

THE MAGAZINE FOR DENTAL PROFESSIONALS IN IRELAND

Ireland's

Dental

SUMMER 2023

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Confronting Ireland's oral
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Plus: Celebrating 100 years of the IDA, p15

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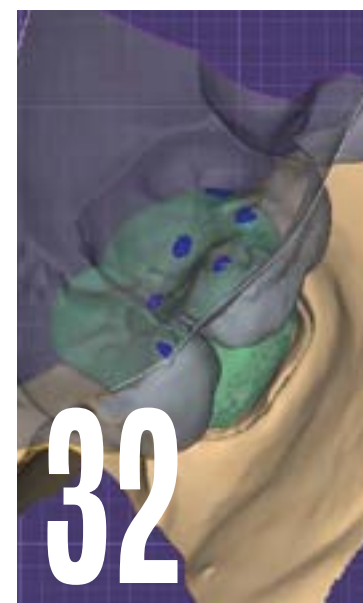
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Falling short

Any increase in dentist numbers is, but Ireland's oral health challenge demands a more significant response

As *Ireland's Dental* went to print, the Irish Government announced that it was exploring the possibility of increasing the number of dental student places in the country by 63 (35 at Royal College of Surgeons in Ireland, eight at Trinity College Dublin and 20 at University College Cork).

The announcement was the result of the Government asking the Higher Education Authority (HEA) how additional capacity in healthcare and veterinary medicine might be provided. The HEA found that, with investment, an additional 208 doctors, 692 nurses, 196 pharmacists, 63 dentists and 230 vets could potentially be trained annually. The proposed increases will now be scrutinised and costed by the Government.

Simon Harris, the Education Minister, said: "This could lead to an unprecedented change in the number of graduates in these key skills areas in the coming years." Dr Eamon Croke, President of the Irish Dental Association (IDA), added: "We are cautiously optimistic for Irish school leavers wishing to practice dentistry in Ireland and for patients who have been struggling to access dental services across the country."

Any increase in the number of dentists is to be welcomed but, 63 more at some point in the future – no matter how impactful each of them will no doubt be – falls far short of meaningfully tackling Ireland's oral health challenge.

The number of dentists on the Dental Council's register has increased by 543 since 2016 (from 2,949 then to 3,492). But there is a question mark over how many of those are active. Even if all are, then it still means that there are

only 58 registered dentists per 100,000 of the population which puts Ireland in the bottom quintile of Organisation for Economic Co-operation and Development (OECD) countries. As outlined in this issue (see p18-24), at least 500 more dentists are needed to meet the demands of a rising population and to replace those who are retiring. So, in terms of dentists, there are two challenges: the capacity of the education system and funding. The HEA's estimate of the dental schools' capacity means that to meet the population demand it would have to be expanded by eight times the increase the Government has now said it is

willing to consider. How would the three dental schools earmarked for expansion cope? What are the chances of the Government increasing investment eightfold?

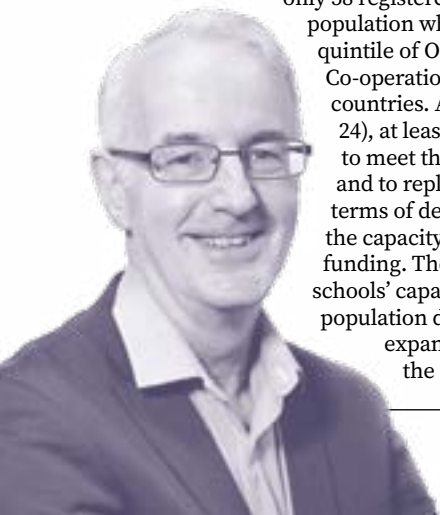
Colm Burke, Fine Gael's spokesperson for health, has rightly highlighted how the challenge could be met, not just by increasing the number of dentists but, by broadening the range of dental specialities in Ireland – currently there are only two recognised by the Dental Council, orthodontics and oral surgery – to include others, such as paediatric and special needs dentistry. Similarly, he has questioned the scope of work carried out by auxiliary dental workers, such as technicians, and whether it could be expanded to take pressure off dentists.

In taking a holistic approach to the oral health challenge, these are valid points. So too, the question of how undergraduate education programmes could better support Smile Agus Sláinte, the country's oral health policy. The policy sets out a new model of oral healthcare delivery. It focuses on a primary oral healthcare approach that, the Government says, will enable greater access to care by examining the training, roles and regulation of dental health professionals. Undergraduate dental education will need to be realigned with the policy by placing primary oral healthcare at its centre. In parallel, the Dental Council will reassess auxiliary dental workers' scope of practice, enabling the public to have direct access to additional auxiliary dental workers where possible.

So, yes, the potential increase in the number of dentists is to be welcomed – but the oral health challenge requires a much broader approach to care, along with targeted investment. Finally, the onus for good oral health needs to be shifted, from practitioners to the public. Prevention is better than treatment, for everyone; for patients and the public purse. Coupled with this, the links between oral health and general health – and conversely, poor oral health and other chronic diseases – need to be emphasised.

“

**THE ONUS FOR GOOD ORAL HEALTH
NEEDS TO BE SHIFTED, FROM
PRACTITIONERS TO THE PUBLIC”**



Improving your team's dynamic

Four ideas that promote soft skills which help make the patient feel at the centre of treatment

Since the return to normal working practice, our surgeries have never been busier. One of the many areas that general dental practitioners (in particular) consider as they provide treatment, is the team around them. The current economic situation, with high operating costs, scarce recruitment opportunities for our dental nursing colleagues (in particular), means that the clinical teams in each surgery continue to face many challenges.

As noted on these pages before, the theory and practice of business management (and particularly healthcare management) is often missing in our undergraduate programme. This area, I am happy to report, appears to be under discussion in many dental schools – with strategies being prepared to help new dental graduates meet the needs of a modern 2023 workplace.

Through my own work at the Graduate School of Healthcare Management, at RCSI, I contribute to programmes at both Professional Diploma and Master's degree level. These programmes have, at their core, a fundamental principle of collaborative approaches to healthcare provision. In general dental practice, we often tend to feel isolated from the bigger 'healthcare picture' – and it's easy to slip into a non-changing routine when it comes to helping promote good workplace culture.

Invariably, a question that many principal dentists ask themselves – usually after some time in practice – is: "How can I improve our team's dynamic?". A review of the literature – and importantly, a look at what actually works (!) is the best place to start.

Dental practices are, by their nature, a fusion of clinical expertise and administrative tasks. Sometimes we feel that we do more paperwork than air-rotor treatments. While the use of software and dedicated packages has certainly helped (in the main), it's often the soft skills that really make the patient feel at the centre of treatment – where they belong. Ensuring this patient centric delivery is the task of all members of the team – from front desk on arrival, through treatment in the surgery and onward for treatment planning, co-ordination, payment and clinical follow up. So how do we improve our own team's dynamic?

The tried and trusted 'nights out' is always a good place to start – but these tend to occur only at Christmas or practice milestones (e.g. 10th Anniversary of opening etc). Looking across the water to the USA, many healthcare teams have developed weekly or monthly strategies to help cement the good working relationships and patient care that already exists. Here, I look at four in particular.

Care packages

This is a tried and trusted staple. While we tend to think of face masks, candles and perfumes etc., recently some dental practices have looked a little further such as cinema nights out, restaurant vouchers or even weekend away vouchers. Care packages can seem expensive – but careful budgeting will help reward staff and help with team culture. Henry Ford said that happy staff are productive staff. This includes the principal dental surgeon, too!

Group coffee break

There is a very real risk in most dental surgeries, of dentists working through breaks – this applies to dental nursing colleagues and auxiliaries too! I've visited practices where the entire team takes a break together. This is both good for general morale, but also imbues a sense of purposefulness as one entity – the team!

The morning huddle

Hands up who has arrived late for first patient? While often difficult to do, arriving early to work to preview the day ahead, can save a lot of headaches – and underline the importance of team effort here. Have the patients been confirmed? Is laboratory work returned? Did we follow up on the recent dry socket? Or recent late cancellation? Rather than leaving these tasks solely to the nurse or reception, it's often best practice to take the lead and underline your support for the objectives at these important meetings.

Team outing

Not to be confused with attending dental conferences or a simple night out, consider a team outing. I'm often amazed when I ask dentists – (many of whom are not native to the area in which they work) – if they have visited the local castle, art gallery or local tourist attraction! There's usually one in every town. The benefits of bringing the team here are many fold – particularly as its an experience far removed from the clinical environment and will assist with better understanding the local patients who are often experts in their own town/city.

I, more than anyone, appreciate that with surgeries at a frenetic pace, increased overheads and dental healthcare professionals in short supply, the above may seem extravagant. However, do consider the alternative – fatigued colleagues, poor communication, increased absenteeism, burnout? All of the above are appearing throughout the healthcare setting and are evidenced in recent studies. So, perhaps at the next coffee break, you and your team might consider one or all of the above.





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Dental school student boost planned

Irish Government explores funding for increase recommended by education authority

OPTIONS to expand third level places for healthcare and veterinary medicine have been announced by the ministers for health and higher education.

The Higher Education Authority was tasked by the Department of Further and Higher Education to establish how additional capacity might be provided. It found that, with investment, an additional 208 doctors, 692 nurses, 196 pharmacists, 63 dentists and 230 vets could potentially be trained annually.

These options could result in an increase of up to 5,000 in total third-level enrolments in these disciplines. The increase is subject to a forthcoming process which will cross-reference available options with the ongoing demand in the veterinary and healthcare areas and to agree costs and funding.

Simon Harris, the Minister for Further and Higher Education, Research, Innovation and Science, said: "This is an important moment for the delivery of healthcare and veterinary medicine. Through a very inclusive and expansive process, the Government has identified a significant increase in capacity across these key disciplines.

"My department will now work with the Departments of Health and Agriculture to bring these proposals forward. Each will be subjected to a process and investment will be subject to the normal procedures.

"However, this could lead to an unprecedented change in the number of graduates in these key skills areas in the coming years and will help the health and agriculture sector begin to address workforce shortage issues."

Stephen Donnelly, the Minister for Health, said: "I have set the ambitious target of doubling the number of student places across the full range of essential health professions to meet our health workforce and patient care needs.

