

THE MAGAZINE FOR DENTAL PROFESSIONALS IN IRELAND

*Ireland's*

# Dental

AUTUMN 2025

RRP £5.50

A photograph of two female dental professionals in a clinical setting. They are both smiling and looking towards the camera. The woman on the left is wearing a white lab coat and has her arm around the woman on the right. The woman on the right is also wearing a white lab coat and is holding a dental instrument. In the foreground, there are two large, out-of-focus red circular shapes that frame the word 'OPEN!'.

# OPEN!

Ireland's new Dental Education Centre, p18-19

**Plus:** The Faculty of Dentistry RCSI's Annual Scientific Meeting, p15

# Annual Scientific Meeting 2025

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# 32

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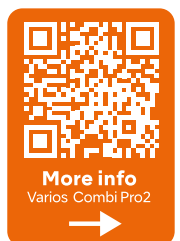
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# Time for action

*Strategic planning and increased funding are needed urgently to address the dental services crisis*

A motion before the Dáil Éireann in July highlighted the severe crisis in Ireland's public dental health services, brought about by a lack of prioritisation, planning and provision of resources by successive governments. The motion outlined several critical problems within the public dental system.

The school dental programme is failing to provide timely screenings and treatment. Many primary and secondary school pupils are not being seen for their first check-up until they are in their teens. The number of pupils screened and treated has dropped significantly. The Dental Treatment Services Scheme (DTSS), which provides dental care to adults with medical cards, is effectively non-existent in many areas.

The Treatment Benefit Scheme, based on Pay Related Social Insurance (PRSI), is also limited, only covering examinations and cleaning. This leaves low- and middle-income families at a disadvantage, as they have to pay out-of-pocket for necessary treatments such as fillings or extractions. Others, particularly children and adults with special needs who require general anaesthesia for dental treatment, face a two-year waiting list due to a lack of hospital staff and capacity.

There is a recruitment and workforce crisis. The number of dentists in public service has dropped by 23% in the last 15 years, with less than 10% of dentists now working in the public system. This is exacerbated by a lack of new dentists entering the workforce, not helped by significant delays, often up to six months, in the Health Service Executive's (HSE) recruitment process.

The Irish Government needs to take immediate and comprehensive action. This should involve strategic planning and increased funding. It should publish its long-promised implementation plan for *Smile agus Slainte*, the national oral

“

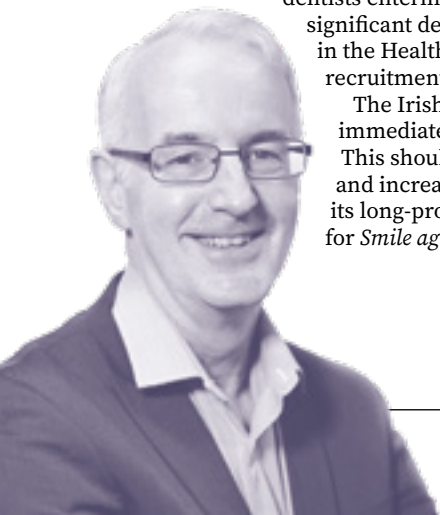
**A PROPERLY FUNDED AND RESOURCED PUBLIC DENTAL SYSTEM IS VITAL TO DELIVERING TIMELY, PREVENTATIVE AND EQUITABLE ORAL HEALTHCARE”**

healthcare policy, provide a significant increase in the upcoming budget for dental care and ensure clear tracking of how this budget is being used to improve services and outcomes.

The workforce crisis must be addressed with an increase in the number of dental school places at University College Cork (UCC) and Trinity College Dublin (TCD), with additional funding and the reinstatement of a structured mentorship programme to help new graduates gain experience. The HSE should be authorised to accelerate recruitment for public dental services and there should be implementation of a campaign by the DTSS to attract more practices.

In addition, the range of services available under the PRSI-based Treatment Benefit Scheme needs to be expanded and there should be an improvement and expansion of hospital services and capacity for special needs patients who require treatment under general anaesthesia.

The Irish Dental Association (IDA) welcomed the contributions made during the debate. It has consistently highlighted the urgent need for reform, investment and workforce planning across public dental services. A properly funded and resourced public dental system is vital to delivering timely, preventative and equitable oral healthcare. Today, it is in a state of crisis. While the motion before the Dáil Éireann was a welcome step in highlighting the serious issues facing the dental sector, the time for action from the Government is now.





## Emotional intelligence in dentistry

*A mindset and a skillset which, if properly applied, can lead to more fruitful patient and team interactions*

**C**hief among the key topics at the forefront of dentistry has been artificial intelligence (AI). Regular readers will recall a recent column in which I declared that, while I am very happy to work with ChatGPT – it is still no match for ChatGDP! Another topic that is becoming increasingly important (from an awareness and practical viewpoint) is emotional intelligence. This is sometimes abbreviated to EI or EQ (emotional quotient).

EI is often seen as the ability to perceive, use, understand, manage and handle emotions. It seems self-evident that this should form a core area of study in the dental surgery where many emotions are seen everyday, from the happy post-treatment patient with their new restoration to the anxious dental trauma patient.

Yet, this area has been largely underserved by awareness, or indeed literature, from a dental perspective.

Recently, at the Royal College of Surgeons in Ireland (RCSI), a book, *Emotional Intelligence in Dentistry: "Open Wide" – The Five Critical Skills to Take Dentists from Good to Great*<sup>1</sup>, was launched by its editor, Dr Mary Collins. Dr Collins is a psychologist based at the Centre for Positive Health Sciences in Dublin.

Dr Collins recruited dental contributors from across many oral health and allied disciplines and sought case-led examples from clinical practice to explore, highlight and apply lessons in EI.

The book identifies five essential EQ competencies:

- Self-knowing
- Self-control
- Empathy
- Relationship skills
- Self-actualisation.

Each competency is explored through a combination of theory (authored by Dr Collins alongside contributors) and real-world perspectives from practising dental professionals, making the content both instructive and relatable.

For my own part, I was honoured to contribute to the chapter on relationship skills. I am not a psychologist but, like the other fellow clinicians, I have spent many years treating patients.

Regular readers will also recall that I have long advocated for a broader, more holistic curriculum for undergraduate dentistry to include modules on psychology, healthcare finance and EI (to name but a few). These disciplines tend to be underserved in current undergraduate curricula and even in postgraduate oral health programmes. However, we can see changes afoot, particularly with the launch of the RCSI's Dental Education Centre.

When thinking about relationship skills, as clinicians, we tend to focus on our interactions with our patients. Dentistry, by its nature, is an interventional discipline with trust at its centre. This is right and proper, as patient-centred care is the service delivery model.

That said, the relationship skills chapter in the book examines clinicians' relationships with fellow team members, fellow clinicians, specialists and others.

It is often the case that, as clinicians, we are task-led. This chapter, and the book in general, asks if we can look further than the patient and the chair.

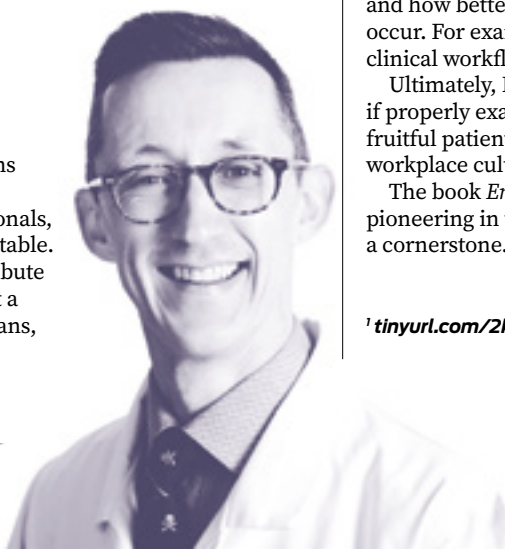
As an example, I often cite liaising with specialists. We are frequently working hand-in-glove with our restorative, orthodontic and oral surgery colleagues, to name but a few. After treatment is completed by their specialist hands, our patients return to us for continued management.

