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JIDA

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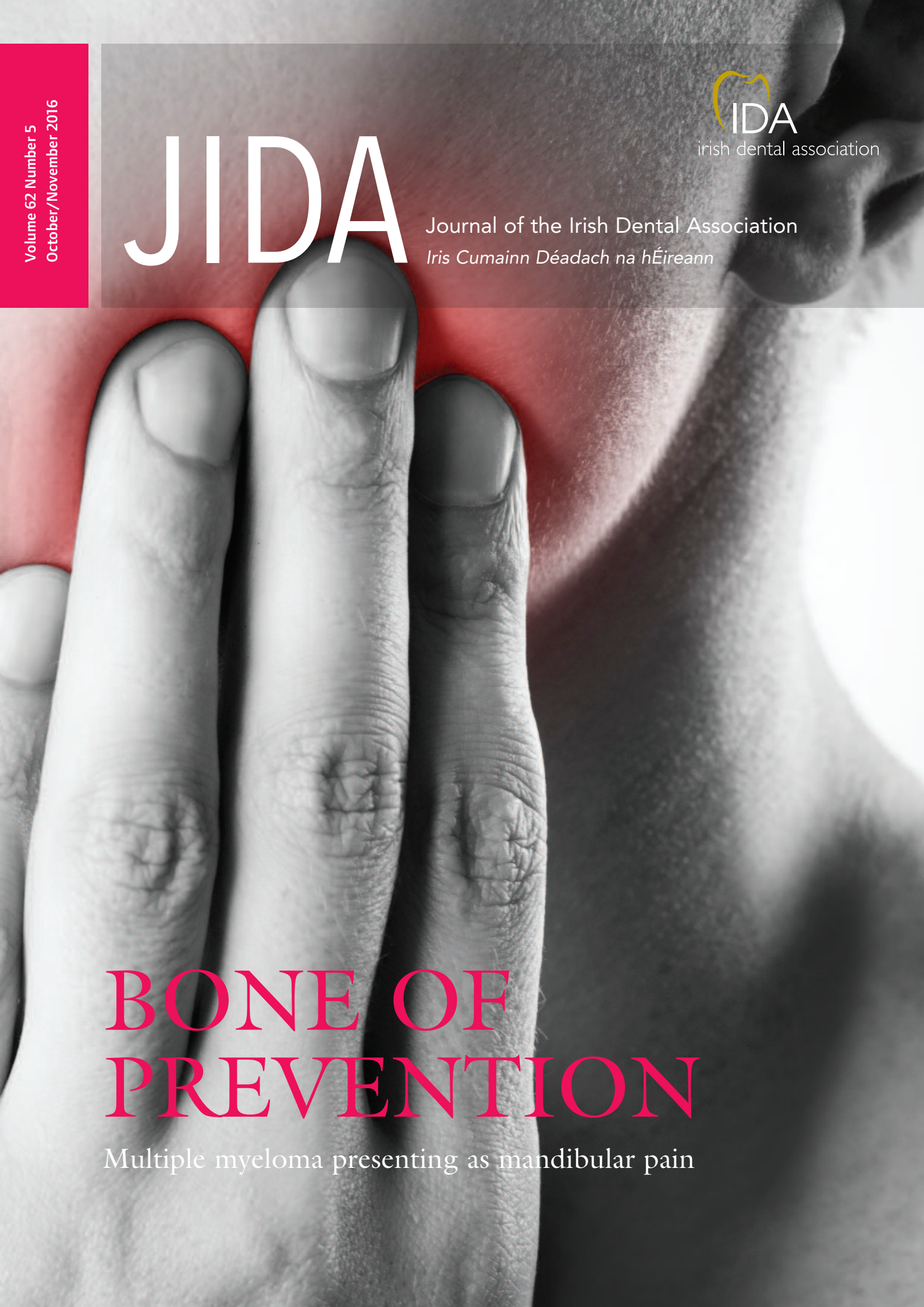
Iris Cumainn Déadach na hÉireann

IDA
irish dental association



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For advice to authors, please see: www.dentist.ie/resources/jida/authors.jsp

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EDITORIAL

Prof. Leo F. A. Stassen
Honorary Editor

An opportunity exists

The new Government seems to be preparing to support dental treatments for the public. The Association has been preparing for its interaction with the Government on this issue.

