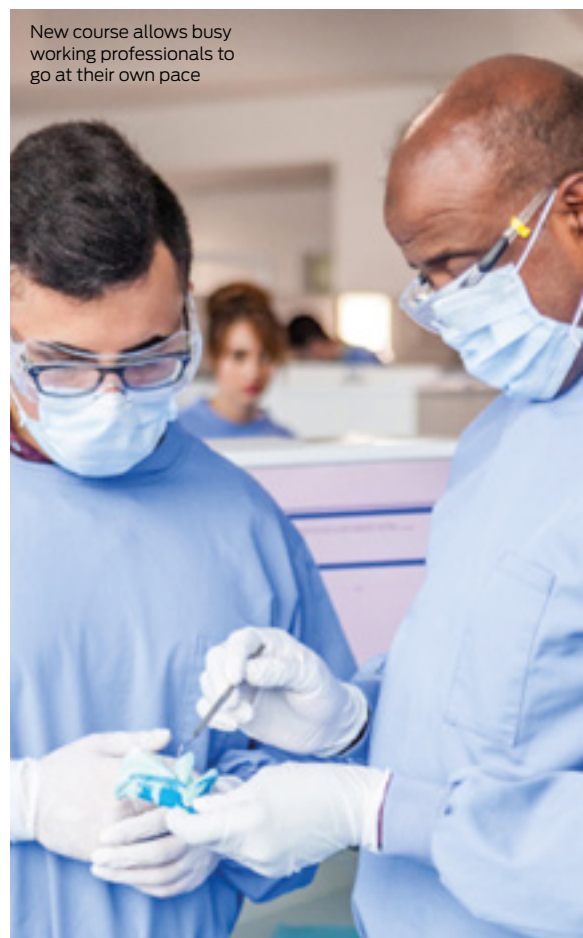
"Orofacial pain can be caused by a wide range of dental issues, so this course has been designed to improve our understanding of these problems, and to improve our ability as dental professionals to help patients suffering with these conditions."

This endorsement is a first for the Faculty as part of their newly launched accreditation scheme which has been created to provide assurance to dentists that courses are of a high standard and provide quality learning outcomes.

Improving our understanding of orofacial pain, see page 21.

For more information on the course: <https://online.dentalhospital.ie>. For more on the RCSEd's Faculty of Dental Surgery: www.rcsed.com.

New course allows busy working professionals to go at their own pace



GC Europe celebrates 50 years

Anniversary marked by a commitment to quality in oral health

GC EUROPE'S 50th anniversary was celebrated on 14 October with an opportunity for the company to commemorate its unwavering dedication to quality in oral health.

Hosting a prestigious anniversary event with close to 200 guests, GC Europe (<https://europe.gc.dental/en>) put the spotlight on its plans for the next decade.



This celebration closely followed GC Corporation's centennial anniversary on 11 February 2021 which was marked by a selection of celebratory events across the world.

The 50th anniversary event invited dental professionals, academics and trade and industry partners from Europe, the Middle East and Africa. The landmark occasion included inspiring speeches from local government representatives, stakeholders and research partners who all underlined the importance of strong collaboration.

Dr Kiyotaka Nakao, president and chief executive of GC Corporation/GC International AG, expressed his deepest gratitude for the dedicated support that has led to today's success, quoting GC's new corporate Vision 2031, "to become the leading dental company committed to realising a healthy and long-living society".

Funding announcement

Meanwhile, dental academics and clinicians have been invited to apply for a Foundation Nakao Grant – the fourth round of funding made available by the foundation since its launch in 2018. The organisation supports clinical trials and research in topics such as minimum intervention dentistry and oral health of the elderly.

Successful applications will receive fully funded projects of £44,000 per year. This is in addition to broad exposure among dental professionals, the dental industry and the public of each study's outcomes and achievements. The maximum grant goes up to two years and £90,552.66. If the project budget is more than £45,276.33 in two years, then applicants will need to submit applications for the second year.

<https://www.foundation-nakao.com/applications>

Antrim Road practice under new ownership

Two new jobs for Gate Lodge Dental as services are expanded

A LONG-ESTABLISHED dental practice on Belfast's Antrim Road is now under new ownership with the management announcing two new jobs and plans to grow services and patient numbers.

Gate Lodge Dental Practice was established in 1993 when the Gate Lodge to Belfast Castle was acquired and converted to a functioning dental surgery by former owner and current associate dentist John McCambridge. Its new owner and principal dentist, Conor O'Hare, officially took ownership of the practice from Mr McCambridge in October and has announced plans to expand its range of services.

Conor, who qualified from Dundee University in 2014, worked in private practice dentistry in New Zealand before returning home to Templepatrick six years ago.

Since taking ownership of Gate Lodge Dental Practice, he has introduced a range of cosmetic treatments to be offered alongside check-ups and general dentistry work, including smile makeovers, short-term orthodontics, facial aesthetics and more. This increase in available treatments has

also led to the creation of two new full-time positions within the practice.

He says expanding the scope of the practice through new cosmetic treatments will underpin its future growth.

"More than everyday dentistry, our patients are actively seeking out cosmetic treatments," said Conor.

"These can include dentistry work such as crowns, veneers, composite bonding or whitening, but non-surgical facial aesthetic procedures like anti-wrinkle treatments are a big part of the repertoire of the modern private practice and I see these services playing a significant role in the future of Gate Lodge."

Currently, the practice has approximately 3,000 active patients which it serves through its two surgeries. Future plans could see the commissioning of a third, Conor said. "We're fortunate to have the capacity for a third surgery which would see us grow patient numbers by around two thirds, from 3,000 to 5,000," he said.



Conor O'Hare outside Gate Lodge Dental

Dental resource hub launched

PRACTICE PLAN has launched an online hub for the dental profession which it describes as a "comprehensive resource centre designed to give you a sense of calm and peace of mind, and to help you take positive action in the key areas affecting you the most right now".

Split into four sections: Wellbeing, Recruitment and Retention, Cost of living, and Business Finances, YouHub aims to provide support in key areas and provide the know-how "needed to navigate your way through the choppy waters we're facing."

The content has been developed by collaborating with experts in the fields of mental health and wellbeing, HR and recruitment, as well as business coaches, mentors, and Practice Plan's colleagues at Wesleyan.

In Wellbeing, there is advice on meditation, mindfulness, dealing with burnout and suggestions on how to improve your team's morale. In Recruitment, there are webinars and blogs on subjects such as how to use CSR (Corporate Social Responsibility) to attract and keep good staff, how to be a good leader and the importance of supporting your staff.

The Cost-of-Living section has resources to help with your personal finances such as a handy budget planner from the team at Wesleyan, and a podcast from award-winning financial coach Catherine Morgan. The Business Finances section is where you'll find information to help you run a practice.

Find out more at: www.practiceplan.co.uk/youhub/

SDI's Luna 2 stands up to clinical challenges

AS a leading manufacturer of dental products, SDI continues to find new ways to meet clinical challenges with Luna 2. The newest universal composite from SDI, Luna 2 was launched earlier in 2022 with features based on clinician feedback.

Building on the success of Luna, the next generation Luna 2 is new and improved, designed to elevate the workflow and provide additional benefits to patients and dentists. These include creamy handling without sticking to instruments or slumping, with leading clinicians praising its ease of use. Made possible by the composite's ultra-fine particles, this creamy consistency also lends itself to perfect polishing, in a radically reduced time.

Additional stand-out improvements from the original

Luna span from its natural tooth-like appearance across all light, and easy matching to the Classical Vita Shade Guide. With a notable high compressive strength of 360 MPa, high flexural strength at 130 MPa and an impressive 250% AL radiopacity, the composite suits almost any

indication and clinical case.

BPA-free, it's perfect for health-conscious patients, and Luna 2 adds to patient comfort by speeding up chair time with a 40 second curing time for opaque shades and just 20 seconds for remaining shades.



DATES FOR YOUR DIARY

2023

25 FEBRUARY

25th Annual Conference for Dental Care Professionals

Edinburgh

<https://www.rcsed.ac.uk/events-courses/event-details-25th-annual-conference-for-dental-care-professionals>

24-25 MARCH

BDIA Dental Showcase

London

www.dentalshowcase.com

24-25 MARCH

Excellence for the Dental Team

London

<https://cgdent.uk/2022/07/11/biennial-international-conference-2023-excellence-for-the-dental-team>

17-29 APRIL

International Osteology Symposium

Barcelona

www.osteology-barcelona.org

11-13 MAY

European Aligner Society 4th Congress

Turin

www.eas-aligners.com/4th-eas-congress

18-20 MAY

Oral Reconstruction Global Symposium

Rome

<https://symposium2023.orfoundation.org>

19-20 MAY

Scottish Dental Show

Glasgow

<https://www.sdshow.co.uk>

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

Research links SDF treatments to oral health benefits

A SMART Operative Guide for Working with Teeth aims to provide a less stressful and more rewarding way to practice dentistry.

Revealing insights include using SDF as a pharmacological adjunct to oral hygiene, demonstrating the ability of carious dentine to heal, the benefits of SDF in the process, and remineralisation and restoration techniques. Each of these techniques includes step-by-step instructions and summaries.

Researched and written by Geoff Knight, an Australian general dentist with interests in aesthetic and preservation

dentistry, the book walks readers through innovative restorative techniques.

With a broad clinical base, Geoff is also an Adjunct Professor of Rural Health at La Tribe University and he's been published in numerous journals, writing more than 150 dental articles. In addition to his research, Geoff has produced a series of clinical videos and webinars, attracting more than million views on social media.



To find out more about A SMART Operative Guide for Working with Teeth and to buy the book visit <https://sdiestoratives.co.uk/articles/silver-fluoride-and-glass-ionomer-cement/>

Strontium may improve implant recovery

Scaffolds loaded with the metallic element stimulate wound healing, say researchers

RESEARCHERS have developed a strontium-loaded scaffold that can be personalised to fit any size of dental implant and could help improve healing and tissue attachment in patients.

The success of dental implants is dependent on the growth and adhesion of soft tissues to the implant surface.

Previous research by the team at the State University of New York at Buffalo found that strontium, a bone-seeking element that improves bone density and strength, also supports soft tissue function.

Strontium, they discovered, can promote the function of a fibroblast – a type of cell that forms connective tissues and plays a critical role in wound healing.

The latest study, published this year in the *Journal of Biomedical Materials Research*, found that scaffolds loaded with strontium – even at low concentrations – promoted wound healing by stimulating gingival fibroblast activity.

“Scaffold materials have been explored to promote bone and skin wound healing, but adaptations for the oral cavity are limited,” said lead investigator Michelle Visser, PhD, Associate Professor of Oral Biology at the University of Buffalo’s School of Dental Medicine. “These novel scaffolds represent a system for effective strontium release in the oral cavity.”

