

THE MAGAZINE FOR DENTAL PROFESSIONALS IN IRELAND

Ireland's

Dental

WINTER 2023

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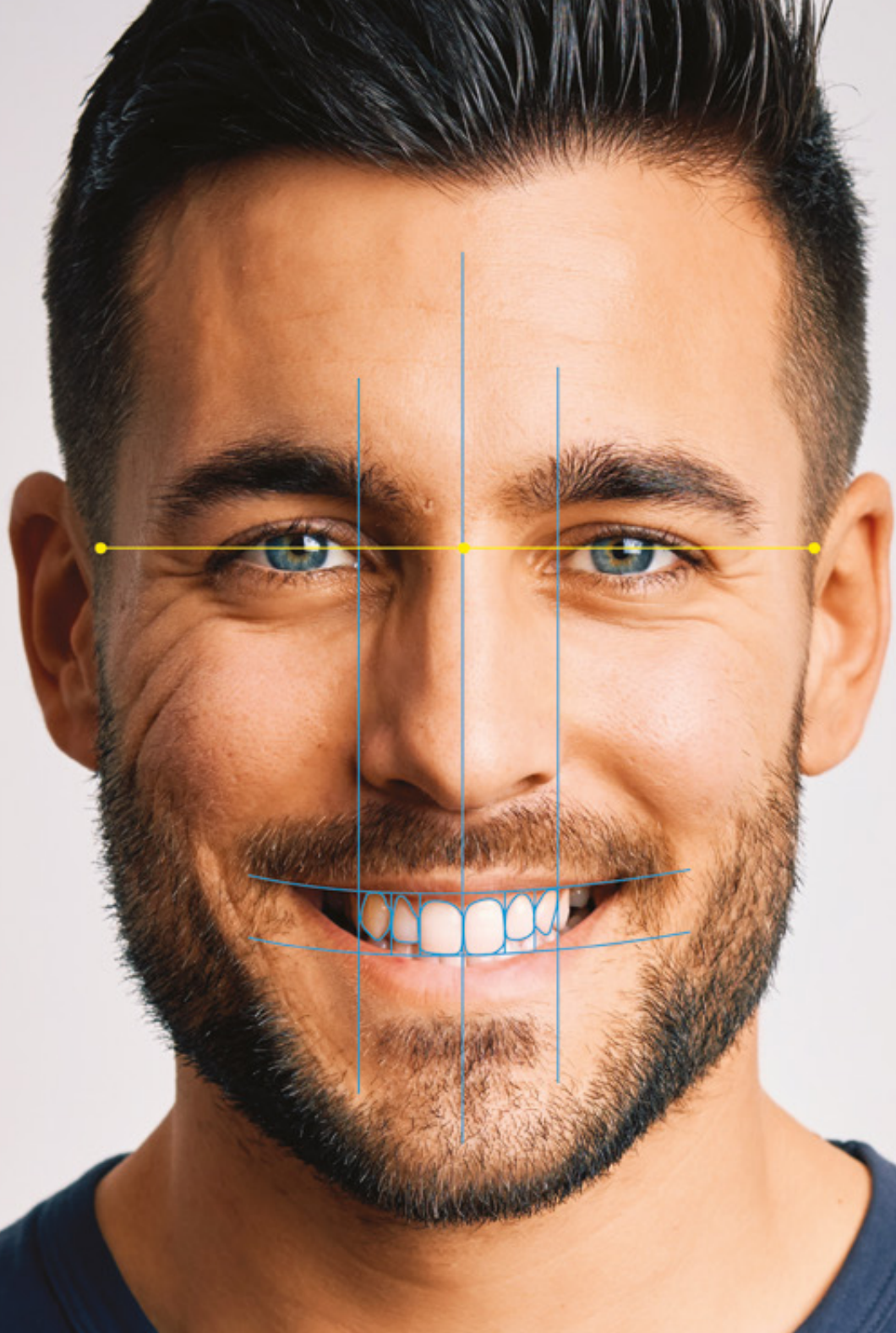


Dentists' registration

Time to safeguard patients and
restore public confidence, p18-19

Plus: The healing art: a new history of Irish dentistry, p15

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A call for reform

Restoring quality and access to dental care

As Ireland's Dental was going to print, political parties in Northern Ireland were preparing to hold roundtable talks with the Secretary of State on public finance pressures. The British Dental Association Northern Ireland has warned that the future of dental services hinges on urgent reform and fair funding. The professional body has stressed they expect an accelerated exodus from the health service workforce in the absence of needed investment and without fundamental change to the failed contracts dentists work to.

The latest BDA survey has shown that 41 per cent of practice owners and 38 per cent of associate dentists in Northern Ireland would like to leave NHS dentistry as soon as possible. The professional body stressed the fees dentists receive are now financially unviable. This low margin/high volume model of care, together with mounting costs, have left many practices delivering some Health Service treatment at a loss.

Things have worsened considerably for Health Service committed general dental practitioners in recent months: they have seen a cut to the 10 per cent enhanced support they received at the end of June; they have also yet to receive any pay uplift for 23/24 despite a six per cent uplift recommended back in July; and there is no mechanism to mitigate against rising practice-level operating costs at a time of high inflation.

It is understood that the Department of Health is looking closely at recent reforms to NHS dentistry in Scotland and work is under way to establish the projected cost of introducing a similar scheme in Northern Ireland "to improve access for patients and ensure that the sector is sustainable in the longer term". However, the Permanent Secretary has cautioned the need to await developments in terms of a returning Executive to progress this issue.

The dental landscape in Northern Ireland faces a multitude of challenges, with concerns over access, quality, and affordability. The current system, characterised by a fragmented approach and a lack of cohesive strategy, has failed to meet the needs of the population,

leaving many individuals struggling to access the oral health services they deserve.

The time for piecemeal solutions and incremental changes has passed. Northern Ireland's dental system demands a comprehensive reform that addresses the root causes of its dysfunction. This reform must focus on three key areas:

1. Investing in the dental workforce:

- Increase funding for the General Dental Service (GDS) to provide fair and competitive remuneration to dentists.
- Review and modernise the outdated GDS contract to ensure it reflects the true costs of providing dental care.
- Attract and retain dental professionals by creating a more supportive and inclusive workplace culture.

2. Improving access to care:

- Expand the GDS to ensure equitable access to dental care across all regions of Northern Ireland.
- Introduce targeted initiatives to address specific oral health disparities, such as those affecting underserved communities.
- Promote preventive care, particularly in schools and youth-focused programmes, to reduce the burden of preventable dental diseases.

3. Enhancing oral health education:

- Implement comprehensive oral health education programs in schools and community settings to foster lifelong positive oral health habits.
- Increase public awareness about the importance of regular dental check-ups and preventive care.
- Promote the role of dentists as integral members of the healthcare team, emphasising their contributions to overall well-being.

By addressing these critical areas of reform, Northern Ireland can embark on a journey towards a flourishing dental system that delivers high-quality, accessible and affordable care to all residents. This transformation will not only improve oral health but also contribute to a healthier, more resilient population, capable of achieving its full potential.

The time for action is now. Urgent reform is essential to revitalise Northern Ireland's dental system and restore the confidence of both patients and dental professionals. With a commitment to comprehensive change, Northern Ireland can claim a position as a leader in oral health care, ensuring that every individual can achieve optimal oral health and overall well-being.



Fellowship

*Along with camaraderie and collegiality
will surely help the voyage run smoothly*

As the events of the recent pandemic fade in the rearview mirror, it was with eager anticipation that the first Convocation of new Fellows to the Pierre Fauchard Academy occurred on Irish soil for quite some time.

Regular readers will recall that Pierre Fauchard holds a special place in the profession. Long considered the 'Father of Modern Dentistry', Fauchard had a remarkable career in dentistry and medicine. His textbook, *The Surgeon Dentist, Or Treatise on Teeth*, was originally published in 1728 – and set the marker for the future of the profession. He is credited with describing more than 100 oral diseases – and was an advocate of restorative dentistry, oral hygiene and a myriad of other practical aspects of modern practice.

In keeping with the legacy of Fauchard, Dr Elmer Best founded the Pierre Fauchard Academy (PFA) in America in 1936, an international dental honour organisation which promotes the high ideals and practice of the profession. Integrity, ethics, scholarship and leadership are at the heart of this non-profit organisation. The PFA headquarters are based in Maryland, USA – with international sections around the globe.

Fellowship of the PFA marks both recognition of previous service to the profession and an acknowledgement of potential for the future. In-person ceremonies were curtailed during the pandemic, and so the event on 15 September in Dublin was a welcome return to meeting colleagues face-to-face. For this particular convocation, we welcomed colleagues from throughout the world, including America, Canada, Australia, Greece, Germany and Armenia – to name but a few.

In keeping with the theme of scholarship and healthcare, the event was held at the Royal College of Physicians in Ireland (RCPI), located on Kildare Street. This venue is both fitting and apt given the RCPI's long history of setting standards in patient care. The RCPI was first founded in 1654, initially as part of Trinity Hall at Trinity College Dublin – and eventually settled in its current venue, No 6 Kildare Street in 1860. Today, the venue is host also to a Heritage Centre which is home to the College's vast materials, exhibits and storied history.

Gathering at this venue, the new Fellows assembled for their Fellowship ceremony



Left: Assembled new Fellows including (front Row) Dr Derek Mahony (Australia/UK), Dr Paul O'Dwyer, European Trustee PFA, Mr Robert Cattoi, International Executive Director PFA, and Dr Grania O'Connell, Portman Dentex.