Recent years have been a low point in the provision of State funds to treat the oral health of the population in the Republic of Ireland. Many dentists, over many Association meetings, have described the frustration of only being allowed to extract when various treatments for restoration were possible – but unavailable to patients under State schemes. The new Minister for Health, Simon Harris, has indicated his intention to review the situation and the Association decided to seek the views of its members in general practice on the issue of State support for dental treatment.

The results of those meetings are summarised in the IDA Members' News section of this edition. In general, dentists feel that they can provide a far better quality of treatment, if they are allowed to exercise some judgement. Members clearly feel that well-managed, transparent schemes, which allow for preventive treatment, would provide a meaningful improvement to the oral health of the population.

This process has armed the Association team (whomever they may be) for the likely talks with the preferences of members. This will be very useful in the discussions. We now urge the Government to listen to the advice of the Association. There seems to be significant merit in the consideration of an open grant-in-aid approach where the Government provides a certain amount of funding. The patient can shop around between dentists to see what he or she can get, while the dentist is in a position to advise on what the best treatment is for that particular patient.

Dental education in Ireland

In the February/March edition this year, we published a supplement on the current state of dental education in the Republic of Ireland. It came exactly five years after we published the first one and thus, we have managed to photograph every dental student for a period of ten years. It prompted the idea that it would be worth talking to a few of the first class that graduated after we published the first supplement – the class of 2011. Our journalist Colm Quinn found that they are thriving and that all felt that the quality of their education was excellent.

A bone of prevention

Dr Miriam Crowley and her colleagues present an excellent case report in our peer-reviewed section on a 69-year-old woman who presented with a month-long history of unilateral pain in her jaw. It turned out to be a case of multiple myeloma and it is an important reminder of the potential oral presentations of this disease. We are also grateful to Dr Sharon Curtin and her colleague for their paper on the usefulness of focus group methods in dental research.

Tax and pensions

This is the time of year when Revenue deadlines force us to think about issues that some dentists prefer not to have to think about – but it is very important. David McCaffrey of MedAccount tells us of the many reliefs available to reduce income tax liability, while John O'Connor of Omega Financial Management delivers a retirement planning checklist that is highly practical. Dentists should pay close attention to these matters – and especially at this time of year. Ignoring them will lead only to problems and grief!

Sensitive Dentist of the Year

Congratulations to those dentists that have been nominated by a patient for a Sensitive Dentist award for their care and professionalism. I look forward to seeing as many of you as possible in the RDS on December 3, when we will find out who the Sensodyne Sensitive Dentist of the Year is for 2016.

Benefits of chewing gum confirmed

Review of latest evidence confirms oral health benefits of sugar-free gum and suggests potential for additives to enhance benefits.

By Michael Dodds, BDS, PhD

A new review of the most up-to-date scientific research reinforces the positive effects of sugar-free gum (SFG) on oral health and emphasises the identification of active ingredients in gum that could facilitate prevention and removal of oral biofilm.

The review confirmed the oral health benefits of chewing SFG, including the clearance of food debris, reduction in oral dryness, increase of biofilm pH, remineralisation of enamel, freshening breath through the reduction of volatile sulphur compounds and inhibition of extrinsic tooth stain. These benefits are attributed to increased mastication and salivation. The authors say that with the addition of active ingredients in chewing gums, it may be possible to expand these benefits to also include:

- enhanced inhibition of extrinsic tooth stain and calculus formation;
- enhanced enamel remineralisation;
- reduction of the numbers of bacteria in saliva and amount of oral biofilm;
- neutralisation of biofilm pH; and,
- enhanced reduction of halitosis.

