

THE MAGAZINE FOR DENTAL PROFESSIONALS IN IRELAND

*Ireland's*

# Dental

SPRING 2026

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## A NEW ERA

Ireland puts Continuing Professional Development for dentists on a statutory footing, p18-19

**Plus:** AI — why supporting humans is the opportunity and replacing them is hype, p14

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1 year, 6 issue subscriptions: UK £48; overseas £65; students £25. Back issues: £5, subject to availability.

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expressed in the magazine. ISSN 2043-8060 *Ireland's Dental* magazine is designed and published by Connect Publications (Scotland) Ltd Studio 4015, Mile End Paisley PA1 1JS

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\*Azeez, A. A., Sherif, S., & Franca, R. (2021). Statistical estimation of wear in permanent teeth: a systematic review. Dentistry Review, 1(1), 100001.



# A glimmer of hope

*Funding for additional college places represents  
a turning point for oral healthcare in Ireland*

**I**n February, James Lawless TD, Ireland's Minister for Further and Higher Education, announced a landmark €28.5 million investment to expand the country's healthcare training capacity. The initiative aims to create more than 1,000 additional college places annually for the next three years across a spectrum of disciplines. While the announcement covers medicine, nursing and pharmacy, for the dental profession it marks a long overdue turning point for oral healthcare in Ireland.

For many years, the Irish dental sector has been navigating a perfect storm of population growth and a stagnant domestic training pipeline. The number of dentistry places for Irish and EU students in University College Cork (UCC) and Trinity College Dublin (TCD) has remained virtually unchanged for more than two decades.

High-achieving Irish students were frequently forced to study abroad, often in Eastern Europe, with many never returning to practice in Ireland. Dental schools became heavily reliant on international students, who pay significantly higher fees, to subsidise the cost of education.

While this kept the schools afloat, these graduates often returned to their home countries, leaving the Irish workforce depleted.

The Irish Dental Association (IDA) has consistently warned that a lack of dentists has led to a collapse in the medical card (DTSS) scheme and massive backlogs in school screening services, where more than 100,000 children missed appointments in 2024 alone.

The funding package is designed to break this cycle by fundamentally shifting the capacity of Irish universities to produce homegrown talent. The investment supports a 27% increase in overall annual training capacity.

For dentistry, this includes bolstering the newly established Bachelor of Dental Surgery at the Royal College of Surgeons in Ireland (RCSI), which admitted its first cohort in late 2025. This move alone adds approximately 20 to 30 Irish/EU places annually, with a goal of producing 75 graduates per year once fully operational.

A significant portion of the funding is earmarked for clinical partnerships and infrastructure. By aligning university expansion with the HSE's clinical placement capacity, the Government is ensuring that students are not just sitting in lecture halls



**HIGH-ACHIEVING IRISH STUDENTS  
WERE FREQUENTLY FORCED TO STUDY  
ABROAD, OFTEN IN EASTERN EUROPE"**

but are gaining the hands-on experience required to enter the workforce ready to practice. This includes ongoing discussions for a new dental outreach centre at UCC, which would move training into primary care settings.

The investment also focuses on alternative pathways beyond the traditional Central Applications Office points system. By diversifying how students enter the profession, the Government aims to create a more resilient and representative workforce that is more likely to remain in Ireland and serve local communities.

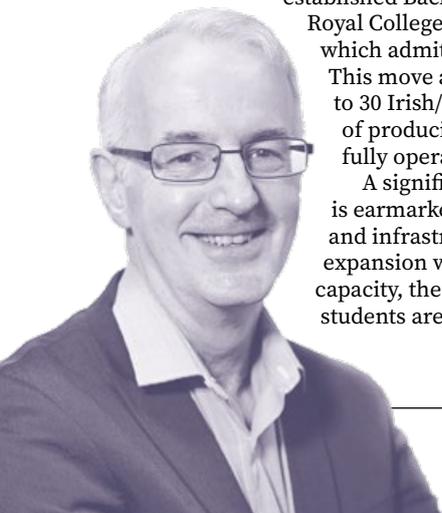
While the dental profession has largely welcomed the €28.5 million injection, it is viewed as the first step on a much longer journey. The IDA and other stakeholders have pointed out that the funding deficit in Irish dentistry, estimated at hundreds of millions over the last decade, cannot be erased by a single budgetary cycle.

## The road ahead

For the dental profession, the success of this investment will be measured by retention. Training 1,000-plus more healthcare professionals is a hollow victory if the working conditions in the public and private sectors continue to drive them toward more lucrative markets in the UK, Australia or North America.

To truly benefit from this €28.5 million boost, the Government must pair educational expansion with a modernised Dental Act (the introduction of statutory Continuing Professional Development, as featured in our cover story, is the first change in 40 years) and a reformed contract for public dental services.

Only then can it be ensured that new graduates find a profession that is as sustainable as it is rewarding. The investment is a signal that the Government recognises the gravity of the healthcare workforce crisis. For the dentists of tomorrow, the door is finally opening wider; for the patients of today, it offers the first real glimmer of hope for a more accessible, well-staffed future.



## Professionalism: what patients notice when you're not looking

**P**rofessionalism in dentistry is often described in policies, standards and codes of conduct. Yet in daily practice, it shows itself in quieter, more practical ways: how a patient is greeted, how a concern is handled when the book is full, how uncertainty is explained, or how a team responds when something does not go to plan. Patients may never read a professional framework, but they are remarkably good at recognising professionalism when they experience it. They feel it in consistency, clarity, fairness and respect. In that sense, professionalism is not theoretical – it is behavioural, visible and renewed with every patient encounter.

### Beyond appearance and etiquette

There was a time when professionalism was equated with appearance, punctuality and orderly records. These still matter – but modern dental professionalism goes much further. It includes ethical judgement, communication skill, reflective practice, leadership behaviour and accountability for outcomes. The Dental Council of Ireland's Code of Practice makes this explicit. Dentists are required to: Put patients' interests first; Communicate effectively; Obtain valid consent; Maintain competence through continuing professional development; Work safely within their scope; Raise concerns where patient safety may be at risk. These are not abstract duties – they are daily decisions. Every treatment discussion, every explanation of risk, every referral made (or delayed) is a professionalism moment. Professionalism is therefore not only how we look – it is how we decide.

### Professionalism mapped to recognised frameworks

When we step back, we can see that dental professionalism aligns closely with established healthcare frameworks. In the CanMEDS model, the Professional role includes ethical practice, high personal standards, responsibility to patients and society, and commitment to self-regulation. Dentistry mirrors this through regulatory compliance, ethical care, and maintenance of competence. The CanMEDS Communicator and Collaborator roles also overlap directly with Dental Council expectations around clear patient communication and effective teamwork. Similarly, the NHS Healthcare Leadership

Model highlights behaviours such as: Leading with care; Sharing the vision; Engaging the team; Evaluating information; Holding to account. These are not reserved for senior management. They are visible at chairside. A clinician who takes time to reassure an anxious patient, supports a colleague under pressure or pauses to review safety steps before proceeding is demonstrating leadership in its most practical form. Professionalism and leadership, in reality, are close relatives.

### Trust is built in small moments

Research consistently shows that patient trust depends less on perceived technical skill – which patients tend to assume – and more on interpersonal conduct: honesty, empathy, reliability and clarity (Hall et al., 2002). That aligns directly with Dental Council of Ireland standards on respect, dignity and truthfulness in patient communication. Trust is strengthened when: Options are explained clearly; Limitations are admitted honestly; Costs are transparent; Questions are welcomed; Consent is treated as a process, not a signature. It is weakened by haste, defensiveness or inconsistency. Professionalism is tested most when circumstances are difficult – when a procedure runs over, when outcomes are not ideal or when expectations diverge. The Dental Council's guidance on complaints and patient safety emphasises openness, timely response and learning – all markers of a mature professional culture. Evidence from patient-safety research shows that transparent communication after adverse events reduces escalation.

### From values to measurement

Professionalism is value-driven – but it should not be immune to measurement. This is where audit and quality-improvement cycles are especially useful. They convert professional intention into observable behaviour. Practical examples in dental settings include auditing: Completeness and clarity of consent records; Documentation of risk discussion; Recall and follow-up compliance; CPD completion aligned to scope of practice; Response times and themes in patient complaints; Patient-reported experience of communication and respect. The audit cycle – define the standard, measure practice, implement change, re-measure – reinforces professionalism as an active process. This directly supports Dental Council requirements for competence maintenance and safe systems of care, while also mapping to the CanMEDS Scholar role and NHS improvement domains. Professionalism improves when it is examined – not assumed.

Full article with references at [www.irelandsdentalmag.ie/word-of-mouth-spring](http://www.irelandsdentalmag.ie/word-of-mouth-spring)





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# Dental Council welcomes statutory dental competence

*First change to the Dentists Act since it came into force 40 years ago*

**THE** Government has approved policy proposals from the Minister for Health, Jennifer Carroll MacNeill TD, to amend the Dentists Act 1985 to introduce statutory CPD obligations for dentists.

The changes will provide a new framework for the obligations and powers of dentists, the regulator and employers. The changes are intended to recognise and support dentists in their commitment to ethical obligations and lifelong professional development.

The Dental Council said it “warmly welcomes” the Minister for Health’s commitment to legislate to put ongoing dental competence on a statutory footing. This is the first dentistry-related change to the Dentists Act since it came into force 40 years ago. The minister said that “this reform is vital for patient safety, professional excellence and public trust”.

A spokesperson said: “The Dental Council has been calling for this change and it brings dentistry in line with the other regulated healthcare professions in Ireland and with dentistry worldwide. This is the first of, hopefully, a number of other amendments to the Act before a completely revised Act is brought forward.

“The Dental Council’s vision is that the scheme must apply equally to all dentists. It should also allow dentists to consider their development requirements based on the nature and complexity of dentistry they currently practice, their previous training, their vision for how they wish to develop their professional practice and, crucially, their patients’ safety and needs.”

**A new era, page 18-19.**



## App to manage TMD disorders

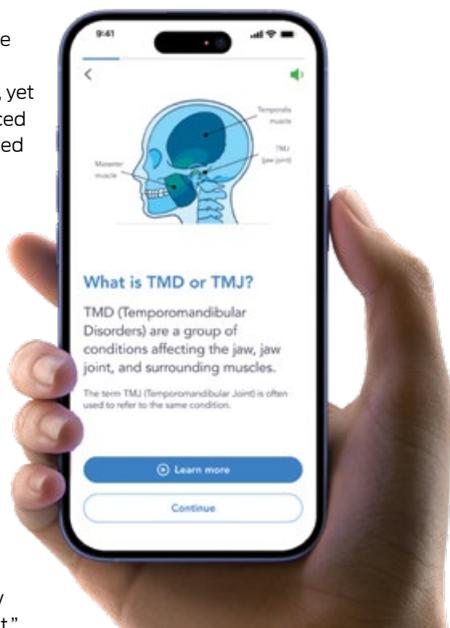
**AN** application has been developed that allows people suffering from temporomandibular disorders (TMDs) to explore their symptoms, and contributing factors, and receive a tailored self-management plan.