Right: Napoleon's Toothbrush with kind permission of the Heritage Centre RCPI, Dublin



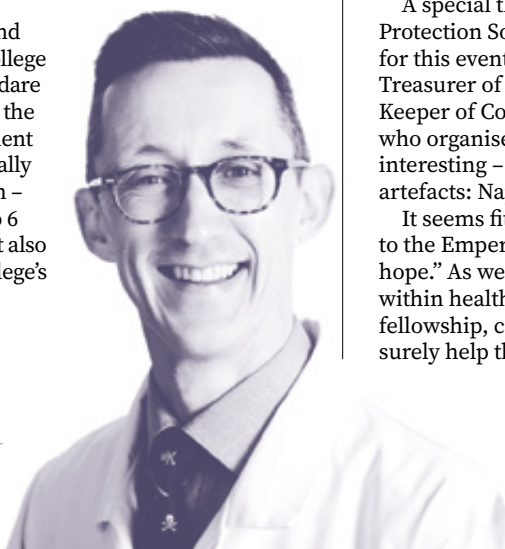
and a celebratory dinner. Along with the new Fellows, the International Executive Director, Mr Robert Cattoi, attended from the headquarters in Maryland.

The mission of the Pierre Fauchard Academy is to both recognise and develop leadership within the profession internationally. It fulfils this mission through continuing education, publication of its journal, *Dental Abstracts*, in person and online educational meetings and annual awards. Through the Pierre Fauchard Academy's Oral Health Foundation, practical support is given to initiatives for direct oral healthcare to those in need – through various sponsored programmes for both undergraduates and registered practitioners.

Dentistry is sometimes seen as an isolating profession – and the PFA's fellowship has, at its heart, the camaraderie and collaborative approach that is vital for the profession and our patients.

A special thanks to Portman Dentex and Medical Protection Society who kindly provided sponsorship for this event. A thanks also to Dr Maeve Skelly, Treasurer of the RCPI, and Harriet Wheelock, Keeper of Collections at the RCPI Heritage Centre, who organised the display of one of the College's many interesting – and very appropriate – artefacts: Napoleon's toothbrush (pictured).

It seems fitting to end with a quote attributed to the Emperor himself: "A leader is a dealer in hope." As we set sail for 2024, where leadership within healthcare is vital now more than ever, fellowship, camaraderie and collegiality will surely help the voyage run smoothly.





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- Repairability – if you incur any damage to your Signature Smile teeth, it is very straight forward to repair your original specification

Introducing Mary Catherine



Mary Catherine is an Enniskillen native, who was initially drawn to dentistry because of her interest in art and design.

After graduating from undergraduate study at Queens University Belfast, Mary Catherine moved to Edinburgh where spent time honing advanced skills within specialist departments; specifically, special care dentistry, paediatric dentistry, oral and maxillofacial surgery and restorative dentistry.

Following training in Restorative and Surgical specialities, Mary Catherine provides advanced dental treatment such as dental implants, surgical extractions, crown and bridgework. At present her most popular treatment is the Align, Brighten and Contour procedure, which entails Invisalign, Whitening and Composite Bonding, a skill that she honed by learning from Dr Monik Vasant.

Building on a knowledge base of surgical and restorative techniques, Mary Catherine is currently undertaking training in dental implantology, and is on course to complete a postgraduate diploma in 2023. She is also studying for a master's degree in advanced aesthetic restorative dentistry, accredited by the University of Portsmouth.

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NI waiting times portal 'flawed'

The British Dental Association said health department must 'urgently review' metrics underpinning new portal



THE British Dental Association has warned that data offered to the public is underestimating hospital waiting times, with real figures as much as twice those cited.

The Department of Health launched the My Waiting Times NI¹ portal in May, stating that "patients in Northern Ireland can now use a new online system to check how long they are likely to wait for a specialist hospital appointment"². Initially providing average waiting times for a first outpatient hospital appointment, it now covers the latest waiting time information for inpatient and day-case treatments.

BDA analysis suggests the choices made in the design of the portal are systemically underestimating waiting times, with the

same principles understood to apply across all branches of secondary care.

Currently the data quoted is calculated using the average of 'active waiters', calculated using all those currently on the waiting list at the date of data refresh. This figure therefore does not provide any clarity on how long an average patient will wait to be seen, as all those just added to the lists bring down overall waiting times.

Based on what the BDA describes as "flawed methodology", average routine referrals for the Hospital Orthodontic Department in the Northern Trust have been estimated at as little as 11 weeks. Audits undertaken by frontline staff suggest figures closer to 26 weeks for initial assessment.

"Presenting waiting times in this way is simply disingenuous," said Darren Johnston, the British Dental Association's Northern Ireland Hospital Dental Services Forum Chair. "It misrepresents what we are seeing in our clinics and is compounding the stress being experienced by both patients and clinicians."

"Sadly, these gross underestimates don't just mislead patients, they also generate additional workload for staff. Our patients deserve to know how long they can expect to wait for care. As it stands this website won't tell them."

The BDA said the department must "urgently review the metrics underpinning this portal, and ensure it reflects the real waiting times facing patients across all specialities. A more viable approach would be to publish, and routinely update, completed case wait times."

¹ <https://online.hscni.net/my-waiting-times-ni/>

² www.health-ni.gov.uk/news/my-waiting-times-ni



Doctor congratulated by Faculty

THE Faculty of Dentistry of the Royal College of Surgeons in Ireland (RCSI) has congratulated Dr Ivana Ilic Dimitrijevic, who has completed an MSc in Biomedical Engineering and Regenerative Medicine at RCSI.

The Faculty-sponsored MSc studentship in dental translational research is a collaboration with the Tissue Engineering Research Group (TERG) at RCSI. Dr Dimitrijevic is the inaugural recipient of this sponsored MSc studentship which was supervised by Dr Oran D Kennedy from the Department of Anatomy & Regenerative Medicine at RCSI.

Dr Dimitrijevic graduated in 2009 and was awarded a PhD in Medicine and Dentistry from Belgrade University, Serbia, in 2015. She was awarded the Diploma of Primary Care Dentistry RCSI in 2016 and Membership of the Faculty of Dentistry (MFD) RCSI in 2020. Dr Dimitrijevic is currently on the Special Care Dentistry specialist training at Dublin Dental University Hospital, Trinity College Dublin.

The Faculty of Dentistry RCSI was founded in 1963 with the core mission of advancing the science, art and practice of dentistry by the promotion of education, study and research.

With more than 5,000 Fellows, Members, Diplomates and Affiliates globally, the Faculty's international role is expansive. It provides education, accreditation of programmes and quality assurance through examination of postgraduate dental professionals in Ireland, the UK and internationally. It also offers affiliate membership, designed to support and develop dentists worldwide, as well as students currently training to join the dental profession.

For more information about the Faculty of Dentistry RCSI visit:
<http://facultyofdentistry.ie>

Introducing ... My CPD

THE Faculty of Dentistry RCSI has announced the development of a new app for dentists to record, maintain and track their yearly CPD records.

The app, known as 'My CPD', enables dentists to effortlessly keep track of their professional development activities, even if they are constantly on-the-go in one place.

A Faculty spokesperson said: "Not only does this eliminate the need to keep cumbersome paper records of every CPD activity, it also makes it easier for dentists to locate specific records at a later date."

The app is also integrated with official Faculty of Dentistry RCSI held events. It means that someone has registered for and attended one of


its events, they can easily add the approved CPD record to their profile. Users can also automatically add CPD records when accessing any of its online learning videos via the Faculty's learning hub².

Access to 'My CPD' is available to all good standing RCSI Fellows, Members, Diplomates and Affiliates. Those not already members are invited to become an Affiliate of the Faculty of Dentistry RCSI to gain access to the app.

The mobile version of the app is available to download via the Apple and Google stores. Desktop access is also available.

¹ <https://facultyofdentistry.ie/my-cpd>

² <https://facultyofdentistry.ie/learning-hub>



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A smile ahead together



CBD oil to treat acute dental pain

CANNABIDIOL (CBD) – the non-addictive marijuana derivative – has been found to alleviate acute dental pain, according to a study published in the *Journal of Dental Research*¹.

“The first line of defence for dental pain has always been anti-inflammatory medications like acetaminophen (Tylenol), ibuprofen (Advil, Motrin) or naproxen (Aleve),” said lead study author Vanessa Chrepa, Associate Professor at the Rutgers School of Dental Medicine.

“But many patients can’t take such medications or can’t get sufficient relief from them, so dentists have traditionally been among the largest prescribers

of opioid medications, either alone or in combination with these other medications. The rise in opioid-related addiction and death has everyone looking for better alternatives, things that can alleviate serious pain without hurting so many patients.”

The clinical trial involved 61 participants with severe tooth pain who were randomly assigned to receive either one of two doses of an FDA-approved pure CBD solution called Epidiolex or a placebo. Researchers monitored patient pain levels for three hours with a visual analog scale (VAS), a standard tool for assessing pain intensity.

Both CBD groups reported substantially

more pain reduction than did the placebo group. About 85 per cent of CBD users reported at least a 50 per cent reduction in their initial pain, and both CBD groups reached a median 70 per cent reduction in pain.

Another key finding of the study was the increase in bite force among participants who received CBD, which suggests the compound improved tooth function and thus may prove particularly beneficial for those with dental pain that affects their ability to chew.

¹ <https://journals.sagepub.com/doi/full/10.1177/00220345231200814>

US dental group establishes logistics centre in Ireland

AMERICAN dental group Young Innovations has established a new logistics centre in Ireland. The Dungarvan site will become a hub for international trade and the European market.