These interactions with our specialist colleagues tend to be transactional by nature and, I wonder, are we missing something here? We all lead busy clinical lives, where each day can be demanding both from a clinical skills viewpoint and a social battery viewpoint. It is often a good idea to schedule a (brief) phone call with your referral team of specialists to better understand not just their workflow, but their own clinical demands and how better (perhaps) joint patient management can occur. For example, which cases form priority in their clinical workflow?

Ultimately, EI is both a mindset and a skillset which, if properly examined and applied, can lead to more fruitful patient and team interactions, improving workplace culture and patient satisfaction.

The book *Emotional Intelligence in Dentistry* is pioneering in this field and I suspect it will form a cornerstone.

<sup>1</sup> [tinyurl.com/2kmkwh6u](https://tinyurl.com/2kmkwh6u)



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# Drilling plate shows promise in preclinical dental training

*Plate is designed to replicate the tactile and structural properties of human dental tissues*



**A NOVEL** drilling plate simulating the tactile and structural properties of natural human dental tissues may provide dental students with increasingly realistic training opportunities in the preclinical phase, according to a study<sup>1</sup>.

The drilling plate has been assessed by dental educators as part of an international study led by the University of Eastern Finland. Conducted by the Digital, VR and Haptic Thinkers Network, the study explored the educational potential of the plate for preclinical dental training.

The findings were published in *Dentistry Journal* and presented at the Association for Dental Education in Europe's (ADEE) 50th Anniversary Meeting in Dublin in August.

Students in preclinical dental training traditionally rehearse skills with the help of simulation and using various dental models, such as plastic teeth. However, conventional plastic teeth often fail to reproduce the tactile differences between enamel, dentin and pulp. The drilling plate assessed in the study incorporates the three distinct layers and is designed to replicate the tactile and structural properties of natural human dental tissues.

"The aim is to provide students with a model that feels closer to clinical reality. Simulation technologies are increasingly

prevalent in dental education; however, conventional dental models are still needed and worth developing," said project leader and clinical lecturer Szabolcs Felszeghy, of the University of Eastern Finland's Institute of Dentistry.

The study examined the perceived realism and educational utility of the drilling plate, assessed by experienced dental educators from 14 institutions across the world.

According to the results, the multi-layer drilling plate shows promise in preclinical dental training, although limitations were observed in its tactile properties. The researchers note that further research is needed with regard to, for example, the added value of the drilling plate in comparison with more conventional tools.

The study seeks to address a critical knowledge gap in preclinical dental education. "Despite widespread use of preclinical training tools in dental schools worldwide, there has been a striking lack of systematic, comparative research on their realism, cost-effectiveness, durability and pedagogical value," said Felszeghy.

<sup>1</sup>[www.mdpi.com/2304-6767/13/8/363](http://www.mdpi.com/2304-6767/13/8/363)



## CGDent publishes revised *Standards in Dentistry*

**THE** College of General Dentistry (CGDent) has published the third edition of *Standards in Dentistry*, its comprehensive and free online manual bringing together standards and guidelines for primary care dentistry.

The compendium acts as a guide to personal or practice-based quality assessment and sets out specific basic and aspirational standards covering 17 areas of practice.

Fifteen of these have been fully updated from the second edition to reflect changes to the evidence base and other contemporary contexts.

Two new sets of standards have also been added; aesthetic dentistry and digital dentistry.

The standards are focused on practitioner processes rather than treatment outcomes and the book

adopts the College's 'Aspirational', 'Basic', 'Conditional' (ABC) notation for the grading of recommendations.

*Standards in Dentistry* also summarises more than 100 standards, guidelines and advisory publications by the College and 50 other national and international bodies and signposts to other relevant resources, organisations and legislation.

The newly expanded third edition has been two years in the making, with more than 1,000 comments received and considered during consultation processes with College Fellows and a wide range of national dental organisations.

All dental professionals and practices are encouraged to view *Standards in Dentistry* by visiting: [cgdent.uk/standards-guidance](http://cgdent.uk/standards-guidance)



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## Nanobots 'offer lasting relief for tooth sensitivity'

*Particles loaded with a bioceramic formula are guided into exposed tubules*

**MAGNETIC** nanobots that can penetrate deep into dental tubules and form durable seals over worn enamel have been developed by scientists.

Researchers at the Indian Institute of Science (IISc), in collaboration with nanotechnology startup Theranautilus, have engineered 'CalBots' which offer long-term relief from sensitivity in a single treatment.

The CalBots use a new class of bioceramic cement. While bioceramics are widely used in orthopaedics and dentistry for their mineralising properties, the team wanted a solution tailored for hypersensitivity; a formulation that could travel deeper and last longer.

"We didn't want to create a slightly better version of what's already out there," said Shanmukh Peddi, lead author of the study<sup>1</sup> and postdoctoral researcher at the Centre for Nano Science and Engineering (CeNSE), IISc, and co-founder of Theranautilus. "We wanted a technology that solves a real problem in a way that no one's attempted before."

Dental hypersensitivity affects nearly one-in-four people worldwide. It occurs when microscopic tubules in the dentin, which lead directly to nerve endings, become exposed due to erosion or gum recession. Most current solutions, such as desensitising toothpastes, offer only surface-level relief and need to be reapplied regularly.

CalBots, however, are 400 nanometre-sized magnetic particles, loaded with a proprietary calcium silicate-based bioceramic formula, and are guided by

an external magnetic field deep into the exposed tubules. They can reach depths of up to 300-500 micrometers inside the tubules. Once there, the bots self-assemble into stable, cement-like plugs that block the tubules and recreate a durable seal that mimics the natural environment of the tooth.

While the immediate goal is to relieve sensitivity, the implications of this work extend much further. "We've created a regenerative, active nanomaterial; a step towards the kind of 'tiny mechanical surgeons' Richard Feynman once envisioned," said Debayan Dasgupta, former PhD student at CeNSE, co-founder of Theranautilus and one of the corresponding authors.

[advanced.onlinelibrary.wiley.com/doi/10.1002/advs.202507664](https://advanced.onlinelibrary.wiley.com/doi/10.1002/advs.202507664)

## EFP guidance addresses aesthetics in periodontal care

**THE** European Federation of Periodontology (EFP) has released a new consensus report, *Aesthetics and Patient-Reported Outcomes in Periodontology and Implant Dentistry*, which shifts the focus of dental care toward patient experiences and aesthetic results.

Published in the *Journal of Clinical Periodontology*, this guidance highlights factors that are increasingly influencing clinical choices but have often been undervalued in research and practice.

The report reveals a notable finding: while clinicians may see a positive correlation between aesthetic scores and clinical outcomes after treatments such as root coverage with a connective tissue graft (CTG), patients don't always share the same perception.

Similarly, with dental implants, adding a CTG can physically improve soft tissue levels, but these changes aren't always reflected in aesthetic scores from either the patient or clinician. This suggests that current evaluation methods may not fully capture the benefits of grafting, such as improved soft-tissue volume.

The guidance does note that for treating peri-implant dehiscences, soft-tissue augmentation with a CTG can lead

to favourable aesthetic outcomes as perceived by both clinicians and patients.

Ultimately, the report concludes that both the clinician's and the patient's perspectives are essential for making informed, evidence-based decisions.

It stresses the need to integrate these complementary viewpoints into treatment planning and calls for more specific trials that measure patient-reported outcomes alongside clinician-reported ones, while also detailing both the benefits and potential harms of a procedure.

"The inclusion of patient-reported outcomes and aesthetic scores is no longer optional, it is essential," said Professor David Herrera, corresponding author, who chaired the workshop.

"This report is a call to action for researchers and clinicians to design studies and deliver treatments that truly reflect what patients value.

"It's about listening to them, measuring their experience properly and integrating it into clinical decision-making."