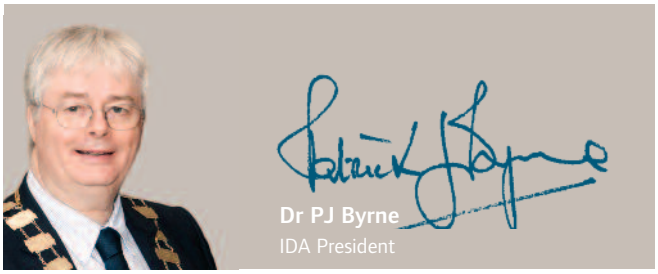
The analysis, which was published in *Expert Opinion on Drug Delivery* in May 2016, looked at the evidence for oral health benefits of chewing SFG, citing 138 articles, and drawing findings from 69 papers. Its emphasis was on identifying active ingredients in gum that facilitate the prevention and removal of oral biofilm. The evidence shows that while chewing gum can allow active ingredients to be gradually released into the oral cavity, they have a low potency and are rapidly washed out from the oral cavity by increased salivation. Furthermore, the health benefits from increased salivation and mastication may easily overshadow the additional benefits of added active ingredients unless used for prolonged periods of time, making it hard to demonstrate their clinical benefits.

Oral diseases develop when the balance within the oral microbiome is lost and pathogenic bacteria start to dominate. This occurs, for instance, when cariogenic strains in a biofilm produce an excess of acids through fermentation of environmental sugars causing enamel demineralisation or when periodontopathogens residing mostly in gingival pockets cause gingivitis or, in a more advanced state, periodontitis.
The review confirms the well-documented benefits of chewing SFG associated with increased mastication and salivation, many of which are supported by the European Food Safety Authority (EFSA).

Chewing SFG results in a ten-fold increase in salivary flow rate, which enhances the ability of saliva to clear the mouth of food debris and sugars, neutralise acids and support remineralisation, all of which can help to reduce the incidence of dental caries.

While data points to specific benefits for certain active ingredients, such as xylitol, carbamide and polyphosphates, the authors state longer term clinical trials are needed to confirm these benefits. Future studies on active ingredients should focus specifically on targeting pathogenic bacteria, whilst leaving the healthy microbiome unaffected. However, the authors of the review conclude that the basic benefits of the long-term chewing of SFG due to increased mastication and salivation are beyond dispute.

For more information, visit wrigleyoralhealthcare.ie



Dedication and commitment

Both in and outside of clinical practice, IDA members continue to show their dedication to increasing their skills and providing the best oral care to their patients.

HSE Dental Surgeons in Athlone

I was delighted to open and appreciate the invitation to speak at the HSE Dental Surgeons Seminar, which was held on October 6 and 7 in the Sheraton Hotel in Athlone. Congratulations to the new President of the HSE Dental Surgeons Group, Dr Michaela Dalton, and her organising team for putting together an excellent meeting with a wide variety of lectures on different topics on Thursday and Friday morning, followed by four excellent workshops on Friday on oral radiology, infection control, composites and endodontics. All of these, along with the trade show, gave this meeting great scope and showed considerable vision in its planning. My first experience of a national meeting was at such a conference in Kilkenny some 36 years ago, where Bill Bowen presented his research on dental caries. I was impressed at the time by the warmth of welcome we received at the meeting while I was still an undergraduate.

Congratulations to the outgoing President, Dr Frances O'Callaghan, who has just completed two terms as President of the HSE Dental Surgeons Group. Frances has combined this role with membership of the Board, Council and Executive of the IDA along with her many other commitments. It is wonderful to see such commitment and involvement at a national level.

While there are huge challenges within the HSE Dental Service at present and for the last number of years in particular, it is heartening to see the commitment on an individual level displayed by the clinicians, in the face of extremely difficult and frustrating circumstances. I call on the Minister and the Government to enable the service to tackle the huge problems in our dental and oral health by restoring sufficient staff and resources to deliver particularly the preventive aspects of oral health. Very significant problems are being created in the long term for our young patients as well as our most vulnerable members of society, particularly the older patients who suffer significant problems and challenges with their oral health.

Submission to the Oireachtas Committee on the Future of Healthcare

Advocacy is a critical priority for the Association and I am pleased that in addition to our pre-Budget submission, we made a comprehensive submission to the Oireachtas Committee on the Future of Healthcare. While we make no apology for highlighting the many deficiencies in publicly funded dentistry, we are also conscious of offering solutions and highlighting the huge potential dentists can offer in improving not only oral but also general health.

Journalist and mouth cancer survivor Emily Hourican at the launch of Mouth Cancer Awareness Day.