“The excellent infrastructure allows us to expand the product range and deliver faster, which are ideal conditions for optimal support of our customers,” said Frank Whyte, Vice President and Managing Director of Young International, at the opening ceremony. The Group’s Microbrush brand has been present locally for 25 years. The branch was initially used as a factory and later as a warehouse. Since 2014, the premises and the portfolio have been steadily expanded and other brands have been added, like Young Dental, American Eagle Instruments, Pro-Matrix, Pro-Tip, Crystal Tips, Zooby and Denticator.

Young Innovations’ extensive portfolio can now be fully

mapped and the diverse requirements for storing the high-quality goods are also easily met. Modern technology and software make inventory transparent and speed up delivery to clinics and practices at home and abroad.

Mr Whyte thanked the team as well as the previous General Manager, Mary O’Keeffe, who had been with Microbrush since 1998 and has now retired. Cormac Johnston was introduced as the new General Manager for Ireland.



The Young Innovations team

‘Urgent’ meeting sought over regulation

THE Dental Council has written¹ to Ireland’s Minister for Health seeking an urgent meeting regarding the weaknesses in the present regulatory framework.

A recent ITE Prime Time programme revealed a number of cases where patient safety has been compromised by the lack of an appropriate regulatory environment.

The Council said there has been no contact from the Minister or his officials since the programme aired on the 7 September to discuss the serious issues raised, and the Minister has not yet acknowledged the letter the Dental Council hand-delivered to his office on 5 October.

It is two years since the Council, at the Department of Health’s request, made a submission to the Minister on the changes needed to the Dentists Act, 1985 to ensure it provides a sufficient protection to the public. It said there has been no engagement with the Minister or his officials on the submission in the two years since it was sent.

¹ <https://tinyurl.com/54s7hv27>



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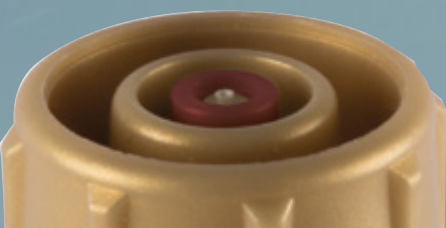
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Preventative care 'inconsistent'



THERE are “clear discrepancies” in the understanding of preventative care and it is not being offered consistently to patients, according to research undertaken by healthcare company Haleon and the College of General Dentistry (CGDent).

The *Dental Health Barometer study*¹, which included a survey of 2,000 consumers and 505 dental health professionals, found that:

- Just one third (34 per cent) of oral health professionals always offer preventative care advice to patients.

- One in four (25 per cent) patients weren't given preventative advice during their last dental appointment.

- More than half (59 per cent) of oral health professionals are more likely to offer preventative advice for private patients than NHS patients,
- More than a third (37 per cent) of NHS oral health professionals cited time constraints as the top reason for not being able to routinely offer preventative care advice, as opposed to just 15 per cent of private professionals.

- Oral health professionals differed on the preventative advice they would recommend to patients.

Northern Ireland recorded a particularly low level of preventative care during dentist visits – with only slightly over a third of respondents (37 per cent) having received advice at their last appointment. Despite this, the respondents from the region were some of the most interested in learning about preventative advice (53 per cent) compared with (36 per cent) of East England, West Midlands and Yorkshire and Humber.

Bas Vorsteveld, General Manager of Haleon in the UK and Ireland, said: “We know that oral health professionals are facing huge pressures, and we want to help support them to be able to provide better preventative advice – not just during routine dental appointments, but outside of appointments too.

“Our findings revealed preventative care advice is not always offered consistently, despite patients and dentists understanding its importance. We remain committed to addressing these issues and will look to develop new initiatives to support dental professionals.”

Dr Abhi Pal, President at the College of General Dentistry, said: “We are committed to quality and standards of excellence in general practice dentistry – helping professionals to do the best for their patients. The research revealed some fascinating insights into the role that preventative care plays in the UK. It's quite properly a mainstay of both private and NHS appointments, and we support any initiative that promotes prevention.”

¹ <https://cgdent.uk/2023/11/30/new-research-reveals-the-missed-opportunity-of-preventative-oral-care>

Regeneration as an alternative to RCT

A NEW study has explored the potential of tissue regeneration technology to treat endodontic diseases more effectively than root canal therapy (RCT).

The study was conducted by scientists from the ADA Forsyth Institute in Boston. It investigated the ability of molecules called resolvins to regenerate tissues when applied to the dental pulp. It focused on a resolvin known as RvE1, which was applied to infected and damaged pulp at different degrees of severity.

The resolvin was found to be extremely effective at prompting pulp regeneration where some living pulp remained. It could not promote regeneration in necrotic pulp, but it did still slow the rate of infection. This

treated inflammation and prevented abscesses from forming. The study, published in *The Journal of Dental Research*, discusses the advantage of this approach over RCT.

RCT requires a lot of the dentin to be removed which increases the risk of root fracture and the tooth being removed. RCT also does not facilitate tissue regeneration, which the authors of the study considered to be the ideal outcome.

Thomas Van Dyke, Vice President of the Centre for Clinical and Translational Research at ADA Forsyth and senior author of the study, said: “Pulpitis is a very common oral health disease that can become a serious health condition if not treated properly.

“RCT is effective, but it does have some problems since you are removing significant portions of dentin, and the tooth dries out leading to a greater risk of fracture down the road. Our goal is to come up with a method for regenerating the pulp, instead of filling the root canal with inert material.”

He added: “Because application of RvE1 to dental pulp promotes formation of the type of stem cells that can differentiate into dentin, bone, cartilage or fat, this technology has huge potential for the field of regenerative medicine beyond the tissues in the teeth. It could be used to grow bones in other parts of the body, for instance.”

¹ <https://journals.sagepub.com/doi/abs/10.1177/00220345231197156>

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DATES FOR YOUR DIARY

2024

8 MARCH

IAAD Conference 2024

Hilton Belfast

<https://iaad.ie/index.php/2024-conference>

25-27 APRIL

73rd Annual Scientific Session of the AAFP

Great Southern Hotel,

Killarney

<https://tinyurl.com/mutz6vxn>

31 MAY-1 JUNE

Scottish Dental Show

Braehead Arena, Glasgow

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

23-24 AUGUST

International Conference on Dentistry

Venue Tbc

<https://waset.org/dentistry-conference-in-august-2024-in-dublin>

11 SEPTEMBER

IFEA World Endodontic Congress

SEC, Glasgow

<https://ifea2024glasgow.com>

2025

20-22 AUGUST

ADEE Annual Meeting

Dublin Dental

University Hospital

<https://adee.org/meetings/dublin-2025>

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

Smile Direct Club shuts down

SMILE DIRECT CLUB has shut down months after filing for bankruptcy in the US, leaving customers stranded mid-treatment.

Established to sell clear aligners remotely, the firm said it had made the "incredibly difficult decision" to wind down operations. A last-ditch rescue attempt failed though as it was weighed down by debt.

The company offered aligners for about £1,800 without the need to visit a dentist. Founded in 2014, the orthodontics company styled itself as a disruptor to the "bricks-and-mortar" dental industry. In a statement on its website, the company said that it had "improved more than two million smiles and lives".

In Ireland, the company had one location in the North and two in the Republic.

However, customers visiting its websites <https://smiledirectclub.ie/en-uk/> and <https://smiledirectclub.ie/en-ie/> site have been left confused as the firm says that its customer support line will no longer be available, even



though customers may need check-ins or adjustments for their aligners.

It recommends that if people want to carry on with their treatment, they should get in touch with a local dentist.

The company has also angered some customers by saying that the "lifetime smile guarantee" it previously offered was no longer valid, while those with payment plans set up are expected to continue making payments. There will be more information on refunds, it said, as the bankruptcy process continues, and "next steps" are determined.

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- Surgeries – three

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EVERY BRANCH OF THE HEALING ART

Richard Theodore Stack, Edward Leo Sheridan and dentistry in the RCSI

WORDS
DR RONAN KELLY

The Royal College of Surgeons in Ireland (RCSI) was responsible for an Irish and British first in 1884, when it created a Professorship in Dental Surgery.

The inaugural appointee was Richard Theodore Stack (1848-1909, Lic. 1875, FRCSI 1878, Professor of Dental Surgery 1884-1909),

who never intended to be a dentist. He was headed for a glittering medical career when a bout of rheumatic fever left him so deaf, at 26, that he could no longer use a stethoscope.

Three years later, he graduated in dentistry from Harvard. (For the rest of his life, he disliked being called 'Doctor'; his door-plate, visiting cards and book stamp all read 'Dentist Stack').

Returning to Dublin, Stack joined the city's sole dental college, the Metropolitan Dental Hospital in Beresford Place. After a time, dissatisfaction with the Metropolitan led Stack and others to found the Dental Hospital of Ireland in 1879, first located at 29 York Street, later moving to Lincoln Place.

Until this era, dentistry in Ireland was entirely unregulated. In some cases, trained surgeons or apothecaries would take care of teeth; elsewhere, barbers, wigmakers or even blacksmiths did their best, or worst, with the tools of their trade. It was a similar situation in Britain, where reformers had unfortunately split into rival factions.

Ultimately, this led to parliamentary invention and regulation; the Dental Practitioners' Act (1878).

This Act, in turn, motivated RCSI to institute a Licence in Dental Surgery, Ireland's first dental qualification. A dental Court of Examiners was set up, consisting of three Fellows and three dentists, including Stack – and two days later the first exams were held.





IN SOME CASES, TRAINED SURGEONS OR APOTHECARIES WOULD TAKE CARE OF TEETH; ELSEWHERE, BARBERS, WIGMAKERS OR EVEN BLACKSMITHS DID THEIR BEST, OR WORST”



Edward Leo Sheridan



Portrait of Richard Theodore Stack by Walter Osborne. Courtesy of the British Dental Association Museum

Stack's subsequent professorship underlined the profession's raised status. Undergraduate dental education would continue at RCSI until 1977, during which time some 1,600 students earned their LDSRCSI.