To produce the scaffolds – porous structures that promote and guide cell growth – the researchers developed reusable, ring-shaped templates and moulds. The flexible hydrogel scaffolds are infused

with a range of strontium concentrations that are released in an initial burst over 24 hours, followed by a sustained dosage over four days, with minimal toxicity.

Tested in the laboratory, the strontium-loaded scaffolds increased the cellular activity of isolated gingival fibroblasts cells, while the hydrogel scaffold alone had little effect on the cells.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jbm.a.37439>



Combine learning with a break

The Scottish Dental Show is a great opportunity for professional development and to meet colleagues

TRAVELLING to Scotland from Ireland is a breeze – with frequent sailings and flights between major ferry ports and airports, you can board a boat or plane and be there in just a few hours¹.

So, why not plan a break that also includes the opportunity to complete some continuing professional development?

On 19-20 May, Glasgow is hosting the Scottish Dental Show – a fantastic opportunity for learning, but also a chance to catchup with colleagues and meet the suppliers and advisers supporting the profession.

Alongside a fantastic exhibition, the show features a wide-ranging education programme comprising lectures and workshops. GDC highly recommended topics – medical emergencies, disinfection & decontamination and radiography & radiation protection – and GDC recommended topics – legal and ethical issues, complaints handling, oral cancer early detection, safeguarding children and young people and safeguarding vulnerable adults – feature on both days.

Among the speakers in 2023 are:

- Mark Worrall, Head of Department,

Medical Physics, University of Dundee (Radiography)

- Stacey O'Donoghue, Dental Tutor, NHS Education Scotland (Infection Control and Decontamination)
- Mike Lewis, Professor of Oral Medicine, University of Cardiff (Oral Cancer)
- Mark Greenwood, Consultant in Oral and Maxillofacial Surgery, Newcastle University (Medical Emergencies)
- Emma Riley, Chair of the Society of British Dental Nurses and Ambassador for the Mouth Cancer Foundation (Oral cancer and the Role of the Dental Nurse)
- James Green, Maxillofacial and Dental Laboratory Manager, Great Ormond Street Hospital for Children (Medical Devices Regulation)
- Stuart Clark, Oral and Maxillofacial Consultant, NHS Manchester (Medical Emergencies)
- Siobhan Kelleher, Dental Coach
- Lauren Long, Dental Therapist

Check the Scottish Dental Show 2023 website for updates: <https://www.sdshow.co.uk/>

¹<https://bit.ly/3h9IOk0>



Call for poster award entries

THE College of General Dentistry is organising a Primary Dental Care Research Poster Award, and all dental professionals, dental students, trainees and members of the wider dental team can enter. Initial submissions must take the form of a structured abstract of up to 350 words about research into a topic of relevance to primary dental care, highlighting the research process undertaken and the clinical importance and implications of the results obtained.

Abstracts should be submitted as a Microsoft Word document by email to contact@cgdent.uk no later than Sunday 15 January 2023, using the subject line "CGDent primary dental care poster award". Full details of the CGDent Primary Dental Care Research Poster Award, and a link to guidance on writing abstracts, are available at: bit.ly/3VJxGCN

Posters of accepted entries will need to be submitted as a PDF by 10 March 2023 and will be displayed at the CGDent-Quintessence Publishing Excellence for the Dental Team international conference taking place in London on 24-25 March 2023. Details of the conference are available at: bit.ly/3VOUjWn

Entrants must be willing to attend and present their displays for adjudication during the conference (day passes will be provided).

'Action needed' on NI children's oral health

NEARLY 100,000 children in Northern Ireland have required extractions since 2017, according to figures¹ published by the Executive.

Between 2017 and 2020 more than 5,000 young people were treated in hospital each year on average. The number dips, reflecting the impact of the pandemic where many young people were waiting for urgent dental treatment.

Although the figures do include extractions of healthy teeth, in preparation for orthodontic

treatment, most of these extractions are typically linked to poor oral hygiene.

Roz McMullan, Chair of British Dental Association's Northern Ireland Council, said: "These statistics are really worrying, particularly when dental decay is highly distressing for children and their families.

"It affects a child's ability to socialise and causes physical pain and discomfort. Education is impacted as children cannot sleep due to pain that is completely

preventable with the correct interventions from a younger age.

"We've been raising these issues for years – government needs to step up and press forward with a coordinated approach to child oral health in the form of an updated Oral Health Strategy. It simply must be a priority."

¹<https://bit.ly/3HvZ3vQ>

Demonstrating targeted prophylaxis

Innovative approaches are evolving for specialist areas of practise

The forthcoming International Dental Show (IDS), running from 14 to 18 March 2023 in Cologne, will feature a comprehensive overview of targeted prophylaxis. While brushing teeth is accepted as the basis of good oral care, the show is posing the question: “What can one do beyond that to ensure the health of the teeth and gums?”

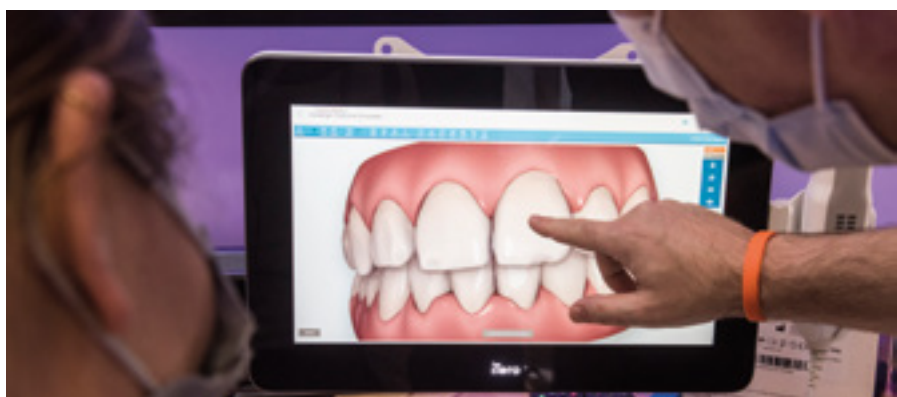
The pandemic has put a renewed focus on mouthwashes. A study carried out by researchers at the Claude Bernard University Lyon 1 found that their use can reduce the risk of viral infections (by 71 per cent after a single rinse). IDS 2023 will feature an overview of products and the current state of scientific knowledge.

In addition to the trusted methods of preventing tooth decay, innovative approaches are evolving for specialist areas of practise, for example in the field of orthodontics. Oral care can be difficult when braces are in place. Fluoride varnish offers additional support here. Based on current studies, in the case of initial lesions a better effect can be achieved when it is applied in combination with the peptide P11-4.

Domestic oral care is best enhanced by professional measures – in the form of supragingival and, where necessary, subgingival measures. Here, mechanised processes have established themselves (i.e., ultrasound, sonar and powder jet devices), because the patients often find them more comfortable than when hand instruments are used.

In the case of powder jet devices there are variable opportunities, for example glycine powder for cleaning more sensitive root surfaces

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underneath the edge of the gum or in deep, inflamed gingival pockets, sodium hydrogen carbonate for stubborn stains on the intact enamel of heavy smokers.

Diet – and expedient supplements, especially probiotics – could play a more significant role in the future. The thinking is that if the human immune system can no longer prevent harmful bacteria from penetrating the body via the teeth due to unfavourable individual circumstances, such as “patient smokes” and/or “immune-compromised patient”, then health-promoting bacteria could be introduced, in the form of probiotics.

Probiotic strains (i.e., from types of lactobacilli and streptococci, bifidobacteria as well as the beer yeast, *saccharomyces cerevisiae* var. *boulardii*) can then help prevent potentially pathogenic bacteria (i.e., *porphyromonas gingivalis*, *tannerella forsythia* and *treponema denticola*) from escalating.

The event will also provide information on how oral flora can be kept in balance with the aid of probiotics in various dosage forms. The aim is to provide a success-securing enhancement to brushing one’s teeth regularly.

In the case of a temporary restriction of adequate domestic oral care (e.g., after a serious illness), in the case of permanent clearly suboptimal domestic oral care (e.g., “patient simply doesn’t manage more”) or in

the case of a constant, non-correctable proneness to inflammation, the patient would benefit to a strong degree.

Probiotics can also significantly promote wound healing after professional periodontal prophylactic measures (e.g., scaling and root planning) and reduce the probing depths.

“We know that in the case of two main oral diseases, tooth decay and periodontitis, the prophylactic measures are far-reaching,” said Mark Stephen Pace, Chairman of the Association of the German Dental Manufacturers. “So, in addition to the trusted concepts, I am expecting different innovative solutions in the section of domestic and professional oral care. The dental industry needs to think ahead here and develop ideas.

“At IDS in Cologne, we will also be celebrating 100 years of the show. This is going to be a particularly forward-looking event for our entire community and particularly for the developments in dental prophylaxis – perhaps with an odd extra innovation to commemorate the anniversary.”

IDS takes place in Cologne every two years and is organised by the GFDI Gesellschaft zur Förderung der Dental-Industrie mbH, the commercial enterprise of the Association of German Dental Manufacturers (VDDI). It is staged by the Koelnmesse GmbH, Cologne. www.english.ids-cologne.de

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A positive way forward

Dental health for all: Critical steps for reducing inequalities in oral health for people with disabilities

In 2012, the International Association for Disability & Oral Health (iADH) took a big leap forward in addressing the oral health inequalities faced by people with disabilities by launching guidance for designing an undergraduate curriculum in special care dentistry.

Ten years on, we have seen plenty of progress in the attitudes towards better treatment for this diverse population of patients, but there is still a long way to go. The experience students gain in special care dentistry during undergraduate training continues to be incredibly adhoc. Even today, it is still very possible for a student to graduate from dental training without having treated one person with a disability.

People with disabilities have problems accessing care wherever they live in the world. When they do receive treatment, the outcomes often fail to meet the standards seen for the general population. So, where do we go from here? How do we ensure that people living with disabilities have access to quality oral health care and outcomes?

Mandatory training

Approximately 1 in 5 people are living with a disability.¹ Training needs to reflect the world we live in so that students are able to provide care for their whole community following graduation and are equipped with the skills and confidence to do so.

To truly improve outcomes for people with disabilities, we need to elevate the importance of special care dentistry within both clinical practice and dental team training. Exposure to people with disabilities should be seen as an essential part of professional training, not just “nice to have”. This means mandatory inclusion of special care dentistry in all undergraduate programmes, with structured training and assessments, including logbooks showing diverse patients during clinical training – the same as any other dental discipline.

This isn't the case currently. In the United Kingdom and Ireland, we see vastly different scenarios between institutions, ranging from adhoc exposure to exemplary programmes that include special care dentistry as a clinical speciality with associated academic departments. In some dental hospitals, exposure depends entirely on whether a person with a disability visits the hospital for

treatment – and even then, there is no guarantee that there is a trained expert on hand that can guide the student on how to provide quality care to that individual. This type of scenario just wouldn't happen in endodontics or oral surgery training.