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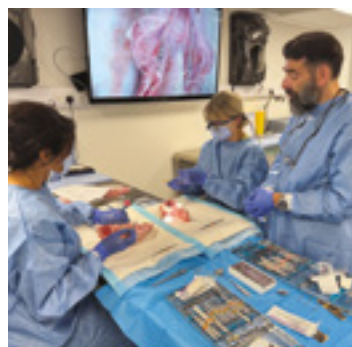
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# Dentist may have solved da Vinci's mystery

*Discovery suggests the image reflects the same design blueprint found in nature*

A **DENTIST** may have solved a centuries-old mathematics puzzle hidden in one of the most famous anatomical drawings in the world – Leonardo da Vinci's *Vitruvian Man*. His discovery suggests the iconic image reflects a design blueprint frequently found in nature.

The pen-and-ink drawing of a nude male figure in two superimposed poses, with arms and legs enclosed within a circle and a square, was created by the Renaissance polymath around 1490.

It is a study of the ideal human form, partly influenced by the writings of Roman architect Marcus Vitruvius Pollio, who believed the human body has harmonious proportions, like a well-designed temple.

He proposed that a human figure could fit perfectly inside a circle and a square, but provided no mathematical framework for this geometric relationship. Da Vinci solved this but did not explicitly explain how. For more than 500 years, how he achieved this perfect fit in one of the world's most analysed drawings has remained a mystery.

A study<sup>1</sup> by Dr Rory Mac Sweeney, a graduate of Trinity College Dublin, published in the *Journal of Mathematics and the Arts*, has shed new light on da Vinci's geometric method.

The paper describes a hidden detail in the *Vitruvian Man*, namely an equilateral triangle between the man's legs referenced in da Vinci's notes for the drawing. Analysis revealed that this shape corresponds to Bonwill's triangle, an imaginary equilateral triangle in dental anatomy that governs the optimal performance of the human jaw.

The use of the triangle in the artwork helped produce a ratio of 1.64 to 1.65 between the square's side and the circle's radius; very close to the blueprint number of 1.633, which is found throughout nature for building the most efficient structures.

"Leonardo's geometric construction successfully encoded fundamental spatial relationships in human form, demonstrating the remarkable precision of his Renaissance vision of mathematical unity between the human figure and natural order," said Mac Sweeney.

"The implications for dental science are particularly profound. While *Vitruvian Man* has long been questioned as a credible



anatomical diagram, this research reveals that Leonardo encoded the precise mathematical relationships that govern optimal human craniofacial function.

"The correspondence between Leonardo's 1.64-1.65 ratios and the tetrahedral ratio of 1.633 — the same ratio that defines optimal sphere packing and appears in human cranial architecture exclusively — suggests *Vitruvian Man* represents legitimate anatomical optimisation rather than idealised artistic proportion.

"This mathematical validation opens new possibilities for dental science. If human craniofacial systems have indeed evolved according to the same geometric principles that govern optimal spatial organisation throughout nature, our understanding of dental function, treatment planning and prosthetic design could be fundamentally transformed.

"Rather than viewing dental anatomy as an arbitrary biological form, we might approach it as an expression of universal mathematical principles of optimal spatial efficiency; principles that Leonardo intuited centuries before modern science could validate them."

<sup>1</sup>[www.tandfonline.com/doi/full/10.1080/17513472.2025.2507568#graphic-abstract](http://www.tandfonline.com/doi/full/10.1080/17513472.2025.2507568#graphic-abstract)

## Novenda Technologies to revolutionise dental products

**NOVENDA TECHNOLOGIES** has announced \$6.1 million in funding to transform dental product manufacturing with its revolutionary multi-material 3D printing technology.

The funding round was led by Brightlands Venture Partners with participation from KBC Focus Fund (Belgium), Borski Fund (NL) and Limburg Business Development Fund/LIOF (NL) as well as a group of angel investors and an Innovation Credit from RVO.

Novenda Technologies ([www.lake3d.com](http://www.lake3d.com)) was founded in 2019 by Klaas Wiertzema, Petra Doelman and Joost Anne Veerman following intensive market research and collaboration with dental professionals.

The founders conducted extensive consultations with dentists,

dental technicians, and other stakeholders to develop the right solution for the market.

By 2021, the company had installed its first printer at the High Tech Campus in Eindhoven, achieving its first multi-material print using its proprietary software and materials. This milestone marked the beginning of an intensive development process, leading to a successful proof of concept for night guards and dentures in 2023.

The company's full stack technology enables the manufacturing of more comfortable, natural-looking dental products that combine hard materials for protection with soft materials for comfort — all in a single piece. This represents a fundamental shift in dental product manufacturing.



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**Dr Jordi Marques Guasch**

DDS, MSc

**Implantologist and Oral Surgeon**

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Jordi graduated as a dentist at International University of Catalunya (UIC). He also completed a Master's Degree in Clinical Research and a three-year International Master's Degree in Oral Surgery and Implantology at the same institution. Since then, he has collaborated with several clinics in London, Spain, and recently Belfast. Jordi's clinical practice is in the field of implant dentistry. He has significant experience and expertise in the treatment of bone tissue regeneration, implant related surgical procedures, as well as soft tissue management. Jordi is a university professor and a clinical lecturer at UIC where he teaches only masters and postgraduate students from the Oral and Maxillofacial Surgery department. He regularly attends congresses, lectures, and conferences, on all aspects of implantology to maintain his knowledge in this field. Jordi's aim is to always make patients' oral surgery experiences as pleasant as possible. In his spare time, he enjoys practicing a variety of sports and travelling.

If you would like to discuss referring a patient to **Dr Marques**, please contact our friendly reception team on **028 9024 3107**, visit us at **[cosmeticdentists-belfast.co.uk](https://cosmeticdentists-belfast.co.uk)** or email **[reception.beechview@portmandental.co.uk](mailto:reception.beechview@portmandental.co.uk)**

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**A**s Dean of the Faculty of Dentistry at the Royal College of Surgeons in Ireland (RCSI), I am delighted to extend a very warm welcome to this year's Annual Scientific Meeting, taking place over two days: Friday 3 October and Saturday 4 October.

This year's event will be held in the RCSI's state-of-the-art Desmond Auditorium, located at 26 York Street, Dublin.

Our theme, 'Dentistry Through the Ages', will explore comprehensive dental care strategies across all life stages, from paediatric and

adolescent to adult and elderly patients, enhancing your clinical knowledge and enriching your practice. A highlight of the conference will be the prestigious Fergal Nally Lecture, which this year will be delivered by Dr Christopher Fox.

Join us for an engaging two-day programme featuring distinguished local and international speakers, offering valuable insights and networking opportunities. Please note that the pre-conference CBCT Level 1 Training Course for General Practitioners is now fully booked.

I look forward to welcoming you to RCSI for what promises to be an inspiring and informative conference. For more information, or to register, please visit our website: [facultyofdentistry.ie/asm](http://facultyofdentistry.ie/asm)

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## PROGRAMME

### Friday 3 October

**8.45:** Welcome – Dean Professor Christopher Lynch  
**8.55:** Introduction  
**9.00:** "Where do teeth come from?" – Dr Aaron LeBlanc  
**9.25:** Neonatology: "The First Few Weeks" – Dr Donough O'Donovan  
**9.50:** Age 0-16: "4 Ps – Perfect Paediatric Prevention Pathway" – Dr Margaret Tuite  
**10.15:** Three essential skills in Restorative Paediatric Dentistry – Professor John Walsh  
**10.40:** Questions  
**10.50-11.20:** Break and Trade Show  
**11.20:** Management of Developmental Dental Anomalies – Professor Michael O'Sullivan  
**11.45:** Challenges in Endodontics in Immature Teeth – Dr Ciaran O'Driscoll  
**12.10:** "To intervene or not to intervene – that is the question" – Dr Maghnus O'Donnell  
**12.35:** Periodontal Issues in Younger Patients – Dr Rachel Doody  
**1.00:** Questions  
**1.10:** Lunch and Trade Show  
**2.15:** Teenage TMD – Dr Eamonn Murphy  
**2.40:** Eating Disorders in Teens – Dr Michelle Clifford  
**3.05:** Oral Medicine in Young People – Professor Claire Healy  
**3.30:** Questions  
**3.40:** Coffee and Trade Show  
**4.20:** Helping composites to last through the ages – Professor Mark Latta  
**4.45:** Prosthodontic Treatment Planning of the Adolescent Patient – When Does it Begin & Who Should be Involved? – Dr Carl Driscoll  
**5.10:** AI Dental Applications for all ages and future ages – Dr Khaled Ahmed  
**5.35:** Questions  
**5.40:** Close