A team at Newcastle University has helped develop JawSpace ([www.jawspace.com](http://www.jawspace.com)), an app that provides research-based self-management guidance to help users understand jaw and facial discomfort, including common symptoms like jaw clicking or headaches.

Justin Durham, Professor of Orofacial Pain at Newcastle University, said: “TMDs affect millions of people worldwide, yet for decades patients have faced a frustrating reality; fragmented care, inconsistent advice and a lack of practical support between clinic visits.

“Our research has shown time and again that self-management is not just helpful, it is the cornerstone of effective treatment. But evidence alone isn’t enough. Patients need tools that translate that science into something usable, accessible and empowering in their daily lives.

“That’s why JawSpace is so exciting as it represents a genuine step change in how we support self-management.”



## NI dentists win faster pay deal

*BDA intervention has resulted in accelerated payments*



**GENERAL** Dental Practitioners (GDPs) across Northern Ireland will receive their backdated pay months earlier than expected following a successful push to overhaul the payment schedule.

Mike Nesbitt, Northern Ireland’s Minister of Health, has moved to fast-track the Review Body on Doctors’ and Dentists’ Remuneration (DDRDB) arrears. The move comes after the British Dental Association voiced sharp criticism over bureaucratic delays that threatened to push payments back to as late as July.

Under the revised instructions issued to the Business Services Organisation (BSO), the payment rollout will now begin this spring:

- › March: First stage of arrears payments to be issued.
- › April – June: Remaining balance to be settled.

The Minister has ordered a full review of how pay uplifts are handled. Officials are now tasked with streamlining the system to ensure that when future pay rises are announced, there is no administrative lag in receiving money.

“The Minister has committed his officials to working with BSO to support clear and timely communication with the profession,” a Government statement confirmed, noting that the goal is to make future payments at the “earliest practicable opportunity”.

The timing is critical as the 2026-27 DDRB report is expected to be published in early March.

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## 3D AI: the future of childhood tooth decay detection

*Technology could pave the way for faster and more accessible care*



**CUTTING-EDGE** 3D AI technology can identify early childhood tooth decay as accurately as visual exams, paving the way for significantly faster and more accessible care, according to a new study.

The research, led by the Murdoch Children's Research Institute (MCRI) and the University of Melbourne, has shown how a scanner – resembling an enlarged electric toothbrush – paired with AI-assisted software, provides a thorough picture of children's dental health within minutes.

The hand-held, wireless intraoral scanner (IOS) shines a fluorescence light onto the teeth and gums and a tiny camera records how that light reflects. AI software then pieces the images together to create a detailed 3D model of the mouth. The images can be saved and reviewed either in person or remotely.

The study involved 216 children, aged five, recruited from the Melbourne Infant

Study: BCG for Allergy and Infection Reduction (MIS BAIR). The researchers compared their traditional dental exams against the enhanced technology. The research, published in *JMIR Public Health and Surveillance*, found 38% of children showed signs of dental decay and 18% had enamel defects in both visual and digital scans.

Associate Professor Mihiri Silva said the findings would fill a significant knowledge gap in paediatric dentistry. "It's crucial to examine baby teeth as they are a key predictor of future health outcomes.

"Visual examinations are the gold standard in dental care, but we need to find new ways to better detect tooth decay as soon as early signs of decay occur. We wanted to test this 3D technology in children because digital images can open up more tools to prevent decay and monitor changes in plaque build-up."

## Root canal treatment reduces heart disease and diabetes risk

**SUCCESSFUL** root canal treatment could reduce inflammation linked to heart disease and improve levels of blood sugar and cholesterol, according to a study.

In the first of its kind research, a clinical study by King's College London tracked changes in blood chemistry following root canal treatment for a common dental infection (apical periodontitis). The infection can cause bacteria to enter the bloodstream and increase inflammation, associated with risks to cardiac health and reduced ability to control blood sugar levels. Despite the link between the infection and wider health impacts, the association between successful root canal treatment and the benefits to heart and metabolic health had not been investigated until now. The team discovered that successful root canal treatment was associated with:

- › **Improved glucose metabolism:** Blood sugar levels dropped significantly over two years after treatment, a key factor in preventing diabetes
- › **Better lipid profiles:** Short-term improvements in blood cholesterol and fatty acid levels, which are closely linked to heart health
- › **Reduced inflammation:** Key markers of inflammation, often linked to cardiovascular risk and other chronic conditions, decreased over time
- › **Oral bacteria linked to body-wide effects:** Bacteria from infected teeth were associated with changes in the body's overall metabolism.

The findings suggest that monitoring blood metabolic markers, such as glucose, fats known as triglycerides and the protein tryptophan could help assess recovery and risk after dental treatment.

## Higher maternal vitamin D linked to lower childhood tooth decay

**MOTHERS** with higher levels of vitamin D align with lower odds of early childhood caries in their children, according to a study. The findings suggest that Vitamin D supplementation before conception or during pregnancy has the potential to lower the risk and severity of childhood tooth decay.

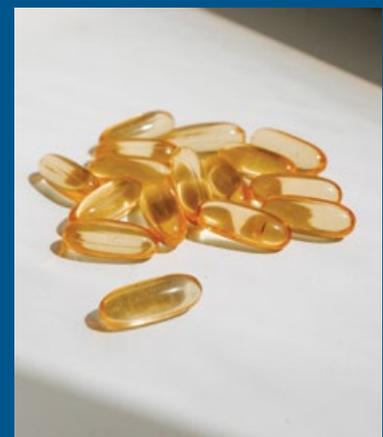
In the study, *Vitamin D Levels During Pregnancy and Dental Caries in Offspring*, published in *JAMA Network Open*, researchers tracked maternal 25-hydroxyvitamin D across pregnancy to evaluate links with early childhood caries in children. They analysed data from 4,109 mother-child pairs enrolled in the long-running Zhoushan Pregnant Women Cohort between 2011 and 2021.

Participants were followed from early pregnancy through their children's early years, with maternal blood samples taken in all three trimesters to measure concentrations of 25-hydroxyvitamin D, the standard marker of vitamin D status. Children were monitored for signs of early childhood caries (ECC), including the number of decayed, missing or filled primary teeth.

Higher maternal vitamin D levels across pregnancy aligned with lower odds of early childhood caries in offspring, suggesting supplementation before conception or during pregnancy as a potential lever for lowering the risk and severity of childhood tooth decay.

The study said that mid-to-late pregnancy stood out as a window where higher vitamin D levels had the strongest correlation with fewer childhood caries and less decayed, missing or filled primary teeth.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2842164>





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## Dr Jordi Marques Guasch

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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.

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# Researchers create detailed map of periodontitis

*It opens the door to more targeted and transformative treatments*

**RESEARCHERS** are using cutting-edge technology to map every cell in the gums, opening the door to more targeted and transformative treatments.

The research was led by Vitor C. M. Neves, Senior Clinical Lecturer at the University of Sheffield, in collaboration with Wentan Zhu from the Karolinska Institute and Cheng Zhang from King's College London. Their paper<sup>1</sup> is published in the *Journal of Clinical Periodontology*.

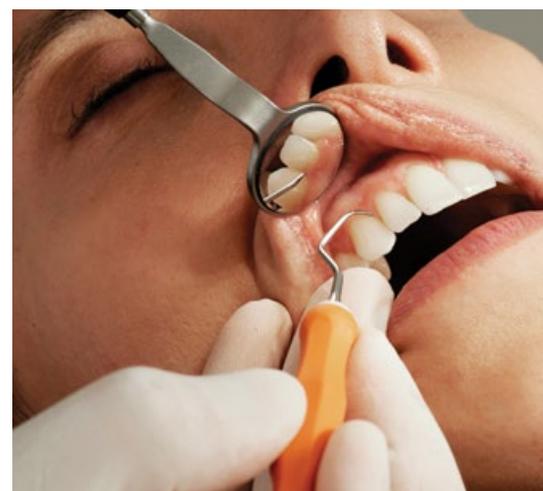
To understand how diseases develop, researchers look for the biological changes that occur as tissue moves from healthy to diseased. This new research focuses on the periodontium, the tissues that support the teeth, including the gums and ligaments.

In their study, the team used an advanced computer-based approach known as single-cell RNA sequencing

(scRNA-seq). It allows researchers to map every individual cell in a tissue and identify which genes are switched on inside each one, providing a detailed picture of how gum tissues change as periodontitis becomes established.

By applying this approach to both healthy and diseased human periodontal tissues, the researchers generated a high-resolution cellular map of gum disease. The findings show that the gingiva, or gums, contribute the largest number of cells in an intermediate state between healthy tissue and diseased granulation tissue. This suggests that targeting specific gum cell populations could help slow or prevent disease progression.

The team also identified a previously unknown vascular stem cell population marked by the gene NOTCH3, found exclusively in diseased tissue. These cells



appear to be attempting to regenerate bone in areas where it has been lost. However, the study suggests that fibroblasts, cells normally involved in tissue repair, may disrupt this regenerative process, redirecting healing responses towards the formation of diseased tissue rather than bone.

In the long term, therapies based on targeting specific cell populations or pathways, such as the Notch signalling pathway, could significantly advance periodontal disease management.

<sup>1</sup>[onlinelibrary.wiley.com/doi/10.1111/jcpe.70048](https://onlinelibrary.wiley.com/doi/10.1111/jcpe.70048)

## Perio federation welcomes WHO declaration

**THE** European Federation of Periodontology (EFP) has welcomed the adoption of the World Health Organization (WHO) declaration on noncommunicable diseases (NCDs) and mental health.

For the first time, oral health is explicitly embedded within a global political declaration on NCDs and mental health. The declaration reinforces the urgent need to move beyond siloed approaches to health care.

It reflects growing recognition that oral diseases affect billions of people worldwide, remain largely preventable, and are closely linked to other chronic conditions, including cardiovascular disease, diabetes and mental health disorders, through shared risk factors and social determinants.

Periodontal diseases, tooth loss and untreated oral infections continue to place a substantial burden on individuals, health systems and economies across Europe, particularly among older adults and socially disadvantaged populations.

The federation said that integrating oral health into primary health care, prevention strategies and universal health coverage is essential to achieving healthier ageing, reducing inequalities and improving quality of life. "The WHO declaration sends a powerful political signal that oral health can no longer be treated as an afterthought," said Spyros Vassilopoulos, the EFP's President.