Gradual exposure

Many students will have had no exposure to people with disabilities growing up, so it can be very daunting to work with someone with special healthcare needs. When it comes to special care dentistry, it's necessary for students to learn how to make reasonable adjustments to their typical approach. It's all about learning to problem-solve, work together, make adjustments and find a path forward for each individual patient that truly demonstrates a student's understanding of patient-centred care.

Training needs to promote an inclusive model of disability that recognises that no two patients are the same, even if they share the same diagnosis. It should also embrace the International Classification of Functioning, Disability and Health (ICF) – recognising that we are all on a spectrum of ability and disability. Students should spend time with people with disabilities in non-dental environments, through community projects, to encourage them to question their pre-existing beliefs. As students start to become familiar with different types of diversity, they can start to focus on providing personalised, precision care for everybody.

It's also important for students to have time for reflection. What did they learn? What did they find easier or harder than expected? Where may unconscious bias be setting in? It's all a learning curve and students should be given the chance to build confidence over time, rather than being thrown into the deep end. They can start with prevention and communication, then work up to doing simple treatments within their clinical competency.

A change in mindset

Dentists often think that people with disabilities can't achieve good oral hygiene, which is not the case at all. It's just that they need the right equipment, the right level of assistance, and creative and innovative solutions. A big part of educating students and dental professionals about working with people with disabilities involves getting them to rethink their assumptions and question unconscious bias. Providing quality care to people with

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disabilities isn't solely about getting them through the door, it means ensuring that treatment outcomes are equitable as well.

Longitudinal ageing studies show that people with disabilities struggle to access preventative care, as well as periodontal, restorative and functional treatment.² One study in Ireland found that the more often people with intellectual disabilities visited the dentist, the fewer teeth they had – due to the increased likelihood of undergoing extractions compared to able-bodied peers.³

Equitable care requires a mindset shift, with dentists thinking about how to facilitate the right care for each person. Finding strategies to restore rather than extract teeth to maintain function should be easier nowadays due to technological advances such as rotary endodontics. For patients with physical disabilities, a whole range of aids are available to assist with brushing and maintaining good oral hygiene. Disability does not equal poor oral health, yet this has been written into textbooks over the years – so will take time to change the mindset and attitudes of trainers and students alike.

Mainstream acceptance and support

Just like sustainability, special care dentistry should be embedded into the whole curriculum, not taught in a silo or added as an afterthought. For example, if students are studying communication, they should be taught how to communicate with people with hearing impairments or aphasia as part of that module. If they are learning about consent, they should learn how to assure autonomy for those with disabilities as well as assisted decision-making processes for individuals without the capacity to make their own decisions. The skills students learn from working with diverse patients are transferable skills for the whole population. Communication, teamwork, planning, problem-solving, patient centricity – these skills are at the heart of quality care and are valuable for treating all patients with dignity.

This also needs to carry through to general practice. While some people with disabilities require specialist care at designated clinics with highly trained teams, 85% of people with disabilities can and should be treated within general practice.⁴ We have seen amazing technological advancements that can make care so much better for all kinds of patients. Think about how much easier treatment has become with digital solutions like CAD/CAM compared to traditional impressions. We have the tools available to make life easier for patients and scales to measure the complexity and skills needed to take on a certain case.

Just as we need specialist oral surgeons to take on difficult wisdom teeth removals, there is always going to be a subset of patients with disabilities that require specialist care. That's where postgraduate education comes into play. But in the end, it's not about whether someone is a specialist or not. It's about whether they have the skills, training and equipment to treat someone – plus the willingness to do so.

Looking to the future

There is still a lot of work to be done to address the oral health inequality experienced by people with disabilities, but we know the steps we need to take on the path ahead. This year, the World Health Organization adopted a landmark global strategy on oral health, setting a bold but essential vision for universal oral health coverage by 2030. It's a significant step in the right direction, but it will take time. Change also needs to be built from the ground up, by training the next generation of dental professionals.

My dream is for special care dentistry to be seen as something that is cutting edge and allows diverse

individuals to achieve their personal best health, not a sub-standard compromise. Something that is included in every dentistry conference, the focus of long-term research, and driven by specialist postgraduate training. A discipline that showcases precision care at its finest and is inclusive of all members of our community. Because good oral health isn't a luxury, it's a human right.

This article was based on a presentation by Professor Alison Dougall for the digital event "Special Care Dentistry: Reducing Inequalities – Bridging the Gap", organised by Dentsply Sirona International Special Clinic Solutions on 15 November 2022. Dentsply Sirona is committed to supporting clinicians to go beyond and help build a dental industry that is fairer, more inclusive and ensures the highest standards of ethics and responsibility. For a recording of this training event, contact salzburgaut-clinicsolutions@dentsplysirona.com.

Professor Alison Dougall is Head of Child and Dental Public Health at Trinity College Dublin and Director of the Doctorate Training Programme in Social Care Dentistry. She is the past president of the International Association for Disability & Oral Health (iADH) and led the International Task Force that produced consensus guidelines for developing a curriculum on special care dentistry. She was the Health Leader in Ireland in 2018 and 2021 won the John Tomes Medal for the international impact of her body of work.

Professor Dougall is a clinical consultant providing comprehensive care for people with complex healthcare needs. In addition to writing a clinical guide to special care dentistry, she has more than 45 articles published in peer-reviewed journals.

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Equitable care requires a mindset shift, with dentists thinking about how to facilitate the right care for each person

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Colin Campbell, The Campbell Clinic

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Munawwa Ladak, Safana Dental Clinic

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Dr MJ Rowland-Warmann, Smileworks

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Improving our understanding of orofacial pain

Accreditation of Trinity College Dublin's new course announced

The Royal College of Surgeons of Edinburgh's Faculty of Dental Surgery has confirmed its accreditation of the Certificate in Orofacial Pain (OFP), a new joint course launched by Trinity College's Dublin Dental University Hospital and the University of Southern California (USC)

The course will focus on OFP – a complex area of dentistry in which patients often need very careful diagnoses – and will arm dental professionals with the requisite skills to treat patients living with conditions such as TMD, headaches and orofacial pain.

This endorsement is a first for the Faculty as part of its newly launched accreditation scheme which has been created to provide assurance to dentists that courses are of a high standard and provide quality learning outcomes.

Professor Phil Taylor, Dean of the Faculty of Dental Surgery at the Royal College of Surgeons of Edinburgh, said: "This new course covers a very important area of dentistry and I'm glad the Faculty of Dental Surgery has been able to offer its support by announcing its accreditation.

"Orofacial pain can be caused by a wide range of dental issues, so this course has been designed to improve our understanding of these problems, and to improve our ability as dental professionals to help patients suffering with these conditions."

Dr Dermot Canavan, Lecturer in Orofacial Pain and Michael O'Sullivan, Director of Graduate Prosthodontics, at Dublin Dental University Hospital, and Glenn Clark, Professor at the Herman Ostrow School of Dentistry of the University of Southern California (USC), devised the course in a bid to improve understanding and awareness of these conditions and how to treat them.

Dr Canavan explained: "Facial pain is one of the four most common conditions in pain clinics across the world. If you're interested in broadening your knowledge of oral facial pain, then our new online one-year certificate programme may be for you. Our programme is unique in that it's a joint offering between

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the USC in Los Angeles and Trinity College Dublin.

"Our new programme will be jointly presented by myself and Professor Glenn Clark, a world-renowned figure in the field of oral facial pain and who has authored several textbooks on the subject.

"I, myself, have been involved in clinical practice and teaching about facial pain at dental schools in Dublin, London and the United States. Our certificate programme allows you to study from home and at the same time continue your clinical practice.

"We also have a practical component that allows you to acquire all the clinical skills that you will need. The topics covered will include temporomandibular disorders,

Current perspectives on OFP

Some of the most prevalent and debilitating pain conditions arise from the structures innervated by the trigeminal system (head, face, masticatory musculature, temporomandibular joint and associated structures).

Orofacial pain (OFP) can arise from different regions and etiologies. Temporomandibular disorders (TMD) are the most prevalent OFP conditions for which patients seek treatment. Temporomandibular disorders include a number of clinical problems that involve the masticatory musculature, the temporomandibular joint (TMJ) or both.

Trigeminal neuropathic pain conditions can arise from injury secondary to dental procedures, infection, neoplasias, or disease or dysfunction of

the peripheral and/or central nervous system.

Neurovascular disorders, such as primary headaches, can present as chronic orofacial pain, such as in the case of facial migraine, where the pain is localized in the second and third division of the trigeminal nerve.

Together, these disorders of the trigeminal system impact the quality of life of the sufferer dramatically.

A multidisciplinary pain management approach should be considered for the optimal treatment of OFP disorders including both non-pharmacological and pharmacological modalities.

bit.ly/3h71vOt





trigeminal nerve pains and headache disorders. On completion of our course, not only will you have enhanced knowledge of these disorders, but it will also increase the scope of your clinical practise.”

The Postgraduate Certificate course in Orofacial Pain is designed for general dental practitioners or dental specialists to enable them to develop their skills set, through learning and research, to work at an advanced level within dental practice. The new course is designed to be one of the most attractive clinical areas for dental practitioners and its format will facilitate those in dental practice.

To ensure its professional and academic quality the School of Dental Science and the Dublin Dental University Hospital teamed up with the Herman Ostrow School of Dentistry of the University of Southern California.

It is already delivering a similar certificate course in Orofacial Pain specifically designed for the practicing dental professional who wants to improve



ON COMPLETION, NOT ONLY WILL YOU HAVE ENHANCED KNOWLEDGE OF THESE DISORDERS, BUT IT WILL ALSO INCREASE THE SCOPE OF YOUR CLINICAL PRACTISE.”

skills and gain a world leading expertise to deliver the best care for patients with complex conditions

The aim of this course is to enable students to develop the skills and knowledge in OFP, headache and temporomandibular disorders. The course will expand students' knowledge and skills in the management of these patients.

The course uses a range of assessments, which give students the opportunity to produce assessed work which is highly relevant to the clinical environment, and

which develops independent life-long learning skills. The course is designed in three modules covering neuropathic orofacial pain, headache disorders and temporomandibular dysfunction.

The course is taught by the School of Dental Science using a blended learning approach through the College Virtual Learning Environment, Blackboard Learn and Blackboard Collaborate in addition to attendance at the Dublin Dental University Hospital for didactic and hands on portions of the modules.