### Saturday 4 October

**8.55:** Introduction  
**9.00:** History of Dentistry – From Monastery to High Street  
Dr Margaret Wilson / Professor Sir Nairn Wilson  
**9.25:** Transforming the Tired Mouth – Dr Annie Hughes  
**9.50:** The Perio Maintenance Patient: how long can it go on? – Dr Jason Owens  
**10.15:** Different Dental Journeys: Providing Dental Care in a Drop in Shelter – Pat and Miriam Cleary  
**10.40:** Questions  
**10.50:** Coffee and Trade Show  
**11.20:** Oral Med in Older people – Professor Richeal Ní Riordáin  
**11.45:** Challenges in Adult endo – Dr Frank Gallagher  
**12.10:** Ortho: Is it ever too late? – Dr Conal Kavanagh  
**12.35:** Questions  
**12.40:** Fergal Nally Lecture 2025 – Procession  
**12.45:** Fergal Nally Lecture 2025 – Dr Christopher Fox  
**1.15:** Presentation of Medal  
**1.20:** Lunch and Trade Show  
**2.20:** Ageing: What is actually happening? – Professor Dermot Power  
**2.45:** Dementia and Dental Care – Dr Claire Curtin  
**3.10:** Root Caries: Treatment Recommendations and Practical Concepts – Professor Richard Wierichs  
**3.35:** Questions  
**3.45:** Ten-minute Break / Stretch / Draw for Prizes  
**3.55:** Teeth or Titanium: Ten years late(er) – Dr Ed Owens  
**4.20:** Longevity of Prosthodontic Restorations – Dr Gerry Cleary  
**4.45:** Digital Dentistry for all ages – Dr Radi Masri  
**5.10:** Questions  
**5.20:** Close





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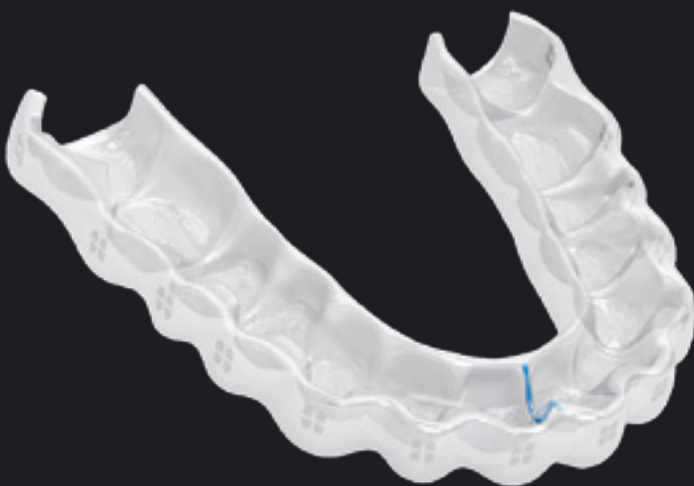


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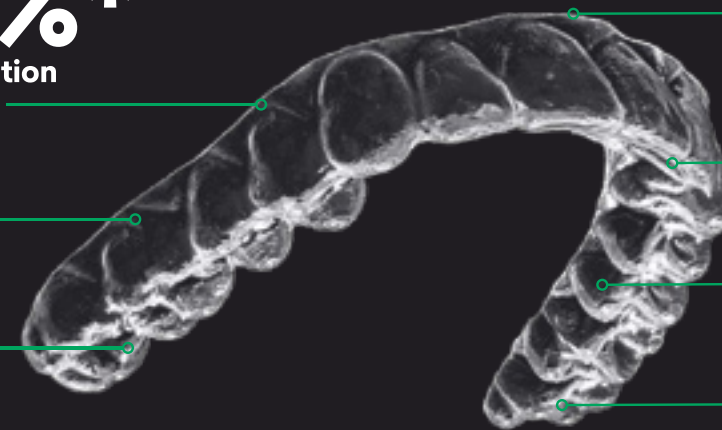
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**Nearly invisible**



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**Thinner, yet durable**



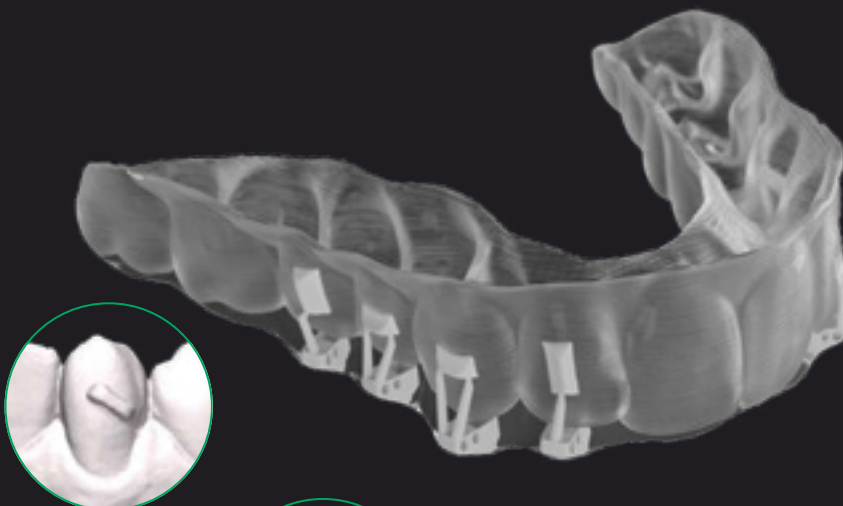
**Proprietary multi-layer material**



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\*Among early evaluators of Clarity Aligners Flex material. Solventum data on file.

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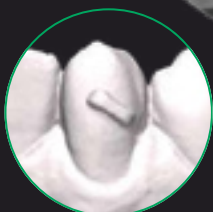
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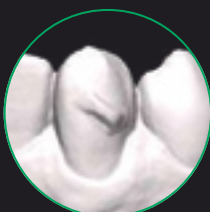


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# RCSI OPENS STATE-OF-THE-ART DENTAL EDUCATION CENTRE

*A milestone in the expansion of dental education in Ireland*

WORDS  
WILL PEAKIN

**T**he RCSI University of Medicine and Health Sciences has opened its €12 million, purpose-built Dental Education Centre in Sandyford. The university said it represented “a milestone in the expansion of dental education in Ireland and a significant step towards addressing the national shortage of dentists”.

RCSI’s new centre will support its Bachelor of Dental Surgery (BDS) degree programme, equipping students with the skills, confidence and community-based experience to deliver high-quality, patient-centred dental care. Under the leadership of Professor Albert Leung, Head of the RCSI School of Dentistry, the Sandyford centre will accommodate first- and second-year students and faculty.

The centre includes 55 dental manikin simulators for early clinical

skills training, a dental laboratory and a 12-chair community clinic where students will treat patients under supervision. The centre offers immersive, hands-on learning supported by interdisciplinary collaboration and evidence-based teaching.

Sandyford is the first of three planned RCSI dental education centres, with the second under construction at Connolly Hospital in Blanchardstown. The centres are designed to train students in community-based environments, bringing education closer to patients and encouraging graduates to practise dentistry where care is most needed.

Ireland currently trains fewer dentists per capita than most OECD countries and more than 45% of newly dentists registered with Ireland’s Dental Council are trained overseas. Many patients across the country experience long waiting times and inconsistent access to care, particularly in

underserved communities.