"By placing oral health firmly within the global NCD and mental health agenda, governments acknowledge that healthy mouths are fundamental to healthy lives, healthy ageing and social inclusion. For Europe, this is an opportunity to accelerate integrated, prevention-oriented care that truly puts people at the centre."

## Faculty lecture series launches

**THE** Faculty of Dentistry RCSI has launched its Spring/Summer 2026 lecture series.

The series will be delivered face-to-face at the Royal College of Surgeons (RCSI). Its modules are open to all to attend free of charge and provide an excellent opportunity to meet, interact and share experiences with like-minded colleagues.

### Session 1 – 11 April

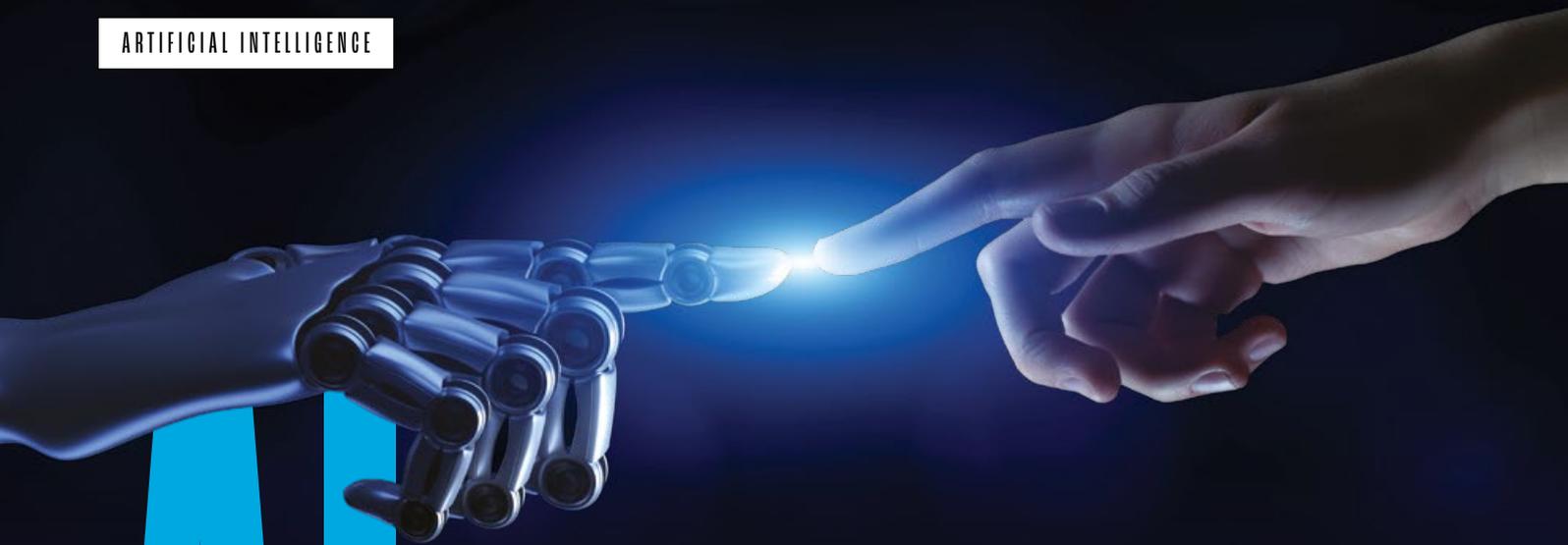
*Albert Lecture Theatre, RCSI*

Dr Aslam Alkadhimi (Use of TADs in Orthodontic Treatment of the Young Patient), Dr Aifric Ní Chaollai (Use of Inhalation Sedation in Children), Dr David Naughton (Periodontics and Systemic Disease in Children and Teenagers), Dr Johanna Glennon (How to Manage Permanent Incisor Trauma in Children) and Dr. Ambrish Roshan (Aesthetic Restorations in Children).

### Session 2 – 6 June

*Houston Lecture Theatre, RCSI*

Dr Segun Olujide (Combining Resin Infiltration and Microabrasion for White Spot Lesions), Dr Robyn Crowley (Managing Oral Health in Children with Severe Neurological Impairment), Dr Mary Collins (Open Wide – The Five Critical Skills to take Paediatric Dentists from Good to Great), Dr John Ed O'Connell (Rare Oral Cavity Cancers in Children) and Dr Amanda Willis (The Interface Between Systemic and Oral Disease in Children).



# AI IN DENTISTRY

*Why supporting humans is the real opportunity and replacing them is still hype*

**A**rtificial intelligence (AI) is no longer new to dentistry. What is new is the growing pressure to use AI as a replacement for people, front desks, phones and even parts of clinical communication. In an industry facing staffing shortages, burnout, and rising operational demands, this narrative can sound appealing.

But after working directly with dental teams to implement AI in real practices, one thing has become clear; replacing humans with AI is still hype. Supporting humans with AI is where the real opportunity lies. The practices

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DR KATHRYN  
ALDERMAN

seeing real, sustainable results today are not removing people; they are protecting them. Dentistry is, and will remain, a human profession. Right now, the hype is centred on replacement. The reality, and the opportunity, is support.

### The real problem AI should be solving

Dental teams are not struggling because they lack skill, compassion or commitment. They are struggling because they are overloaded. Front desks manage non-stop calls, insurance questions, scheduling complexities and patient emotions. Clinical teams balance diagnosis, documentation, patient education and time pressure. Dentists carry both clinical responsibility and leadership stress.

AI should not be viewed as a substitute for these roles. It should be viewed as infrastructure support; quietly absorbing repetitive, high-friction tasks so humans can focus on what only humans can do.

### Where AI truly works in dentistry today

The most successful AI implementations focus on clarity, consistency and capacity; not replacement. Take diagnostic AI in supporting clinical judgement. Clinical teams often do not have the time to educate patients as thoroughly as patients need, especially in fast-paced practice environments. AI-assisted imaging tools help bridge this gap by visually highlighting findings such as caries, bone loss and periodontal changes; saving time while improving clarity and communication.

Diagnostic AI improves consistency, reduces missed findings and makes problems easier for patients to understand by clearly showing what is wrong and what needs to be addressed. Practices using AI-assisted diagnostics see higher case acceptance because patients are more likely to trust – and act on – what they can clearly see.



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When used correctly, diagnostic AI strengthens trust both within the clinical team and with patients by aligning everyone around the same, objective information.

### AI for patient communication and case acceptance

Patients do not decline treatment because they do not care. They decline it because they do not fully understand it. AI tools, such as diagnostic AI, support visual explanations and standardised messaging helps to improve clarity and, most importantly, trust. This benefits dentists, assistants and coordinators alike by creating alignment and reducing repetitive explanations. AI simply helps to explain dentistry.

### Administrative support: the supportive impact of AI

Beyond diagnostics, one of the most meaningful ways AI supports dental teams is by relieving pressure around treatment planning and financial communication. Human teams often understand what needs to be done clinically, but time constraints can make it difficult to create clear, customised treatment plans and fee explanations at the pace patients need. AI provides a supportive structure by helping teams generate treatment plans more efficiently, calculate fees accurately and present information in a way that is easier for patients to follow.

Just as diagnostic AI supports patient understanding on the clinical side, financial conversations deserve the same level of care and clarity. Money and insurance details can be just as overwhelming, and emotionally charged, as clinical findings. AI helps by organising information, reducing errors and outlining next steps clearly; allowing the human team to stay focused on empathy, reassurance and trust.

When clinical education and financial communication are aligned, patients feel supported rather than rushed or pressured. Used thoughtfully, AI strengthens both sides of the conversation, helping patients understand their condition and their investment while keeping humans firmly at the centre of decision-making and relationships.

### AI receptionists: where the line must be drawn

AI receptionists are among the most overpromised tools in dentistry today, and when implemented incorrectly they can backfire



quickly; leading to frustrated patients, missed opportunities and dropped calls. At this stage, AI should not replace the front desk or serve as the primary handler of inbound calls during normal business hours. Patients expect a human connection when they call a dental office and the risk of dropped calls, poor handoffs or misunderstood requests remains too high.

### The right way to use AI receptionists

When used thoughtfully, AI receptionists can provide supportive coverage; not substitution. They work best if five things are followed:

- AI is used as an after-hours or non-business-hours coverage
- AI is used as an overflow support during unexpected call spikes
- AI is used as a safety net for missed calls
- AI identifies itself as an AI assistant when answering each call
- AI receptionist gives options to transfer to a human when available, leave a message or request a callback.

### Burnout reduction: the hidden win of AI

Burnout is not just about long hours; it is about constant interruptions, task-switching and the feeling of always being behind. AI helps reduce this strain by taking on repetitive tasks, improving workflow organisation and creating more predictability in daily operations. When teams feel supported rather than monitored, adoption increases and resistance fades. The most successful practices introduce AI with one clear message: "This is here to help you, not replace you."

### How practices should implement AI

I do not recommend adding AI everywhere, or all at once. Successful implementation starts

with clearly identifying the problem first. Begin by defining the specific pain point you are trying to solve and establish clear KPIs that allow you to say: "This is the problem." Whether it is time spent on treatment planning, patient understanding, call handling or workflow bottlenecks, you need measurable baselines before introducing any AI.

From there:

- Start where the team feels the most pressure
- Implement one AI solution at a time
- Give your team the time, training and support needed to adopt and adjust
- Re-measure the same KPIs to confirm whether the solution is delivering real results.

Only after a tool is fully adopted, understood and providing measurable value should you consider adding another AI solution. Throughout the process, keep humans in control of decisions and relationships. Measure time saved, clarity gained and stress reduced.

### About the author

Dr Kathryn Alderman, DDS, EMBA is a practising dentist, AI implementation expert and founder and CEO of Intelligent Care Alliance, where she helps dental practices integrate AI in practical, human-centred ways. With more than 20 years of experience spanning dentistry, business leadership and technology strategy, Dr Alderman focuses on moving practices beyond AI hype to real-world implementation that improves patient care, team satisfaction and operational clarity. She is also the author of *AI Advantage in Dentistry*, a practical guide for dental leaders seeking to understand how AI can strengthen – not replace – the human foundation of their practices. The book emphasises ethical adoption, strategic implementation and measurable outcomes, reinforcing a central belief: when AI is used to support people first, trust grows – and profitability follows.