About the staff



Dr Dermot Canavan

Dr Canavan is a lecturer in orofacial pain at Dublin Dental University Hospital. He completed his postgraduate training in 1994 at the University of California, Los Angeles. During his time in Los Angeles, Dr Canavan worked with Professor Glenn Clark, a world-renowned expert in OFO research. Dr

Canavan has published a significant number of peer reviewed articles on orofacial pain and contributed chapters to several textbooks on headache, endodontics and orofacial pain. Having worked in dental schools in Los Angeles, London and Dublin, Dr Canavan has extensive international experience in teaching in orofacial pain programmes.



Dr Glenn Clark

Dr Glenn Clark is a currently full Professor in the Division of Diagnostic Sciences at the Ostrow School of Dentistry of USC and Assistant Dean of Distance Education. He is Director of the Orofacial Pain and Oral Medicine Centre, Director of the Orofacial Pain two-year conventional residency programme

and Director of the three-year hybrid-online master's degree programme in orofacial pain and oral medicine. Dr Clark's academic career began at UCLA, and he held various administrative posts including Director of the Clinical Research Centre, Director of the Dental Research Institute and Associate Dean of Research.

He began his research work focusing on both temporomandibular disorders and trigeminal motor function and dysfunction including bruxism, dystonia, and chronic myofascial pain disorders of the jaw system. In 1986 Dr Clark's expanded his research work to include studies on the diagnosis and treatment of obstructive sleep apnoea.

Dr Clark was given the Pierre Robin Award for Academic Excellence (2001) by the Academy of Dental Sleep Medicine and in

2004 he was awarded honorary fellowship in the American Academy of Oral Medicine. In 2005, he was given a lifetime achievement award by the American Academy of Orofacial Pain.



Dr Philip Hardy

Dr Philip Hardy qualified from Trinity College, in 1991 after a short career in engineering. He worked for one year in the Dublin Dental Hospital, as a Junior House Officer, and then a further three years as a part-time registrar/teacher in oral surgery. He then spent thirteen years in general practice in Wexford with a special

interest in occlusion and orofacial pain. He returned to full-time teaching in 2005. Having completed a master's degree in leadership in health professions education in 2012, he is currently a lecturer in restorative dentistry in the DDUH and up to recently has been the Director of Undergraduate Restorative Clinics. One of his specific teaching responsibilities is running the undergraduate courses in occlusion and basic aspects of TMD and orofacial pain.



Dr Michael O'Sullivan

Dr Michael O'Sullivan is an Associate Professor/Consultant in Restorative Dentistry at the Dublin Dental School University Hospital, Trinity College Dublin. He is currently Head of the Division of Restorative Dentistry and Periodontology Dentistry. He has taught in the area of occlusion

and function for more than 25 years and is Director of Postgraduate Prosthodontics Programme.

For more information on the course: <https://online.dentalhospital.ie>. For more on the RCSEd's Faculty of Dental Surgery: www.rcsed.ac.uk/faculties/faculty-of-dental-surgery

New course will arm dental professionals with the requisite skills to treat patients living with conditions such as TMD, headaches and orofacial pain



“

THE AIM OF THIS COURSE IS TO ENABLE STUDENTS TO DEVELOP THE SKILLS AND KNOWLEDGE IN OFP, HEADACHE AND TEMPOROMANDIBULAR DISORDERS.”

Dentistry's future in question

Irish Parliament debates crisis in care as HSE dental surgeons gather for the first time, post-pandemic



The HSE Dental Surgeons Seminar took place this autumn, in-person for the first time in three years. Those attending said

it was important to meet colleagues, share experiences and benefit from guidance at a time of great stress within the service. They pointed out that the scale of the decline in staff numbers within the Health Service Executive (HSE) dental service can only be appreciated when looked at over a longer timescale.

Understaffing and a lack of resources in the public dental service is being blamed for the delays in providing much-needed treatment, with the numbers of practising public-only dentists having dropped

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by almost a quarter (23 per cent) in the past 15 years; decreasing from 330 in 2006 to 254 in 2022. It means the HSE would need to hire 76 dentists, immediately, to the bring the service back to the levels it was at 15 years ago.

A discussion in the Irish Parliament, the week before the seminar, featured an acknowledgement by Stephen Donnelly, the Minister for Health, that the Irish Dental Association (IDA) was correct to identify the need for a significant increase in staff.

The issue of the public dental system, particularly in relation to primary school age children, was raised by Labour's Duncan Smith, who said: "The system has collapsed. The waiting times, in areas where they even exist, are too long. They are longer than the time children

spend in primary school. What is the Minister's plan to address this?"

Deputy Donnelly responded: "The HSE public dental service provides care for children up to 16 years of age. It includes emergency care, a fissure sealant programme and care for orthodontics. There have, as the Deputy Smith correctly said, been significant delays in the provision of these services. These were significant before COVID-19 arrived and, as with many other patient services, COVID has made them worse. It is not acceptable that children and their families are facing these long waiting periods for access to oral healthcare.

"It is a top priority for me and the Government to address it. Critically, we are backing that sentiment up with money, which is what matters. I have allocated an unprecedented €15 million in the budget for next



Delegates were sceptical of proposed changes to the model of dental care

year to enhance the provision of oral health services.

“A dedicated amount of nearly €5 million has been provided to develop a comprehensive oral healthcare package for children. This will make a huge difference. This is an intervention package for children from birth up to seven years of age and is aligned with the national oral health policy.

“We will see the benefits of these packages in the years to come. On top of that, I have allocated €9 million specifically to address the waiting lists in orthodontics, which the Deputy has quite rightly called out, and to allow the public dental service to provide care to all eligible children.

“In addition to the €15 million allocation, resources will also be available to recruit more orthodontists. There has been a specific request for orthodontists to provide clinical leadership within the HSE to drive this oral health strategy, Smile agus Sláinte. These staff will allow for the very substantial reform that is required right across the system.”

Deputy Smith acknowledged the financial commitment but questioned from where the much-needed dentists would be sourced: “The Irish Dental Association has said we need 400 whole-time equivalent staff in our dental service to bring us to where we need to be.

“There is a role for the [Education] Minister, Deputy [Simon] Harris, in resourcing third level and further education in UCD [University College Dublin] and Trinity College. What negotiations are taking place to ensure that we are able to develop dentists and orthodontists here, but also to attract them from overseas?”

Deputy Donnelly responded: “While we need to keep going, what has been done this year? A number of community healthcare organisations have already run recruitment initiatives to fill the vacancies that exist. Vacancies equivalent to approximately 72 whole-time equivalent staff have been filled so far this year. That is very welcome progress.

“The HSE dental service recently held a recruitment event. It invited dentists who are registered or entitled to be registered with the Dental Council of Ireland. I am delighted to say that the event was well attended by dentists who were expressing an interest in these public service jobs, which is where we need them.

“So far this year, there has been a net increase of 72. We are going to continue to push on that. We have sanctioned more roles because, as the Deputy quite rightly says, we need to build up the workforce. The Irish Dental Association is correct in saying that we need significant additional numbers in the public service provision.”

Deputy Smith also raised the lack of oral or dental hygienists and the need to get dentists back into schools “examining children at a young age and getting them into streams to ensure they have good oral care and that they get any structural dental issues sorted out in their early teens”.

Deputy Donnelly agreed with the opposition member, adding: “There are several layers to what we are doing. One is prevention. The programme we are now bringing in for children from birth up to seven years of age is really exciting.

“The second layer is building additional capacity in our public health service, which we have discussed, and the third is modernisation and reform. This is why we are introducing clinical leaders to the system, which we have had not had before, to help with regard to models of care for children and adults.

“One area in which we need to be open to quite radical action is that of college places and training places. The reality is that we do not educate remotely enough healthcare professionals in our country. We need to see at least a doubling of college places. That would cover both groups

of workers the Deputy has described, dentists and dental hygienists. We need to be radical and ambitious in scaling up the number of college places and training places in the coming years.”

Back at the HSE seminar, delegates were urged to support the IDA’s campaigning efforts by contacting their local politicians and speaking to local media.

The impact of the collapse in the Dental Treatment Service Scheme on the HSE dental service was evident in the discussions among dentists who attended. One example cited was that the number of private dentists with DTSS contracts in the Laois-Offaly constituency has fallen from 36 in January 2015 to 11 last August.

This makes access to dental care for adults challenging and, in turn, puts extra pressure on the HSE dental services which are supposed to focus on children, special care patients, refugees and other vulnerable groups.

At the seminar, a presentation by Dr Dympna Kavanagh, Ireland’s Chief Dental Officer, signalled that significant changes in the model of dental care are envisaged by the Department of Health. However, many dentists were sceptical, and the IDA said that it was critical that discussions began with the association “sooner rather than later”.

Meanwhile, a spokesperson for the IDA said the difficulty many dentists experienced in securing time off, and any form of funding, to attend the seminar underscored the need to have a collective agreement with the HSE which explicitly covers protected time and appropriate continual professional development funding. Talks are under way with the HSE, and the IDA said this was a priority for the association in the coming year.

This was the final IDA Seminar for HSE dental surgeons in the first century of the association’s history; it will be one hundred years old in January and members were urged to use the anniversary as an opportunity for suggestions about evolving future events, including the seminar.



THE IDA IS CORRECT IN SAYING WE NEED SIGNIFICANT ADDITIONAL NUMBERS IN PUBLIC SERVICE PROVISION

- STEPHEN DONNOLLY, MINISTER FOR HEALTH

New synopsis of antimicrobial prescribing guidelines

One-page synopsis summarises the recommended treatments for seven types of infection

The College of General Dentistry and Faculty of Dental Surgery of the Royal College of Surgeons of England have co-published a chairside synopsis of Antimicrobial Prescribing in Dentistry: Good Practice Guidelines.

It offers clear, simple and practical guidance on the use of antimicrobials by dental teams, and the current third edition was developed by the Faculty of General Dental Practice (now College of General Dentistry) and the Faculty of Dental Surgery of the Royal College of Surgeons of England and published in 2020.

The new one-page synopsis summarises the recommended treatments for seven types of infection, including indications for the use of antimicrobials, and the first-choice antimicrobial where use is indicated, with dosages and duration for adult patients.

Page references are indicated and a QR code included so that users can quickly and easily consult the appropriate section in the full guidance document, which also includes:

- Recommendations for other conditions.
- Second choice antimicrobials (in case, for example, of penicillin allergy).
- Dosages for children and hospital patients.

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- Consideration of medically compromised patients.
- Guidance on prophylactic prescribing for the prevention of local and distant site infections.

Dr Wendy Thompson PhD FCGDent, the College of General Dentistry's lead on antimicrobial prescribing and stewardship, and the lead developer of the synopsis, said: "The scale of the problem of antibiotic-resistant bacterial infections cannot be overstated. They already kill more people worldwide than HIV and malaria combined, and they will cause more deaths than cancer within a generation.