The Higher Education Authority (HEA) has this year awarded funding to provide 20 new dentistry places per year for Irish/EEA students at RCSI as part of the Irish Government’s overall plan to increase healthcare places in the country.

The RCSI’s Bachelor of Dental Surgery was developed in partnership with the Peninsula Dental School in Plymouth. The programme is aligned with *Smile agus Sláinte*, Ireland’s national oral health policy, and with international best practice.

Students will follow a curriculum focused on early simulation training, progressive clinical exposure, interprofessional learning and public health engagement. They will be prepared to work in multidisciplinary teams and to respond to the social and economic

The €12 million, purpose-built Dental Education Centre in Sandyford





**Left:** Minister for Health Jennifer Carroll MacNeill pictured at the official opening of RCSI's new Dental Education Centre in Sandford, with Professor Peter Cowan RCSI, Professor Deborah McNamara, RCSI President, Dr Isabel Olegário, RCSI, Professor Cathal Kelly, Vice Chancellor, RCSI, and Professor Albert Leung, Head of the RCSI School of Dentistry

reflects our mission to educate, nurture and discover for the benefit of human health, and our ambition to respond to national workforce needs by preparing skilled, community-focused dentists.

"Our vision is to train dentists in the community, for the community. Our programme and this new dental education centre will enable us to increase the number of dentists trained in Ireland, help reduce our dependence on overseas-trained professionals and improve access to care where it is needed most.

"I am delighted that due to government support, through HEA funding, we will accommodate 20 Irish/EEA dentistry students as part of our first cohort in 2025. This important boost in national intake numbers is expected to represent a 50% increase on intake to dentistry degree programmes in Ireland this autumn."

factors influencing oral health.

Jennifer Carroll MacNeill, Ireland's Minister for Health, said: "I was delighted to visit the new state-of-the-art Dental Education Centre, which will support the delivery of RCSI's new Bachelor of Dentistry programme from September 2025.

"This initiative aligns with the Government's National Oral Health Policy and reflects our commitment to expanding access to care for all our communities.

"In providing new dentistry places for Irish and EEA students, RCSI's programme will significantly enhance national training capacity and our oral health workforce for the future.

"The launch of this new undergraduate dental programme is not just about increasing numbers, it is helping to transform how and where we train future

**Below:** Inside the centre – which includes 55 dental manikin simulators for early clinical skills training, a dental laboratory and other facilities

dentists and it will help address long-standing workforce challenges in dentistry. It also ensures that our healthcare service is supported by a steady and sustainable pipeline of highly skilled graduates."

Professor Cathal Kelly, Vice Chancellor, RCSI, said: "RCSI's commitment to dental education





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# MORE THAN MANIKINS

users to complete procedures such as caries removal, root canal access cavities and crown preparations. Haptic feedback provides the user with pressure and touch sensation, allowing detection of force and the ability to distinguish between enamel, dentine, caries and pulp.

## Who can use the Simulation Suite?

NIMDTA provides a range of courses incorporating the Simulation Suite throughout the year. It is used regularly by dental students from QUB and foundation dentists to develop their clinical skills. Continuing education courses delivered by expert restorative dentists and specialists offer qualified dentists the opportunity to use virtual reality to enhance their skills in endodontic and indirect restoration treatments. Drop-in clinical skills refresher sessions are also available for dentists returning to work following a career break or for internationally qualified dentists to maintain their skills while waiting for General Dental Council (GDC) registration. →

## A year in dental simulation: a Q&A with Hannelie Edgar



his year, Hannelie Edgar has been working as Northern Ireland's first Dental Simulation Fellow,

a role funded by the Northern Ireland Medical and Dental Training Agency (NIMDTA).

In collaboration with NIMDTA and Queen's University Belfast (QUB), she has helped to develop and deliver innovative simulation training using virtual reality, haptics and artificial intelligence.

She has also led interprofessional simulation research projects, bringing together students from dentistry, pharmacy, occupational therapy and learning disability nursing to promote inclusive, person-centred care.

### What is the NIMDTA?

NIMDTA is an arm's length body sponsored by the Department of Health to recruit, train and support postgraduate medical and dental professionals in Northern Ireland. The Dental Team supports dental foundation, core and specialty trainees to enhance their skills and obtain additional competencies. The Continuing Education Team provides professional development courses for various dental care professionals including dental

nurses, dental therapists, orthodontic therapists, technicians, hygienists and dentists.

### What attracted you to the role of Dental Simulation Fellow?

Since qualifying from QUB in 2021, I have worked as a dental core trainee in various hospital departments in Northern Ireland. During this time, I developed a keen interest in dental education through the training and supervision of undergraduate dental students. This fellowship felt like the perfect opportunity to expand my skills and explore how simulation can enhance both undergraduate and postgraduate dental training.

### What does your work with NIMDTA involve?

I help design and deliver courses in NIMDTA's bespoke Simulation Suite, which opened in 2021. Equipped with ten virtual reality and haptic simulators, the Simulation Suite allows learners to practise a range of dental procedures safely and realistically without the risks or constraints of a live clinical setting.

### What is virtual reality and haptic technology?

Virtual reality is technology that creates a realistic, 3D environment that can be interacted with and manipulated like the real world. The dental simulators create an interactive oral environment for

Hannelie Edgar  
working at a  
Simodont  
Dental Trainer





## What is your favourite simulation course?

NIMDTA runs a school leaver event three times a year for secondary school students considering studying dentistry. This gives them hands-on, practical experience of the skills required to be a dentist before even setting foot in a dental school. It also strengthens their application by showing a commitment to pursuing a career in dentistry at an early stage. The students' enthusiasm makes the course both engaging and enjoyable to teach.

## What are you working on with QUB?

I have worked on a range of research projects with the university aligned with the GDC's new Safe Practitioner framework for dental students. This framework has increased emphasis on equality, diversity and inclusivity in dentistry, which can be difficult to teach through traditional methods such as lectures. As a result, I have worked closely with educators across multiple healthcare disciplines, including pharmacy, intellectual disabilities nursing and occupational therapy, to create interprofessional learning opportunities that use simulation to promote equality, diversity and inclusivity.

## Why is interprofessional working so important?

Although the dental team itself is small, our patients see a wide range of healthcare providers throughout their lives – including pharmacists, occupational therapists, doctors and

NIMDTA's bespoke Simulation Suite, which opened in 2021

Hannelie Edgar  
with Nicola Shanks,  
Dental Advisor  
for Simulation  
and Quality



## HUMAN FACTORS SIMULATION FOCUSES ON NON-TECHNICAL SKILLS LIKE COMMUNICATION, TEAMWORK AND DECISION-MAKING

nurses. Dentists need to be aware of the role of other disciplines and how to work collaboratively to deliver the best care for each person. In recognition of the importance of interprofessional collaboration, QUB opened a state-of-the-art centre for interprofessional simulation in 2021, the KN Cheung SK Chin InterSim Centre.

## How can simulation promote inclusive care?

Human factors simulation focuses on non-technical skills like communication, teamwork and decision-making. One of our simulations explored age-related physical changes and how this impacts an individual's ability to access and receive care. Students wore ageing suits with restricted joint movement, weighted vests to mimic physical fatigue, visual impairment glasses and sound-reducing headphones. They then had to collect their prescription from the simulated pharmacy and sort out their tablets for the next day. This simulation really opened their eyes to the barriers older adults can face and empowered them to implement reasonable adjustments to promote inclusive care.

## Have you worked with artificial intelligence (AI)?

Yes, at QUB we have developed and piloted an AI-generated virtual patient that students can interact with to practise their communication and history-taking skills. This has been a great addition

to traditional communication skills training with actors, offering students more opportunities to practise without placing the same demands on staff and resources.

## What was the highlight of your year as Dental Simulation Fellow?

It has been a fantastic year and I am incredibly grateful to my project supervisors in NIMDTA and QUB for their support. The highlight was presenting my work at the Society for Simulation in Europe Conference in Valencia in June. This was a brilliant opportunity to put Northern Ireland on the map for excellence in simulation-based dental training.