[www.intelligentcarealliance.com](http://www.intelligentcarealliance.com)

## WHAT

*It could influence whether a dentist recommends low or high zinc-containing materials during treatment*

## ZINC CONCENTRATION

The distribution of natural zinc along and across teeth in three dimensions has been charted by a trio of German research institutions. Using complementary microscopy imaging techniques, the researchers found that as porosity in dentine increases towards the pulp, zinc concentration increases 5~10 fold<sup>1</sup>. They said the results help understand the influence of widely used zinc-containing biomaterials (e.g. filling) and could inspire improvements in dental medicine.

First, the team from Charité Berlin, TU Berlin and HZB made fine cuts in the teeth and examined them under a scanning electron microscope. The images revealed that the material between the individual tubules was almost perfectly homogeneous.

The team then examined the teeth using different dental and industrial 3D X-ray tomography systems to map their three-dimensional microstructure, in particular density.

As expected, tooth density decreases near the pulp, corresponding to an increase in tubules. These findings made it possible to model the material correctly and evaluate the experimental data from maps of micro-X-ray fluorescence spectroscopy.

The team recorded the signals from many elements, in particular calcium, phosphorus and zinc.

While calcium and phosphorus, both of which originate from the nanocrystals of dentine, are distributed evenly, they observed and quantified a very sharp increase in the zinc concentration from the outside to the inside, i.e. towards the pulp.

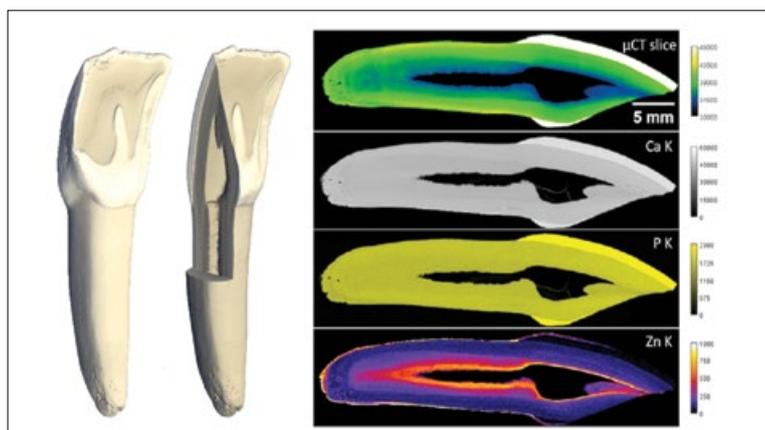
“These results are very helpful for the further improvement of dental care, for example whether the dentist should recommend low or high zinc containing materials during treatment,” said Professor Paul Zaslansky, of Charité Berlin.

In healthy teeth, zinc is enclosed in the dentine. However, contact with acids, whether through caries or through root canal treatment with zinc-containing pastes, could potentially chemically activate enzymes, with possible negative effects.

The study shows that zinc could serve as a good proxy to determining bony-material mineral density.

“Bone density is a huge concern for many patients; everyone knows that we want calcium and more minerals for bones to be strong.

## IN TEETH REVEALS



Micro-computer tomography of a complete tooth; the cross-section next to it shows internal structures. Top right: Micro-CT section of the same volume shows absorption. Below are intensity distributions of fluorescence measurements of calcium, phosphorus and zinc. While the main components calcium and phosphorus are distributed homogeneously, the zinc concentration increases towards the pulp.

“But maybe what we want is a good balance of micro porosity,” suggested Professor Zaslansky.

“We find, unexpectedly, that zinc can likely be used as a very sensitive measure of gradients in material density, which may change over the lifetime.

“Density is linked to mechanical competence of bony tissues, and should neither be too high or too low, to serve in the human body.

“With high sensitivity methods such as X-ray fluorescence, we may be able to take samples and monitor density changes with ageing, for example due to use of well-chosen dental fillings or oral pastes.”

The team used discarded cattle teeth as discarded human teeth are usually contaminated with zinc from treatment or toothpaste.

“Studies on human teeth are needed to confirm our bovine-tooth based hypothesis,” said Professor Zaslansky.

[onlinelibrary.wiley.com/doi/10.1002/VIW.20250173](https://onlinelibrary.wiley.com/doi/10.1002/VIW.20250173)

# A NEW ERA

*Introducing a statutory basis for Continuing Professional Development*

**I**n a significant shift for Ireland's dental profession, the government recently moved to bridge a four-decade legislative gap. Jennifer Carroll MacNeill TD, the Minister for Health, secured Cabinet approval to amend the Dentists Act 1985, introducing a statutory basis for mandatory Continuing Professional Development (CPD).

The legislative change marks a turning point for oral healthcare in Ireland, moving from an 'ethical obligation' to a legally enforceable standard.

It aligns dentistry with other healthcare professions regulated by CORU, Ireland's multi-profession health regulator, and Ireland's Medical Council, ensuring that the highest standards of clinical excellence are not just encouraged, but required by law.

Until now, the Dental Council of Ireland has operated under the 1985 Act, which lacked the explicit power to mandate CPD as a condition of registration.

While most dentists have voluntarily engaged in lifelong learning, the regulator's hands were effectively tied; they could only address professional stagnation after a Fitness to Practise complaint had already been lodged.

The new legislation seeks to change this reactive model to a proactive one.

By placing CPD on a statutory footing, the Dental Council can now:

- Monitor compliance regularly rather than waiting for an incident.

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WILL PEAKIN

- Audit practitioners to ensure they are keeping pace with modern clinical techniques.
- Intervene early when a practitioner falls behind, protecting patients before harm occurs.

Ms MacNeill emphasised that the reform was vital for public trust, noting that "our health system depends on professionals who are equipped with the latest knowledge and skills and who are working at the top of their training".

The amendment to the Dentists Act 1985 is more than a simple rule change; it is a fundamental shift in the regulatory framework governing dentists, dental nurses and auxiliary workers.

The legislation empowers the Dental Council to establish formal 'Professional Competence Schemes'.

Much like the systems used by the Medical Council, these schemes will require dentists to demonstrate active participation in educational activities to maintain their names on the Register.

Previously, the Dental Council's primary tool for enforcement was the disciplinary inquiry.

The new Bill allows for 'administrative oversight'.



**OUR HEALTH SYSTEM DEPENDS ON PROFESSIONALS WHO ARE WORKING AT THE TOP OF THEIR TRAINING"**

JENNIFER CARROLL MACNEILL TD



If a dentist fails to meet their CPD requirements, the Council can act, such as issuing directions or temporary suspension, without the need for a full, adversarial Fitness to Practise hearing.

The legislation is a core component of the National Oral Health Policy, *Smile agus Sláinte*. This policy aims to move Irish dentistry toward a preventative, community-based model.

To deliver this, the workforce must be proficient in modern preventative therapies and minimally invasive techniques that may not have been part of the curriculum when veteran dentists first graduated.

While the Dental Council has previously published interim guidance, the new statutory framework codifies these expectations into a clear structure. The requirements generally fall into a five-year cycle.

**Core topics: the safety essentials**

The legislation ensures that certain



through daily practice. This includes reading the *Journal of the Irish Dental Association*, peer review and activities focusing on the dentist's own wellbeing and mental health, acknowledging the high-stress nature of the profession.

The Irish Dental Association (IDA) has broadly welcomed the move, though not without caveats.

Dr Will Rymer, the IDA President, described the legislation as “long overdue”, noting that dentistry was “clearly out of step” with other regulated healthcare professions.

However, the IDA has also raised concerns about the broader context, including:

- The workforce crisis: Ireland faces a shortage of roughly 500 dentists. There is concern that increased regulatory burdens must be met with support to ensure dentists are not pushed out of the profession.
- The financial impact: The IDA has advocated that the scheme should be implemented without additional financial cost to the state or undue fees for practitioners.
- The ‘vocational gap’:

The Association is using this legislative window to push for a one-to-two-year vocational training programme for new graduates to bridge the gap between “competence and confidence”.

### Impacts on dental auxiliary workers

A crucial element of the new Bill is its reach beyond just dentists. Dental nurses, hygienists and technicians will also be brought under the statutory CPD umbrella.

This recognises the ‘team-based’ nature of modern dentistry. By ensuring the entire surgery team is updated on the latest health and safety protocols, the legislation provides a comprehensive safety net for the patient.

### Looking ahead

The Department of Health is currently drafting the General Scheme of the Bill.

Once passed by the Oireachtas, the Dental Council will begin a roll-out phase.

For practitioners, the message is clear; the era of voluntary CPD is ending.

The move toward a statutory basis is a maturation of the profession, providing a legal guarantee to every patient in Ireland that the person holding the drill is up to date with the latest science, safety and ethics of modern dentistry.

Category	Requirement (Typical 5-Year Cycle)	Description
<b>Total hours</b>	<b>250 hours</b>	The overall volume of learning required.
<b>Structured CPD</b>	<b>100 hours (minimum)</b>	Verifiable learning with clear aims, objectives and certificates.
<b>Self-directed</b>	<b>150 hours</b>	Reading, research and non-certified peer discussion.
<b>Core subjects</b>	<b>50 hours (part of structured)</b>	Critical areas such as Radiation Protection and Infection Control.

core areas are prioritised. These are non-negotiable and include:

- Medical emergencies: training beyond basic life support.
- Infection prevention and control: essential for post-pandemic practice.
- Radiation protection: ensuring x-ray safety and informatics (data management).
- Professional communication: handling complaints, ethics, and informed consent.
- Audit and governance: clinical

audit of one's own outcomes and practice management.

One of the nuances of the new legislation is the recognition of different types of learning. Structured CPD must have four hallmarks:

1. Concise educational aims and objectives.
2. Clear anticipated outcomes
3. Quality control (participant feedback).
4. Documentary proof of attendance.

Self-directed CPD is more flexible, recognising that dentists learn

# LOOKING FORWARD TO SEEING YOU



Registration for the Scottish Dental Show is open – get your free ticket now

**R**egistration for the Scottish Dental Show 2026 is now open. You can get your free ticket for the show – at Braehead Arena, Glasgow, on Friday 12 and Saturday 13 June – by registering at [sdshow.co.uk](http://sdshow.co.uk). With an education programme filled with GDC-recommended topics and an opportunity to earn up to 10 hours of verifiable CPD, plus demonstrations of hundreds of innovative products and services from our exhibitors, the Scottish Dental Show is an event not to be missed.

The wide-ranging education programme will feature engaging lectures and hands-on workshops. Sessions will cover GDC-recommended and highly recommended areas:

- Medical emergencies
- Disinfection and decontamination
- Radiography and radiation protection
- Legal and ethical issues
- Complaints handling
- Oral cancer: early detection
- Safeguarding children and vulnerable adults.

Other sessions will cover clinical expertise, wellbeing, sustainability and the business and finances of dentistry.