"We cannot continue to rely on recruitment from around the world to meet the healthcare workforce



needs of our growing and aging population. This planned student expansion is an important step in addressing the needs of our health service and achieving health workforce sustainability for Ireland."

The Government agreed to advance the process with investment to be considered in the context of budgetary processes and the National Development Plan review. Individual projects will be subject to the usual appraisals to ensure value for money.

Dr Eamon Croke, President of the Irish Dental Association (IDA), said: "We are cautiously optimistic for what today's announcement means for Irish school leavers wishing to practice dentistry here in Ireland and, most importantly, for patients and people who have been struggling to access dental services and treatments right across the country.

"We welcome Minister Harris and his Department's intervention and the work that has been happening with the HEA and our academic institutes.

"While it is not the only factor, the decades of under investment in our dental schools has absolutely contributed to the lack of dental graduates coming through the system each year, the results of which we are now seeing and feeling in the overall staffing and resourcing crisis facing dentists and dental patients.

"We now need to ensure that this plan gets the necessary investment by Government as part of budgetary considerations so that today doesn't become another finger in the dam of a much bigger disaster."

“

WE CANNOT CONTINUE TO RELY ON RECRUITMENT FROM AROUND THE WORLD TO MEET THE HEALTHCARE WORKFORCE NEEDS OF OUR GROWING AND AGEING POPULATION”

— STEPHEN DONNELLY

Cuts 'will take a wrecking ball' to NHS dentistry in NI

THE British Dental Association (BDA) Northern Ireland has criticised analysis by the Department of Health suggesting that a cut of more than £250m can be achieved without damage to services.

The document stated: "While savings at this scale cannot be made without some impact, our analysis suggests measures

up to this value can be delivered without long-term or irrevocable damage to services."

The department has confirmed the Rebuilding Support Scheme (RSS), which allows eligible General Dental Practitioners (GDPs) to apply for a 10 per cent enhancement to the Item of Service fees claimed for Health Service

treatment provided, will be cut at the end of the first quarter in 2023/24.

Meanwhile, the department's Budget Equality Impact Assessment (EQIA) also warns that as things currently stand, it will not be possible to offer a pay award in 2023/24, further undermining a service with chronic recruitment and retention problems.

Ciara Gallagher, chair of the BDA's Northern Ireland Dental Practice Committee said: "Whoever claimed that savage cuts can be delivered without damaging NHS dental services could not be more wrong. Cuts have consequences and these will be irreversible. Officials risk taking a wrecking ball to services patients across Northern Ireland depend on."

New bacterial species identified in tooth decay

Study reveals selenomonas sputigena as a key partner of streptococcus in cavity formation

RESEARCHERS have discovered that a bacterial species called *Selenomonas sputigena* (*S. sputigena*) can have a major role in causing tooth decay.

Scientists have long considered another bacterial species, the plaque-forming, acid-making *Streptococcus mutans* (*S. mutans*) as the principal cause of dental caries. However, in the study¹, published in *Nature Communications*, researchers showed that *S. sputigena*, previously associated only with gum disease, can work as a key partner of *S. mutans*, greatly enhancing its cavity-making power.

“This was an unexpected finding that gives us new insights into the development of caries, highlights potential future targets for cavity prevention and reveals novel mechanisms of bacterial biofilm formation that may be relevant in other clinical contexts,” said study co-senior author Hyun Koo.

Caries is considered the most common chronic disease in children worldwide. It arises when *S. mutans* and other acid-making bacteria are insufficiently removed by teeth-brushing and other oral care methods and form a biofilm, plaque, on teeth. Within plaque, these bacteria consume sugars from drinks or food, converting them to acids. If the plaque is left in place for too long, these acids start to erode the enamel of affected teeth, in time creating cavities.

Scientists in past studies of plaque bacterial contents have identified a variety of other species in addition to *S. mutans*. These include species of *Selenomonas*, an anaerobic, non-oxygen requiring group of bacteria that are more commonly found beneath the gum in cases of gum disease. But the new study is the first to identify a cavity-causing role for a specific *Selenomonas* species.

The researchers from the University of Pennsylvania School of Dental Medicine and the Adams School of Dentistry at the University of North Carolina, took samples of plaque from the teeth of 300 children aged three-to-five years, half of whom had caries, and analysed the samples using an array of advanced tests. The tests included sequencing of bacterial gene activity in the samples, analyses of the biological pathways implied by this bacterial activity, and even direct microscopic imaging. The researchers then validated their findings on a further set of 116 plaque samples from three-to-five year-olds.

The data showed that although *S. sputigena* is only one of several caries-linked bacterial species in plaque besides *S. mutans*, and does not cause caries on its own, it has a striking ability to partner with *S. mutans* to boost the caries process.

Once trapped, *S. sputigena* proliferates rapidly, using its own cells to make honeycomb-shaped ‘superstructures’ that encapsulate and protect *S. mutans*. The result of this unexpected partnership, as the researchers showed using animal models, is a greatly increased and concentrated production of acid which significantly worsens caries severity.

The findings, said Mr Koo, show a more complex microbial interaction than was thought to occur, and provide a better understanding of how childhood cavities develop – an understanding that could lead to better ways of preventing cavities. “Disrupting these protective *S. sputigena* superstructures using specific enzymes or more precise and effective methods of tooth-brushing could be one approach,” he said.

¹ www.nature.com/articles/s41467-023-38346-3

Once trapped, *S. sputigena* proliferates rapidly to make honeycomb-shaped ‘superstructures’ that protect *S. mutans*.



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THE Membership in General Dental Surgery (MGDS RCSI) is an online exam, which is available worldwide and can be taken from the comfort of your home or location of choice. The scope of the exam is broad and covers all aspects of general dental practice.

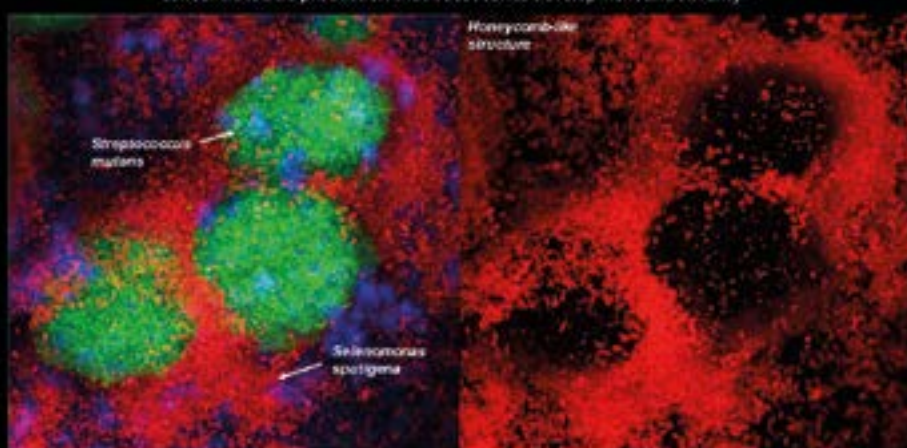
Candidates must hold an undergraduate dental qualification, be at least three years post-graduation, and be in possession of MFD RCSI, MFDS, or MJDF at the time of application.

Preparing for the MGDS RCSI Online Exam? The Faculty of Dentistry RCSI is pleased to offer an online series of lectures specifically for candidates preparing for the MGDS RCSI Online Exam.

The lectures which are based on the MGDS syllabus, can be accessed on the dates scheduled or via catch up on-demand afterwards. Interactive sessions will also be provided with the Dean, Professor Chris Lynch and the Chair of the MGDS Exam, Mr Sean Sheridan, available live to all the course participants, to discuss aspects of the exam as well as to take any of your questions.

Applications are now open for the next MGDS RCSI Online Exam which will take place on October 2nd, 2023. The closing date for applications is 20 August. Further details about the MGDS RCSI Online Exam and the preparatory lecture series can be found at www.facultyofdentistry.ie/mgds

S. sputigena cells form a honeycomb-like structure that encapsulates *S. mutans* to greatly increase and concentrate acid production that boost caries development and severity



Life Beyond SDR
will be held at the
Hilton Belfast
Templepatrick



Life beyond SDR

Major event for GDPs in Northern Ireland will take place later this year

THE event 'Life beyond the SDR'¹, organised by the British Dental Association, aims to empower practitioners to take control of their dental careers, and the professional development and business model that is most suited to them.

With a backdrop of immense pressures in Health Service dentistry, and a shift in the dental landscape following the COVID-19 pandemic, the BDA is encouraging practitioners to take a day out of practice to invest in their dental futures. Applying a key focus to the business side of dentistry, it will be equally relevant to associates at all career stages and to practice owners.

The day is designed to inform, to challenge and to provide access to the sector's best advice; there will be expertise to help delegates to take stock, and more importantly to start to make informed, purposeful decisions about

how they can move their careers and dental businesses forward.

The multi-session event acknowledges the recent growth in the private dental market. It will also help those practitioners who may be interested in transitioning towards private practice navigate the process. It will also update delegates on the latest developments in relation to General Dental Service contract reform as the BDA seeks to ensure the profession is as fully informed as possible.

Headline speaker Dr Kevin Lewis, Special Consultant, BDA Indemnity, will guide delegates through the business of dentistry approach, complemented by case studies of local practice owners who have recently made a shift into private dentistry. Associates will benefit from real-life experiences and insights on career development and 'knowing your worth'.

A spokesperson for the BDA said: "We are delighted at the line-up of highly respected speakers we have secured - from Kevin Lewis to well-known economist Richard Ramsey and a showcase of contributors from our own expert solicitors and consultants and policy makers. A number of our NI Dental Practice Committee representatives will add value to proceedings.

"It's time for a battered and bruised profession to take stock and take action. So, pencil in the 20 October and invest the day with peers to consider if there is an approach you can take to improve your work/life balance, your financial goals and the happiness and wellbeing of your dental team, your patients and yourself."

¹ www.bda.org/lifebeyondthesdr

Dental council publishes new codes

IRELAND'S Dental Council has published three new codes covering medical emergencies in the dental setting, conscious sedation and non-surgical cosmetic procedures.