## Any final thoughts?

This year has highlighted how simulation in dentistry is becoming a dynamic tool for transforming healthcare education. By integrating virtual reality, haptics, AI and interprofessional learning, we are preparing future dental professionals not only to treat patients, but to communicate effectively, think critically and provide care that is inclusive and person-centred. Dental simulation is evolving beyond plastic teeth and manikins; it is shaping a new, more collaborative future for dental training.

For more information, get in touch via [dentalcourses.nimdt@hscni.net](mailto:dentalcourses.nimdt@hscni.net) or by visiting [www.nimdt.gov.uk/dental-training](http://www.nimdt.gov.uk/dental-training)





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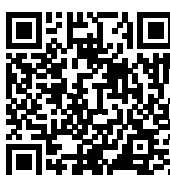
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# CONFLICT PREVENTION

PATIENT FOCUS

WORDS

DR BRENDAN FLANAGAN, BDS,  
NUI, MGDS, RCSI (RETIRED)

# IN THE PRACTICE OF DENTISTRY

*After 46 years in dentistry, I have come to believe that conflict prevention is even more important than conflict resolution*

**W**hile lectures and seminars on resolving complaints are valuable, much of the stress and difficulty in clinical practice can be avoided altogether through a proactive, patient-focused approach.

This article outlines key principles that help reduce conflict in everyday dental practice – especially for younger dentists still navigating their early years.

## The foundations of a harmonious practice

Success in dentistry hinges on three interconnected pillars:

- Technical skill, which improves with deliberate practice.
- Lifelong learning, to keep pace with evolving techniques and standards.
- Trust and communication, which are essential in managing expectations.

Let's explore these further.

### 1 Know your limits

With experience, your hands will become more skilled, but what matters most is knowing the limits of those skills. Recognising when a case exceeds your capabilities and referring appropriately is not a weakness; it is professionalism. It also prevents stress and potential complaints.

### 2 Stay current

The pace of change in dentistry has been extraordinary. Without continuing professional development (CPD), it is easy to fall behind. I have encountered dentists who, through no ill intent, use techniques long outdated.

Throughout my career, I made CPD a priority; attending courses across Europe and the US, developing special interests in restorative and implant dentistry. The knowledge gained allowed me to confidently place and restore hundreds of implants. More importantly, it kept my care relevant, evidence-based and safe.

### 3 Communication and emotional intelligence

Dentistry is about people as much as it is about teeth. Success depends on how well we connect with our patients, manage their emotions and set realistic expectations.

One of the most influential books I read was *Emotional Intelligence* by Daniel Goleman. His five key competencies – self-awareness, self-regulation, empathy, motivation and social skills – are all vital for patient care. A line that stuck with me was: “When you're managing patients, you're managing emotions. But the most important emotions to manage are your own.”

### From first visit to final follow-up

Your relationship with a patient begins at the first appointment. That short encounter sets the tone. Two patients with identical dental needs may require entirely different treatment plans – based not only on clinical factors but also on preferences, finances and previous experiences.

Explaining treatment options in clear, non-technical language helps patients make informed decisions. It also reduces the risk of dissatisfaction. Consent should never be rushed. For significant treatment, I always reviewed consent forms chairside with the patient.

Patients also need to understand the limits of treatment and the risks – restorations have a life span.

### Planning for the long term

After complex treatment, patients often leave delighted. But I always scheduled a follow-up visit, which served several purposes:

- Reinforce aftercare advice.
- Reframe expectations from short-term success to long-term maintenance.
- Discuss what might go wrong – and how easily it can be managed.

For example, if an implant crown loosens years later, it should be no surprise. I designed restorations with maintenance in mind, using screw access holes where possible or temporary cements to allow for retrievability.

### Handling problems when they arise

Even with the best care, complications occur. When they do, honesty is essential. Stop, assess and inform the patient. Thankfully, dentistry is rarely a life-or-death matter – there is almost always a solution. What patients remember is how you handled the problem.

In the few cases where issues arose, Dental Protection provided excellent support. Taking early responsibility and communicating openly goes a long way in preserving trust.

### Final thoughts

Most dental ‘failures’ are not clinical but communication failures. Patients were not adequately informed of the natural wear and tear, or of risks that were entirely foreseeable.

By combining technical proficiency, up-to-date knowledge, emotional intelligence and clear communication, conflict becomes far less likely. These are not soft skills – they are core clinical competencies.

Never underestimate the value of empathy, transparency and preparation. A great dentist does more than deliver treatment. They build relationships and trust. Here are some books and resources related to this subject which you may find interesting:

*Emotional Intelligence* by Daniel Goleman  
A foundational work exploring how understanding and managing emotions can improve personal and professional relationships, including those in healthcare settings.

[www.amazon.co.uk/Emotional-Intelligence-Daniel-P-Goleman/dp/055338371X](http://www.amazon.co.uk/Emotional-Intelligence-Daniel-P-Goleman/dp/055338371X) and  
<https://www.amazon.ie/Emotional-Intelligence-Matter-More-Than/dp/055338371X/>

*The Fearful Dental Patient: A Guide to Understanding and Managing* edited by Arthur A. Weiner

An essential guide tailored for dental professionals to better understand and care for anxious or fearful patients.

[onlinelibrary.wiley.com/doi/book/10.1002/9781118788929](http://onlinelibrary.wiley.com/doi/book/10.1002/9781118788929)

Tools such as the Communication Assessment Tool (CAT) can also be used to assess interpersonal communication from the patient's perspective, helping to identify areas for improved trust and understanding in the dental setting.





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- High quality – through our Signature Smile stents, your dentist can faithfully reproduce your new smile design into your mouth
- Inexpensive – compared to porcelain restorations, Signature Smile can give you results similar to porcelain veneers for a fraction of the price
- 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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# Restoring a full arch in just three hours

Dr Henry Cairns presents a recent full arch rehabilitation utilising cutting-edge digital solutions to elevate the final result and significantly reduce treatment time.

## Patient presentation

A 71-year-old male patient was referred by another dentist in the practice. His chief complaint was a lack of remaining teeth in the upper arch and he expressed sincere dislike of their appearance. The patient was initially seeking a fixed upper solution, although discussion was also had about improving the lower teeth too at a later date.

## Clinical assessment

A full assessment was conducted to evaluate the treatment options available. There were six teeth remaining in the upper arch, although most were broken or fractured with poor prognoses. This indicated full arch rehabilitation.

A full suite of clinical photographs, intraoral scans and a CT scan were taken. The option of either a removable or implant-retained denture was discussed in detail with the patient, who favoured a fixed solution.

## A digital planning workflow

At Clyde Munro, clinicians have access to the CHROME GuidedSmile workflow, which is designed to increase efficiencies and save time during the implant treatment planning process.

For this case, the scans were uploaded to the software and the ideal implant positions, depths and angles were identified. The laboratory also



The patient had several missing teeth

produced a smile simulation, which afforded the patient the benefit of seeing what his smile may look like post-treatment.

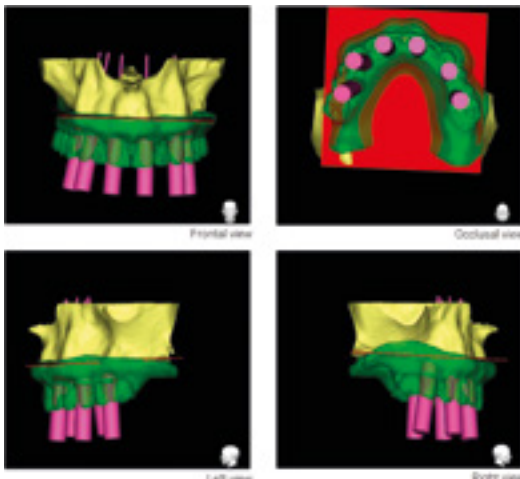
With the patient's informed consent, the treatment plan was approved and a series of stackable guides were designed and fabricated, providing a framework to follow for the surgery. This would involve the placement of six implants in the upper arch, fitted with an implant-retained full arch prosthesis.