"By prescribing antibiotics only when strictly necessary, dental practitioners can keep antibiotics working and ultimately save lives. Using the new synopsis as an aide memoire, and referring to the full guidelines as necessary, will help them to do so."


Mr Matthew Garrett, Dean of the Faculty of Dental Surgery of the Royal College of Surgeons of England, said: "Our new one-page synopsis outlines treatment recommendations for a number of infections commonly encountered by dental practitioners, and makes it easy to access the full, detailed, condition-by-condition guidelines document, which is freely available online for the benefit of all dental professionals and their patients.

"If you only have time for one thing this week, download and print out the new synopsis to help you play your part in combatting antimicrobial resistance all year round."

Antimicrobial Prescribing in Dentistry: Good Practice Guidelines is available to view online free of charge, and the new one-page synopsis is also available free of charge to download and print. Both can be found at <https://cgdent.uk/standards-guidance/>

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THE SCALE OF THE PROBLEM OF ANTIBIOTIC-RESISTANT BACTERIAL INFECTIONS CANNOT BE OVERSTATED



Antimicrobial Prescribing in Dentistry: Good Practice Guidelines

Chairside synopsis for common conditions


Antimicrobial Prescribing in Dentistry: Good Practice Guidelines gives clear, simple and practical guidance on the use of antimicrobials in the management of oral and dental infections: when (and when not) to prescribe, what to prescribe (where indicated), for how long and at what dosage - or when to make an urgent referral. It was developed by the Faculty of General Dental Practice (now College of General Dentistry) and the Faculty of Dental Surgery of the Royal College of Surgeons of England.

Condition	Summary of recommendations*	Where antimicrobial indicated*, 1st choice for adults	See*
Acute periapical infection (dental abscess)	<ul style="list-style-type: none"> • Drain abscess, remove infected pulp or extract tooth • Antimicrobials as an adjunct to definitive treatment ONLY if evidence of systemic spread or diffuse swelling • Clindamycin/cephalosporins/amoxiclav ONLY at the direction of an oral/medical microbiology or infectious diseases specialist 	Phenoxymethylpenicillin 500mg orally four times a day for up to 5 days or	p13
Periodontal abscess	<ul style="list-style-type: none"> • Drain abscess (ideally by RSD via the pocket) or extract tooth • Antimicrobials as an adjunct to definitive treatment ONLY if evidence of systemic spread or diffuse swelling 	Amoxicillin 500mg orally three times a day for up to 5 days	p58
Necrotising periodontal disease	<ul style="list-style-type: none"> • Debride under local anaesthetic and OHI • Antimicrobials as an adjunct to local measures ONLY if evidence of systemic involvement 	Metronidazole 400mg orally three times a day for up to 5 days or	p49
Pericoronitis	<ul style="list-style-type: none"> • Debride and irrigate pericoronal space, and drain if localised abscess • Antimicrobials as an adjunct to local measures ONLY if evidence of systemic spread, severe swelling or trismus 	Amoxicillin 500mg orally three times a day for up to 5 days	p35
Acute pulpitis	<ul style="list-style-type: none"> • Provide definitive treatment of the cause, such as extraction of the pulp or extraction for a tooth with irreversible pulpitis 		p65
Dry socket	<ul style="list-style-type: none"> • Irrigate with sterile solution to remove debris and consider placing a suitable dressing in the socket which may relieve symptoms 	None	p39
Peri-implantitis	<ul style="list-style-type: none"> • Local management with mechanical debridement and OHI 		p59

*Practitioners should refer to Antimicrobial Prescribing in Dentistry: Good Practice Guidelines for full wordings, recommendations for other conditions, second choice antimicrobials, dosages for children and hospital patients, consideration of medically compromised patients, and guidance on prophylactic prescribing for the prevention of local and distant site infections

<https://cgdent.uk/antimicrobial-prescribing-in-dentistry/>

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Sleep on it

By recognising poor sleep behaviours in patients, you can give them back the control to live healthy and well-rested lives

A good night's sleep can be a balm for a stressful and unpleasant day – it's also vastly important for our health.

However, many individuals find that they cannot switch off when it's time to go to bed, resulting in sleepless nights that can progress to more severe disorders.

Dentists rely on various tools and equipment to help them deliver optimal care to patients. But the brain is equally as important, if not more so, in this endeavour. If a dentist suffers

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from poor sleep, how are they able to provide the highest standards of care? Once you've established good sleep hygiene, you'll be better able to recognise complications of sleep deprivation and disordered breathing in patients and give them the advice and guidance they need to take back control of their wellbeing.

It's important to note that sleep hygiene doesn't only impact patients. Many dentists may not be aware of how their sleep behaviours can seriously affect their working day. You may feel sluggish and short-fused, but those who experience chronic sleep disruption and/or short sleep duration could suffer from a heightened stress

response, depression, and memory or performance deficits.

As many of you will know, dentistry is a stressful field and this can trigger sleep complications. Other causes include lifestyle choices, personal commitments and sleep disorders like obstructive sleep apnoea (OSA). Poor sleep affects many areas of the body. One study found links between short sleep duration and an increased risk of cardiovascular disease in older women. Links to weight gain have also been noted, with researchers finding that poor quality of sleep could be a risk factor for weight gain, due to dysfunctional eating behaviours, reduced physical



For OSA patients who snore, a mandibular advancement splint could be used as a treatment pathway.



activity and metabolic changes. As such, it's vital to assess your sleep behaviours, to improve the quality of your personal and professional lives. With the ability to recognise poor sleep behaviours in your patients, you can give them back the control to live healthy and well-rested lives.

Are there links to oral health?

Poor sleep can also be a risk factor for various oral health complications in patients.

It is believed that prolonged sleep disturbance and short sleep duration can lead to chronic inflammation and is associated with various pathologies that are inflammatory in nature, such as periodontal disease. Sleep deficiency can also impair the healing of oral ulcers.

OSA is thought to affect around 1.5 million people in the UK – this condition disrupts sleep through obstructing the airway for repeated periods of time, commonly caused by the tongue and soft palate during sleep. OSA has been associated with poorer oral health, largely because patients with OSA breathe through their mouth. This can lead to changes in their oral microbiota and cause greater acidity.

Dentists who recognise the signs of OSA and sleep-disordered breathing are in the best position to offer treatment, support and guidance to patients. The NICE guidelines on sleep-disordered breathing recommend that, for OSA patients who snore, have mild OSA or who cannot tolerate continuous positive airway pressure (CPAP) therapy, a mandibular advancement splint could be used as a treatment pathway for

properly screened patients. This procedure requires the dentist to take an impression or intra-oral scan of the patient's dentition and record an appropriately protruded bite registration for the lab to make a precision custom-made mandibular advancement splint.

Although this option does come with higher initial costs to make and fit, they have better longevity and durability than other devices for sleep-disordered breathing. For patients who are under 18, or have active periodontal disease or caries, or uncontrolled epilepsy, a mandibular advancement splint is not recommended.

To treat patients with sleep disordered breathing, dentists should be able to demonstrate to their indemnity provider they've had training in the area of dental sleep medicine and gained experience using oral appliance therapy (OAT).

They'll work alongside other experts, such as medical sleep specialists and other healthcare professionals, to ensure patients receive the best possible care for their needs. By undergoing training in dental sleep medicine, you'll be able to give patients back control over their sleep and better protect their oral, and overall, health.

If you're looking to take on dental sleep medicine in your practice, the Dental Sleep Medicine course is available through IAS Academy¹. It is hoped to create an environment in the IAS Academy for continuous

professional development with follow up webinars.

This one-day programme teaches dentists about the natural sleep pattern and how to manage patients with sleep disordered breathing using his award-winning workflow.

Delegates will look at sleep hygiene in the dental practice, the pathophysiology of sleep disordered breathing and discuss case scenarios. Training also includes how to screen and assess patients to select who is managed in practice or referred to medical colleagues.

Delegates will not only know how to provide care for sleep issues, but will also have experienced the treatment for themselves, so they can truly appreciate the difference it makes.

You can also draw on the British and Irish Dental Sleep Medicine Societies and European Academy of Dental Sleep Medicine for additional support.

Sleep is essential for everyday functioning and for our health. Modern living offers numerous triggers for poor sleep hygiene, but fortunately new efforts have been established to combat this issue and give individuals back their sleep autonomy.

Paul Reaney (GDC no: 67731) is Principal Dentist at Dentistry @ Markethill
www.dentistrymarkethill.com/team.html

¹<https://courses.iasortho.com/courses/gb/dental-sleep-medicine>

Shining a light...

...on oral bacteria in a bid to fight infections and inflammation of the gums

Using so-called ‘extremely brilliant light’, that is millions of times brighter than the sun, researchers have advanced our understanding of how a specific group of bacteria in the human mouth contribute to periodontal disease.

A collaboration between the Canadian Light Source (CLS) at the University of Saskatchewan and researchers at the Wilfrid Laurier University in Kitchener, Canada, was focused on a group of three different bacteria – commonly referred to as the ‘red complex’ – as key contributors to infections and inflammation of the gums and bones that surround and support the teeth.

The red complex, which appears later during biofilm development, comprises species that are considered periodontal pathogens, namely, *Porphyrromonas gingivalis*, *Treponema denticola* and *Tannerella forsythia*¹.

With the CLS’s beamline, the team was able to examine the atomic details of a cluster of proteins from one of the bacteria that make up the red complex. They found that the proteins encoded in the cluster contribute to the breakdown of long

carbohydrate chains – one of the complex molecules that make up part of the ligaments that hold your teeth in place².

This discovery could eventually lead to the development of new therapeutics that specifically target the bad bacteria in oral biofilms, which are the plaque that forms on your teeth. Biofilms are a mixture of carbohydrates, extracellular DNA, lipids, and proteins.

Michael Suits, an Assistant Professor in the Department of Chemistry at Wilfrid Laurier, said the space between teeth and soft tissue is “like a warehouse, and the bacteria are like the workers inside”. The ‘warehouse’ space gives the bacteria room and “access to dismantle components of the building, or the periodontal ligaments”.

Michael’s team produced a crystallised form of the target proteins. By examining them using crystallography and X-ray diffraction analysis, they were able to learn more about how the red complex supports itself and attacks tissues in the oral cavity.

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“It (the CLS) provided us with a unique insight,” said Michael. “The level of detail we get from the synchrotron is unparalleled... it’s kind of glimpsing not under a microscope, but under a super-microscope, to really see what these proteins look like.”

There are still many questions about the red complex bacteria and how the member bacteria interact with each other and the environment, he said. He added: “There are a lot of unknowns in this system,” he said. “Understanding how these things come together is important and filling in the blanks with what we don’t understand about what’s going on in the oral cavity is important.”