The *Code of Practice regarding the Management of Medical Emergencies within the Practice of Dentistry* is a new code and it is of special note as it will apply to all dental surgeries in Ireland. The *Code of Practice regarding Dental Conscious Sedation* and the *Code of Practice regarding Non-Surgical Cosmetic Procedures* are revisions of previous guides issued by the council.

Medical emergencies¹

This is a new code, and it sets out the medications and equipment that all dental surgeries should have should a medical emergency arise in a dental setting. The code also sets out the required training for staff should, and the risk assessment and quality assurance measures that all practices should undertake on a regular basis. This is an important code and is relevant for all dental surgeries.

Conscious sedation²

This code replaces the Dental Council's 2005 guidance on

sedation and anaesthesia. This code provides guidance on training necessary to safely administer sedation, the requirements for dental surgeries where treatment under sedation is occurring, and guidance patient pathway for treatment provided under sedation.

Cosmetic procedures³

This code replaces the Dental Council's 2013 guidance. The main change is the removal of the statement that the council does not regard non-surgical cosmetic procedures as the

practice of dentistry. This reflects the reality that a growing number of dentists are safely providing these treatments to their patients, and it removes any ambiguity regarding the council's ability to consider complaints from patients concerning these treatments under its fitness to practise process.

¹ www.dentalcouncil.ie/code-of-practice/medical-emergencies

² www.dentalcouncil.ie/code-of-practice/sedation-in-general-practice-dentistry

³ www.dentalcouncil.ie/code-of-practice/non-surgical-cosmetics

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IDA appoints 100th president

THE Irish Dental Association (IDA) announced that Dr Eamon Croke has been appointed as its 100th President, taking over from Dr Caroline Robbins.

Dr Croke qualified from the University of Dublin in 1979. Until 1991, he practised in the UK where he undertook a master's programme in Prosthetic Dentistry at the Eastman Dental Hospital, London. On returning to Dublin, he took up practise in Molesworth House in the city centre, where he has been treating patients since 1993.

He is a part-time lecturer in the Dublin Dental University Hospital and has served two terms on the Dental Council. He is also a member of the IDA's GP Committee, has chaired its Quality and Patient Safety Committee and held the position of Honorary Treasurer.

During his inaugural speech to the IDA's annual meeting in May, Dr Croke set out his priorities for the year ahead, which include continuing the campaign for reforms within dentistry, the need for statutory continuing professional development (CPD) within the profession and the importance of delivering sustainability across the sector.

"I am acutely aware that I am embarking on my term as President during what can only be described as trying and uncertain times for many of our members and the hundreds of thousands of patients that we treat," he said. "Our profession is at the centre of a recruitment and resourcing crisis with 100 extra public-only dentists in the HSE needed immediately to meet the needs of our rising population.

"I begin my tenure as President at a time when the number of practicing public-only dentists has dropped by almost a quarter over the past 15 years, leading to an extreme backlog in our child screening service. It is a perfect storm where there are also fewer dentists available to provide treatment in a chronically unfit-for-purpose medical card scheme.

"Among my immediate priorities will be to carry the messages from this annual meeting to the Department of Health and Minister. We need to work hard on rebuilding trust between both parties to create a respectful, working partnership that has patients and access at its heart."

The highest honour

Professor Chris Lynch admitted to membership of the Royal Irish Academy

THE profession joined to congratulate Professor Chris Lynch, Dean of the Faculty of Dentistry RCSI, who has been elected to the Royal Irish Academy (RIA), the highest academic honour in Ireland.

Mr Lynch is Professor and Consultant in Restorative Dentistry in the Cork University Dental School and Hospital, College of Medicine and Health, University College Cork. He is the third dentist to be admitted as a Member of the RIA and the first in more than 80 years.

Edward Leo Sheridan, who became President of RCSI and is forever associated with the Faculty of Dentistry through the prestigious Edward Leo Sheridan lecture, was the last dentist to be admitted in 1940.

A UCC dental graduate (BDS 1999), Professor Lynch worked at Cardiff University as consultant and professor before returning to Cork University Dental School and Hospital in 2017.

With a distinguished track record of excellence in clinical dental education and research, he was awarded the Award of Excellence in Dental Education from the Association for Dental Education in Europe in 2014, the premier European award in dental education, a Principal Fellowship from the Higher Education Academy UK in 2019 and, in 2020, one of Ireland's inaugural National Teaching Learning Research Fellowships.



This year, Professor Lynch was awarded the prestigious international Ivar Mjör Prize for Practice-Based Research from the Network for Practice-Based Research at the International Association for Dental Research. He has been Editor-in-Chief of the Journal of Dentistry, a leading international dental journal, since 2011.

Following election by his colleagues, Professor Lynch became Dean of the Faculty of Dentistry at the Royal College of Surgeons in Ireland in March.

Professor Chris Lynch

Investigation reform demanded

Dental Protection has called for radical reform of how the General Dental Council (GDC) investigates dental professionals.

In a survey of 125 dental professionals who have been investigated by the dental regulator in the last five years, 82 per cent said the investigation had a detrimental impact on their mental health and 96 per

cent said it caused stress and anxiety.

Investigations had prompted 14 per cent to quit dentistry and a further 38 per cent considered leaving. More than a quarter (28 per cent) said they experienced suicidal thoughts during the investigation.

Dental Protection, which supports dental professionals who are subject to regulatory investigations, called

on the GDC to take urgent steps to reduce the number of dental professionals needlessly dragged through this process and to resolve cases more quickly.

Dr Raj Rattan, its Dental Director, said: "Having your fitness to practise called into question can be devastating, and there is no reason why the GDC cannot communicate with dentists with more compassion."



Each year, around 16,000 children in rural Botswana are helped

Mars Ireland launches second 'Chew for Change'

Portion of sales donated to promote oral health and family programmes in Botswana and Zambia

MARS WRIGLEY Ireland announced the return of its 'Chew for Change' initiative for the second year, supported by sales of its Mars' Extra® chewing gum line. The campaign runs through the spring and summer in partnership with SOS Children's Villages.

The SOS programme uses donations to fund:

- The training and support for project managers in communities.
- The supply of teaching materials, toothbrushes and toothpaste.
- Training programmes for teachers,

caregivers and health personnel so that they can pass this knowledge on to the children in their communities.

Tooth decay is the most common chronic disease in the world, despite being almost entirely preventable – between 60 per cent and 90 per cent¹ of all school-going children are impacted by dental cavities, with tooth decay particularly prevalent in disadvantaged communities globally.

While this is the second year for the campaign in Ireland, Mars has partnered with SOS Villages for 11 years, helping 16,000 children each year in rural Botswana.

The Chew for Change campaign raised €40,000 in Ireland in 2022, which Mars Ireland is hoping to exceed that this year.

Welcoming the return of the

campaign, Anne Sheeran, Corporate Affairs Specialist at Mars Multisales Ireland, said: "Mars Wrigley Ireland are delighted to kick off this year's Chew for Change campaign and continue our work with SOS Children's Villages.

"Poor dental hygiene can have a serious impact on a person's health and wellbeing, which is why the Chew for Change is such an important campaign, and one that we are proud to support."

Alison Wallace, CEO of SOS Children's Villages in the UK, added: "Dental hygiene in many rural and poverty-stricken areas around the globe is a result of a lack of health education and a lack of access to adequate cleaning products.

"That is why this partnership between Mars Wrigley Extra and SOS Children's Villages is so important – because together we can provide the education and access to dental healthcare that is so very much needed."

Extra® is also an important funding partner in SOS Children's Village's work supporting vulnerable families in Chipata, Zambia, via the Family Strengthening Programme.

The aim of the programme is to alleviate hardship and maintain family stability by developing socially sustainable communities that support individuals and families to thrive.

Working directly with families and communities, this programme provides tailored supports to address the immediate and longer-term needs of these vulnerable families.

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SDI has launched Riva Cem Automix, an all-new resin-modified glass ionomer luting cement that offers superior bond, high strength, five-second tack cure for easy removal of excess and less waste. It is indicated for the permanent cementation of metal and ceramic restorations including high-strength ceramics such as zirconia.

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Alongside excellent bond strength to enamel and dentine, its high flexural strength of 49.3 MPa enhances the longevity of a cement restoration by better withstanding mastication forces while increasing its durability in the oral

environment. This allows Riva Cem Automix to be used for reliable restorations across crown and bridges, posts, inlays and onlays, and orthodontic appliances.

Riva Cem Automix offers more tips than other leading competitors. Each supplied tip has less waste than other cements, providing more material for more patients.

Riva Cem Automix has a light tack cure option for easy removal of excess cement. Simply light tack cure any excess material for five seconds with an LED curing light then gently remove. Alternatively, excess cement

can be removed after the self-curing phase if preferred.

Colour changes within luting materials can clinically affect the aesthetic appearance of a restoration. However, external tests have confirmed that Riva Cem Automix has the best-in-class colour stability with the least colour change over time¹.

To find out more about Riva Cem Automix, visit www.sdirestoratives.co.uk/riva-cem-automix

¹Source: SDI internal data



DATES FOR YOUR DIARY

2023

28-30 SEPTEMBER

British Orthodontic Conference

Queen Elizabeth II Centre, London
www.bos.org.uk/boc2023

07 OCTOBER

BDA NI Centenary Gala Ball

City Hall, Belfast
tinyurl.com/2yeu98yj

20 OCTOBER

Life Beyond SDR

Hilton Belfast Templepatrick
www.bda.org/lifebeyondthesdr

09-11 NOVEMBER

BACD 19th Annual Conference

IET Savoy Place, London
www.bacd.com/annual-conference/bacd-19th-annual-conference-2023-new-horizons

14 NOVEMBER

BDA NI Branch AGM

The Malone Hotel, Belfast
tinyurl.com/2yeu98yj

17-18 NOVEMBER

British Endodontic Society (BES) Regional Meeting

International Convention Centre, Belfast
www.britis hendodonticsociety.org.uk/events/19/regional_meeting_2023

07 DECEMBER

BDIA Midwinter Lunch 2023

Venue TBC
www.bdia.org.uk/dental/events/midwinter-lunch-2023

2024

31 MAY-1 JUNE

Scottish Dental Show

Braehead Arena, Glasgow
www.sdshow.co.uk/

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

Innovators in gum health awarded

The winners of the European Federation of Periodontology (EFP) Innovation Award for Digital Solutions for Gum Health, sponsored by Haleon, have been announced.