However, between the war years, dentistry struggled for recognition at RCSI. Following Henry Gregg Sherlock's (1850-1924) tenure as Professor of Dental Surgery 1910-24, no replacement was appointed (for 40 years the Dental School was staffed by lecturers, until a general overhaul in 1965).

But the mid-century status of the profession was raised considerably with the election of Edward Leo Sheridan to the office of President of RCSI.

A Council-member since 1922, Sheridan had previously been elected President of the Irish Dental Association 1926. Moreover – and controversially – he was appointed as Chairman of the Dental Board of the United Kingdom in 1940.



This provoked objections in the House of Commons, where he was denounced as 'a Sinn Féin Irish Catholic living in Dublin', but Sheridan's charm and ability ensured his success in the role.

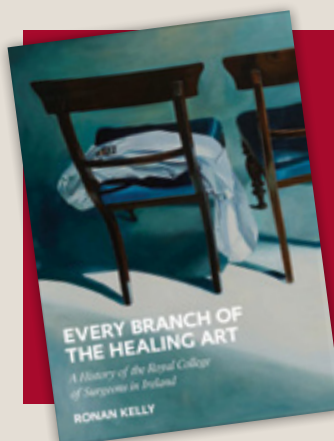
At a meeting of the Irish Dental Association in 1945 – held in RCSI – one commentator noted that, whereas dentists were formerly “regarded by many as a mere technician, with, perhaps a sadistic bent”, this attitude had changed a good deal lately, thanks to Sheridan.

At this time, there were four dental schools in the Free State – RCSI, UCD, TCD and UCC – while all practical training was done in Dublin and at the Cork Dental School. The latter had been founded by Israel Scher (1887-1954, Lic. Dent. 1909).

Like their medical confrères, Irish dentists were educated for export – in the mid-1950s it was calculated that some 85 per cent would emigrate.

Generally speaking, the Irish populace's need for dental treatment was considered “extremely high”, but the demand for it was “extremely low”. To redress the former, the fluoridation of public drinking water commenced in 1964.

Since 1987, a biennial Leo Sheridan Medal (with an accompanying Lecture) has been awarded by the Faculty of Dentistry (established 1963).



Dr Ronan Kelly works in RCSI Library's Heritage Collections. His book, *Every Branch of the Healing Art: A History of the Royal College of Surgeons in Ireland* is out now and available on wordwellbooks.com and in all good bookshops.

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UNREGISTERED DENTISTS SCANDAL

It is time to safeguard patients and restore public confidence

In healthcare, trust and competence are paramount. Patients entrust their wellbeing to medical professionals, relying on their expertise and adherence to ethical standards. However, when this trust is breached, the consequences can be severe, both for the patient's health and the integrity of the medical profession.

Ireland has been rocked by a disturbing scandal involving unregistered dentists; individuals who have not fulfilled the necessary

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qualifications or regulatory requirements to practise dentistry in the country. This revelation has raised serious concerns about patient safety, the effectiveness of regulatory oversight, and the potential for exploitation.

The scandal came to light in September, when an investigation by RTE's *Prime Time Investigates* programme uncovered multiple cases of unregistered dentists operating in Ireland. The report highlighted the alarming lack of checks and balances in the system, allowing individuals with questionable credentials to practise dentistry without the proper authorisation. One particularly disturbing case

involved a dentist with a previous conviction for sexual assault, who had been working undetected for an extended period. The revelation sent shockwaves through the Irish public, highlighting the potential for unregistered dentists to pose a serious threat to patient safety.

The investigation also revealed that some unregistered dentists had been able to secure employment at legitimate dental clinics, further demonstrating the gaps in the system's ability to identify and prevent illegal practise. This also raises concerns about the due diligence of dental employers in verifying the qualifications of their staff. In the wake of the scandal, the



Dental Council of Ireland (DCI), the body responsible for regulating dental practise in the country, has come under intense scrutiny. The DCI has admitted that it has not been adequately vigilant in identifying and preventing unregistered dentists from practicing. The DCI has also been criticised for its slow response to complaints about unregistered dentists. In some cases, years have passed between a complaint being lodged and the DCI acting. This prolonged inaction has left patients exposed to potential harm and eroded public confidence in the organisation's ability to protect patient safety.

"In all these cases, the appropriate regulatory reaction would be to inspect the practice and investigate the allegations further, but this is not possible under the Dentists Act 1985," a DCI spokesperson told RTÉ: "An aggravating factor in some of these cases is that many of the patients being treated are non-Irish nationals," the spokesperson added.

The scandal has highlighted the challenges of regulating an increasingly globalised profession. The ease of travel and the rise of online platforms for connecting with medical professionals have created opportunities for unregistered dentists to operate across borders.

Under the Dentists Act 1985 only registered healthcare professionals are regulated. You do not have to be a dentist to own a dental practice, meaning it is not possible to sanction an unregistered person operating a dental practice unless they individually explicitly purport to be a dentist. There are no restrictions on who can open or operate a dental clinic here and there is no code of practice governing the operation of dental practices, nor is there a register of dental practices.

"The lack of an inspection regime and relevant enforcement powers in respect of dental practices limits the [Dental] Council's ability to investigate allegations of illegal practice and other potentially serious matters. This is a significant legislative weakness in terms of the protection of the public," the DCI spokesperson said. In response to the scandal, the DCI has announced several measures to improve oversight and crack down on illegal practice.

These include strengthening the registration process, increasing communication with dental employers, and expanding the scope of its investigations. However, some critics argue that these measures may not be enough to address the underlying problems. They suggest that a more fundamental overhaul of the regulatory system is needed, including greater transparency and a stronger focus on patient safety.

Eamon Croke, President of the Irish Dental Association (IDA), said "We fully support and share the DCI's concerns regarding the serious risk to patient safety because of a lack of regulation of the practice of dentistry in Ireland.



ONCE AGAIN, WE SEE WHAT LITTLE REGARD THE GOVERNMENT AND DEPARTMENT OF HEALTH GIVES TO ORAL HEALTH POLICY" – EAMON CROKE

"The IDA has consistently called for the Dental Act of 1985 to be updated and modernised to allow for the mandatory licensing and inspection of dental practices. As it stands, the DCI does not have the relevant powers to conduct investigations, carry out inspections or issue sanctions. It is shocking to think that the DCI must ignore cases of unregistered dentists, or dentists who have been sanctioned in other jurisdictions but are practising without investigation here. This is in no one's interest, not least the Irish public.

"Legislation to regulate dentistry which protects patients and ensures the highest standards of education and training of dentists has been promised for many years. But when the opportunity arose recently to bring mandatory professional education for dental professionals in line with other healthcare practitioners and international best practice earlier this year, the Minister would not and did not support the inclusion of this amendment in the

Regulated Health Professions Bill 2022.

"Once again, we see what little regard the Government and Department of Health gives to dental care and oral health policy. What remains now is antiquated legislation dating back to 1985, while the legislation regulating medicine, nursing, pharmacy, and veterinary medicine has been overhauled and modernised. As an Association representing 1,800 dentists, the Irish Dental Association reiterates the need for urgency in legislating for a new dental act without further procrastination."

In 2021, the DCI submitted its vision for legislative change in dental regulation. The submission, the fifth by the DCI relating

to legislative change since 2008, identified gaps in the in the overall regulatory framework for dentistry and set out the steps to be taken to close these gaps.

In a statement, the Department of Health said five separate State and regulatory agencies can inspect dental practices. They include HIQA, the HSE, the Health & Safety Authority and the Environmental Protection Agency. The department said that the DCI could rely on the Consumer Protection Act to prevent illegal practice but acknowledged the Dentists Act 1985 is awaiting review. The department did not provide a time frame for the review but said "additional resources have been allocated to commence this work".

As the DCI grapples with the fallout from the scandal, it will be crucial to address the underlying issues and implement effective measures to prevent unregistered dentists from practising. Only by safeguarding patient safety and restoring public confidence can the integrity of the dental profession be upheld.



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THE COMPLEX INFLUENCE OF CHANGE

Experts discuss the importance of periodontal health at the various stages of a woman's life

M

embers of the European dental community took the opportunity of Breast Cancer Awareness Month in October to also raise awareness of the distinct features of women's oral health.

The European Federation of Periodontology (EFP) highlighted the issue in its EFP Perio Talks series with a podcast titled, 'The X factor: what is unique about women's health?' The episode explored the often-overlooked realm of women's oral health, exploring the vital importance of periodontal health at the various stages of a woman's life.

Periodontist Bruno de Carvalho, assisted by journalist and EFP Perio Talks producer Adam Kirtley, interviewed two experts: Associate Professor Ali Çekici, General Secretary of the Turkish Society of Periodontology, and Renee Behrens, Consultant Gynaecologist at the Royal Hampshire County Hospital.

Together, they unveiled the complex influence of hormonal changes on women's gum health across different life phases, offering valuable insights into puberty, the menstrual cycle, contraceptive use, pregnancy,

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in vitro fertilisation (IVF), post-menopause and transgender health.

Puberty and hormonal changes

Professor Çekici highlighted how puberty marks the beginning of a journey that intertwines hormonal fluctuations and oral health. He explained how gum tissues have oestrogen receptors, making them sensitive to hormonal shifts, albeit usually to a limited extent.

Contraceptives and oral health

Dr Behrens discussed contraceptives, emphasising the importance of personalised oral health guidance. She explained how contraceptives can impact gum health and the significance of customising oral hygiene recommendations, down to the choice of toothbrushes and interdental care.