## Restoring the smile in a day

On the day of treatment, the procedure was once again outlined for the patient. Local anaesthetic was administered

to the upper arch and a full thickness flap was raised. The CHROME GuidedSmile base guide was placed in the mouth, over the teeth, and pinned into place.

The existing teeth were then extracted as atraumatically as possible. Bone reduction was also performed at this time, using the designated guide to facilitate the removal of hard tissue until the top of the bony structure was flat against the guide. Next in the sequence was the drilling guide, which was placed onto the existing framework. The osteotomies were created by drilling through the relevant guide to ensure accuracy.



Digital planning of implant placement



CHROME GuidedSmile guide in place





Six BTI Interna Narrow implants – including five 4mm x 11.5mm implants and one 4.25mm x 8.5mm – were then placed, once again through the guide to precisely achieve the predetermined positions, depths and angles.

The CHROME GuidedSmile drilling guide was then removed and replaced with the prosthetic guide. Two prosthetics are made as part of this workflow prior to the patient visiting for surgery; one is for the patient to wear home as a provisional and the other – known as the rapid appliance – is kept at the practice and used to fabricate the final restoration.

The temporary prosthetic was picked up through the relevant guide and tried in the mouth. With no immediate concerns presenting, the provisional is removed for suturing of the surgical

sites and replaced for the patient to leave with a full dentition. The patient was given standard post-operative instructions relating to oral hygiene and diet, and he was out of the door with an entirely new smile approximately three hours after arriving at the practice.

#### Outcome

A review was conducted two weeks later, during which the sutures were removed and the provisional restoration checked. Healing continued as expected and, upon review after four more months, the patient was ready for the final restoration.

The workflow was straightforward thanks to the CHROME GuidedSmile protocols. The rapid appliance was placed in the mouth and an analogue impression was taken of underneath

Post-operative temporary prosthesis



## THE TEMPORARY PROSTHETIC WAS PICKED UP THROUGH THE RELEVANT GUIDE AND TRIED IN THE MOUTH

the device to pick up the soft tissue contour post-healing. A bite registration was also taken at this time, before replacing the other provisional. These are the only conventional steps in an otherwise entirely digital workflow. The final prosthesis – a zirconia bridge – was fabricated and placed.

Treatment concluded with some composite build-ups on the lower teeth to optimise aesthetics and the patient was thrilled with the outcome.





## **FOR CLINICIANS MOVING INTO FULL ARCH CASES, GOOD COMMUNICATION WITH THE LAB IS CRUCIAL. IF THEY CAN BE INVOLVED FROM THE PLANNING PHASE, THIS WILL FACILITATE SMOOTHER WORKFLOWS FOR ALL AND BETTER OUTCOMES”**

### **Discussion points**

When moving into full arch rehabilitation, it is useful to follow a specific protocol such as the CHROME GuidedSmile workflow. It makes the process more predictable, without any surprises or unnecessary complications on the day of surgery. Every step is preplanned and the clinician need only work through the sequence of guides. This also reduces surgical time, which can otherwise be substantial for full arch cases, which benefits both patient and practitioner.

For clinicians moving into full arch cases, good communication with the lab is crucial. If they can be involved from the planning phase, this will facilitate smoother workflows for all and better outcomes. For any cases that are beyond your remit as a clinician, referral remains key.

**Contact Dr Henry Cairns at Torwood Dental Practice, Inverness, by emailing [Henry.Cairns@clydemunro dental.com](mailto:Henry.Cairns@clydemunro dental.com) or calling 01463 712772**

**Dr Henry Cairns graduated from the University of Dundee in 2016 as a Dental Therapist. He went on to study at the University of Aberdeen to become a Dentist and graduated in 2020. Henry has a diploma in Implant Dentistry and has a special interest in this field.**



## **SAVE THE DATE!**

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The Scottish Dental Show Braehead Arena, Glasgow.

To exhibit at the show contact Ann Craib on 0141 560 3021 or [ann@connectcommunications.co.uk](mailto:ann@connectcommunications.co.uk)

To speak as part of the education programme contact Will Peakin on 07718 477310 or [will@connectcommunications.co.uk](mailto:will@connectcommunications.co.uk)

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Level 7 diploma in implant dentistry could open  
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## MAY/JUNE 2026

The Level 7 Dental Implant Diploma provides the discipline and expertise required to build the procedural skills, competence and ethical practices needed to perform in the region of 40-50 implants per year.

Dr Ali and his team is committed to ensuring delegates who take this diploma achieve this goal.

The course represents 290 hours of verified CPD and includes:

- › CBCT Masterclass I & II.
  - › Practical soft tissue grafting and implants masterclass.
  - › DTX planning software.
  - › Surgical principles masterclass.
- And more ...

**T**he only Level 7 postgraduate Dental Implant Diploma to be offered in Ireland launches in May/June 2026. The course offers several advantages, not least elimination of the cost and inconvenience of travelling a long distance to gain the qualification.

The diploma has been developed by Dr Tariq Ali and his team at the Centre for Implant Dentistry in Glasgow. It has been offering its highly regarded courses on implantology and the restorative aspects of implant dentistry, training hundreds of dentists in Scotland, for several years.

Dr Ali is a recognised leader in his field, providing cutting-edge solutions for patients faced with edentulism, from single implants to complex full-arch treatments, as well as being a teacher and mentor to dentists across the country. The diploma will be conducted by Dr Ali and his team, including Dr Jimmy Makdissi and Dr Hatem Algraftee.

"The course will provide the discipline and expertise required to build the procedural skills, competence and ethical practices needed to perform in the region of 40-50 implants per year and we are committed to ensuring delegates who take our diploma achieve this goal," said Dr Ali. He added: "Our implant diploma has been designed entirely with this in mind, with a pedigree of exceptional quality teaching together with hands-on practical masterclass and surgery on patients that delegates have selected and planned

**“OUR AIM IS TO CREATE AND NURTURE A BODY OF DENTAL PROFESSIONALS INSTILLED WITH A CORE ETHIC THAT PUTS THEIR PATIENTS’ BEST INTERESTS AS PARAMOUNT AT ALL TIMES”**

themselves. "Following this, delegates will be able to advance their development in implant dentistry. Our aim is to create and nurture a body of dental professionals instilled with a core ethic that puts their patients' best interests as paramount at all times." The course comprises five dedicated units, including CBCT Levels One and Two, with training undertaken at venues across Ireland. In addition to the tuition, one week of mentoring during unit three will be conducted in practice with Dr Ali in Glasgow. A comprehensive reading list and a list of prescribed texts to be purchased will be provided for each unit once you have registered for the diploma. To meet the diploma's standards of competence, candidates will be assessed on an ongoing

basis. The main component of this will be a case presentation involving all aspects of implant care for the candidate's patient. Candidates will be assessed on this case at the end of the course. The Centre for Implant Dentistry is EduQual approved and the diploma is EduQual accredited. The diploma, which costs 12,450 Euros, comprises five units over approximately 13 days (meals included) and one week mentoring with Dr Ali (meal vouchers included). It includes a CBCT masterclass Levels I and II, plus DTX planning software (worth £2,995). Visit: [www.dentalimplantdiploma.com](http://www.dentalimplantdiploma.com) To register, scan the QR code on p11.



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If you have articles – news, features, opinion, or clinical case studies – you would like to be considered for publication then please do get in touch. Direct all editorial enquiries to Will Peakin, by email at **[will@irelandsdentalmag.ie](mailto:will@irelandsdentalmag.ie)** or by phone +44 141 560 3019.