First prize was given to by Claire Bigot, of Paris Cité University, for her My Perio Care¹. The application addresses both patients and dentists' unmet needs to better manage periodontal care, from primary prevention to disease therapy.

Second prize went to my.periodontal-health.com², presented by Christoph Ramseier, of the University of Bern. Developed in collaboration with Ukraine-based IT professionals, it supports personalised periodontal care.

Third prize was awarded to 'Digital technology monitored and controlled oral endotoxin activity levels for personalised primary and secondary prevention of gum diseases and related systemic complications'³, developed by Svetislav Zaric, of King's College London. It comprises two rapid and reliable tests; a subgingival plaque test performed by dental professionals for site-specific management of gum health conditions and a salivary self-test for the public to perform at home.

1 www.efp.org/fileadmin/uploads/efp/Documents/Past_prize_winners/1st_EFP_Innovation_Award_2023.pdf

2 www.efp.org/fileadmin/uploads/efp/Documents/Past_prize_winners/2nd_EFP_Innovation_Award_2023.pdf

3 www.efp.org/fileadmin/uploads/efp/Documents/Past_prize_winners/3rd_EFP_Innovation_Award_2023.pptx



First prize winner
Claire Bigot

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CELEBRATING 100 YEARS

To mark the centenary of its foundation, the Irish Dental Association has published a fascinating history.

In May this year, the Irish Dental Association (IDA) celebrated its centenary and marked the occasion with the publication of *A Centenary History*. The association commissioned historians Dr Eoin Kinsella and Dr Frances Nolan to complete the project, resulting in a vital account of the IDA that explores both its history and its influence on the dental profession in Ireland and internationally.

The IDA traces its roots to 1887, when an Irish branch of the British Dental Association was established in Dublin. Influenced by the seismic events of the revolutionary period, in late 1922 the Irish branch seceded – on amicable terms – to establish the Irish Dental Association as an independent advocate for dentists in the Irish Free State.

Over the course of the last century the association has been at the forefront of efforts to improve the ‘art and science’ of dentistry, to promote better oral health and to advocate on behalf of its members.

As the leading voice of the profession in Ireland, the association has been integral to some of the most important public health campaigns of the twentieth century, such as the inclusion of public dental health provisions under the National Health Insurance Scheme and the fluoridation of the water supply in the 1960s.

More recently the association has led efforts to reform the medical card scheme and to raise public awareness of the importance of dental health. Events of the past two years, which saw it at the forefront in guiding the response of dental practitioners to the COVID-19 pandemic, have reinforced its

importance as the representative association for Irish dentists.

Among the topics explored in the book is the association’s long-standing connection with FDI World Dental Federation (FDI), which was founded shortly after the association. In early August 1948, the IDA hosted more than 80 delegates from 16 countries as the FDI held its annual session in Dublin for the first time. The programme included discussions on the effect of diet during the Second World War on dental caries and on the problem of teeth from youth to old age.

Twelve years later, the FDI’s congress returned to Dublin; on this occasion more than 800 delegates from 26 countries arrived in the city. Proceedings opened with a reception at the Shelbourne Hotel, with more

than 550 guests in attendance.

A full programme of lectures, demonstrations and films ran throughout the week, while a military conference was attended by representatives from the military dental services of several nations. The scientific programme was accompanied by a full schedule of entertainment.

A spokesperson for the FDI said it took “immense pride” in counting the IDA among its members and commended their outstanding dedication to enhancing oral health care throughout the country.

Also during May, members of the British Dental Association attended the IDA’s annual conference at Lyrath Estate in Kilkenny. The BDA’s recently installed President, John Milne reaffirmed the “longstanding and deep friendship which exists between both associations”.

Members of the Irish delegation attending the FDI congress in London, 1952



LOOKING TO THE FUTURE

While marking the achievements of the past, delegates also considered what should come next

WORDS
WILL PEAKIN

Members of the BDA joined colleagues from the IDA in celebrating the latter's 100 years

It was a conference with a difference; an opportunity to meet in person, to learn and to reflect, but also an occasion to celebrate the centenary of the Irish Dental Association (IDA).

The IDA's annual conference, held at Lyrath Estate, Kilkenny, featured a talk by Drs Eoin Kinsella and Frances Nolan, authors of the

recently published *The Irish Dental Association: A Centenary Publication* (see preceding page).

The pre-conference programme featured full- and half-day courses on a range of topics. Drs Aisling Donnelly and Roberto Careddu offered a full-day course on 'Maximising your success in endodontics', while Drs Rona Leith and Abigail Moore and Professor Anne O'Connell presented 'Practical paediatric dentistry for the dental practitioner'.

Dr Chris Orr delivered a half-day hands-on course, 'Posterior composites in 2023: can we simplify without compromise'. Dr Andrew Bolas covered the role of the radiation protection officer

in dentistry, while Dr John Alonge presented a half-day course on 'Handling surgical complications including hands-on suturing'.

The following days featured a parallel sessions with presentations from Professor Avijit Banerjee, who looked at the minimum intervention oral care approach, and Dr Marilou Ciantar, who, guided delegates through the implementation of the S3 periodontal guidelines in general dental practice.

Dr Mary Clarke explored conscious sedation, while Dr Niall Neeson gave some practical tips for managing dental anxiety. Dr Sally McCarthy spoke on sports dentistry and dento-facial trauma, and Dr John Ed O'Connell on contemporary management of oral cavity cancer.

The two sessions then merged for a reflection from Dr Martin Kelleher on 'the good, the bad and the ugly', following 50 years in dentistry.

Saturday's programme was equally strong, with presentations from Dr Owen Crotty on orthodontics in our digital world, Dr Mili Doshi on managing the oral health of adults with a neurodisability and Dr Brett Duane on sustainability. In the final lectures of the conference, Dr Alison Dougall took delegates through the need for antibiotic stewardship and Professor Banerjee looked at minimally invasive operative management of the deep carious lesion.

As the IDA celebrated its centenary, speakers were asked what developments they would like to see to prepare for the next.

"We need to get the message out that caries is a preventable disease," said Professor O'Connell. "We haven't succeeded in the last 100 years, so maybe for the future, that message will result in lower levels of disease."

"We need more and better training at undergraduate level for children's dentistry, and an emphasis much more on prevention and minimally invasive dentistry within the profession and as a public health message."

"If we can prevent caries, then treating children for all these other issues, such as trauma, or developmental defects and eruption problems, will be simplified."

"So for the future, let's tackle prevention – starting with establishing the age one visit to the dentist."



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QUESTION

TIME

*Government pressed on
Ireland's oral health challenge*

WORDS
WILL PEAKIN

C

Colm Burke, Fine Gael's spokesperson on health, recently posed questions to Stephen Donnelly, Ireland's Minister for Health, and Simon Harris, the Minister for Further and Higher Education, on a range of issues affecting the country's oral health. He first addressed the current shortage of dentists across the

public service and private sector. According to the Irish dental Association's report *Providing Dental Care in Ireland: A Workforce Crisis*, at least 500 more dentists are needed to meet the demands of a rising population and to replace those who are retiring.

Mr Donnelly responded: "I have met with Minster Harris and have requested significant increases in the number of dentists we train to address dental workforce capacity issues. The Higher Education Authority (HEA) is undertaking a process to identify a set of options for Government from higher education institutions interested in building capacity in Dentistry, among other areas.

"Aligned with departmental policy regarding self-sufficiency, and to address the current imbalance of domestic students versus non-EU students, dental schools need to have a 75:25 ratio of domestic versus non-EU students. Superimposed on this rebalancing, there needs to be an additional 10 to 20 per cent on the number of college places made available to dental students in the longer term.

"The HEA has requested both dental schools to submit proposals to expand capacity and it also sought proposals for new dental schools. We await the outcome of the process and welcome the opportunities to expand capacity. The Dental Council has introduced a registration process regarding refugee and temporary dentists who are currently living in Ireland and wish to practise here. The council has advised that it is doing everything it can to expedite the registration of all such dentists to enable them to contribute to our workforce. The council

has reported an increase in the numbers of dentists registering since 2016; from 2,949 then to 3,492 on the register now."

Mr Burke asked about broadening dental specialities in Ireland – currently there are only two recognised by the Dental Council, orthodontics and oral surgery – to include others, such as paediatric and special needs dentistry. Similarly, he questioned the scope of work carried out by auxiliary dental workers, such as technicians, and whether it could be expanded to take pressure off dentists. Another area of concern was how undergraduate education programmes could better support Smile agus Sláinte, the country's oral health policy.

"Smile agus Sláinte, sets out a new model of oral healthcare delivery," said Mr Donnelly. "[The policy] focuses on a primary oral healthcare approach that will enable greater access to care by examining the training, roles and regulation of dental health professionals. There will be a particular focus





The proposed new dental school and hospital in Cork

on improved oral healthcare services for all vulnerable groups, including people in nursing and residential homes.

“Undergraduate dental education will need to be realigned with the policy by placing primary oral healthcare at its centre. The primary oral healthcare approach represents a significant change which requires an education system, both at undergraduate and graduate level, to ensure that the profession can respond to the oral healthcare needs of the whole

population. In addition, ensuring that a sufficient breadth of skills is maintained in the profession will enable it to be flexible and responsive as the population’s oral health needs change.

“In line with the Sláintecare implementation plan and the primary oral healthcare approach, a focused programme, led by the Dental Council, will be required in order to reassess auxiliary dental workers’ scope of practice. This programme will consider enabling the public to have direct

access to additional auxiliary dental workers, where possible. Currently, once provision of oral healthcare services directly to a patient is involved, oral healthcare professionals generally fall into the compulsory registration category. Any potential risks to the public of implementing a triage system have to be considered and regulated accordingly. Nonetheless, such a system would ensure improved access for the public overall.”

Questioned further on the detail of Smile agus Sláinte, Mr Donnelly said that delivery would involve three strands: health and oral health promotion and protection programmes, oral healthcare service provision and evaluation of oral health in the population through a clinical surveillance programme.