Menstrual cycle and pregnancy

The conversation evolved, touching on the timing of periodontal treatment during menstrual cycles and pregnancy. Ms Behrens debunked the myth that dental treatments should be avoided during menstruation, advocating for consistent oral hygiene and care. The role of effective plaque removal was highlighted.

They also explored how pregnancy-related hormonal changes can lead to gum inflammation and enlargement, stressing the need for close collaboration between gynaecologists and dentists.

Gestational diabetes and breastfeeding were also discussed.

Interconnected health

The episode also looked at the intricate interplay between oral health and overall well-being. Ms Behrens emphasised the importance of healthcare professionals collaborating to understand how oral health can influence systemic conditions. The recognition of the oral microbiome's role in overall health underscores the necessity for interdisciplinary communication, she said.

The presenters underlined the importance of tailored oral health advice, timely dental care and interdisciplinary collaboration in promoting the wellbeing of women throughout their lives. Both called for improved communication between gynaecologists and dental professionals.

Changing the narrative

Behrens and Çekici concluded their conversation with an essential message: people should not let bleeding gums deter them from seeking dental care. On the contrary, they should view it as a signal to enhance their oral hygiene practices. Dispelling the stigma surrounding bleeding gums and educating patients about the effectiveness of proper dental care – at all stages of life – is paramount, they said.

You can listen to the podcast here:
tinyurl.com/4zbc5263

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THE RISE OF SPORTS DENTISTRY

Symposium showcases a boon for athletic performance

The third International Sports Dentistry Symposium, organised by the European Association for Sports Dentistry (EA4SD) and delivered in partnership with Clyde Munro, took place in Edinburgh in November. Chaired by Dublin-based dentist John Haughey, the event brought together more than 100 sports dentists from more than 15 countries across Europe to discuss the latest advances in sports dentistry and their impact on athlete health and performance.

In the competitive world of sports, where athletes push their bodies to the limit, oral health often takes a backseat. However, maintaining good oral hygiene is crucial for athletes, as it plays a vital role in their overall wellbeing and performance. This is where sports dentistry steps in, a specialised field dedicated to the prevention, diagnosis and treatment of oral and facial injuries sustained during sports activities.

The symposium's motto 'Sports Dentistry Meets Sports Medicine – Healthy Teammates' perfectly captured the essence of the event,

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highlighting the importance of collaboration between dental professionals and sports medicine specialists to ensure the comprehensive health of athletes.

After a presentation on the EA4SD formation and development over the last 10 years by EA4SD co-founder Thanos Stamos, Scottish Rugby sports medicine legend James Robson presented on his experiences and how he has helped developed sports dentistry support in Scottish Rugby. Presenting to a

room full of dentists on his birthday demonstrated James's passion for collaborating to ensure his athletes have the best support possible.

Niall Elliott, Head of Sports Medicine at the Scottish Institute of Sport, and Susie Harkness, Special Care Dentist, presented on the challenges of Para-athletes and highlighted the need for more knowledge and support when working with this group of athletes. In the afternoon on day one of the conference Tomas



Symposium chair John Haughey



Appleton, dentist and Captain of the Portugal Rugby Team, explained how he has been able to balance successful careers both on and off the pitch. He said how important and special was the success of the Portugal Rugby Team at the Rugby World Cup.

EA4SD co-founder and sports dentist to the French soccer team Sophie Cantamessa rounded out day one presentations demonstrating the oral health needs of elite athletes at the top of their sport.

The conference dinner and match that evening was a great occasion. It involved a pre-match hospitality dinner and post-match pies with ex-Scotland Rugby and current Scotland cricketer Hugo Southwell being host for the event.

Injured Scotland Rugby player Hamish Watson and Portugal Rugby Captain Tomas Appleton provided some pre-match discussion. Then after watching a thrilling match between Edinburgh and Benetton Scotland Rugby Captain Jamie Ritchie and Scotland player Grant Gilhurst provided some post-match analysis.

Day two of the conference kicked off with chairman of the Conference and EA4SD committee member John Haughey presenting on the aspects of performance dentistry. This was followed by EA4SD president Marc Engels-Deutsch explaining the importance of apical infection in root filled and non-root filled teeth and the impact on athletic performance.

Fresh from being the pitch-side lead medic at the match the night before, Mike Dunlop, team doctor for Edinburgh Rugby, presented on intelligent



Symposium delegates



GOOD ORAL HEALTH IS NOT JUST ABOUT PREVENTING INJURIES; IT ALSO HAS A SIGNIFICANT IMPACT ON ATHLETIC PERFORMANCE”

mouthguards (iMGs) and their use in sport. He explained how iMGs may become commonplace in sport and the impact that would have on a dentist providing them to their patients. He also explained the new rule change by World Rugby mandating iMGs from 2024 at elite level.

Dr Peter Fine presented on the importance of screening of athletes and explaining the current oral health status of elite soccer players in the UK from his recent research. There was a discussion between Mike Dunlop and Fiona Davidson, Scottish Rugby Union's official dentist, on how sports dentistry has been integrated into the medical support for rugby players.

Other highlights of the conference included presentations from current Scotland cricketer and sports dentist Umair Mohammed on attitudes on collaboration between sports dentists and the Athlete Medical Team.

The conference was completed by a presentation from Fiona Davidson who spoke about her experiences as a sports dentist and explained how she had developed a sports dentist programme in Scottish rugby over the years.

The conference received highly positive feedback from all attendees. The two days of the conference provided unique opportunities to hear from presenters that are not common in dental conferences and left attendees with a passion to develop sports dentistry in their area. The conference was supported by Cyde Munro Dental, Wrights Dental, DD Group and Haleon.

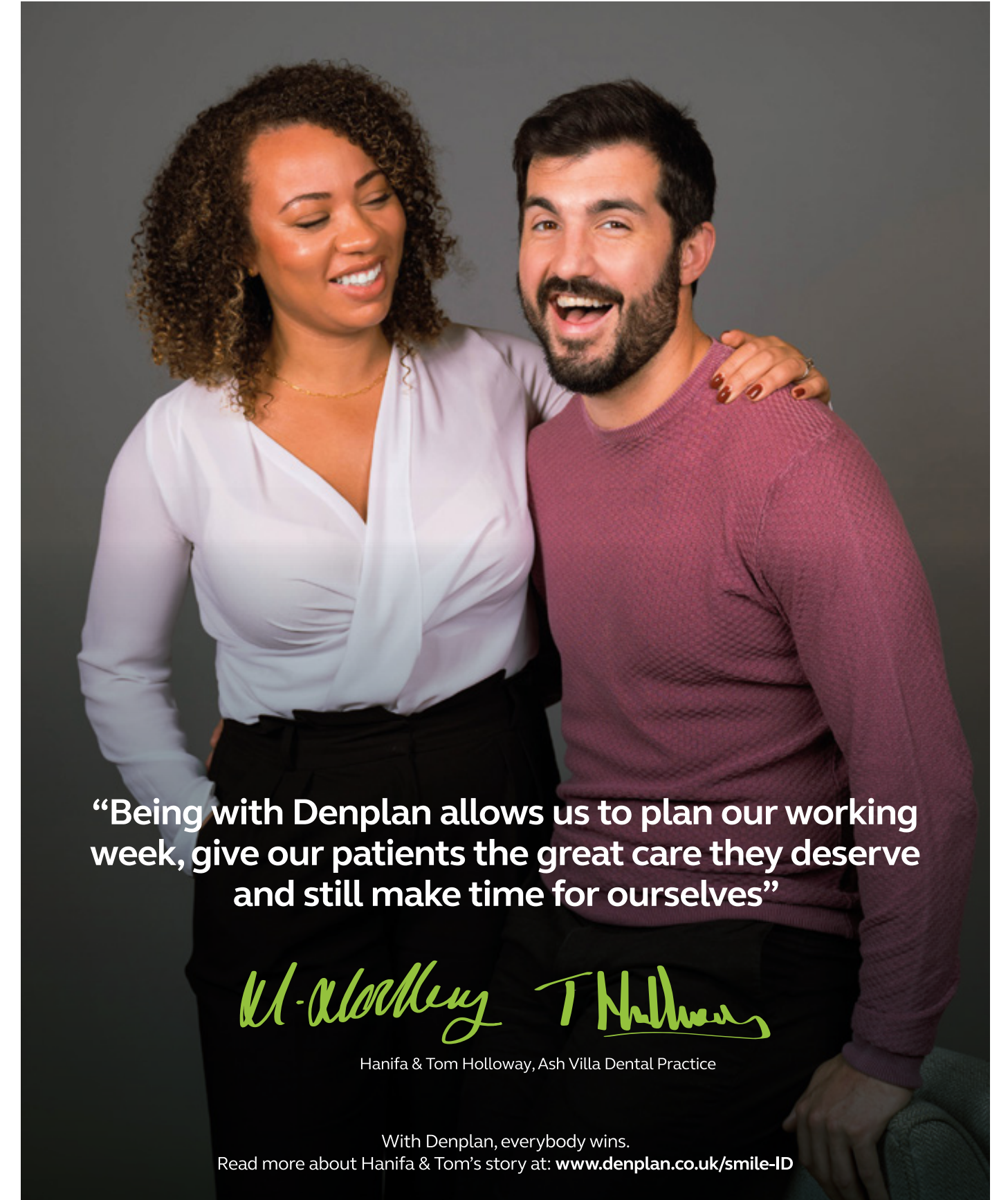
Building on the success of Edinburgh, the next EA4SD conference has been pencilled in for Friday 21 November and Saturday 22 November 2025 in Germany. Keep an eye out for updates on the EA4SD website, www.ea4sd.com, and the EA4SD social media pages.