We look forward to addressing the Committee in due course and of course in the meantime we will continue with our schedule of meeting the health spokespersons from the main political parties and continuing our dialogue with the new Minister for Health, Simon Harris, and the Minister for Social Protection, Dr Leo Varadkar.

Budget 2017 was in preparation as we went to press and this will certainly offer us an important clue as to the extent to which the new Government is prepared to match the many promises within the Programme for Government with decisions and spending commitments.

Mouth Cancer Awareness Day

We had Mouth Cancer Awareness Day in September again this year and all those involved are to be congratulated for their dedication and energy in this very important aspect of oral care.

It is important for all of us to continue screening every patient as part of our routine practice and to inform our patients that we are doing so.

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Emergency injuries

Dear Editor,

We are writing to inform you that the EMI Guidelines have been revised. The EMI Guidelines are for the emergency management of injuries such as needlesticks, sexual exposure and human bites, and provide detailed advice on the use of post-exposure prophylaxis (PEP) for HIV and hepatitis B. They are available as a user-friendly toolkit from www.emitoolkit.ie.

Summary of changes:

- revision of recommendations in relation to the need for HIV PEP following exposure to HIV in the setting of effective antiretroviral therapy;
- inclusion of dolutegravir as an option for HIV PEP;
- increased emphasis on the management of cases following sexual exposure;
- inclusion of ulipristal acetate (ellaOne) in the emergency hormonal contraception appendix; and,
- updated epidemiological information.

The revision was carried out by the HPSC Scientific Advisory Committee (SAC) EMI sub-group and the HSE Sexual Health and Crisis Pregnancy Programme.

Kind regards,

Dr Lelia Thornton,
Specialist in Public Health Medicine,
Health Protection
Surveillance Centre,

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Dublin 1 D01 A4A3
MCR No: 09248

Dr Fiona Lyons,
Clinical Lead in Sexual Health,
Sexual Health and Crisis
Pregnancy Programme,

89-94 Capel Street,
Dublin 1 D01 P281
MCR No: 16188

Mouth Cancer Awareness Day targets non-attenders

Dr Conor McAlister with former Irish Olympic boxer Cathal O'Grady and journalist Emily Hourican – both of whom are mouth cancer survivors.

Some 350 dentists participated in this year's Mouth Cancer Awareness Day (MCAD) on Wednesday, September 21, offering free mouth cancer examinations in their surgeries to patients all over the country.

Two Irish people die of mouth cancer every week, and the incidence of the disease is rising. Early diagnosis and intervention is vital, so this year's campaign focused on people who may not have been to the dentist in some time, and sought to encourage them to contact participating dentists to receive their free examination.

The importance of regular dental checks and timely intervention was emphasised at the MCAD launch on September 13, when speakers, including journalist Emily Hourican and former Olympic boxer Cathal O'Grady, told their stories.

Cathal, whose cancer was only diagnosed in May of this year, said he led a healthy lifestyle and was really shocked when he was told the news.

"I don't drink or smoke and lead an active and healthy life so I was really floored when I received the diagnosis. It just shows you that while smoking and drinking increase the risks, this disease can strike anyone. Thankfully my dentist spotted the lump in my mouth during a regular visit and then she put the arrangements in place for a biopsy and follow-on appointment with the Dublin University Dental School. So the disease was caught in its early stages and that's really important."

MCAD is a joint initiative by the Irish Dental Association, Irish Cancer Society, Dublin and Cork dental university schools, the Dental Health Foundation and Mouth, Head and Neck Cancer Awareness Ireland.

The organisers wish to express their thanks to all of the dentists who participated in MCAD 2016.

Dr Anne Twomey addresses Irish Gerontological Society

Dr Anne Twomey recently became the first dentist to address the Irish Gerontological Society (IGS) when she spoke at its annual conference in Killarney. The Association is seeking to build stronger connections between oral and general health, and Dr Twomey's invitation arose from a meeting where she and IDA CEO Fintan Hourihan met senior IGS leaders. IDA leaders continue to reach out to other professional medical and nursing bodies to educate other health professionals on the importance of oral health for good general health.

Lia Mills awarded Honorary Degree from Trinity College

From left: Dr Conor McAlister; IDA Assistant CEO Elaine Hughes; Dr Denise Mac Carthy, DDUH; Lia Mills; and, Etain Kett, Dental Health Foundation.