## A selection of confirmed speakers and topics

### Laura Wilson

Dental Educator, NHS Greater Glasgow and Clyde  
*Infection Prevention and Control: an update on current guidance in practice*

### Dr Christine Park

Professor of Clinical Paediatric Dentistry, Glasgow Dental Hospital and School  
*Safeguarding and child protection for dental teams*

### Emma O'Donnell

Clinical Senior Lecturer and Honorary Consultant in Special Care Dentistry, NHS Greater Glasgow and Clyde  
*Safeguarding vulnerable adults*

### Kirstyn Donaldson

Senior Clinical University

Lecturer and Honorary Consultant in Paediatric Dentistry, NHS Greater Glasgow and Clyde  
*Radiology: radiation protection update*

### Dr Lewis Olsson

Lead Trainer Glasgow Dental School  
*Oral Cancer: early detection*

### James Elliott

Regional Sales Director, Clark Dental  
*Six ways to improve your X-rays constantly*

### Simon Kidd

General Dental Practitioner, DDU  
*Intelligence without error? Navigating the risks of AI*

### Jenny Walker

Specialist in Restorative Dentistry and Prosthodontics, Glencairn Dental Group Practice  
*Team-Based Periodontal Management: from evidence to implementation*

### Agnieszka Nohawica

Breez by Bosco AI  
*Beyond the Notes: how AI can transform the dental workplace today*

### Dr Navid Saberi

Principal, Edinburgh Endodontist  
*Inside Out: the mysterious dental resorption*

### Joycee Rebelo

Committee Member, Orthodontic National Group  
*Improving Mouth*

*Cancer Management: the role of Orthodontic Therapists in detecting mouth cancer*

### Andrew McAllister

Photography Team Manager, NHS Greater Glasgow and Clyde

### Kirstie Walker

Medical Photographer, NHS Greater Glasgow and Clyde  
*Clinical Photography Training*

### Lauren Long

Hygienist and Therapist Clinical Director, Pain Free Dentistry Group  
*Air Polishing Essentials: powders, principles and practice*

### Dr Andrew McGregor

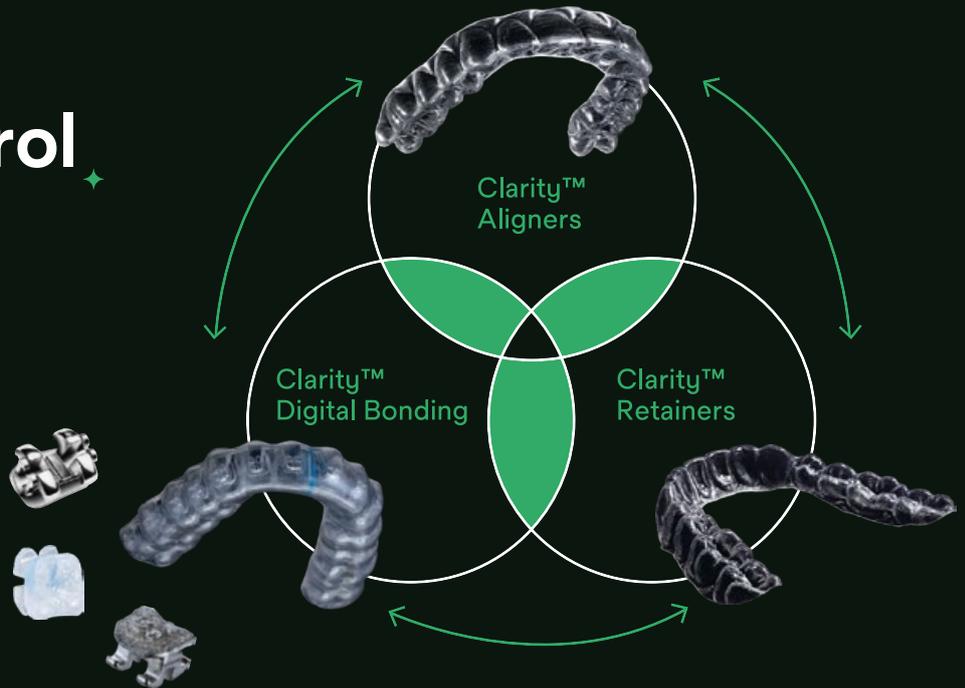
Principal, Park Orthodontics  
*Introducing A Simple, Cost-Effective Bonded Retainer Technique*

Other speakers include Tariq Ali, Principal, The Centre for Implant Dentistry; Professor Marie Thérèse Hosey, Head of Paediatric Dentistry, King's College London; Dr Varkha Rattu, Clinical Director, The Grove Practice; Tom Reason, Education and Marketing, Director, The Campbell Clinic & Academy; Lee Savarrio, Dental Director and Postgraduate Dean, NHS Education Scotland; Mohammed Tiba, Clinical Lecturer in Endodontology, Glasgow Dental School, Omayma Siddig, Clinical Teaching Fellow, Institute of Dentistry Aberdeen; Sam Wones, Founder, The Adaptable Human Project, and Anita Hosty, Creator, Loose Hands.

# You're in control ✦

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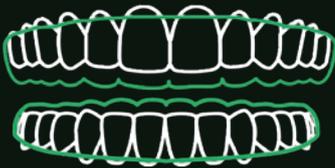
You have the freedom to choose what is best for your patients and their treatment.



## Treatment modes:

### Aligners

Aligner therapy on both arches



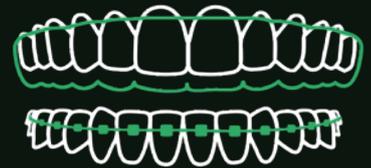
### Digitally bonded brackets

Fixed appliances on both arches

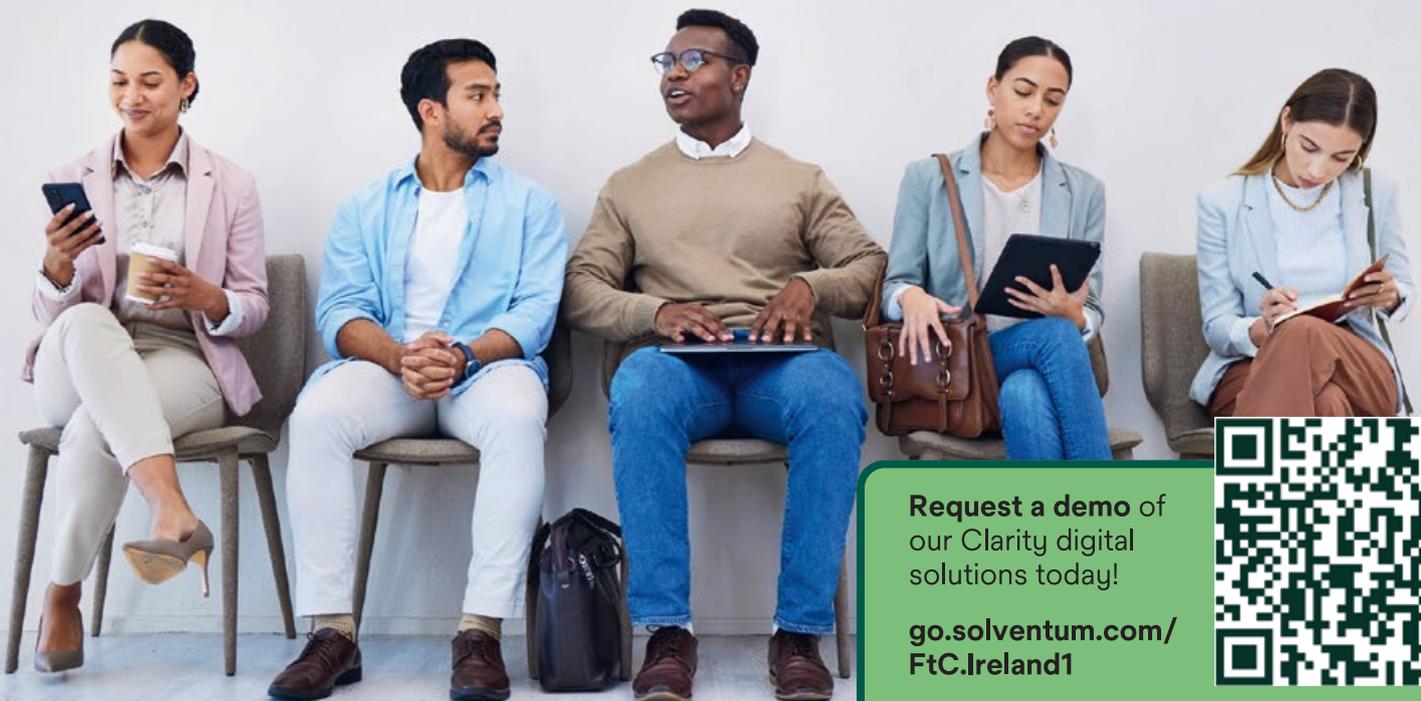


### Combination/hybrid

Brackets and aligners in opposing arches



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# BDIA AND ADI

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BDIA/ADI

# IN PARTNERSHIP

*Organisations are aiming to support and strengthen the dental industry*



## About the BDIA and the ADI

**THE** British Dental Industry Association (BDIA) is the UK's trade association representing and supporting the collective interests of manufacturers and suppliers of dental products, services and technologies. The BDIA has a member community of more than 100 companies, employing 3,000 staff with a combined turnover of more than £900 million.

The BDIA advances the dental industry through its four core pillars of the BDIA vision, ACES: Advocacy, Communication, Education and Support. Members range from SMEs all the way through to international businesses within the sector, manufacturing and supplying innovative products, services and technologies to develop dentistry.

It facilitates members to help shape the future of dentistry by sharing knowledge, building business, networking and engaging in initiatives to develop the sector.

The ADI is the UK's independent network and membership organisation for implant dentistry, connecting members to expert education, mentoring and research to support all stages of its members career. Founded in 1986 as a non-profit organisation, it has developed into one of the largest dental bodies in the UK with more than 2,400 members.

**T**he British Dental Industry Association (BDIA) and the Association of Dental Implantology (ADI) have announced a new partnership aimed at bringing the profession and the

dental industry closer together, with a shared focus on supporting best practice, education and long-term progress across UK dentistry.

The collaboration reflects a mutual commitment to improving standards, encouraging collaboration and ensuring the dental sector continues to evolve in a way that benefits clinicians, businesses and patients alike. By working together, the BDIA and ADI will help shine a light on the important role both organisations play in supporting the profession and the wider industry.

A key aim of the partnership is to strengthen the link between clinicians working in dental implantology and the companies that develop and supply the products, technologies and services they rely on every day. The two organisations will work together to promote shared learning, raise awareness of best practice and support informed decision-making across the sector.