“It was more than a conference,” said Thanos Stamos, EA4SD co-founder and executive vice-president.

“The latest scientific evidence was presented by sports dentists and physicians, the athletes’ voice on oral health importance was highlighted and the international sports dentistry family grew more by welcoming new members.”



L-R: Edinburgh Rugby team doctor Mike Dunlop, Edinburgh Rugby player Luan de Bruin and Scottish Rugby Union's dentist Fiona Davidson.



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Jamie Toole
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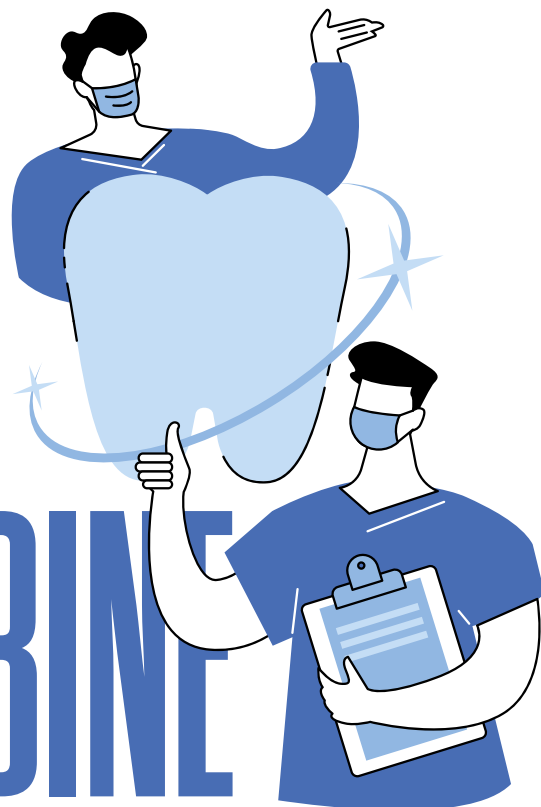
Jamie qualified from Queen's University Belfast in 2009 and has since gone on to become a specialist in oral surgery and also a Consultant Oral Surgeon at the School of Dentistry in Royal Victoria Hospital.



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DENTISTS AND DOCTORS COMBINE



An outreach programme aimed at improving patient care has been launched

Collaboration between oral health providers and family doctors can improve patients' wellbeing, and in

certain cases even save lives, according to the European Federation of Periodontology (EFP).

The closer the collaboration between dental and general practitioners, the bigger the improvement in their patients' treatment standards, said the EFP, particularly in relation to serious chronic conditions such as diabetes, and cardiovascular and respiratory diseases.

Family doctors should be informed about gum diseases and their consequences, while oral health professionals should be made aware of the significance of non-communicable diseases (NCDs) and their associated risk factors, it said.

This lies at the core of the new outreach campaign *Perio & Family Doctors*, an initiative jointly developed by the EFP and WONCA Europe (European branch of the World Organisation of Family Doctors), and sponsored by Curasept, an EFP partner.

In 2022, 18 experts from the EFP and WONCA Europe examined the role of family physicians and the oral-health team and formulated

a series of recommendations for both groups of clinicians. Their conclusions were published in a scientific consensus report published in March 2023 in the EFP-edited *Journal of Clinical Periodontology*¹.

"This groundbreaking campaign marks a giant leap forward in enlightening family doctors, periodontists, and other oral health providers about the potential for closer collaboration," said Darko Bozic, EFP president.

"Together, we can proactively tackle and manage prevalent systemic health conditions that impact patients worldwide, such as cardiovascular disease (CVD), hypertension, obesity, diabetes, smoking, and hyperlipidaemia.

"Our campaign is also addressed to the general public, as patients should be aware of the advantages and benefits of good oral health."

Shlomo Vinker, president of WONCA Europe, said: "In light of our recent findings, it is imperative to recognise that periodontitis transcends its localised origins in the oropharynx. Instead, it emerges as a condition intimately intertwined with broader systemic disease states.

"To address this paradigm shift, the collaboration between dentists and family doctors becomes paramount. Together, we must institute proactive strategies for the early identification of periodontitis within primary care centres and, conversely, of cardiovascular diseases and diabetes within dental settings."

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Professor Vinker added: "Strengthening the bond between oral health professionals and family doctors is instrumental, not only in the early detection and management of NCDs but also in fostering healthier lifestyles. The development and evaluation of pathways for early case detection of periodontitis in family medicine practices and NCDs in dental practices marks the next frontier in our collective pursuit of comprehensive healthcare."

The *Perio & Family Doctors* campaign materials include infographics and other digital content and are available at the EFP website at efp.org/periofamilydoctors

REFERENCE

¹Association between periodontal diseases and cardiovascular diseases, diabetes and respiratory diseases: consensus report of the joint workshop by the EFP and WONCA Europe. <https://doi.org/10.1111/jcpe.13807>



Experts met to examine the role of family physicians and the oral health team

Hidden dental plaque and detection with disclosing agent

R. Karim, R. Mohamed

Department of Preventive and Paediatric Dentistry, University of Greifswald

Introduction

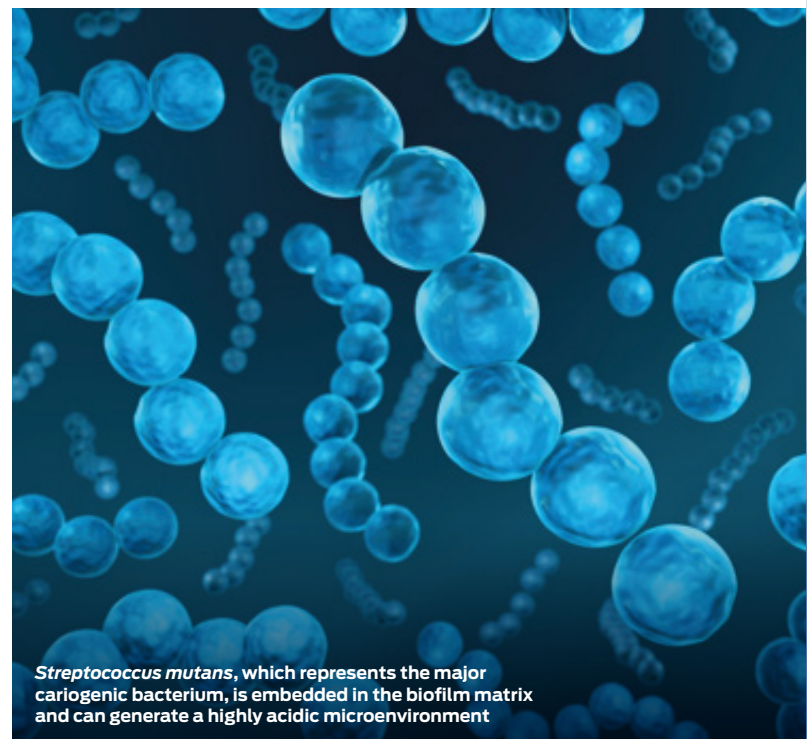
The relationship between oral health and overall health is now well established¹. Prevention of oral diseases and improvement of oral health are essential for maintaining overall health and wellness². Public healthcare providers have a key role to play in this regard. Also, experience-based education on oral hygiene at a young age has proven to be particularly effective³. Biofilm, also known as dental bacterial plaque, is a whitish-yellow coating that adheres to a variety of dental surfaces. It is composed of microbial colonies and metabolic products of the oral microbial flora. Biofilm is characterised by the presence of bacterial communities embedded in a self-generated extracellular matrix⁴. Thus, the accumulation of dental plaque leads to oral health diseases, which in turn has a substantial impact on oral health related quality of life (OHRQoL)⁵.

Dental plaque and dental caries

Dental caries is a multifactorial, plaque-induced, dynamic disease that leads to destruction of hard tooth tissues. Salivary proteins adhere to the tooth surface, causing the initial formation of dental plaque and creating a pellicle as a substrate for bacterial attachment^{6,7}. Demineralisation is caused by acid production by bacteria within the plaque biofilm and thereby leads to tooth decay. *Streptococcus mutans* (*S. mutans*), which represents the major cariogenic bacterium, is embedded in the biofilm matrix and can generate a highly acidic microenvironment with a pH below 5.5, which erodes hard dental apatite and causes the development of caries lesion⁸.

The formation of biofilms most commonly occurs in areas that are not easily accessible and cannot be effectively controlled with normal tooth brushing. On the other hand, biofilms are also found when the natural self-cleaning processes of the tongue and saliva do not work effectively for various reasons. According to literature, their deposits accumulate in large quantities on irregular areas, 'attached gingiva' and the lateral surface of the tongue⁹.

Nevertheless, some other factors such as fixed orthodontic appliances, improper debonding of orthodontic appliances and non-optimal dental



fillings, can significantly increase the risk of formation of plaque by increasing retention areas and interfering with oral hygiene management^{10,11}. Considering that biofilm tends to accumulate in these difficult-to-reach areas, individuals must use suitable dental hygiene aids and practices to ensure adequate plaque removal and maintain good oral hygiene.



FORMATION OF BIOFILMS MOST COMMONLY OCCURS IN AREAS THAT ARE NOT EASILY ACCESSIBLE AND CANNOT BE EFFECTIVELY CONTROLLED WITH NORMAL TOOTH BRUSHING"



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→ Dental plaque removal and oral health care

To effectively prevent oral diseases, it is essential to remove biofilm from all tooth surfaces. This can be done through regular toothbrushing by both individuals and professional scaling and cleaning¹². However, to effectively remove biofilm, the first step is to accurately detect it. Nowadays, special dyes, such as food dyes, fluorescein, and two-tone disclosing agents (tablets, solutions, wafers, lozenges and mouth rinses) can be used to localise hidden or non-obvious biofilm. An example of a low caries risk patient is shown in Fig 1a.