Lia Mills was awarded an Honorary Degree from Trinity College Dublin on June 24, 2016. This award was to mark an outstanding contribution to the development of a campaign to increase awareness about mouth, head and neck cancer in Ireland. In 2006, Lia was diagnosed with and treated for mouth cancer. She then wrote an account of her experiences and went on to become a co-founder of the Mouth Head Neck Cancer Awareness Ireland (MHNCAI) Group.

On Wednesday, June 23, 2016, the Dublin Dental University Hospital held an evening for Lia. Many people attended, including cancer survivors, students and staff of the Dental Hospital and Trinity College, and family and friends of Lia's. The Irish Cancer Society, The Irish Dental Association and the Dental Health Foundation were also represented.

Many thanks to all who attended, especially to our student helpers on the evening.

PLAQUE CONTROL: 'GOOD' CAN BE BETTER

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A combined analysis of 29 clinical studies on essential oils has been published in the *Journal of the American Dental Association.*

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References
1. Araujo MW, *et al. J Am Dent Assoc* 2015;146:610–622.
2. Johnson & Johnson. Data on file.

IRE/LI/16-1891

BRING OUT THE BOLD™

Keelin Shanley to preside at Awards

The Irish Dental Association has secured Keelin Shanley to act as MC for this year's Sensodyne Sensitive Dentist of the Year Awards. The Awards will take place on December 3 at the RDS. Nominated dentists will be invited to attend.

Quiz

Submitted by FINTAN HOURIHAN, IDA Chief Executive.

Questions

1. What is the only agreed probity scheme for DTSS contract holders known as?
2. Can I be subject to probity investigations if I don't hold a State scheme contract?
3. What should I do to minimise the possibility of probity investigations?
4. What triggers the HSE to target dentists for audit probes?
5. What should you do if you feel your practice is being audited?

Answers on page 267

Diary of events

OCTOBER

20 Alexandra Hotel, Dublin 2

Metropolitan Branch Meeting

28 Kingsley Hotel, Victoria Cross, Cork

Modern Concepts in Ceramics, Temporaries and All That Jazz - Irish Academy of Aesthetic Dentistry (IAAD)

Speakers: Dr Basil Mizrahi and Dr Josep Oliva. If you would like more information on this meeting, please call 021-494 1810 or email iaad28oct16@gmail.com.

NOVEMBER

19 Radisson Blu Hotel, Golden Lane, Dublin 8

Irish Association of Oral Surgery – Annual Scientific Meeting

24 Alexandra Hotel, Dublin 2

Metropolitan Branch Meeting

JANUARY 2017

26 Hilton Charlemont Hotel, Dublin 2

Metropolitan Branch Joint Meeting with the Irish Endodontic Society

MARCH

3 Tower Hotel, Waterford

South Eastern Branch Annual Scientific Meeting

23 Alexandra Hotel, Dublin 2

Metropolitan Branch Meeting

DMI

October - November 2016

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Number with pensions falling

The number of Irish people with a pension is falling. A Central Statistics Office (CSO) survey on pensions showed that between 2008 and 2015, the number of people with a pension fell from 54% to 47%. It also revealed that the younger a person is, the less likely they are to have a pension. Paul King of Acuvest, which manages the Irish Dentists' Approved Retirement Savings Scheme, said: "For me, the reasons for not having a pension were fascinating; the most common reason, reported by 39% of people, was that they could not afford a pension. I might challenge that and ask: can you afford not to save for the day when you cease to work"? The reason why people don't have a pension varies, with 22% saying they never got around to organising one, 8% saying they have no intention of ever retiring and 18% saying they have no reason to have one, have another reason for not having one, or that they don't understand pensions. But King said: "The only understanding required is that you save tax and save for the day when you cease work".

Dentist appointed chairperson of Coru

Prof. Bernard McCartan has been selected by the Minister for Health as Chairperson of Coru, Ireland's multi-profession health regulator. Prof. McCartan is Visiting Professor in Oral Medicine at Trinity College Dublin and was the first director of specialist training in dentistry in Ireland. He was formerly a consultant in oral medicine in the Dublin Dental Hospital, Hume Street Hospital and the Blackrock Clinic. Coru is comprised of the registration boards for each profession it regulates and the Health and Social Care Professionals' Council. Commenting on his appointment, Prof. McCartan said: "I am pleased to be taking on this role at a pivotal time for the work of Coru. Independent regulation is critical to protect the public and as a consequence should enhance the professional status and standing of the professionals. The public must have confidence in the standard of care they receive from health and social care professionals, and we will ensure high standards of education, training and competence across the professions regulated by Coru".