“There will be a particular focus on improved oral healthcare services for all vulnerable groups, including people in nursing and residential homes,” he said. “Oral health surveillance will be an adjunct to, and, where

“THE HEA HAS REQUESTED BOTH CURRENT DENTAL SCHOOLS TO SUBMIT PROPOSALS TO EXPAND CAPACITY AND IT ALSO SOUGHT PROPOSALS FOR NEW DENTAL SCHOOLS”

— STEPHEN DONNELLY





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Nina Khaira

Nina Khaira, St Mawes Dental

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possible, part of, routine visits to local dentists at key targeted ages for the whole population. The development of appropriate advice on toothpaste use and progress on preventive packages and outlining of measures to support the phase-down of amalgam are among the priority actions of the policy.

“The HSE will drive reform in the delivery of oral healthcare services, including developing a national oral health evaluation programme and any associated

information campaigns that may be required. My department is working with the HSE to ensure the establishment of focused structures to drive implementation of the policy, including an oversight structure. It is also developing a cross-Governmental oversight structure which will produce the overall policy implementation plan and ensure that involved Departments and agencies are accountable for their progress under the plan.

“I recognise that the HSE Public Dental Service needs to be staffed appropriately in order to provide the care it is tasked to provide. The Department will support and resource the HSE to gradually reorient to provide the functions that the National Oral Health Policy ascribes to the HSE Public Dental Service, as implementation of the National Oral Health Policy proceeds over its eight-year implementation period.”

The health minister also addressed the Dentists Act which, though it was updated in 2020, was introduced in 1985. “While [it] has served the public and the profession well, I am aware that it needs to be updated.

“It is intended to update the legislation in order to support the reforms to oral healthcare services and to the oral healthcare profession outlined Smile agus Sláinte. The process of developing legislation will involve consultation with the public and stakeholders. The protection of the public and ensuring high professional standards will remain the central focus of the new legislation. New legislation must also progress in the context of and in support of the fundamental reforms of dental services envisaged in the national policy over the coming years – it cannot stand alone.”

Mr Colm asked about progress on the building of a new dental school and hospital. Before the pandemic, University College Cork (UCC) was granted permission to build a multi-million euro facility in the western suburbs of Cork city. It will provide dental health services, clinical teaching spaces for dental students along with education and support facilities, research laboratories and innovation spaces.

“UCC submitted their project to the HEA Higher Education Authority for consideration under the higher education capacity building process,” said Mr Harris. “This process was developed to identify opportunities in the higher education system to build capacity in dentistry, pharmacy, medicine, nursing, and veterinary medicine programmes. The HEA have recently submitted their recommendations to me. I will now consider the recommendations and consult with colleagues across government on the opportunities for expansion identified and associated funding priorities.”

He was also asked what was being done to increase places in the dental schools at UCC and Trinity College Dublin, in particular dental hygienists – of whom only around 25 graduate each year from the two schools – and dental nurses. He said: “The matter of health workforce planning ... is a major priority for my department. I have just recently received recommendations from the HEA.

“The Minister for Health and I will consider opportunities for new programme provision alongside options for current programme expansion to determine a final list of options.

“My department and the Department of Health will be engaging closely on this matter to consider these options, having regard to workforce plans and projected demand for graduates.”

“THERE WILL BE A PARTICULAR FOCUS ON IMPROVED ORAL HEALTHCARE SERVICES FOR ALL VULNERABLE GROUPS, INCLUDING PEOPLE IN NURSING AND RESIDENTIAL HOMES”

– STEPHEN DONNELLY



There will be a focus on vulnerable groups.

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22
APPLICATIONS
OF GBT



AWAY FORWARD

As the Irish Government prepares to publish a review of the country's oral health policy, we explore some of the issues

WORDS
IRISH DENTAL
ASSOCIATION

The National Oral Health Policy was launched in April 2019. It has two primary aims: to provide the supports for every individual to achieve their personal best oral health – including the provision of an appropriately accessible and adaptable service across the life course – and to reduce oral health inequalities across the population by providing additional support to vulnerable

groups to access oral healthcare and improve their oral health.

The policy adopts a 'primary care approach', where the majority of oral healthcare is provided by a local oral healthcare professional of the individual's choosing. This approach emphasises prevention, local access, person- and family-centred care, and facilitation of choice for the public. Implementation of the policy will depend upon the availability of skilled dentists and dental team members.

A report completed as part of the National Oral Health Policy, found that in 2016 there were 45 dentists per 100,000 population in Ireland. According to the report, this lies within the bottom quintile of OECD countries. In the intervening period we believe the situation has deteriorated further and the number of practicing dentists per head of population has reduced.

Despite the fact that the numbers of dentists registered with the Dental Council are increasing, we know from our members that the number of dentists available to treat patients is decreasing. Department of Health figures (2019) state there are 58 registered dentists per 100,000 population. We would, however, question the accuracy of this figure because we currently have no reliable data to show the number of active or practicing dentists in the country.

In 2104, in advance of the publication of the National Oral Health Policy, Hasse and Batchelor recommended that the data shortcomings regarding number and location of practicing dentists should be addressed as a matter of urgency. They suggested that one way of doing this would be to update the Dental Register to include information such as location, services provided and hours worked. To our knowledge, no progress has been made in updating the dental register in the intervening years.

As the union representing public dental surgeons, we have consistently highlighted the staffing crisis in the public dental service.

There can be no doubt but that there are severe recruitment and retention issues for the sector, largely arising from policy decisions which have reflected a very low priority being attached to properly staffing the sector. In November 2017, IDA carried out a survey of Principal Dental Surgeons in the HSE. Nearly



Dental care in Ireland faces a number of issues



all of those who responded had tried to recruit dentists in their area over the previous five years. Of these, over half had experienced problems in attracting suitable candidates and three-quarters believed there were fewer suitable candidates than five years ago.

HSE figures obtained show that there were 330.1 whole-time equivalents (WTEs) employed in the public dental services in December 2006. However, by December 2021, this figure had dropped by 24 per cent (77.9 WTEs) to 252.2. This has happened at a time when the under 16 population has increased by 20 per cent over the past decade to 1.1 million. Furthermore, 27 per cent of public service dentists are over the age of 55 and close to retirement. This will likely exacerbate staffing shortages across the public dental service in the coming years.

Staff shortages, clinic closures and a lack of policy and direction by the HSE are putting an intolerable burden on the public dental service and are undermining its ability to provide an effective service. Figures released by the HSE in February 2022 show that there are 4,342 children and special care patients on public dental surgery lists for procedures under general anaesthetic. There are a further 9,354 people on acute hospital lists for oral surgery and maxillo-facial surgery.

The severe under-resourcing of the sector has also led to a significant deterioration in the level of preventative care and screening taking place through the school screening programme. In Ireland, primary school children should be having check-ups in second, fourth and sixth class. However, due to the lack of staffing in the sector, many children are missing out on these three vital dental checks. Last year

(2022) 99,367 children were seen under the school screening programme. This is less than half of those who should have been seen (i.e. students in second, fourth and sixth classes).

Furthermore, of those who are being seen, many are being seen late, with some children only receiving their first appointment when they are in their fourth year of secondary school. This means that some children are not receiving an initial check-up until they are 16 years of age and are therefore missing out on fundamental early diagnosis, prevention and intervention, resulting in more drastic treatment or, in the worst cases, extractions being required during the formative teenage and early adult years.

Six years ago, we published data showing the result of this under-staffing, where in some areas of the country, dentists were pulling almost as many children's teeth as they were filling. In Laois, for example, dentists carried out 1,200 extractions and 1,800 fillings in one year. In Offaly, it was 915 extractions and 1,100 fillings. Since then, our concerns have continued to fall on deaf ears and the school screening programme continues to be under-resourced and neglected.

We do not support the proposals in the National Oral Health Policy to effectively outsource children's dental care from a risk-based, targeted public dental service model to an under-capacity private sector. Under the model proposed for children in the National Oral Health Policy, we believe inequity in healthcare delivery will continue. Evidence from the NHS in England has shown that just half of children entitled to attend the dentist for free actually do so. Recent research from Amárach Consulting found that 75 per cent of dentists in private practice would find it difficult to provide oral healthcare packages to children under seven. This shows the lack of capacity and capability in private practice to take on this important cohort of patients.

Private practice

The extent of vacancies in the sector and the demand for dental healthcare professionals can be seen clearly when examining the number of positions in private practice advertised each year in the *Journal of the Irish Dental Association (JIDA)*. The number of dentist positions advertised increased from

238 in 2018 to 464 in 2021, an increase of 95 per cent in just three years. Recruitment problems also exist for dental team members such as dental hygienists and dental nurses. The recruitment deficit has now reached crisis levels. It is having a measurable impact on our members' ability to run their practices and dental clinics efficiently and, more importantly, on patients' ability to access vital healthcare. In the private sector, our data shows that the majority of vacancies cannot be filled.

A survey we carried out in September 2022 found that two-thirds of practices who tried to recruit dentists over the previous 12 months could not fill the vacancy due to a shortage of candidates. Half of practices who attempted to recruit dental nurses or hygienists could not find a candidate. Two-thirds of dentists who responded to the survey said the staffing shortage is having an impact on patient access to dental care in their practice. About two-thirds said their capacity to treat emergency appointments has reduced over the past year, while three-quarters of dentists said their practice could open for additional hours and provide more appointments if more staff were available. Dr Caroline Robins, President of the Irish Dental Association, commented: "We have identified a number of measures that, through cooperation, collaboration and effective coordination, can alleviate what will only become a more acute issue if not urgently addressed. We are ready and waiting to sit down to discuss and develop the best pathway forward to ensure access to essential oral healthcare for all."

Key recommendations

- Significant investment and expansion of the two dental schools at UCC and TCD.
- Reintroduction of a Foundation Training Scheme to facilitate new graduates in gaining experience in a mentored environment.
- Work permit changes for dentists and dental nurses.
- Recognition and formal registration of a broad range of dental specialities, particularly in areas such as disability and paediatrics.
- Reform of the Dental Council's Register to include location, services provided and hours worked to give a reliable overview of the number and availability of practising dentists in the country.