Through the partnership, BDIA and ADI will collaborate on:

- Educational activity that supports both clinicians and industry professionals
- Joint events and initiatives that encourage open discussion and knowledge sharing
- Raising awareness of standards, compliance and ethical practice in implant dentistry
- Stronger engagement between the profession and the dental supply chain.

Commenting on the partnership, Edmund Proffitt, Chief Executive, BDIA said: "This partnership is about working together to support a strong and sustainable dental sector. By collaborating with the ADI, we can help ensure that innovation is matched with education and best practice, creating real value for the profession and the industry."

Richard Cantillon, Executive Director of the ADI, said: "Working with the BDIA allows us to build closer relationships with the wider dental industry. Together, we can share knowledge, raise awareness, and continue to support high standards in implant dentistry for the benefit of clinicians and patients."

The partnership will see both organisations working closely throughout the year across communications, events and shared initiatives, reinforcing their shared commitment to supporting the dental community and helping the industry move forward together.

# FELLOWSHIP CRITERIA REVISED

The College of General Dentistry encourages experienced dental professionals to review the revised criteria with a view to applying



Our landmark experience-based route to Fellowship, launched in 2022, offers recognition of the skills, knowledge and experience accrued by committed general dental professionals over the course of their careers. The revision, four years on, is designed to widen relevance across different aspects of professional achievement, and to further recognise, within the College's community of practice, the diversity of contributions made to the profession in the service of patients.

As before, all those with at least 10 years' practice as a registered dental professional can apply. Applicants will need to provide evidence of meeting the criteria in at least three of the College's five Fellowship domains, which are published openly and transparently so that prospective Fellows can easily check their eligibility and be confident in their application.

The previous distinction between 'standard' and 'gateway' criteria in each domain has been removed, and the application process has been further streamlined to suit the busy modern dental professional, with the submission of reflective statements and CVs no longer required in most cases.

Satisfying the **Clinical and Technical** (previously Clinical) domain of Fellowship now requires the applicant either to hold a recognised and eligible postgraduate qualification or diploma of membership, or to submit a clinical portfolio demonstrating equivalent training and capability. The **Teaching and Assessment** domain now requires applicants to either be recognised by an authoritative body in this field, to have a relevant postgraduate certificate together with three years' qualifying experience, or to have eight years' qualifying experience plus verified training.

The Leadership and Management domain, now called **Leadership, Management and Clinical Governance**, requires applicants either to hold an eligible diploma-level leadership qualification, to hold a certificate-level leadership qualification together with three years' service in a relevant leadership role, or to have three years' experience in a defined senior

leadership role together with 10 hours' relevant and recent CPD.

The **Research and Publications** domain requires applicants either to have had at least five peer-reviewed articles published in relevant and recognised publications, or to have completed a relevant doctorate or master's degree with a research dissertation. The **Law and Ethics** domain requires applicants to have either five years' experience in a qualifying role together with 10 hours' relevant and recent CPD, or to have a law degree or relevant postgraduate qualification together with a year's experience in a relevant role.

Anyone previously admitted as a Fellow of the former FGDP, of one of the surgical Royal Colleges in the UK or Ireland or their faculties of dental surgery or dentistry, of the Royal Australasian College; the Dental Surgery, Royal College; the Dentists of Canada or College of Dentistry of South Africa, or who holds Certification by the American Board of General Dentistry, is automatically eligible for Fellowship by equivalence without reference to the above domains.

Marking professional accomplishment, Fellowship celebrates both excellence in dental practice and commitment to the art and science of improving patients' oral health. The community of Fellows lies at the heart of the College, providing leadership and collectively supporting the development of dentistry, as well as reflecting the values of the organisation and its focus on professionalism.

Those successfully admitted to Fellowship can use the postnominal designation 'FCGDent', and are eligible to attend our regular Fellows' Receptions, where they can have their Fellowship formally presented by the President. As members of the College, they also receive quarterly print copies of the *Primary Dental Journal* and free or heavily discounted access to live CPD events, study days and other local and national networking opportunities.

Full details: [cgdent.uk/fellowship-domains](https://cgdent.uk/fellowship-domains)

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# ADVANCING TEETH WHITENING EDUCATION

Learn more at the BSDHT Northern Ireland Regional Group Study Day

**P**rofessional educator, business manager and dental hygienist Lauren Ward has announced that Philips will soon be offering face-to-face teeth whitening education in Northern Ireland. The support campaign will start at the BSDHT Northern Ireland Regional Group Study Day on 18 April where dental hygienist and therapist Megan Fairhall will be imparting her extensive knowledge on teeth whitening and giving her peers advice to elevate their skills and enhance their careers by harnessing the Philips Zoom professional whitening system.

Megan is a highly experienced whitening clinician who is on the clinical advisory board of {my} dentist. She has helped guide the group to implement teeth whitening into its 550 practices. Over the last eight years she has also trained more than 800 dental hygienists,

dental therapists and dentists through her Teeth Whitening Training Courses, placing her in an ideal position to answer both clinical and business queries on the subject.

During her presentation Megan will outline how the business of teeth whitening represents a low investment which reaps a high return. Fundamentals she will cover include ways to: Build on each team member's strengths and abilities, to encourage communication and drive recommendations to patients about the treatment; Learn simplified protocols and workflows that can easily be incorporated into practice, for both simple and complex whitening; Discover tips to build up clinical confidence.

Lauren has also confirmed that she will be embarking on a series of university visits from June to present on the theory and science of teeth whitening, explain how the treatment can significantly enhance

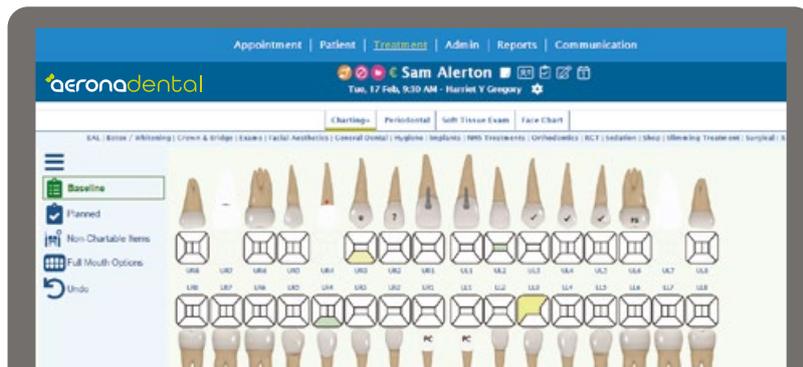
the patient journey as well as providing tangible benefits for the dental practice. The sessions will also go through the laws and prescriptions, clinical workflow, sensitivity prevention and management, on and offline marketing, as well as take home whitening trays and light-activated whitening. To download a free copy of the Philips Whitening Playbook visit: [www.philips.co.uk/c-m-pe/dental-professionals/the-whitening-playbook](http://www.philips.co.uk/c-m-pe/dental-professionals/the-whitening-playbook)

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# A SENSOR FOR REAL-TIME ORAL HEALTH MONITORING

*The implications of the technology stretch far beyond dentistry*

**I**n the high-tech labs of Texas A&M University, a small, translucent patch is promising to do for oral health what the continuous glucose monitor did for diabetes; transform a reactive 'wait-and-see' approach into a proactive early-warning system.

For decades, the standard for oral healthcare has been largely visual and retrospective. A patient feels a sharp pain or notices bleeding gums, and by the time they reach a dentist's chair, the damage, be it advanced periodontal disease or significant tooth loss, is already done.

However, a multi-disciplinary team led by Dr Chenglin Wu, an associate professor in the Department of Civil and Environmental Engineering, is flipping that script with a first-of-its-kind wearable biosensor that monitors the chemistry of the mouth in real-time.

The mouth is one of the harshest environments for wearable technology. It is perpetually wet, subject to constant movement from talking and eating, and teeming with a chaotic soup of bacteria and enzymes. To survive and function here, Dr Wu's sensor relies on a sophisticated, multi-layer architecture.

At the heart of the device is a sensing layer composed of graphene and MXene. These materials possess an inherent electrical conductivity that is incredibly sensitive to molecular changes. His team functionalised this layer with specific probes designed to bind to a single target; tumour necrosis factor-alpha (TNF- $\alpha$ ), a protein that serves as a universal biomarker for inflammation.

When a TNF- $\alpha$  molecule binds to the probe, it triggers a measurable change in the sensor's electrical charge. The level of precision is, quite literally, microscopic. The sensor can detect the protein at a concentration of just 18.2 femtograms per millilitre (fg/mL).

"For context, a patient with a viral infection might show symptoms at 10 million or 1 billion virus copies per



millilitre," said Dr Wu. "Our sensor could detect 100 to 150 per millilitre." To visualise a femtogram, one would need a quadrillion of them (a one followed by fifteen zeros) just to equal a single gram. This level of sensitivity allows the device to catch the very first chemical whispers of an infection days or even weeks before a patient feels a single ache.

A sensor is only as good as its ability to stay in place. Working alongside Dr Shaoting Lin from Michigan State University, the researchers developed a tissue-adhesive hydrogel. This 'glue' is designed to create a robust bond with the soft tissues of the mouth, ensuring that the sensor does not drift or peel away during a meal or a conversation.

"Sensing measurements can be significantly influenced by the dynamic movement of tissues," said Dr Lin. "A more robust tissue bond allows for a more reliable sensing performance independent of the strain."

But the hydrogel is not just an adhesive; it is a gatekeeper. One of the greatest challenges in biosensing is 'noise'; the interference caused by other molecules that might trigger a false positive. Dr Lin engineered a selective-permeable hydrogel layer that acts like a microscopic mesh lattice. The openings are so small that they only allow specific, smaller biomarkers

to pass through to the graphene-MXene layer, effectively filtering out the biological 'clutter' of the mouth.

While the initial focus of the study is oral health, aiming to curb the prevalence of gum disease and tooth loss, the implications of this technology stretch far beyond dentistry. Dr Jeffrey Cirillo, a collaborator on the project, notes that the TNF- $\alpha$  protein is a cytokine involved in almost every soft-tissue infection.

"The goal was to see if this type of system would allow rapid, point-of-care detection," said Dr Cirillo. Because the materials are versatile, the sensor could theoretically be recalibrated to detect different biomarkers, such as those for viral infections, heart disease or even certain cancers.

The researchers have already successfully tested the non-invasive patch in animal models to prove the concept. The next steps involve clinical trials to refine the device for human use and explore how it might be adapted for other parts of the body.

The ultimate vision is a world where 'wellness' is no longer a guessing game; instead of waiting for the symptoms of disease to manifest, a tiny, unnoticeable patch on the gum line could alert a patient and their dentist, or doctor, to the earliest signs of trouble.