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Michael Suits



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Class IV restoration with direct composite resin: a case study utilising the layering-stratification technique with the G-ænial A'CHORD composite system

Dr Anthony Mak¹, BDS (USyd), Grad Dip Clin Dent (Oral Implants) (USyd), and Dr Andrew Chio²

¹Private Practice, Sydney, Australia.

²Private Practice, Melbourne, Australia.

Introduction

The concept of layering or stratification of direct composite restorations utilises the combination of optical properties from the different resin layers with the aim of emulating the natural colour, characteristics and translucency of the natural dentition. Progressive improvements in composite resin technologies have led to the simplification of this treatment procedure that is commonly perceived as complex.

However, difficulties exist in mimicking the remaining tooth structure when restoring teeth in the anterior segment of the dentition because of the variety of shades, chroma, and translucency levels of many current composite resin systems.

The G-ænial A'CHORD represents the evolution of the highly successful G-ænial system that has been utilised in dental practices throughout the world for the past 10 years. Compared to its predecessor, the G-ænial A'CHORD system provides an upgrade from the original G-ænial system in the following aspects:

- Beautiful and harmonious under any light with a natural fluorescence.
- Optimal handling properties allowing for the material to be easily sculpted with conventional composite manipulation instruments or brushed with restorative brushes.
- The Full-Coverage Silane Coating (FSC) technology that covers the nano-fillers with silane coupling agent leads to high polish and gloss with only a few steps.
- The incorporation of additional opaque and enamel shades allows an infinite range of opacity and value possibilities.
- Simplification with five core shades which covers all 16 Vita shades.

Case report

This case study demonstrates the use of the G-ænial A'CHORD (GC Europe) direct composite system in the restoration of a complex class IV in a 22-year-old female patient. The patient presented to the practice relaying her dissatisfaction of an existing restoration on her upper left central incisor (FDI tooth 21).

She requested its replacement with a new restoration that was conservative and 'invisible' when she smiled or engaged in normal conversation. She also relayed that the existing class IV restoration had been done four times by her previous dentist without an outcome or result that was satisfactory to her.

Clinical examination revealed a high smile-line with a symmetrical and aesthetic gingival architecture. The existing composite restoration on the tooth 21, while clinically acceptable, did not integrate with the shade of the tooth and to the other teeth in her dentition. The discolouration and minor ledging on the disto-labial aspect of the existing restoration also indicated the likelihood of marginal leakage in the region.

The pre-operative colour assessment showed that the upper left central incisor (21) was slightly more chromatic than the adjacent upper right central incisor (11). The upper left central incisor (21) also exhibited a very slight labial displacement in its alignment compared to the adjacent right central incisor (11).

The patient's health history was unremarkable.

Radiographic and periodontal examination showed that the tooth 21 demonstrated no pathology or issues requiring intervention prior to the commencement of the restoration. The 21 exhibited a normal response when the vitality was thermally tested. The treatment options were discussed with the patient and the advantages and disadvantages of each of the options were carefully identified.

The options presented were: 1) A single reductive ceramic veneer on tooth 21. 2) A full surface composite veneer on tooth 21. The patient was advised that due to the slight labial displacement of tooth 21, a very small labial reduction would be required to allow the space to mask the chromatic dentine. 3) A conservative complex class IV on the tooth 21 to be completed additively to minimise any preparation and reduction of the natural tooth structure.

She preferred the conservative approach to her treatment involving an additive protocol (option 3). She relayed that she would be happy with a harmonious composite restoration on tooth 21 and did not feel that the slightly chromatic upper left



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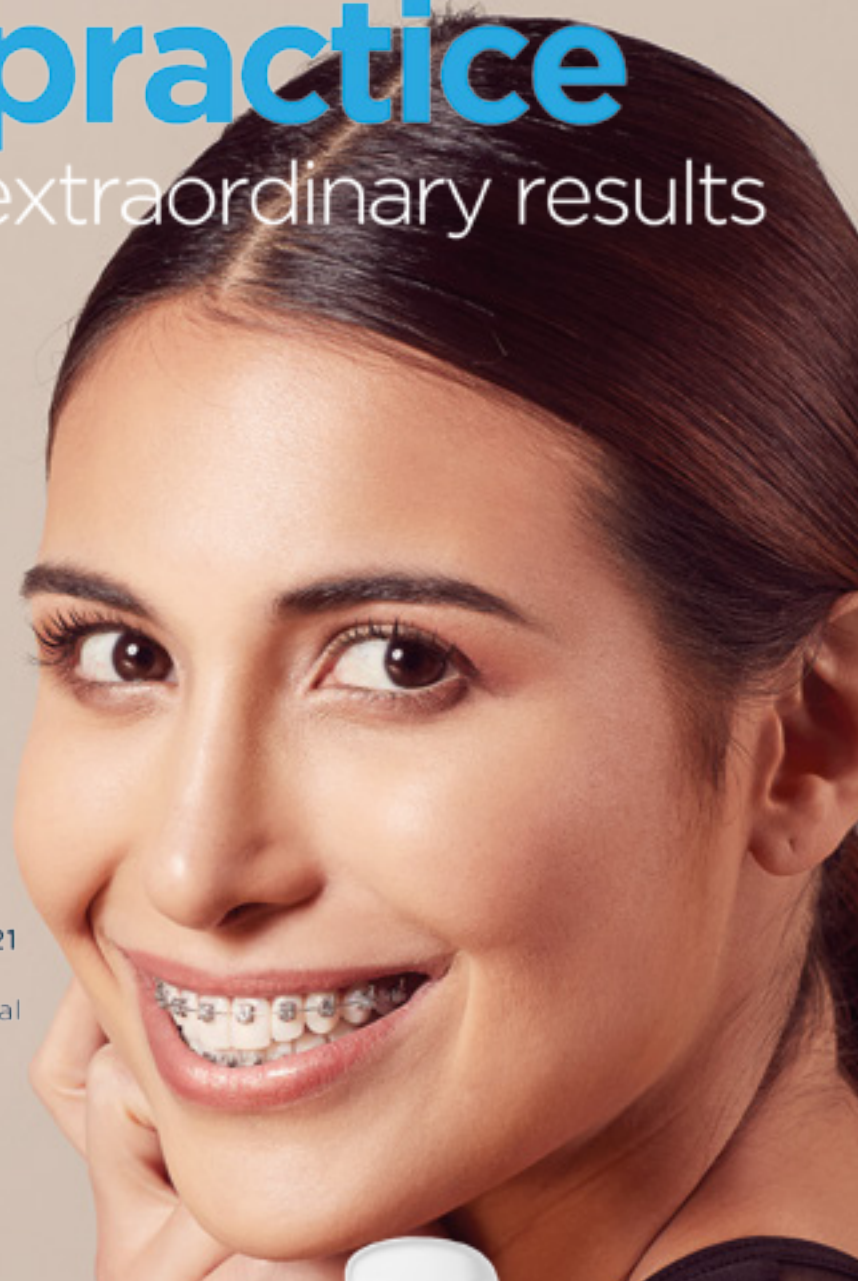
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central (21) would be an aesthetic concern for her.

From the clinician's perspective, the final plan and goal of the treatment was to restore the tooth 21 with a durable and long-lasting conservative direct composite restoration with a result that is biomimetic with optimal aesthetic and morphological integration with her existing natural dentition.

Step by step

Prior to the commencement of the restorative process, diagnostic images and the selection of the estimated shade was completed. Diagnostic impressions were also taken to allow the fabrication of silicone palatal stent or matrix that would facilitate the three-dimensional blueprint for the layering of the composite increments.



Fig 1. Pre-operative unretracted view illustrating the unaesthetic angles and failing direct composite restoration on the upper left central incisor (tooth 21).

Fig 2. Pre-operative retracted.



Fig 3. The working field (a) was isolated with the use of the rubber dam (b). The existing restoration and caries were removed and a 2mm bevel prepared on the labial margin of the preparation to facilitate the aesthetic and functional integration of the restoration to the remaining natural tooth structure.



Fig 4. The bevel was prepared and finished with a tapered diamond bur (Komet 6862.314.012 and 8862.314.012). All the transition angles of the cavity were rounded with an oval or egg-shaped polishing diamond bur (Komet 8379.314.023). The burs form part of the "Dr Anthony Mak Custom C&B Selection" Kit from Komet Dental.

Fig 5. The palatal stent was trimmed and tried-in to verify the fit of the silicone matrix and to ensure the absence of any interferences to its seating from the rubber dam and clamps.



Fig 6. The cavity was lightly air abraded with a 29-micron aluminium oxide powder AquaCare (Velopex) prior to the adhesive procedure and Teflon (PTFE) tape was utilised to prevent the inadvertent bonding to the adjacent teeth.

Fig 7. The adhesive procedure commenced with the cavity selectively etched with 37% phosphoric acid gel Ultra-Etch (Ultradent). The etching gel was rinsed away and the adhesive protocol was completed by the application of a universal bonding agent, G-Premio BOND (GC Europe). The universal bonding agent was then air dried for 5 seconds with maximum air pressure and light-cured for 10 seconds according to the manufacturer's instructions.



Fig 8. Following the adhesive protocol, a thin layer of semi-translucent enamel, G-aenial A'CHORD shade JE (GC Europe), was used to create the palatal shell.

Fig 9. The interproximal wall was then completed utilising the same semi-translucent enamel shade, G-aenial A'CHORD shade JE (GC Europe). The interproximal wall was formed with the use of a plastic myeloid strip and pull through technique to help developing an anatomical contour.

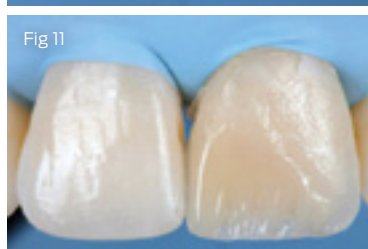


Fig 10. The dentine layer was then completed by the application of an opaque shade, G-aenial A'CHORD shade AO2 (GC Europe). This increment was shaped to emulate the extensions of natural dentine core morphology and was extended just slightly short the prepared bevel. The dentine or opaque shade provides the correct opacity to the final restoration.

Fig 11. A chromatic body shade, G-aenial A'CHORD shade A2 (GC Europe) was then applied and extended beyond the bevel to mask the transition line. Internal anatomy (i.e. mamelons) in the incisal third was also sculpted and formed in this increment of composite resin.



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The Results:

Anti-aging action, skin texture and elasticity improvement, superficial wrinkles and expression lines reduction, deep hydration, improves the appearance of scars, acne and stretchmarks, promotes radiant and smooth skin, tightening of lax skin, reduction of visible appearance of cellulite.



Alison Burnett
A SuneKos KOL for Ireland

A general dental practitioner and practice owner. Alison is also an aesthetic trainer with Hamilton Fraser, she is a recognised Level 7 mentor. She has her own training academy, Face@29 in Tandragee, Northern Ireland. Alison has worked with Medfx as a trainer since 2018 with the launch of the SuneKos range. She works closely with the Medfx and Professional Dietetics team.