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REACHING A CONSENSUS

Periodontists and GPs should collaborate to treat their patients' overall health

WORDS
WILL PEAKIN

Close collaboration between GPs, periodontists and other oral health professionals is necessary for the effective prevention, early detection and management of widespread systemic health conditions affecting millions of people. That is one of the main conclusions of the new scientific

paper titled: 'Association between periodontal diseases and cardiovascular diseases, diabetes and respiratory diseases: consensus report of the joint workshop by the EFP and the European arm of the World Organization of Family Doctors (WONCA Europe)', which has been published¹ in the *Journal of Clinical Periodontology*.

This consensus report, authored by 18 global leading experts in periodontology and family medicine, updates and improves the scientific evidence that gum disease, in particular periodontitis or chronic inflammation of gums, is independently associated with cardiovascular diseases (CVD), diabetes mellitus and respiratory diseases, such as chronic obstructive pulmonary disease, sleep apnoea or COVID-19 complications.

The paper builds on the scientific reports from previous workshops organised by the EFP with the International Diabetes Federation on links between gum disease and diabetes in 2017, and with the World Heart Federation on associations between gum disease and CVD in 2019.

"Both reports suggested that family doctors have a pivotal role in the implications of the associations between conditions, since they treat most patients with diabetes or CVD," said David Herrera, lead paper author and chair of the EFP's Workshop Committee.

"Our paper presents a critical update of the evidence supporting the associations between periodontitis and very important systemic conditions, but our main objective was to understand the interpretation of this information by the family doctors and the derived implications developed to improve the management of our patients' health," he added.

The document advocates for family doctors and oral healthcare professionals to work together in preventing, detecting and treating these major systemic health issues, in exchanging information and mutually referring their patients, and in promoting healthy lifestyles among them.

There is consensus in considering gum health-related input as essential for family physicians to correctly manage their patients' overall health.

For example, it is recommended that periodontists and family doctors implement effective strategies for early detection of gum disease in primary healthcare





“ THE CURRENT SPLIT BETWEEN DENTAL HEALTH PROFESSIONALS ON ONE SIDE AND SYSTEMIC DISEASE PROFESSIONALS ON THE OTHER MAKES NO SENSE”

— SHLOMO VINKER

centres, and of CVD and diabetes in dental practices. GPs are encouraged to seek information about the periodontal health of their patients, and oral health professionals about the cardiovascular and metabolic risk factors.

The consensus report is based on the outcomes of the Focused Workshop on Periodontology and Family Doctors, a joint scientific initiative by the EFP and WONCA Europe which was held in Madrid last summer with sponsorship from EFP partner Curasept.

The workshop's aim was to draw up a set of recommendations for a new approach to the systemic impact of periodontitis on overall health conditions.

Currently, the EFP is preparing an outreach campaign based on the paper, targeting specific groups such as primary care and dental patients, policymakers, family physicians, dentists, periodontists and dental hygienists.

Higher risk of CVD and diabetes

“When treating patients with periodontitis, oral health professionals should inform them that their risk of CVD is higher,”

said Professor Lior Shapira, past EFP president (2021-22), workshop co-chair and paper co-author.

“Also, they should collect a careful history of reported cardiovascular risk factors including diabetes, obesity, hypertension and smoking, and screen for other cardiovascular risk factors, such as physical activity, excess weight, blood pressure and lipids or glucose management.

“If the patient presents obvious risk factors, they should be advised to consult with their family doctor and to adopt active lifestyle measures such as weight loss, smoking cessation and physical activity.

“In the case of patients with diabetes or prediabetes, family

doctors are invited to inform them of a higher risk of suffering from a gum disease, so they need to go to their dentist and screen their gums' health.

“Besides, gum inflammation is a major risk factor to develop a metabolic disease such as diabetes.

“Importantly, at the dental practice we can screen periodontitis patients and identify those with diabetes or prediabetes who haven't been previously diagnosed, which may save their lives.

“All in all, the main conclusion is that we, dental professionals, need to be in touch with our patients' family physicians all the time,” added Professor Shapira.

“The current split between dental health professionals on one side and systemic disease professionals on the other makes no sense,” commented Shlomo Vinker, president of WONCA Europe and paper co-author.

“We should strive for greater integration and better sharing of information. More collaboration on screening, prevention and referrals would clearly benefit our patients and the public health.”

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¹<https://doi.org/10.1111/jcpe.13807>

About EFP

The European Federation of Periodontology (www.efp.org) is a non-profit organisation dedicated to promoting awareness of periodontal science and the importance of gum health. Its guiding vision is “periodontal health for a better life”. Founded in 1991, the EFP is a federation of 37 national periodontal member societies that represents more than 16,000 periodontists, dentists, researchers and oral-health professionals from Europe and around the world. It supports evidence-based science in periodontal and oral health and it promotes events and campaigns aimed at both professionals and the public. The EFP organises EuroPerio, the world's leading congress in periodontology and implant dentistry, as well as other important professional and expert events such as Perio Master Clinic and Perio Workshop. The annual Gum Health Day, held in May and organised by the EFP and its member societies, brings key messages on gum health to millions of people across the world.

ORAL-B LAUNCHES 'BIG RETHINK'

Initiative is aimed at making oral care more inclusive and accessible

Research released by Oral-B has revealed that a third of Europe's 166 million population who are affected by a disability have experienced gum issues in the past year. Of those surveyed in the UK, France, Germany and Italy, almost half of people (47 per cent) with disabilities have not been taught how to brush their teeth properly and more than a fifth (23 per cent) of disabled Europeans feel demotivated when it comes to maintaining their oral health.

Oral-B, an innovator in oral health, is on a mission to change this with the launch of 'The Big Rethink', its social ambition to ensure that everybody has an equitable oral care experience – whether that's at home or in the dentist's chair. The brand, which is at the beginning of this journey, recognises the need to continue learning from both dental professionals and consumers who frequently experience oral health struggles to be able to make a real impact and offer an equitable oral care experience for everyone.

To launch The Big Rethink campaign, the brand is working with the International Association for Disability and Oral Health (iADH) to help inform the approach. The first step of this partnership is the launch of the 'Positive Practices' programme, designed to train and educate dental practices on how to become more confident and inclusive when it comes to their patients.

The programme will not only enable Oral-B to become more educated on the physical and mental needs of those with different types of disabilities, but it will also help them to learn how to adapt their product offering and improve the oral health outcomes of those with disabilities. The Big Rethink Content Hub will also offer relevant and helpful content for people with disabilities, their caregivers and families, as well as the professional dental health community.

As Oral-B celebrates 60 years since the launch of the first electric toothbrush in 1963, the brand continues to put consumer understanding and leading-edge technology at the heart of its product development by designing inclusive products that help to bring about positive change in oral care for everyone.

The brand is also developing a series of tools to support dentists within their practices, such as student training and accreditation programmes.

To celebrate the launch of The Big Rethink, a brand film was unveiled at an event in Frankfurt, Germany. It was an opportunity for Oral-B to set out its ambitions of The Big Rethink and discuss the findings of The Oral Health & Disability European Study with an influential panel of speakers.

The panel included parent company Procter and Gamble's (P&G) Chief Executive Officer for Healthcare Jennifer Davis, iADH spokesperson Johanna Norderyd, British broadcaster Nikki Fox, British influencer James Hunt, from Stories About Autism, and German actor Andre Dietz.

Jennifer Davis said: "As a leading innovator in oral health for over 70

WORDS
WILL PEAKIN

years and the world's number one dentist-recommended toothbrush brand, we recognise the importance of making oral care accessible to all. We are indeed at the beginning of a very exciting journey, and we will continue to learn from both dental professionals and consumers to ensure we are creating positive oral care solutions for everyone – I really believe that this is the beginning of an initiative that has a global footprint."

Benjamin Binot, P&G Europe Oral Care Senior Vice President, added: "Addressing the significant oral health inequalities experienced by people with disabilities in Europe is a huge priority for Oral-B. Our research shows that today, there are many oral health struggles amongst this audience – a fifth (20 per cent) of those with severe disabilities find brushing all their teeth physically challenging and more than a third of people with disabilities feel anxious or frustrated when it comes to visiting the dentist.

"We want to help change this and believe that everyone should have an equitable oral health experience. Through our work with the iADH and the creation of the Positive Practices programme, we want to not only provide dental practices with educational materials to make their practices more inclusive, but also give the disabled community the tools they need to have more autonomy over their own oral health."

Alison Dougall, Professor in Special Care Dentistry and an Executive Board member of iADH, said: "We are delighted to have partnered with Oral-B to address the oral health struggles that are experienced by people with disabilities in Europe.

"Our shared values will enable us to make a huge difference to the oral care experience for people living with visible and non-visible disabilities.

"We recognise that many healthcare professionals have not received education in special care dentistry during their training, and so by raising awareness around the issue and supporting those with disabilities, we can help to make small but significant adjustments to their oral health routines."

Visit: www.oralb.co.uk/en-gb/big-rethink

The panel included British broadcaster Nikki Fox (L)



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Influence of different restoring materials on stress distribution in prosthesis on implants: a review of finite element studies

Fabiano Resmer Vieira, Department of Dental Materials and Prosthodontics, School of Dentistry, São Paulo State University.

Sandro Basso Bitencourt, Department of Dentistry, University Centre of Espírito Santo-UNESC, Colatina.

Introduction

Dental implants have improved the quality of life of millions of patients in recent decades and have shown a high predictability of success. The high success rates and long-term follow-up (over 20 years) of patients treated with osseointegrated dental implants have attracted the interest of clinicians and researchers worldwide. Occlusal loading of osseointegrated implants is a determining factor in the longevity of treatments with implants. The selection of material used on the occlusal surface of implant-supported prostheses is also important, as these can transmit damaging forces to the interface between the alveolar bone and the implant.

Different prosthetic materials are suggested for the fabrication of implant-supported prostheses. The choice of this material is controversial although there is a consensus that implant survival is not affected by the prosthetic material. Skalak et al stated the theory that loading an implant made of a hard occlusal material, either porcelain or metal, can result in high intensity loading between the implant and the supporting bone. While a material with a low modulus of elasticity has stress-absorbing properties, it can prevent the surrounding bone from possible destruction linked to the magnitude of the load.