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# DENTAL PROFESSIONALS FEEL 'POSITIVE' ABOUT SECTOR, STUDY FINDS

Cathy Murphy shares an overview of Christie & Co's Dental Market Review 2025

**O**ur annual Dental Market Review 2025 launched in September, providing an in-depth overview of the UK dental market over the past 18 months. Here are some of the report's key takeaways.

## OWNERSHIP AND COMPOSITION

There are 12,344 dental practices across the UK, of which 340 are in Northern Ireland. When analysing these by ownership: 248 are owned by independent or dual-site operators (1-2 sites); 44 are owned by mid-sized and small groups (3-29 sites); 48 are owned by corporates and large groups (> 30 sites).

Over the past 18 months, the dental practice buyer landscape has undergone a notable shift. Independent operators and emerging dental groups have seized the opportunity created by softened corporate demand. With a focus on clinical continuity, long-term sustainability and strong local reputations, these buyers have successfully secured high-quality assets in what remains a competitive environment.

For many vendors, this new breed of buyer has proved highly attractive, offering not only competitive pricing but also a cultural and clinical fit that aligns with legacy-focused exit plans.

This cautious tone is giving way to a more balanced and dynamic market environment. The pool of active buyers is broader, more sophisticated and better capitalised. With the return of corporates alongside resilient independent buyers, we expect heightened activity and stronger competition for quality assets in the latter half of this year.

## DEMAND AND SUPPLY

In the first half of 2025, the overall number of offers from corporate/large groups halved compared with 2024, making up just 6% of deals, while independents accounted for 77% of offers. Across all buyer types, there is a sector-wide movement away from purely NHS dentistry and towards mixed and private practices.

Between H1 2023 and H1 2025, corporate buyers increasingly targeted private dental practices, reflecting a strategic shift towards higher-margin, consumer-driven models amid NHS funding challenges. Small and medium-sized groups also leaned



more towards private and mixed acquisitions.

While independent and first-time buyers initially preferred NHS practices, they began pivoting towards private models by 2025, driven by improved funding access and perceived stability. In 2024, 68% of accepted offers met or exceeded their asking prices, with 49% surpassing them, suggesting strong competition. Notably, 48% of offers not accepted were also at or above the asking price, which was likely due to multiple bids. Additionally, 74% of completed deals in 2024 involved independent operators, underscoring their active role in the evolving market landscape. The average time between offer accepted and exchange decreased to 201 days in 2024.

## SENTIMENT IN THE SECTOR

In June of this year we reached out to more than 38,000 dental professionals from across the UK to get their views on a range of topics. Key findings include:

- Overall, more feel positive or neutral about the sector than feel negative, wherein 73% of hygienist/therapists feel that is the case (reflecting the highest proportion), while 54% of others in the sector reflect the lowest proportion.
- 48% to 77% feel demand for NHS dentistry has increased, compared with 50% to 65% in 2024, suggesting that overall patient demand for NHS dentistry continues to increase year-on-year.
- 40% of respondents feel that demand has increased for high-end elective treatments. In 2024, 40% of respondents



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also felt the same. This would suggest that there is potentially an ongoing and continued easing in patients choosing to defer such treatments.

- It was felt that the greatest area of growth is likely to come through general dentistry (28% to 30%), with specialist services (24% to 26%) just marginally behind.
- The majority of respondents (86%) feel that digital dentistry is at the forefront of future growth. Some 90% of those respondents in the private operational segment feel this is the case, with 86% of those in the mixed segment and 63% of those in the NHS-focused segment.
- Almost half of the respondents (49%) feel that they are most likely to invest in new technology and equipment in the coming 12 to 24 months, while 29% of respondents say that recruiting additional staff is their next most likely investment.
- Overall, the largest potential influencers in decision-making are operational costs (29%), cash flow (24%) and recruitment and retention (24%). While in the main and across the mixed and private operational segments, those influencers are broadly in line, there is a clear differential from those who work or are involved in the NHS-led segment, where the largest influencer – at 34% – is felt likely to be recruitment and retention.

*For a free copy of Christie & Co's Dental Market Review 2025 or to find out more about the NI market, contact Cathy Murphy.*

# VINTAGE PRO

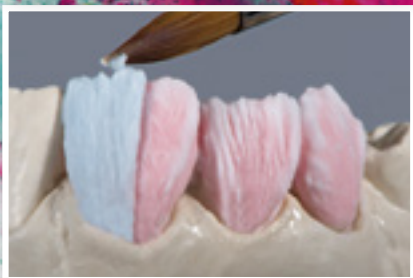


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# ZOOM! IN

## Sustainable packaging and comprehensive whitening guide launched



Teeth whitening continues to be the most popular aesthetic dental treatment and is a gateway to more extensive restorative aspirations. According to the Oral Health Foundation, nearly half (48%) of adults surveyed plan to whiten their teeth within the next year, 32% of the UK population expressed a desire for whiter teeth and 66% have actively considered treatment.

It therefore makes sound business sense to offer patients professional whitening as it allows practices to achieve a number of prospects; respond to a clear and growing patient demand, expand cosmetic and restorative provision, differentiate the practice with high-quality, aesthetic treatment options and strengthen patient satisfaction and loyalty. By proactively offering teeth whitening, practices can enhance both their treatment portfolio and their patient experience – and in doing so, stimulate business growth.

Philips' Zoom! Whitening has earned its reputation as a top-tier professional teeth whitening system by combining cutting-edge technology, scientific precision and patient-focused benefits. The company has announced that it has upped the ante and relaunched Zoom! Whitening with a new look and feel, dramatic whitening results and a new B1 shade guarantee.

### B1 PROMISE ANNOUNCEMENT AND NEW SUSTAINABILITY PLEDGE

Philips has also announced a B1 Shade Guarantee; if a patient follows the Philips Zoom! protocol and does not achieve a B1 shade (using its standard 6 syringe kit), then free syringes of whitening gel will be provided until the B1 shade is reached. This guarantee is a testament to the Philips Zoom!'s



consistency, effectiveness and clinical backing. Philips has also redesigned the Zoom! whitening packaging - which is now paper-based and fully recyclable. Philips' commitment to a sustainability and environmental strategy contains ambitious targets, processes and plans of action in the sustainable use of energy, emissions reduction and maintaining carbon neutrality.

Philips also launched a new Zoom! Playbook to offer dental professionals a comprehensive guide to teeth whitening. The look and feel of the guide, with its naturalistic lifestyle images, will be echoed in new advertising and in-practice materials – ensuring the contemporary product rebrand is reflected across all of the marketing content for Zoom! Whitening.

The handbook draws on the know-how of dozens of leading practitioners to implement whitening to its full potential, and illustrates the dramatic profit increases practices can achieve by offering it to patients. The free digital asset is designed to guide clinicians through every aspect of teeth whitening from understanding the science, to navigating the legal and ethical considerations of treatment. It's a practical, evidence-based resource which ensures that all team members have the essential knowledge to implement whitening effectively and confidently within their scope of practice.

It includes detailed protocols and visual diagrams and suggested treatment workflows, providing clear guidance on selecting the best approach for each patient. The digital handbook covers everything from contraindications and suitability screening to sensitivity management – it even includes photography guidelines and consent form templates.



### PROFESSIONAL EXPERTISE

Philips has collaborated with respected whitening experts to create the guide. "The Zoom! educational package is incredibly valuable for many people within the dental practice, especially those new to whitening," said Dr Alif Moosajee, of Oakdale Dental. "For clinicians who are currently only doing a few whitening cases a month, the package will also help them grow their business. It will help people think outside the box. Patients will end up with a far better treatment outcome while practices will be able to add more value, and consequently generate more revenue, so it is a win-win for everyone."

Megan Fairhall, hygienist and teeth whitening course provider, added: "This document serves as a comprehensive reference for all things related to teeth whitening. Its purpose is to support dental professionals in maximising the potential of Philips Zoom!, helping them understand how it benefits their patients, enhances staff knowledge and drives practice growth".

Contact [dental.clinical.support@philips.com](mailto:dental.clinical.support@philips.com) to receive a complimentary Zoom! Education Guide.



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