New Dean at the RCSI

Dr John Marley has been elected as the 18th Dean of the Faculty of Dentistry at the Royal College of Surgeons in Ireland (RCSI). He will assume the role in spring 2017, succeeding Dr John Walsh. A native of Belfast, Dr Marley graduated from Queen's University. He is a Fellow of the RCSI and sits on its board, while also holding a Fellowship in Oral Surgery with the Royal College of Surgeons in England (RCS(Eng)). He is a consultant in oral surgery, and Training Programme Director for Oral Surgery in Northern Ireland, and was a member of the board of the Northern Ireland Medical and Dental Training Agency.

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Getting the best at IDENTEX

The top names in the dental trade filled the Citywest Hotel in Dublin for two days in September for IDENTEX 2016. Spread across over 60 stands, dental equipment and services providers vied for the attention of visiting dentists.

Alongside the Irish Dental Trade Association's (IDTA) trade show, the IDA also held its Autumn Meeting of lectures, workshops and hands-on courses. This was the third year of the partnership, which brings quality products, services and CPD into the same venue on the same days, enabling dentists to simultaneously keep up to speed with the latest dental knowledge and technology.

IDA Autumn Meeting

There were two hands-on courses: one covered endodontics and the other asked 'Componeers: an alternative to porcelain?'

Dr Lynda Elliot, who provided the endodontics course, gave detailed and well-informed instruction to dentists. Direction was given in making access cavities in molar teeth to enable endodontic treatment and creating glide path access in preparation for NiTi rotary preparations. Elliot also imparted other endodontological knowledge gained from her years of experience in the field.

In the other hands-on course, Dr Garry Heavey showed participants how to place componeers, the protocol for their placement, how to choose the right cases for the procedure and how to review clinical cases.

Workshops

Two workshops were also held. One was a half-day first aid workshop run by Survival Linx, which provided the latest and best information on how to take care of critically ill people in the dental surgery and elsewhere.

The other workshop was in infection control and ran three times on the Friday and twice on the Saturday. Jointly presented by infection control experts Dr Nick Armstrong and Siobhan Carrigan, the workshop updated dental professionals on the new Dental Council code of practice for infection control and prevention.

Carrigan talked about the need to ensure that your instruments are clean. She gave a detailed talk on dealing with contaminated clothes, gloves and instruments, running through the use of ultrasonic baths, washer/disinfectors and how to make sure your instruments are both disinfected properly and stored correctly. Dr Armstrong then took over and gave detailed and common sense advice on infection control. He explained the different tests, both mandatory and recommended, that can be used to improve a dental practice's infection control standard. He recommended having separate clean and dirty counters in a disinfection room or, if possible, clean and dirty rooms. But he also recognised that this is not practical in all dental practices. Even if there is only one counter for disinfection procedures, he recommended things like setting a divider between the clean and dirty sides, and if there is an extractor fan, making sure it draws air from the clean side to the dirty side. This way contaminates will not be pulled towards clean instruments.

All these courses and workshops offered CPD points for those who attended, while there was a Dental Protection risk credit available for those who went to Dr Adrian Millen's lecture on complaint handling.

Identex has been running for over 25 years and once again proved itself to be a highlight of the dental calendar.