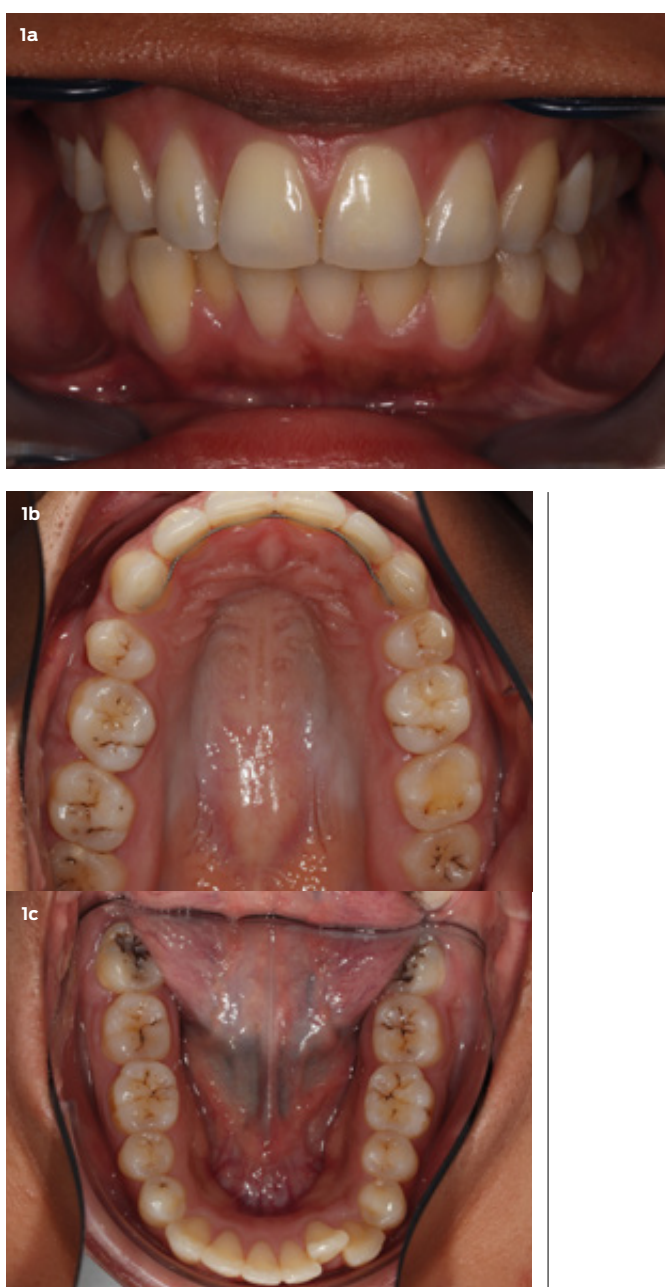


Fig 1: Intraoral view of maxillary and mandibular teeth in a patient with low caries risk (a vestibular and buccal view of the teeth; b occlusal view of maxillary teeth; c occlusal view of mandibular teeth).



**TO EFFECTIVELY PREVENT ORAL DISEASES,
IT IS ESSENTIAL TO REMOVE BIOFILM FROM
ALL TOOTH SURFACES”**

The patient was assessed for plaque accumulation using disclosing agent solution (Mira 2-Ton, Hager & Werken Germany). The colour of disclosing agents is dependent on the thickness of the dental plaque in the area where the biofilm is located, as is shown in Fig 2.



Fig 2: Application of plaque disclosing agent with ear cotton stick (a) and application of plaque disclosing solution before rinsing out with water (b).

These disclosing agents are very effective when it comes to plaque control because they help determine and visualise the level of oral hygiene of the user, raise awareness of biofilm removal and provide personalised guidance and incentives for improved oral hygiene. Moreover, their use facilitates user self-assessment, measures the effectiveness of oral hygiene and evaluates prevention and training programmes for enhanced oral hygiene which allow studies on biofilm identification¹³. Disclosing agents are found to be very effective particularly in children, patients with high caries experience and those undergoing orthodontic treatment^{14,15}. However, because the risk of dental caries is never zero, disclosing agents are useful for all individuals – though with different frequency¹⁶.

Plaque exists in approximal surfaces, marginal gingiva and irregular fissures.

This shows that even in low caries risk individuals, there is always a room for oral hygiene improvement.

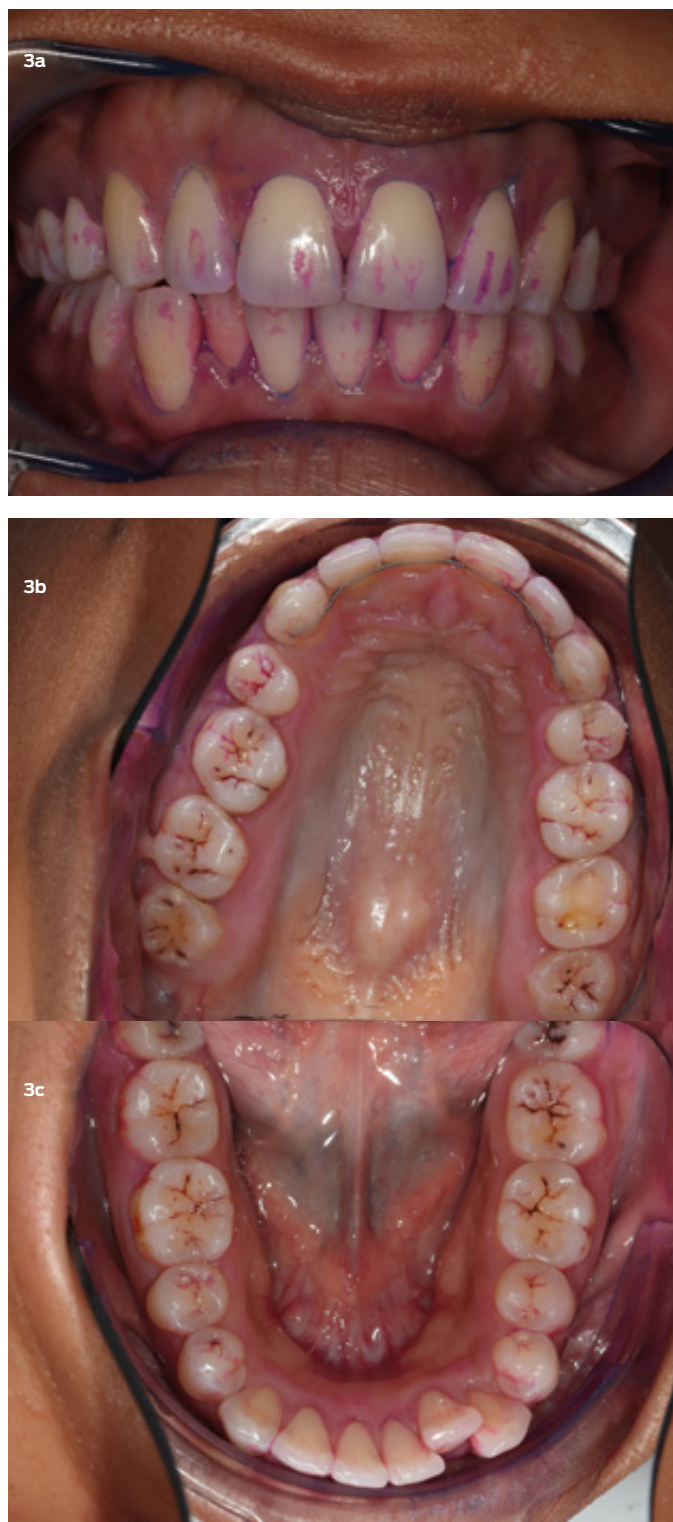


Fig 3: Intraoral view of maxillary and mandibular teeth in a patient with low caries risk after the application of plaque disclosing agent; a (vestibular and buccal view of the teeth), b (occlusal view of maxillary teeth), c (occlusal view of mandibular teeth).



THE EFFECTIVENESS OF PLAQUE REMOVAL CAN BE SIGNIFICANTLY IMPROVED IF PATIENTS ARE GIVEN THE OPPORTUNITY TO EVALUATE THEIR HOME ORAL HYGIENE HABITS"

Studies suggest that oral hygiene advice, including individual brushing instructions, and self-monitoring over three months can significantly improve oral hygiene, particularly in patients with high risk of caries who were able to visually recognise reduction of dental plaque and notice improvement in oral hygiene themselves. The self-monitoring with plaque disclosing showed a positive motivational effect in school children to improve their oral hygiene status¹⁷.

Additionally, another study shows that the effectiveness of plaque removal can be significantly improved if patients are given the opportunity to evaluate their home oral hygiene habits. Simplifying oral hygiene instructions by recommending the use of a plaque disclosing agent is more likely to make the patients receive a much better home care¹⁸. Another study of orthodontic patients demonstrated that the self-application of disclosing agent tablets at home, in addition to repeated oral hygiene encouragement, may be useful in enhancing oral hygiene and motivating the patient¹⁹.

Regarding orthodontic patients, the state of oral hygiene and its impact on the extent of tooth decay, periodontitis and overall health in these patients, has been a topic of great importance for several years. Although new appliances, bonding techniques and materials have been developed, it is still difficult to reduce plaque retention. Conventional fixation devices create retention areas where dental plaque is difficult to mechanically control. However, many orthodontic device-related factors, such as bracket design, device surface roughness, excess bracket cement and elastomeric ligation, contribute to plaque retention. Furthermore, the parts of the orthodontic appliance make it difficult for saliva to have a cleansing effect on the teeth, which results in not just the retention of food particles, but also in generally worsening oral hygiene²⁰.