"Having used this product over the past number of years, there is minimal/no down time and the aesthetic results continue to improve for some time post injection. I have return customers on a regular basis at my own aesthetic clinic for SuneKos. My delegates like the fact that the product is not cross linked and therefore offers no risk of occlusion, and I find injectors who may be wary of conventional fillers happily use SuneKos due to this."



Grainne Miskelly
Head of Aesthetics & Beauty Ireland

Grainne Miskelly is the head of the Medfx Ireland team, and has many years of experience in both the dental and aesthetic industries. For any questions or queries in relation to SuneKos or any other medfx product ranges, please get in touch, Grainne will be happy to support you in any way she can.

+44 (0) 7739 095 508
grainne.miskelly@medfx.co.uk

The Range

SuneKos 200/1200

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1200 molecular weight is heavier than 200.

SuneKos Preforma

An increased amino acid content, designed to keep the product at the injected sites for longer, keeping the fibroblasts active and repelling our natural own hyaluronidase.

SuneKos Body

Activates collagen and elastin production, tightening sagging and creping skin and which reduces the appearance of stretchmarks.

SuneKos Cell

A NEW era of cellulite treatment designed to recreate by rebuilding ECM, with improvement in micro-circulation and re-equilibrium of the ECM inflammation reducing fibrosis. This product counteracts acidosis and restores the extracellular matrix.



Gateway to Aesthetics

BF Mulholland is part of the DD group and offers a full comprehensive range of dental and aesthetic products. Medfx launched in Ireland in 2018, providing a huge range of aesthetic products and training courses with their on-site pharmacy in Crumlin, Northern Ireland. The Medfx Ireland team have a wealth of experience across both the dental and aesthetic industries, offering a unique outlook on transitioning from dental to aesthetics. Medfx will be launching the **Gateway to Aesthetics** programme in 2023, designed to offer a clear route for dental professionals to increase practice profits and service, by expanding into aesthetic treatments that compliment and solve many common dental aesthetic issues.



BF Mulholland

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Fig 12

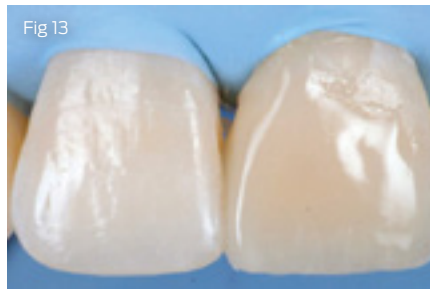


Fig 13

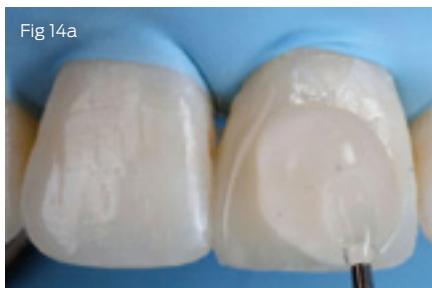


Fig 14a

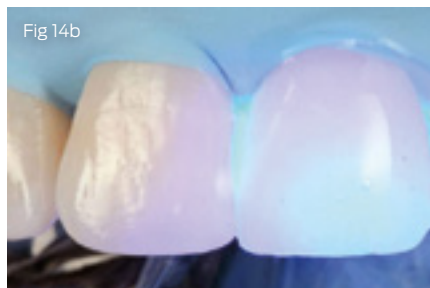


Fig 14b



Fig 15



Fig 16



Fig 17



Fig 18a



Fig 18b



Fig 19



Fig 20

Fig 12. White tints, Essentia White Modifier (WM) (GC Europe) was utilised to accentuate the mamelons and to replicate the similar characteristics and features present in the adjacent right central incisor (tooth 11). Comparisons to the polarised diagnostic images taken prior to commencement of the restoration provided a reference for the incorporation of these internal features.

Fig 13. A final translucent shade of G-aërial A'CHORD shade JE (GC Europe) was then layered to bring the anatomy to full contour and to achieve a natural optical blending effect.

Fig 14 a, b. Glycerine gel was then applied over the buccal surface of the restoration and light-cured to maximise the polymerisation of the layered direct composite restoration due to the absence of the oxygen-inhibition layer.

Fig 15. The restoration was then polished and finished to incorporate the primary, secondary and tertiary anatomy with the aim to produce a life-like restoration that mirrored the adjacent right central incisor (tooth 11).

Fig 16. The polishing and finishing protocol employed the use of abrasive discs (Soflex; 3M-ESPE), polishing diamond burs (Komet), followed a graded sequence of silicone polishers and finishers (Astropol; Ivoclar-Vivadent). The restoration was then completed using a Diapolisher paste (GC Europe) on a felt-buff (Flexi-Buff; Cosmedent Inc) to recreate the gloss of natural enamel.

Fig 17. Immediate post-operative (Unretracted). The finished and polished G-aërial A'CHORD (GC Europe) restoration demonstrates the morphological and optical aesthetic integration of the completed restoration to the existing natural dentition.

Fig 18. Immediate post-operative (Retracted) a) regular flash b) polarised filter

Fig 19. Two-week review demonstrating the complete optical and functional G-aërial A'CHORD restoration on the tooth 21.

Fig 20. 2-week review demonstrating the complete optical and functional G-aërial A'CHORD on the tooth 21.

Conclusion

While developments in single shaded universal composite systems for the anterior dentition continue to improve and advance layering techniques for the placement of a truly aesthetic anterior direct composite restoration will always be necessary in the contemporary aesthetic dental practice. This is due to the intrinsic anatomy of the natural tooth where the emulation of the optical and morphological properties cannot be achieved by a single mass of restorative material. The G-aërial A'CHORD (GC Europe) composite system has a simplified approach to the shading/layering process while providing a result that is truly biomimetic, aesthetic and long-lasting.

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TWELVE HABITS FOR DENTAL SUCCESS



I HAVE recently reread a piece in the FT Weekend by one of my favourite columnists, Gillian Tett. An anthropologist by training, she is an insightful analyst of people and their behaviours. Her column from the weekend of 8-9 October 2022 described the experience of sitting next to Retired Admiral William H McRaven. In case you are not familiar with McRaven, he was a US Navy Seal for 37 years, and as head of the US Special Forces, ran the operation that killed Osama bin Laden in 2011.

In 2014, he made a now famous commencement address at the University of Texas (available on YouTube). He encouraged the graduating students, if they wanted to change the world, to start their day by making their bed, saying: "At least you know that you have done one thing right that day and also you will be getting into a tidy bed."

The Admiral went on to give nine more lessons in how they might change the world. They were all simple because: "The little things in life matter. If you cannot do the little things in life right, you cannot do the big things right."

It got me thinking, once again, about how we like to complicate life, making things easier to get wrong and how habits, especially bad ones, once established can be so difficult to change. So, here are my suggestions for Twelve Habits for Dental Success. They apply to everyone from cleaners to Principals. Influences come from my own dental practice teams over a 25-year span, the teams I have coached, worked with and learned much and, not forgetting, Dr Paddi Lund's Courtesy System.

1) THE FIRST IS NOT TOO FAR AWAY FROM MAKING YOUR OWN BED. Become familiar with the concept of 'mis-en-place'. This translates as "to put in place" or "to gather". It refers to the set-up required before cooking and is used in professional kitchens to describe the organising and arranging of the ingredients that a cook will require

From 'mis-en-place' to going against the flow

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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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for the items on a menu that are expected to be prepared during a shift. The philosophy is easily transferable to dentistry to ensure that a day not only starts well, but also continues well.

2) THE PS TO 'MIS-EN-PLACE' IS TO ALWAYS LEAVE YOUR WORKROOM AS YOU WOULD WISH TO FIND IT,

to prepare for the next day. The New Zealand All Blacks have a tradition of 'Sweeping the Sheds', or dressing rooms, with two senior players ensuring after every match their dressing room is left clean. The All Blacks look after themselves and don't expect anyone to do such jobs for them.

3) KNOW YOUR STRENGTHS AND ACKNOWLEDGE YOUR WEAKNESSES and audit both regularly. Share your knowledge and encourage others to share theirs. Focus on constant improvement. Never stop learning about your speciality, about your fellow human beings and about yourself.

4) EVERYBODY'S TIME IS IMPORTANT TO THEM, SHOW RESPECT FOR IT. Poor time "management" is a huge stressor of both dental teams and patients. Start on time, stay on time and finish on time. If you don't respect others' time, then how can you expect them to show respect for yours?

5) STUFF HAPPENS. Things will go wrong. Mistakes will be made. Accept the mistakes and learn from them. When you lose, don't lose the lesson. When things don't work, admit it and don't be afraid to change. Acknowledge any mistakes, don't look to apportion blame, and move on.

6) ESTABLISH A 'STILL-POINT' IN YOUR DAY. Put aside 10-15 minutes at the start, middle or

end of the day. Look backwards by 24 hours, what have you learned? Look forward a day, what can you anticipate? What problems are looming and how will you deal with them? Do this as an individual and with a team. Whether it's a morning huddle, a daily wash-up, or meet and talk.

7) DENTISTS SHOULD ONLY DO WHAT DENTISTS CAN DO; THE REST SHOULD BE DELEGATED. If you are a team leader, lead properly and ensure that you are delegating as much as possible.

8) LEAVE THINGS BEHIND and mentally wipe your feet when you leave. Don't bring work home – if you can't finish things at work then change the way you work and delegate more.

9) IN YOUR DEALINGS WITH OTHERS, ALWAYS TELL THE TRUTH and speak in private if necessary. Make eye contact and smile. Say thank you routinely and regularly – and mean it.

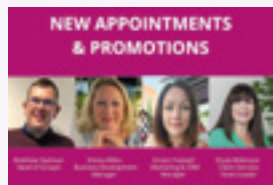
10) ALWAYS BE MARKETING. From the postman to the prime minister, be proud of what you and your team can do to help patients. Don't be afraid to talk about dentistry to friends and other professionals; the value of your network is beyond measure.

11) ALWAYS BE RECRUITING. Examine all interactions in places where you are served. What could that person bring to your dental business?

12) FINALLY, DON'T BE AFRAID TO GO AGAINST THE FLOW SOMETIMES. Be guided by your values and not fashion or trends. Know yourself, know your patient and get the best for both.

> PATIENT PLAN DIRECT

GROWTH RESULTS IN PROMOTIONS AND NEW HIRES



Patient Plan Direct has enhanced its team by appointing three people and promoting existing team members, after 2022 proved a record-breaking period for the dental plan provider, which is now in its 14th year.