Three-dimensional finite element analyses (3D-FEA) are frequently used in dentistry to estimate the stress distribution that occurs in the implant system, peri-implant bone and prosthetic components. 3D-FEA allows the simulation of a condition that would be impossible to achieve in a clinical study. Therefore, traditional finite elements have become a useful tool to study stress distribution in implant dentistry.

The purpose of this review of the literature on finite element studies is to investigate the influence of the prosthetic material on the stresses induced in bone tissue in implant-supported prostheses.

Methods

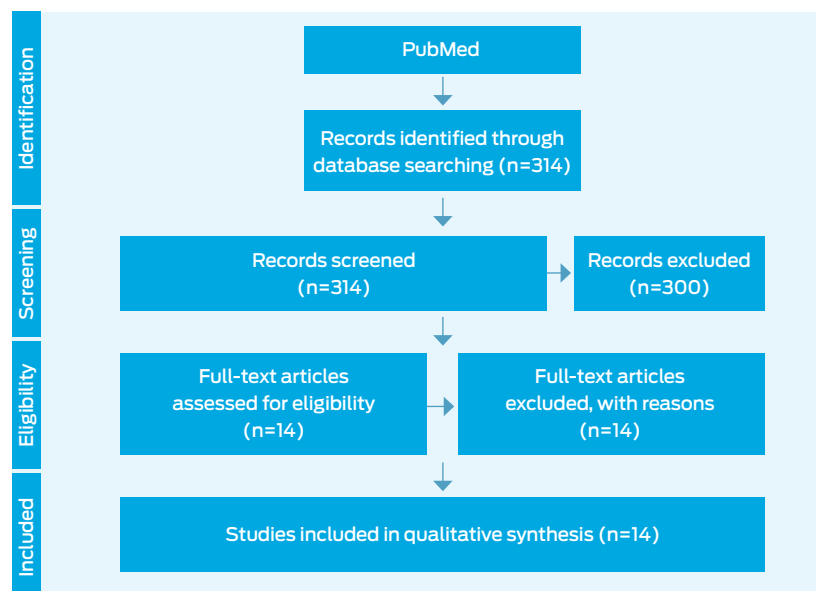
The search for articles of this review of the literature was performed in the PubMed/Medline database for articles published up to November 2021. The search strategy used was (finite element analysis) and ('occlusal device' or 'occlusal surface' or 'occlusal materials' or 'veneering materials') and ('implants' or 'dental implants'). The inclusion criteria were studies using the 3D-FEA methodology that evaluated the stress distribution in bone tissue, among different prosthetic/restorative materials, published only in English. The exclusion criteria were studies that did not follow the 3D-FEA methodology. The selected articles were independently

evaluated by two different reviewers. The information collected was author and year of publication, dimensions of implants used, the material used in the prosthetic crown, simulated force and direction, and conclusion and effect.

Articles of the in vitro study were selected following evidence-based laboratory medicine. These principles are (1) asking the question, (2) searching for evidence, (3) appraising the evidence, (4) applying the evidence, and (5) assessing the experience.

Results

During the search process, 314 references were found, of which 14 were selected after reading the title and abstract, to be analysed for their full text. After this step, all 14 articles were included for data collection. The search strategy is detailed in the illustration below. The selected studies were dated from 1996 to 2021. The simulated implants were of varying diameters,



ranging from 3.8 mm to 5 mm. The length of the implants also varied, with the shortest length being 7 mm and the longest being 13 mm. Regarding the prosthetic materials, a variety of metal-ceramic prostheses can be seen, varying the material of the infrastructure and the veneering ceramic, in addition, prostheses in lithium disilicate and zirconia, acrylic resin and composite resin. The simulated forces ranged from 30 to 1000 N, using either axial or oblique loads.

Twelve studies found no differences in force dissipation in bone tissue between different prosthetic materials. Only two studies found a positive relationship between the restorative material and bone tissue tension.

Discussion

Biomechanical considerations are recognised as being one of the most important factors for the long-term success of osseointegrated implants. Among the methods for evaluating implant biomechanics, 3D-FEA has been widely used for the quantitative assessment of bone stresses. This analysis identifies stresses and their dissipation at the prosthesis-implant-bone interface, which can be difficult to assess by other biomechanical methods.

After the review of included studies, it was found that most of the articles indicate that the prosthetic material does not influence the generation of tension and dissipation in the bone and peri-implant tissue. This can be justified due to the use of different prosthetic materials having less influence on the stresses in the supporting bone with one per cent of the variance. According to Sotto-Maior et al, the dissipation of forces was not influenced by the prosthetic material although the occlusal force is the factor that has the highest weight about the stresses generated in the implants, abutment being the second. Despite not affecting bone tissue, occlusal materials show differences in stress distributions in the crown structure and abutment.

Sevimay et al evaluated prosthetic crowns made with IPS Empress 2, In-Ceram, PFM with a chromium-cobalt framework, PFM with a gold-silver-palladium framework, and states that the different prosthetic materials did not influence the distribution of forces in bone and peri-implant bone tissue. However, when evaluating the ceramic, IPS Empress 2 showed the highest stress concentration. When the stress distribution in the framework was evaluated, the stress values were different for each model. In-Ceram porcelain (173 MPa) and PFM crown with a cobalt-chromium framework (149

MPa) induced higher von Mises stress values than PFM crown with a gold-silver-palladium framework (108 MPa) and IPS Empress 2 (119 MPa). The reason for these differences may be related to the elastic modulus of the materials. In-Ceram and PFM crown with chromium-cobalt framework have a higher modulus of elasticity compared with IPS Empress 2 and PFM crown with a gold-silver-palladium framework.

Sannino et al analysed the stresses of the prosthesis-implant system and showed that the choice of material was crucial for the distribution of stresses in different components. It was noted that due to the large difference in the hardness between the materials of the system, the main stress gradient in the cement layer increased in the situation of zirconia abutment with micro-hybrid composite core and titanium abutment with a micro-hybrid composite core. For the situation of zirconia on abutment and core, and titanium abutment and zirconia core, the stress distribution in the cement layer was more homogeneous. Higher failure risks for the cement layer placed between the core and the abutments were found when a micro-hybrid composite core was used.

Gungor and Yilmaz reported that higher stress levels were observed in the models with zirconia (93.6 MPa) compared with models with lithium disilicate (76.3 MPa). One justification for this is that stresses in the framework materials increased with the decrease in the modulus of elasticity of the layering material. Higher differences between the modulus of elasticity of the framework and the veneer material transmit greater concentrations of stress in the framework. Yegin and Atala also agree that higher differences between the modulus of elasticity of the infrastructure and the veneer ceramics lead to a higher concentration of stress in the framework. Thus, the monolithic crowns showed a decrease in stress concentration, as the stresses were more concentrated on the ceramic surface due to the elastic modulus being the same throughout the prosthesis, which reduced the load transmission to the implant and the bone, consequently.

The study by Mourya et al reveals that the use of a material with a lower modulus of elasticity in the crown, such as PEEK crowns with a composite resin layer, implies greater stress on the abutment than a metal-ceramic crown. The PEEK group in the axial loading presents 514 MPa in the abutment, while the metal-fused porcelain crown has a tension of 123 MPa. In the oblique loading, which is the most harmful to the implants, these values increase to 1347 MPa (PEEK) and 400 MPa (PFM). Due to this, the use of prosthetic materials

with a low modulus of elasticity may be associated with failures in the abutment region, with the retaining screw being the most subject to failure. Alves Gomes et al observed that porcelain crowns absorbed less stress than composite resin crowns. The use of porcelain as a veneer material reduced the stress that was transmitted to the retaining screw. Composite resin has a low modulus of elasticity and is more deformable than porcelain. Thus, resin exhibits greater displacement and transfers stress directly to the retaining screw, different from the porcelain. Low abrasion resistance is a disadvantage of the composite resin. If the occlusal scheme and morphology cannot be maintained over time, undesirable lateral forces may increase.

When evaluating complete dentures fixed to implants, studies agreed that different occlusal materials did not influence the tension transmitted to the bone tissue. However, Ferreira et al shows that although the resin teeth had lower values of von Mises stress, the groups with porcelain teeth significantly decreased the stresses on the metallic frameworks.

Although different occlusal materials do not influence the tension transmitted to the bone and peri-implant tissue, there is a tendency where materials with low elastic modulus transmit greater tensions to the infrastructure materials both in single prostheses and in protocol-type prostheses. In contrast to the 12 studies that did not show a positive relationship between the prosthetic material and the increase in stress in the bone tissue, two articles found a positive result, which can be explained by the different designs of the 3D-FEA studies, where the change in the implant geometry and bone density between studies may explain the discrepancies between the results. Finite element studies allow an approximation of the behaviour of the material to the real situation.

Therefore, further investigations related to dynamic applications of forces and long-term clinical studies are needed to assist the dentist in choosing the appropriate prosthetic material in implant-supported restorations.

Conclusion

Evaluating the stress distribution by 3D-FEA, the prosthetic materials used on the occlusal surface did not interfere with the distribution of stresses to the bone and peri-implant tissue, both in single prostheses and protocol-type prostheses.

**FOR FULL REFERENCES
AND AUTHORS VISIT:**

www.sdmag.co.uk/2023/05/31/clinical-june/

Intraoral occlusal adjustment time and volume required for CAD/CAM crowns fabricated with different virtual mounting methods (a randomised crossover trial)

Aly Ayman Mohamed Elkady¹, Shereen Adel Ameen¹, Rasha Nabil Sami
Cairo University

Introduction

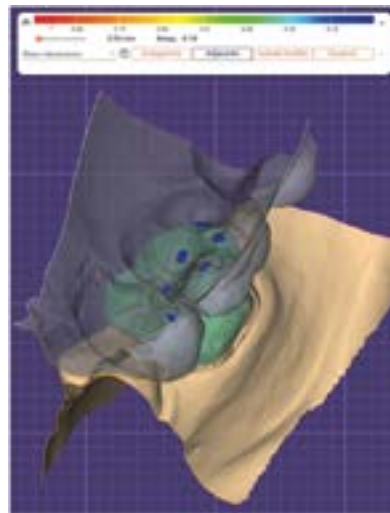
Occlusal adjustments of dental restorations are often necessary; they arise intraorally despite careful laboratory technique. These interferences could be attributed to inherent and technical fabrication errors as well as errors in data transfer between the oral cavity and the laboratory environment. Accuracy of individual jaw impressions, bite registration and mounting all contribute to a compounding error in occlusal morphology. Careful mounting of articulating instrumentation allows for similar jaw movement simulation to the patient and thus reduces the occlusal inaccuracy¹.