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# COPING WITH YOUR CAREER



*Work doesn't always go to plan, but there are things you can do to deal with the highs and lows of life as a dental professional*

**THE** New Year had started poorly for Trudy. “The start of another year? What is it now '24, '25, '26!? Really?” Sighs. “By now I was going to have my own practice and would have liberated myself from any reliance on state-controlled and cash limited treatments.

“I wanted to be free. Away from any principal or interfering practice manager, inspecting my book, commenting on my treatment planning and limiting my well-earned holidays. They just don't understand how hard I work, how restricting the staff they provide are, and how much better things could be.”

“Wait! I have just read this great book. Well, when I say read, I bought it and it's on the way from Amazon. I saw an advert for it, a review in one of the Sundays and an interview in Forbes and another website of one of those business magazines. This is *definitely* the year I'm going to make it happen. For me! Blast, it's raining, where are my car keys? I'm going to be late again, never mind reception are great at excuses for me, they know how good I am.”

In case you have anything in common with the above, not Trudy's somewhat over-the-top attitude, but genuine dissatisfaction with your lot, then Stefanie Sword-Williams' (not a name I would dare invent) second book, *Career Comedown*, may be worth a read. It does not have all the answers, but it poses plenty of questions and it might act as something of a catalyst. At least you can say you have read a practical business book, which is more than many dentists can boast.

If you are feeling lost or unfulfilled in your professional life and suffering from the previously mentioned, in *Career Comedown*, the author presents for your consideration three distinct pathways. Let me share, briefly, my take on the practicality of her ideas, collected through interviews with people who

WORDS  
ALUN K REES



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

have successfully redefined their relationships with work.

The pathways are:

- Stay in your present job and reshape it to suit your needs: **Stick**.
- Change direction and reinvent yourself professionally: **Twist**.
- Step back from work as a central part of your identity: **Tap Out**.

My hint would be to take a few days, add a pen and notebook and, using every spare moment, examine where you are now. Then write the story of what has led you to being in this place and space. What could and should you have done differently? What clear mistakes have you made? Why did you make them?

This could be a very long list, but it is not meant to be a 'whinge-athon' nor a 'pity-poor-me'. It should be an honest self-examination; if you are not used to be honest with yourself then you are in the company of many others. Who knows? You might find it revealing.

The catalyst that often leads to someone seeking my help is to assist them to answer the one apparently simple question: “Is that all there is?” They know something has to change; but they need help to find it for themselves.

For many, a radical change and reinvention is just not possible, or the necessary alterations can be made without massive disruption. Perhaps some self-honesty, acceptance of your position and making allowances for others and their positions will be sufficient. Live and let live isn't too bad an attitude to adopt.

Like me, Stefanie suggests an audit of your current situation, your wants and your future plans. Are your dreams just that? Are they practical? Or are they ways of allowing yourself to revel in the discomfort that you are choosing?

**Sticking** is not a failure. Discovering, defining and

maintaining your core values can be a liberating experience. Not compromising on your standards of professionalism and behaviour is something to be proud of and makes you an asset. Being realistic and dealing with your challenges deserves praise and reward.

If on the other hand you decide that **Twisting** is the only way for you, then go for it, because if you do not you will always wonder what you might have done. It's never the easy way, but if, for you, it is the right thing then embrace it wholeheartedly. William Murray, writing in *The Scottish Himalayan Expedition* said: “Until one is committed there is hesitancy, the chance to draw back, always ineffectiveness.” He also quotes Johann Wolfgang von Goethe: “Whatever you can do or dream you can, begin it. Boldness has genius, power and magic in it. Begin it now.” Go for it, indeed.

The final choice is to **Tap Out** and accept that work is not a central part of your identity. Not everyone has a 'vocation' for their profession; indeed, I believe that expecting the decision to become a dentist, a doctor or a vet at the age of perhaps 15 or 16 to be the right one is unreasonable and we should not be surprised when people decide to either leave the profession or choose simpler ways to make a living.

It is not my place to tell anyone what to do with their life. But my experience, and that of many others, has proved that punishing oneself by doggedly persisting with something that causes unhappiness benefits no-one. You only have one life; you deserve to enjoy it.

**Career Comedown** by Stefanie Sword-Williams is published by Fourth Estate. ISBN: 9780008706340.



# Taking supported steps into full arch rehabilitation

Dr Anthony James shares a recent full mouth rehabilitation case, for which he sought mentorship and guidance from an experienced clinician as part of his professional development

**T**reating your first full arch case can be a daunting experience, as it presents many more challenges than single-unit or shorter implant-retained bridge cases. In these instances, it is invaluable to have an experienced clinician who can help with the many stages this type of treatment entails.

Mentoring for this case was provided by Dr Callum Graham. From the treatment planning and case assessment stage through to the surgical phase, having someone else there to offer reassurance and guidance was essential. It afforded the confidence needed to successfully approach many more similar cases once this one was complete.

### Case presentation

The patient, a 78-year-old female, had previously been advised by another dentist that she was not suitable for

full-arch implant treatment without complex surgical solutions such as zygomatic implants and extensive sinus lifts. This was due to poor bone availability.

While this had not been attractive to the patient at the time, she had become fed up with wearing a denture and was very keen to see if any other implant treatment was possible.

### Assessment and treatment planning

A new CBCT scan was taken to reassess whether this was an appropriate case



Figure 1: Pre-op anterior view



Figure 2: Pre-op left lateral view



Figure 3: Pre-op right lateral view

for full-arch rehabilitation using the latest techniques and technologies available today. The results were analysed and shared with the mentor to discuss options; the outcome was positive and it was decided to see if a guided surgical approach would be possible.

The initial intention was to use Chrome GuidedSMILE to carry out this treatment, as it has the advantage of giving the patient a reasonably comfortable set of teeth straight away. This technology is made available across the Clyde Munro group as part of their commitment to innovation. The scans and photos were sent to the lab (Quoris) for design of the initial digital treatment plan.

However, the returned plan was not ideal. It included a large amount of bone reduction which was of concern. After consulting the mentor, the author decided that a freehand surgical approach would be more appropriate, using a staged loading approach. This would allow the flexibility to adapt during the surgical phase in order to deliver the best outcome despite the complexity of the case.

This was all explained to the patient in detail. Although the patient was a little disappointed that this would require a lengthier treatment time, with a denture to be worn during the healing phase, she was very understanding and happy to proceed. Informed consent was recorded.

A plan was created digitally by the mentor and mentee in collaboration to provide a blueprint for the freehand surgery. This made clear the clinical sequence to be followed,

“**A PLAN WAS CREATED DIGITALLY BY MENTOR AND MENTEE IN COLLABORATION TO PROVIDE A BLUEPRINT FOR THE FREEHAND SURGERY**”

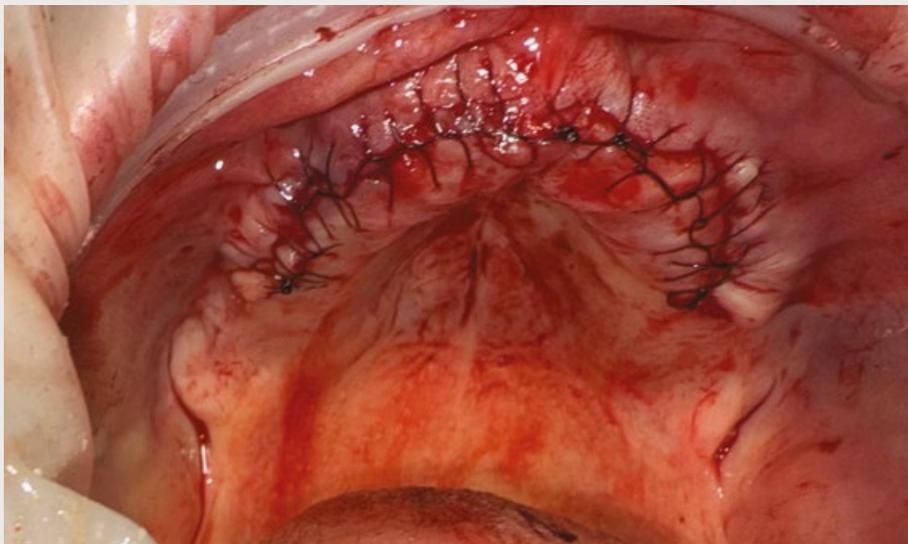


Figure 4: Immediately post-op, site sutured closed

“

**THE PATIENT WAS BOOKED IN FOR THE WHOLE MORNING TO ALLOW ABSOLUTE FOCUS ON THE TREATMENT TO ENSURE EVERYTHING WENT AS SMOOTHLY AS POSSIBLE**”

from extractions to the placement of five implants. It also detailed the ideal implant positions to allow for the desired restorative outcome. The assessment revealed resorption of the alveolar ridge, which also indicated the potential need for bone augmentation.

#### **Surgical intervention**

The patient was booked in for the whole morning to allow absolute focus on the treatment to ensure everything went as smoothly as possible.

A full thickness flap was raised and the bone volume visually analysed. The alveolar ridge seemed in better shape than initially thought, so it was decided to place an additional implant in this region. Six implants were, therefore, placed, with the mentor helping to position the initial drill sites on the narrow ridge for optimal outcomes.

A bone graft was also required. For this, it was particularly useful to have the mentor in the room on the day of surgery. Dr Graham provided the equipment and expertise to facilitate the placement of a Puros Allograft blend. The patient's blood was drawn, placed in the centrifuge and mixed with PRGF to create the membrane.

The site was then sutured closed, tension-free. The patient was given standard post-operative instructions to care for the surgical site and encourage uninterrupted healing.

A new provisional denture was provided as a temporary restoration. She returned to the practice after one week for review of the site and reported no issues. The final restoration will be provided after approximately six months of bone healing.





Figure 5: Before and simulated after

Photo used with patient permission



## DR GRAHAM WAS ALWAYS EASY TO COMMUNICATE WITH AND HE ENSURED A CALM AND REASSURING ENVIRONMENT”

### Debrief

The opportunity to discuss the above case with a mentor throughout the process, to have his support on the day and to debrief post-operatively was invaluable for me. I appreciate Dr Graham making himself readily available for any further help with this or any other cases in the future to help me deliver better outcomes for my patients as I progress in my implant surgery career.

Dr Graham was always easy to communicate with and he ensured a calm and reassuring environment for my first full arch surgery. With his clear advice and guidance, I never felt out of my depth or stressed.

### About the author

Dr Anthony James has been practising in Edinburgh for more than 15 years and joined Gilmore Dental Practice in 2017. With a masters in aesthetic dentistry from King’s College London, he offers treatments including composite

bonding, crowns, veneers, Invisalign and dental implants, catering to cases of all complexities. To offer the most advanced implant treatments for patients, he is currently enrolled in the prestigious European EAO Masters diploma programme.