Matthew Hadman, a former Practice Manager of a dental practice with more than 3,000 plan patients, joins the team after three years as a Regional Support Manager at Practice Plan. His unique experience of working within a practice and selling dental membership plans means he brings a breadth of knowledge and insight to Patient Plan Direct. This has resulted in Matt making a huge impact very quickly, resulting in a promotion to Head of Groups within six months of joining the business.

Emma Wilks, based in Essex, joined in October. Her 10 years within the dental industry has included working at a dental manufacturing company, a dental dealership and time at DPAS.

Kristin Fretwell, who has taken up the new role of Marketing and CRM Manager, has more than 18 years' experience across several industries. She will help enhance marketing support to clients and drive business growth, with a focus on marketing spend effectiveness.

Meanwhile, existing team member Shula Wilkinson has been promoted to a team leader role in the client services department.

Managing Director Simon Reynolds said: "It's an exciting time for the business with the new appointments and promotions. Each individual brings a wealth of knowledge to add to our exceptional team."

See bit.ly/3VSciec for full story. Learn more at patientplandirect.com

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SCANNING SPRAY A CLEAR SOLUTION FOR COATINGS



In digital dentistry, clear and shiny surfaces must be matted for scanning. Now, a new scanning spray, SCANTIST 3D, gives surfaces a fine, homogeneous matt coating.

No removal after scanning is needed as the spray fully evaporates and is free of pigments such as harmful titanium dioxide.

Hazardous substances in many conventional dental sprays

At Walter Stein Dental Laboratory (Germany), Walter Stein says: "Using scanning sprays always made us feel a bit uneasy in the past, but we didn't have a practical alternative until now."

Many conventional sprays contain pigments and titanium dioxide, which are said to have carcinogenic effects. Staff may also be exposed to the spray mist.

Spray coating can stick stubbornly to surfaces

Conventional sprays stick to surfaces and are tricky to remove, which takes up time and is harmful to hygiene. The coating is largely indelible and a residue will always remain on the objects.

Learn more at sdmag.co.uk/2022/11/07/scantist3d-scanning-spray. For more on Scantist 3D visit scantist3d.com, and the Walter Stein Dental Laboratory is at stein-zahntechnik.de

> SHOFU

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Whether distinct mucolabial folds, poorly vascularised areas or missing papillae, red aesthetics are becoming more and more important in restorative dentistry.

To make gingiva reproduction with composites even more lifelike and individual, SHOFU has added high-quality gingiva shades to the proven Beautifil II System – for a harmonious interplay between red and white aesthetics.

Five Gingiva shades, which can be combined and layered with each other, allow the reproduction of true-to-nature soft tissue areas with great depth and invisible transitions to the tooth.

They are indicated primarily in cases of gingival recession, exposed abutments and crown margins, root erosion and missing papillae, and perfectly suited for Class V and other restorations.

These pasty, non-sticky composites feature superior handling and sculpting properties and can easily and efficiently be polished to a high gloss.

The enamel shades can also be combined and layered with each other, for unlimited possibilities in aesthetic anterior restorations.

The four shades – Translucent, High-Value Translucent, Low-Value Translucent and Amber – allow to easily and efficiently create polychromatic restorations and invisibly repair restorations and dentures. Thanks to their excellent spreadability and sculptability, even fine details of the tooth morphology can be reproduced without difficulty.

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Associate worker status – it's complicated

An employment tribunal ruling could potentially have implications for dental practices across the country

Following the *Sejpal v Rodericks Dental Ltd* case¹ this year, there has been discussion in the dental sector about the status

of Associates and whether they are self-employed, workers, or both.

Worker status is relevant for tax purposes, employment rights such as holidays and discrimination claims.

Many Associates will prefer a self-employment class due to the flexibility and tax benefits.

However, it could be the case that one could be considered self-employed for tax purposes by HMRC and yet still be a worker.

Nick Ledingham, Senior Partner at dental accountants Morris & Co, explained: "This is an extremely complicated area and there is no 'one size fits all', I'm afraid. Employment law is very case specific and, in my experience, the issue will not affect all Associates. As ever, it is important to seek specialist advice."

Chris Davies, Head of Healthcare at JCP Solicitors, said: "There are a number of factors to consider when examining any healthcare employment case, with the issue of personal service, in particular, set to

WORDS
WILL PEAKIN

be crucial when looking into the issue of an individual's employment status for employment rights purposes.

"This is an evolving area of the law and we are monitoring influential cases which could set a precedent, such as *Sejpal v Rodericks Dental Ltd*, which has been remitted back to the Employment Tribunal for final determination following a successful appeal to the Employment Appeal Tribunal.

"This case could have wide-ranging implications for the future of healthcare employment law, so we are watching this carefully.

"Employment rights and the issue of self-employment in the healthcare sector is a highly complex area of law and should be approached with expertise on a case-by-case basis."

Dental practices across the country would be wise to keep this particular case under review and to follow the outcome, especially how the employment tribunal deals with:

- Whether individuals are carrying on a profession or business undertaking

- Whether and in what circumstances a party is likely to be considered a client or customer in the context of dental practice relationships with Associates.

Employment cases are very fact specific. However, the outcome of the aforementioned case could potentially have implications for dental practices across the country, which tend to operate on the basis that Dental Associates are self-employed and not employees or workers.

NASDAL, the National Association of Specialist Dental Accountants and Lawyers, was set up in 1998. It is an association of accountants and lawyers who specialise in acting for and looking after the accounting, tax and legal affairs of dentists. It is the pre-eminent centre of excellence for accounting, tax and legal matters concerning dentists. Its members are required to pass strict admission criteria, and it regulates the performance of its members to ensure high standards of technical knowledge and service.

REFERENCE

¹www.gov.uk/employment-appeal-tribunal-decisions/mrs-n-sejpal-v-rodericks-dental-ltd-2022-eat-91

“

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Bocouture® (botulinum toxin type A (150 kD), free from complexing proteins) 50/100 unit vials*. Prescribing information: M-BOC-UK-0432. Please refer to the Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** 50/100 units of Clostridium Botulinum Neurotoxin type A, free from complexing proteins as a powder for solution for injection. **Indications:** Temporary improvement in the appearance of moderate to severe upper facial lines (glabellar frown lines, crow's feet lines, horizontal forehead lines) in adults ≥18 and <65 years when the severity of these lines has an important psychological impact for the patient. **Dosage and administration:** For intramuscular use only. Unit doses recommended for Bocouture are not interchangeable with those for other preparations of botulinum toxin. BOCOUTURE should only be administered by an appropriately qualified healthcare practitioner with expertise in the treatment of the relevant indication and the use of the required equipment, in accordance with national guidelines. The intervals between treatments should not be shorter than 3 months. Reconstitute with 0.9% sodium chloride. **Glabellar Frown Lines:** Total recommended standard dose is 20 units, 4 units into 5 injection sites (2 injections in each corrugator muscle and 1 injection in the procerus muscle). May be increased to up to 30 units. Injections near the levator palpebrae superioris and into the cranial portion of the orbicularis oculi should be avoided. **Crow's Feet Lines:** Total recommended standard dosing is 12 units per side (overall total dose: 24 units); 4 units injected bilaterally into each of the 3 injection sites. Injections too close to the Zygomaticus major muscle should be avoided to prevent lip ptosis. **Horizontal Forehead Lines:** The recommended total dose range is 10 to 20 units; a total injection volume of 10 units to 20 units is injected into the frontalis muscle in five horizontally aligned injection sites at least 2 cm above the orbital rim. An injection volume of 2 units, 3 units or 4 units is applied per injection point, respectively. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. Generalised disorders of muscle activity (e.g. myasthenia gravis, Lambert-Eaton syndrome). Infection or inflammation at the proposed injection site. **Special warnings and precautions:** It should be taken into consideration that horizontal forehead lines may not only be dynamic, but may also result from the loss of dermal elasticity (e.g. associated with ageing or photo damage). In this case, patients may not respond to botulinum toxin products. Should not be injected into a blood vessel. Not recommended for patients with a history of dysphagia and aspiration. Caution in patients with botulinum toxin hypersensitivity, amyotrophic lateral sclerosis, peripheral neuromuscular dysfunction, or in targeted muscles displaying pronounced weakness or atrophy. Bocouture should be used with caution in patients receiving therapy that could have an anticoagulant effect, or if bleeding disorders of any type occur. Too frequent or too high dosing of botulinum toxin type A may increase the risk of antibodies forming. Should not be used during pregnancy unless clearly necessary. Should not be used during breastfeeding. **Interactions:** Concomitant use with aminoglycosides or spectinomycin requires special care. Peripheral muscle relaxants should be used with caution. 4-aminopyridines may reduce the effect. **Undesirable effects:** Usually, undesirable effects are observed within the first week after treatment and are temporary in nature. Undesirable effects independent of indication include: application related undesirable effects (localised pain, inflammation, swelling), class related undesirable effects (localised muscle weakness, blepharoptosis), and toxin spread (very rare - exaggerated muscle weakness, dysphagia, aspiration pneumonia). Hypersensitivity reactions have been reported with botulinum toxin products. **Glabellar Frown Lines:** Common: headache, muscle disorders (elevation of eyebrow). **Crow's Feet Lines:** Common: eyelid oedema, dry eye, injection site haematoma. **Upper Facial Lines:** Very common: headache. Common: hypoaesthesia, injection site haematoma, application site pain, application site erythema, discomfort (heavy feeling of frontal area), eyelid ptosis, dry eye, facial asymmetry, nausea. For a full list of adverse reactions, please consult the SmPC. **Overdose:** May result in pronounced neuromuscular paralysis distant from the injection site. Symptoms are not immediately apparent post-injection. **Legal Category:** POM. **List Price:** 50 U/vial £72.00, 50 U twin pack £144.00, 100 U/vial £229.90, 100 U twin pack £459.80. **Product Licence Number:** PL 29978/0002, PL 29978/0005 **Marketing Authorisation Holder:** Merz Pharmaceuticals GmbH, Eckenheimer Landstraße 100, 60318 Frankfurt/Main, Germany. **Date of Preparation:** August 2021. **Further information available from:** Ground Floor Suite B, Breakpear Park, Breakpear Way, Hemel Hempstead, Hertfordshire, HP2 4TZ. Tel: +44 (0) 333 200 4143.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard for the UK. Adverse events should also be reported to Merz Pharma UK Ltd at the address above or by email to UKdrugssafety@merz.com or on +44 (0) 333 200 4143.

*Botulinum toxin type A, purified from cultures of Clostridium Botulinum (Hall strain)²

References: 1. Prager W, et al. Clin Cosmet Investig Dermatol 2012;5:53-58. 2. BOCOUTURE® (onabotulinumtoxinA) Summary of Product Characteristics. Merz Pharmaceuticals GmbH.

M-BOC-UK-0432 Date of Preparation: March 2022

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