Facebows serve to record the spatial relationship of the maxillary dental arch to cranial reference points and transfer this relationship to an articulator. This is done to minimise occlusal discrepancies between the fabricated restoration and the opposing dentition^{1,2,3}.

Digital workflows in dentistry have become widespread, owing to the increased versatility and accuracy they provide. Currently, the majority of computer-aided design (CAD) software provide a virtual articulator simulation. However, no standard workflow exists for mounting the patient's casts onto the virtual articulator.

Several methodologies have been devised to act as a virtual facebow. Several techniques have been developed to transfer this information such as electronic jaw motion tracking devices, face scanning and radiology (lateral cephalometric radiographs and CBCT).

This research aimed to evaluate a clinically accessible, simple method of mounting a patient's facebow relationship in a virtual environment for CAD/CAM (computer-aided design/computer-aided manufacturing) restoration fabrication. Since 3D face scanning technology is now available in many smartphones, it appears to be the most accessible method for virtual alignment.



According to systematic reviews assessing the effect of facebow use in prosthodontics^{4,5}, there appears to be a lack of evidence that investigates the clinical effect of facebow use in fixed prosthodontics. Thus, the idea for this randomised clinical trial emerged to bridge the gap in the literature with high-level evidence.

The null hypotheses adopted by this trial were:

- There will be no difference in the time required for occlusal adjustment between crowns designed with digital face scan alignment, digitised facebow mounted mechanical articulator or arbitrary positioning of the casts on a virtual articulator.
- There will be no difference in the volume of occlusal adjustment between crowns designed with digital face scan alignment, digitised facebow mounted mechanical articulator or arbitrary positioning of the casts on a virtual articulator.

Materials and methods

In this randomised, triple-blind, crossover trial; 11 participants were enrolled. Every participant had one molar indicated for a single crown restoration. Three crowns were designed and milled for every participant molar totalling 33 crowns.

Each of the three crowns was fabricated with the participant's casts virtually mounted utilising a different method.

An impression was taken of the crown in place before occlusal adjustment. The occlusal adjustment was then performed and timed with the three crowns in the different groups. After the occlusal adjustment, an impression of the adjusted crown was taken. The pre-adjustment and post-adjustment impressions were digitally superimposed and the volume difference was measured. The Kruskal-Wallis test was used to compare the groups.

Results

Group A showed the shortest mean adjustment time ($3:44.59 \pm 3:39.07$) followed by group F ($4:30.09 \pm 2:01.50$) and group B ($4:35.30 \pm 2:32.33$). The mean adjustment volume for group A was ($28 \pm 19.1 \text{ mm}^3$) followed by group F ($30.5 \pm 18.8 \text{ mm}^3$) and group B ($40.6 \pm 29.5 \text{ mm}^3$). Different virtual mounting methods had no statistically significant effect on adjustment time ($P\text{-value}=0.538$) or adjustment volume ($P\text{-value}=0.490$).

Conclusions

A simplified approach in virtual articulator mounting appears to be justified in the construction of a single full-coverage prosthesis. Added labour, time and cost of more elaborate virtual mounting methods seem to be counterproductive.

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COMPETE TO BE UNIQUE

Trying to imitate rivals will get you nowhere

MOST companies want to be the best at what they do. But in most businesses, there is no such thing as 'the best'. Trying to imitate rivals will get you nowhere. It's impossible to do exactly what your competitors are doing and end up with superior results. Customers, clients or consumers choose different products and services for different reasons, and it's unlikely you'll win them all. Instead, focus on creating superior value for the customers who choose your business. Doing this profitably may mean accepting some limits and making trade-offs – you probably cannot meet every need of every customer. Don't set out to win a war. Instead, find your audience and capture their attention and loyalty.

Dan Akerson, one-time CEO of General Motors (GM), said what he thought was expected when he launched a new GM car by throwing down the gauntlet: "May the best car win!" The phrase reflects an underlying belief about the nature of competition that feels correct so that it is almost never examined or questioned. But if you want to win, this is absolutely the wrong way to think about competition. In fact, it's practically a guarantee of mediocre performance.

The first problem with the competition to be the best mindset is that, in most businesses, there is simply no such thing as 'the best'.

WORDS
ALUN K REES



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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Think about all of the industries in the economy. In how many does the idea of 'being the best' make real sense? The best hotel for one customer is not the best for another. The best sales encounter for one customer is not the best for another. There is no best car. There is no best art museum. Yet it's a pervasive idea. Management writers regularly reinforce it by using colourful metaphors from warfare and sports, lending emotion and drama to competition. They are misleading.

In war, there can be only one winner. Not so in business, where Waitrose, Lidl, garage forecourts and specialist shops can thrive and co-exist, each offering a different kind of value to its customers. In sports there is just one contest with one set of rules, but business is more complex and open-ended. Within an industry, there can be multiple contests, not just one, based on which needs are to be served.

Michael Porter, the Bishop William Lawrence University Professor at Harvard Business School, cautioned that when rivals pursue the 'one best way' to compete, they find themselves on a collision course; trapped in a destructive, zero-sum competition that no one can win. Porter urged a different kind of competition: compete to be unique. Focus on

innovating to create superior value for your chosen customers, not on imitating and matching rivals. Give customers real choice and price becomes only one competitive variable. In dentistry, doing this profitably probably means making trade-offs and accepting limits. You can't meet every need of every customer. Nothing is more absurd – and yet more widespread – than the belief that somehow you can do exactly what everyone else is doing and yet end up with superior results. Grasp the true nature of business competition and you'll see that the performing arts provide a better analogy than war or sports. There can be many good singers or actors – each outstanding and successful in a distinctive way. Each finds and creates an audience. The more good performers there are, the more audiences grow and the arts flourish. This approach produces positive sum competition. Businesses that do a good job can earn sustainable returns because they create more value. At the same time, customers benefit by getting real choice in how their needs are met.

What's your organisation's underlying model of how competition works? It's a question well worth asking. How you think about competition will define the choices you make and your ability to assess those choices critically. Beware of making overblown claims. Are patients really impressed by you calling yourself a 'cosmetic' dentist? And if they are attracted by that, might you have to keep inflating your title to retain them when a dental 'marketing scientist' opens down the road? As Judy Garland said: "Be a first-rate version of yourself, not a second-rate version of someone else."



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The world of dentistry continues to change. Patients have increasing expectations and there is more that Dentists can do to meet their wishes and needs. The future is bright for the dental practitioner with enhanced skills working either within the National Health Service or privately. Dentistry is moving towards the establishment of local clinical networks where the dentist possessing additional skills can look forward to a career with greater professional rewards. With the ever-increasing emphasis on the delivery of high quality in primary care, completing one of our postgraduate MSc degrees will allow you to play a strong role in provision of dental treatment in the future. UCLan's Dental Implantology programme provides the busy General Dental Practitioner with a part-time educational route to acquire the skills and knowledge required to undertake more complex and interesting cases in practice. This programme focuses on contemporary practice, evidence-based principles and systems to ensure an optimal outcome for both the patient and practitioner.

Course delivery - This course is made up of virtual classrooms, live webinars and contact days that take place mostly on Saturdays in Glasgow. Clinical supervision days take place at our Regional Training Centres throughout Scotland and Northern Ireland.

Course Overview

Module DX4016 Clinical Implantology Year 1.

MSc course introduction followed by 13 days of lectures and hands-on tutorials:

7th & 8th Sep 2023:	MSc Course Induction. Preston Campus or remote (TBC).
7th Oct 2023:	Treatment planning and case selection. Face to face contact day with hands-on workshops. Glasgow.
28th Oct 2023:	Basic sciences for Implant dentistry. End of Module Assessment. Pre-recorded lectures; live webinar discussions.
11th Nov 2023:	Implant Design. Pre-recorded lectures; live webinar discussions. End of Module Assessment.
2nd Dec 2023:	Surgical skills for Implant dentistry. Face to face contact day with hands-on workshops. Glasgow.
13th Jan 2024:	Occlusion. Pre-recorded lectures; live webinar discussions. End of Module Assessment.
3rd Feb 2024:	Restoring Implants. Pre-recorded lectures; face to face contact day with hands-on workshops. Glasgow.
24th March 2024:	Digital Workflow in Implant Dentistry. Pre-recorded lectures; face to face contact day with hands-on workshops.
16th March 2024:	Bone Defects. Pre-recorded lectures; live webinar discussions; end of module assessment.
20th April 2024:	Complications and their management & revision. Pre-recorded lectures; live webinar discussions. End of Module Assessment.
TBC April 2024	Formative Written Exam. On-Line using Maxinity.
May 2024:	Case reports. Case Report Presentations covering Case selection & treatment planning – each delegate to present one case.
11th May 2024:	Cadaver course. Face to face contact day with hands-on surgical skills workshops. West Midlands Surgical Training Centre Coventry.

TBC June 2024: End of Year Exam. Written Exam and Unseen Case Oral Exam.

TBC July 2024: Written Exam and Unseen Case Oral Exam - Resits.

To be completed before 28th Feb 2024: CBCT Masterclass. 2 days, consecutive. Day One: On-line Module; Day two: Contact day. Choose from a selection of dates.

Module DX4017 Utilising the evidence base – completed online

Module DX4016 End of year Assessment

Date TBC.

Complete 5 Clinical days - supervised clinical practice.

You will assess and plan appropriate treatment for patients. Includes: case assessment and treatment planning, including use of radiographic stents and CBCT.

Module DX4026 Clinical Implantology Year 2.

Complete 10 Clinical days – supervised clinical practice. Includes: case consultation, implant placement, GBR procedures, restoration, follow up.

Module DX4027 Research Strategy. Prepare and submit a 8,000-word clinically orientated research project, which may take the form of a mini systematic review.

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