The mentorship and guidance from an experienced clinician is part of Clyde Munro’s commitment to helping dentists advance in their careers.

To find out more about the career development opportunities available at Clyde Munro, please visit: [careers.clydemunrodental.com](https://careers.clydemunrodental.com)



Dr Anthony James with Dr Callum Graham, left, and colleagues Carol Coyle and Alicia Chirara

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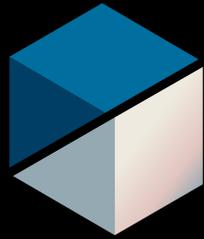
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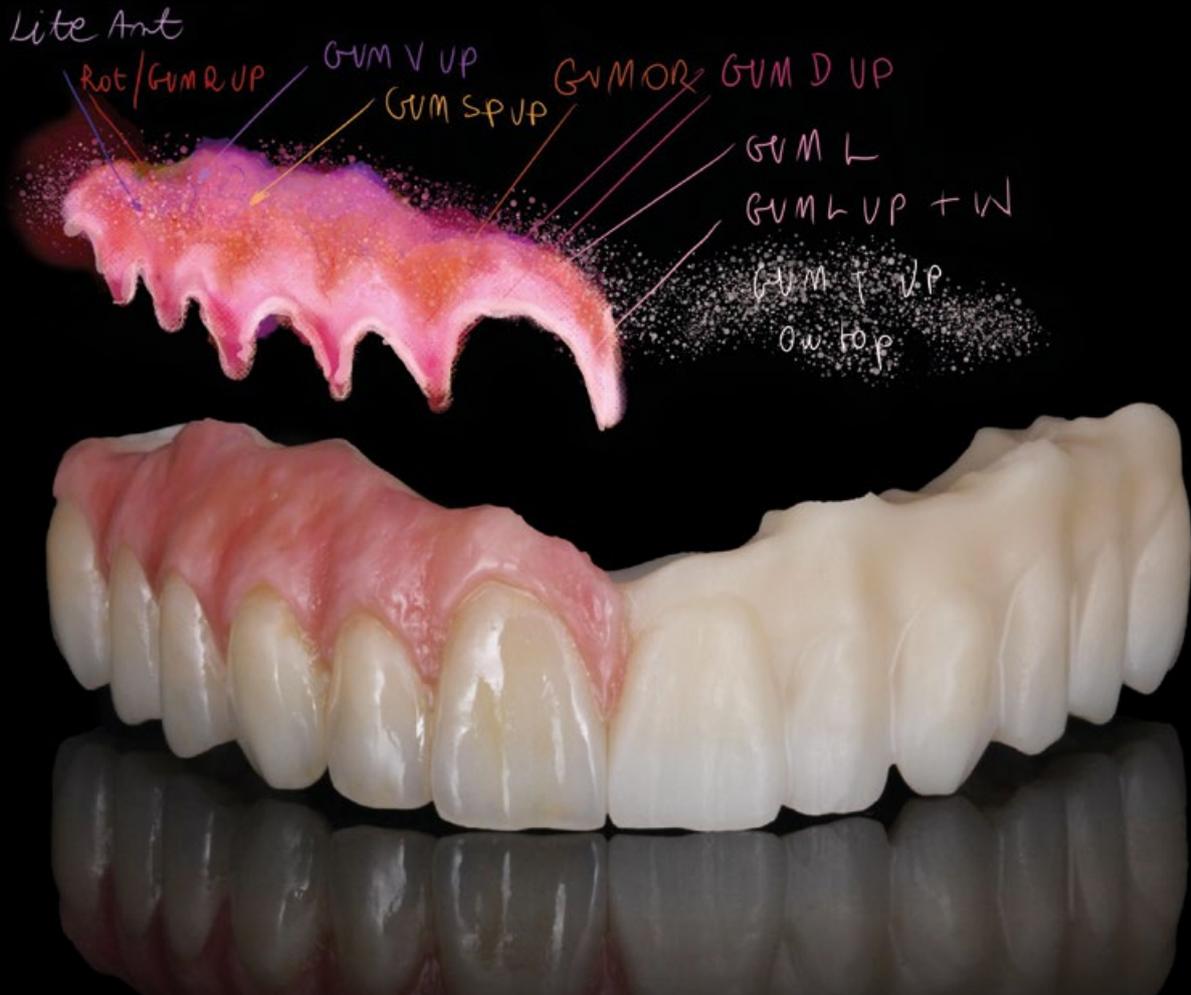


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# THINKING OF BUYING A DENTAL PRACTICE IN 2026? HERE'S WHAT YOU NEED TO KNOW

Cathy Murphy, Senior Business Agent – Dental at Christie & Co, provides an overview of the dental market in Northern Ireland and shares some key tips for those looking to buy this year

**T**he dental market in Northern Ireland was very competitive in 2025. As we move through 2026, we expect to see another buoyant year, with increased buyer interest from larger corporate groups seeking to establish a foothold in Northern Ireland and sustained demand from group buyers wanting to build their presence.

We are already seeing tangible activity from buyers who have traditionally focused on larger sites across the UK but have had little or no exposure to the Northern Ireland market. Driven by the quality of practices available and their strong growth potential, Northern Ireland is increasingly becoming a strategic focus for many.

Centralised locations with large, far-reaching patient catchments continue to perform particularly well. Central Belfast and its immediate surrounding areas remain especially attractive, as buyers look to capitalise on strong and



consistent patient demand. Mixed income practices are also set to be in high demand this year, as they accounted for 100% of the businesses we sold last year, and I do not expect this to change.

If you are considering purchasing a practice and want to position yourself as a strong buyer, here are some key things to consider:

- Decide what kind of practice you want – NHS, private, or mixed income – and how many surgeries you need. Consider location and whether you're willing to commute. While it's good to have preferences, staying flexible will keep you open to more opportunities;
- Register your interest with a reputable dental agent – avoid those who charge fees. A good agent will share practice details fairly with all interested buyers. Once registered, speak directly with the agent to clarify your goals and explore the options available;

- Plan your finances. Most purchases require between a 10% and 20% deposit (and in some cases, no deposit). The dental sector is considered a 'green light' industry by lenders, generally making it easier to secure funding;
- Engage a solicitor and accountant who specialise in dental practices. Their expertise will help you navigate legal and financial complexities and avoid common pitfalls;
- Finally, be prepared for competition. The dental market in Northern Ireland is strong and in demand. If you miss out on a practice, don't be discouraged – there are plenty of opportunities, and the right one will come along.

For a confidential chat about your business plans, contact Cathy Murphy.  
 E: [cathy.murphy@christie.com](mailto:cathy.murphy@christie.com)  
 M: 07756 875133

## THINKING OF BUYING OR SELLING YOUR DENTAL PRACTICE? SPEAK TO THE EXPERTS.



A **prospective buyer** looking for your next practice purchase

OR



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**AGILIO ACQUIRES PATIENT PLAN DIRECT**

AGILIO Software, the healthcare software solutions provider, has announced the acquisition of Patient Plan Direct (PPD), a specialist dental membership plan provider. The deal brings together Agilio’s established dental compliance, workforce and marketing solutions with PPD’s expertise in plan design, technology, training and support to nurture strong growth and retention.

PPD works with independent practices, regional groups and DSOs across the UK, providing end-to-end support from plan design and pricing through to onboarding, marketing, promotion and day-to-day administration. Its teams in client services, operations, and business development support thousands of dentists and hundreds of thousands of patients, with a strong track record in retention and proactive plan management.

Bringing Agilio and PPD together creates a platform that connects membership plans, compliance, practice operations and practice growth solutions. Agilio plans to combine PPD’s plan expertise with its wider technology roadmap, including PMS integrations, single sign-on and enhanced AI automation. This will help practices reduce administrative burden, improve cash flow and gain deeper insight into plan performance. Existing PPD and iPlan customers will continue to be supported as normal while a carefully managed migration and integration programme is delivered.



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Maintaining good oral health is fundamental to overall wellbeing, yet periodontal diseases continue to rise globally.<sup>4</sup> While mechanical plaque control remains the cornerstone of oral hygiene, compliance with effective daily routines can be challenging, often impacted by patient preference and experience.<sup>5,6</sup> Research reveals that patients are divided in their preference for mouthwash intensity – with some seeking a gentler, mild experience, and others preferring the stronger, refreshing sensation associated with intense formulations.<sup>7</sup> The new flavour intensity range directly responds to this insight, allowing dental professionals to tailor their recommendations to patient preferences without compromising on clinical standards or evidence-based efficacy.

For more information visit [kenvuepro.com](http://kenvuepro.com). For references visit [www.irelandsdentalmag.ie/listerine-launches-new-range-in-three-flavour-intensities](http://www.irelandsdentalmag.ie/listerine-launches-new-range-in-three-flavour-intensities)



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# Spring/ Summer 2026 Paediatric Speciality Programme

SESSION 1: APRIL 11 | SESSION 2: JUNE 6

RCSI ADVANCING THE SCIENCE, ART AND PRACTICE OF DENTISTRY

## SESSION 1 – APRIL 11

VENUE: ALBERT LECTURE THEATRE, RCSI

TIME	SPEAKER	TOPIC
08:00	Registration	
08:25	Opening Remarks	
08:30 – 09:10	Dr. Aslam Alkadhimi	Use of TADs in Orthodontic Treatment of the Young Patient.
09:20 – 10:00	Dr. Aifric Ní Chaollai	Use of Inhalation Sedation in Children.
10:10 – 10:50	Dr. David Naughton	Periodontics and Systemic Disease in Children and Teenagers.
11:00 – 11:15	Break	
11:15 – 11:55	Dr. Johanna Glennon	How to Manage Permanent Incisor Trauma in Children.
12:05 – 12:45	Dr. Ambrish Roshan	Aesthetic Restorations in Children.
12:55	Close	

## SESSION 2 – JUNE 6

VENUE: HOUSTON LECTURE THEATRE, RCSI

TIME	SPEAKER	TOPIC
08:00	Registration	
08:25	Opening Remarks	
08:30 – 09:10	Dr. Segun Olujide	Combining Resin Infiltration and Microabrasion for White Spot Lesions.
09:20 – 10:00	Dr. Robyn Crowley	Managing Oral Health in Children with Severe Neurological Impairment.
10:10 – 10:50	Dr. Mary Collins	Open Wide – The Five Critical Skills to take Pediatric Dentists from Good to Great.
11:00 – 11:15	Break	
11:15 – 11:55	Dr. John Ed O'Connell	Rare Oral Cavity Cancers in Children.
12:05 – 12:45	Dr. Amanda Willis	The Interface Between Systemic and Oral Disease in Children
12:55	Close	

4 CPD points

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