Active biofilm in orthodontic patients disrupts the balance of demineralisation and remineralisation, causing the formation of white spots on the tooth enamel, especially on the vestibular surfaces of anterior teeth²¹. Nonetheless, debonding of orthodontic brackets after completion of treatment should be properly and carefully performed by a skilled dental professional to avoid further plaque bacteria adhering to the rough surfaces formed by the adhesive, otherwise this can lead to future oral health issues²². This is displayed on Fig 3a, where the patient had orthodontic treatment 12 years previously and the buccal surface was not completely smooth which caused plaque accumulation; coloured in pink with the disclosing agent.



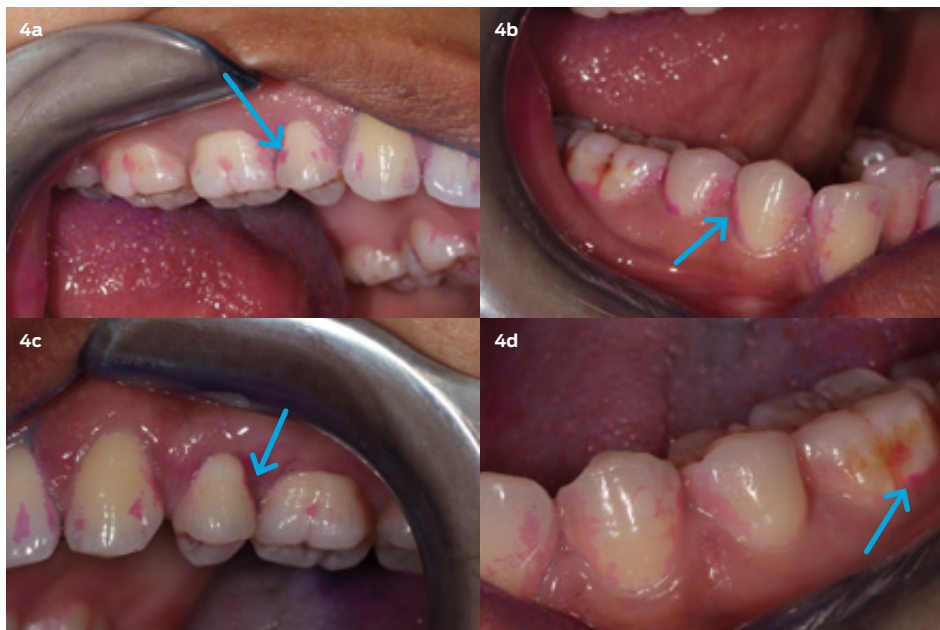


Fig 4: Approximal view of maxillary and mandibular teeth after the application of plaque disclosing agent showing high plaque accumulation on some surfaces showed with blue arrows; a (buccal view of the maxillary right posterior teeth), b (buccal view of the mandibular right posterior teeth), c (buccal view of the maxillary left posterior teeth), d (buccal view of the mandibular right posterior teeth).

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CAVEAT EMPTOR

...or do you believe in love at first sight?

I WROTE a version of this piece several years ago when I was finding my feet in consultancy and analysis. It is as fundamentally true now as it was then – except the numbers have got bigger.

Caveat emptor is Latin for “Let the buyer beware.” The idea that buyers take responsibility for the condition of the items they purchase and should examine them before purchase. This is especially true for items that are not covered under a strict warranty.

Buying a dental practice is something that few people do more than once. Frequently the purchaser is relatively young and inexperienced. Often they are desperate to get going in their own place, they have seen enough of their friends become practice owners and want some bragging rights of their own. Perhaps they have been associates where the boss doesn't share their ambitions let alone practice management expertise, presuming any exists.

So what do they do? Scour the adverts in the journals, ask the agents to be placed on their mailing lists, smile at the manufacturers' reps and ask if they have any knowledge. Eventually something turns up; they inspect, get the accounts and show them to their bankers (and lest we forget a banker can sometimes be a person who lends you an umbrella when the sun shines and demands its return when it starts to rain).

Oh, the excitement! This is it; this is love, and this is the one for me. The bank say they will lend me the money – it took them a couple of days to make the decision but obviously that saving for the deposit was worthwhile and the seller's accounts look good; fantastic let's get the offer in quickly; we have heard that practices are being snapped up

WORDS
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Alun K Rees BDS is The Dental Business Coach. An experienced dental practice owner who changed career, he now works as a coach, consultant, trouble-shooter, analyst, speaker, writer and broadcaster. He brings the wisdom gained from his and others' successes to help his clients achieve the rewards their work and dedication deserve.
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at the moment. Can't take the risk of losing out now. Go for it.

What, they won't accept less than the asking price? OK, we can get the new equipment on lease; the rep said that was tax efficient, whatever that means. No need to put up with that old technology. Agree to pay the full whack, hand your notice in, the three months fly by. Oh, the places we'll go, can't wait to get going with that facial aesthetic stuff and just wait until you start on those smile makeovers and Invisalign.

Twelve months on and you're sinking. The reason the accounts were so healthy, and the bank were happy to lend, is because they covered the years when the previous owner had discovered crowns but chosen to forget perio ... especially in the plan patients.

The receptionist / practice manager, who had been described as the heart of the practice and knows all the patients because they have been there for so long, is busy telling everyone they meet that you're full of these new-fangled ideas that are OK in London but there's no call for them round here. You catch her saying to one patient that “she'll soon knock you into shape”. The unsmiling nurse has been on the sick for three months and now thinks she “might be” pregnant; she has also told the practice manager that the “risqué” joke you heard on the radio one morning, and repeated to her, was sexist; she was quite offended and didn't know quite how to take it, especially as you had been alone with her when you said it. The commute that seemed reasonable seems to take 40 minutes longer than you had anticipated and your partner can't understand why you have to spend the evening “doing the books”. The visit to the gym on the way home has been replaced by one to the take-away and the off-licence.

You hear a rumour that the old owner who said he was heading for the golf course and the beach is back working part-time as an associate 100 yards beyond the distance agreed in the barring out clause. It seems strange to me that when we buy our first flat or house we will ask our parents, family, friends, the man in the pub, anyone for an opinion, because they have all bought and sold houses. Yet how many dentists jump into practice purchase with hardly a second thought and then end up in the situation described above? Or worse?

The past decade and a half (or more) have been strange times in dental practice sales with some areas of the market described as being in “feeding frenzy” mode. The sheer enormity of the bureaucratic iceberg, of which CQC/Health Board/HIQA is merely the tip, has persuaded many owners that now is the time to go. Without doubt there are some great practices for sale at present but there are some potential nightmares out there too.

Alun's Top 10 Tips: www.sdmag.co.uk/alun-rees-top-ten-tips

> YOUNG INNOVATIONS

NEW GENERAL MANAGER INTRODUCED

AMERICAN dental group Young Innovations has established a new logistics centre in Ireland (www.ydnt.de/news_en). The Dungarvan site will become a hub for international trade and the European market.

At the recent opening ceremony Frank Whyte, Vice President and Managing Director, introduced Cormac Johnston as the new General Manager of Young Microbrush Ireland. The senior professional brings to the position many years of experience in quality and process management at international companies in the healthcare and biotech industries.

Young Innovations is a leading developer, manufacturer and distributor of high-quality dental products. Its portfolio includes innovative solutions for surgery, prophylaxis, diagnostics, periodontics, restoration, endodontics, implantology and orthodontics and world-renowned brands such as Young, Zooby, Microbrush, American Eagle Instruments, Pro-Matrix, Pro-Tip Turbo and Crystal Tip. The group is headquartered in Chicago, while the European headquarters are located in Heidelberg, Germany.



The Group's Microbrush brand has been present locally for 25 years. Since 2014, the premises and the portfolio have been steadily expanded and other brands have been added, like Young Dental, American Eagle Instruments, Pro-Matrix, Pro-Tip, Crystal Tips, Zooby and Denticator. The continuous growth required the expansion of capacity. The warehouse was enlarged and all buildings completely renovated. A reception area, new offices, a conference centre and a canteen were added to the site.

NEOSS GROUP

NEOSS GROUP LAUNCHES NEW MULTI-UNIT ABUTMENT

NEOSS GROUP, a leading innovator in dental implant solutions, is proud to announce the launch of a new Multi-Unit Abutment for its Neoss4+ Treatment Solution, a cutting-edge system designed to transform the way dental professionals approach full arch restorations. With the introduction of the Neoss4+ and its innovative Multi-Unit Abutment, Neoss is once again demonstrating its commitment to advancing patient care and dental implant technology.

"We are happy to introduce our new Multi-Unit Abutment with the Neoss4+ Treatment Solution to the dental community," said Dr Robert Gottlander, President and CEO of the Neoss Group. "Our commitment to innovation has led us to create a solution that will empower dental clinicians to provide great care to

their patients. We believe that Neoss4+ Treatment Solution will give more options for full arch dental implantology and improve the lives of those seeking to restore their smiles."

With a focus on predictability, efficiency, aesthetics and affordability, Neoss4+ Treatment Solution empowers the clinician to provide their patients with three treatment options depending on the clinical situation and their preference, Multi-Unit, NeoBase

(Neoss version of TiBase) and Access Abutments. The new Multi-Unit Abutment comes with exclusive features thanks to key Neoss patents, which makes it possible for a 10° option with lower vertical height and with the clinical screw fixed within the abutment preventing losing it during placement.



To learn more about the Neoss4+ Treatment Solution and its applications in full arch dental implant procedures for you and your patients, please visit www.neoss.com/neoss4.

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