1


2


2a


3


4


5

1. *Managing Director of Henry Schein in Ireland, Pat Bolger, on the Henry Schein stand.*
2. *Geraldine and Rory Clarke of Dentech, and Pat O'Brien (right) of DMI.*

2a. *The DMI stand.*

3. *Morris Dental – Peter Morris (right) and Andrew Sheeran.*
4. *Gerry Lavery of Septodont.*
5. *Tony O'Toole (left), Lynda Steel and Greg Parmenter of Voco.*
6. *Dr Mary Crossling (right) and Aisling Egan of Listerine.*
7. *Angela Glasgow and Jonathan Singh of NSK.*
8. *On the BF Mulholland stand were (from left): Gary Bond; Mike Connolly; Mikil Baval; Grainne Hutton; Ruairi Molloy; and, Noel Lucey.*
9. *Siobhan Kelleher and Dermot Byrne of TePe.*

Henry Schein is expanding

Dental supplier Henry Schein is expanding its area of operations by launching a new suite called Business Solutions. Through Business Solutions, the company says it is providing a comprehensive and wide selection of solutions for dental professionals that are designed to improve the daily workflow and management of practices and laboratories.

The new Business Solutions offer ways to help dentists in a number of issues such as: overhead reduction; practice analysis; HR, accountancy and IT; financial services; marketing; practice transitions; consultancy services; and, training services.

Pat Bolger, managing director of Henry Schein Ireland, said: "These new solutions will improve clinic and laboratory management to help foster better patient satisfaction and deliver patient care. We are working continuously to improve and expand our portfolio of comprehensive services offered by Business Solutions".

For more information visit the Henry Schein Dental Business Solutions website at www.hsbusinesssolutions.ie.

New Voco Area Manager for the UK and Ireland

Matthias Wolf is Voco's new Area Manager for the UK and Ireland. He takes over from Heinz-Peter Schnicke, who is becoming Sales Manager for all non-European countries.

Matthias will now be in charge of what Voco calls two important markets in western Europe. He is also covering others, including Malta and the south-eastern European markets of Bulgaria, Romania, Croatia, Slovenia, Cyprus and Greece. Matthias is a trained banker and worked in the USA in the real estate sector for several years. Three years ago, he returned to his homeland of Cuxhaven in Germany, where Voco is based, and started work with the company. He initially worked as a dental consultant, before transferring to sales management. Voco says that Matthias brings with him the sound commercial and specialist dental experience needed to tackle the challenges of his new role.

Matthias Wolf (left) is replacing Heinz-Peter Schnicke as Area Manager of Voco for the United Kingdom and Ireland.

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If you pay and file your tax return through the Revenue's online service, you have until November 12th to make a pension contribution. You can also backdate the income tax relief into the 2015 tax year and this in turn can reduce your preliminary tax payment too.

This is one thing that you can do for yourself to ensure that when you retire you will be able to maintain the standard of living you

enjoy while working.

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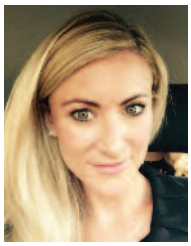
Paul King
Client Manager

Where are they now?

In 2011, the *Journal of the Irish Dental Association* produced a supplement on the two dental schools in the State in Cork and Dublin. Five years later, we talked to some of 2011's graduates to ask them about their time in university and find out what they've been up to since.

Class of 2011
FRONT: Irene Cullinane; Ailbhe Murphy; Claire Costelloe; Fiona O'Leary; Louise Canny; Otsile Ditlhong; Eliana Hadjiantonis; Stephanie Healy; Mary Sheehan.
MIDDLE: Laura O'Sullivan; Helen Lane; Hessah Al Jiran; Martin Forde; David Finnegan; Cian Lowney; Pat Barry; Eamon Nugent; Sarah McGuckian; Eibhlin O'Donoghue; Sinéad O'Dwyer; Katherine McCarthy; Moubarak Othman; Tsing Tan; Lee Sa Lim; Ciara Maharaj.
BACK: Amanda McLaughlin; Tiyapo Motsamai; Kago Moshoeshoe; Joseph Hanley; Jay Patel; Paul Ryan; Keefe Lim; Jennifer Owens; Kate Horgan; Faisal Madi.

Cork University Dental School and Hospital



Sinéad O'Dwyer

Sinéad remembers the "copious amounts" of tea her class used to drink in the canteen and the sense of family in Cork. She says there was always a really good atmosphere around the hospital and that she only has good memories of her time Leeside. Even when the pressure was on during exam time she says: "When everyone was in it together, it wasn't that big a deal. Everyone was really supportive and everyone would help each other out. I was really lucky in my year because everyone got on so well".

And that friendship has remained with some of the class meeting up for a reunion at Electric Picnic this year. Since leaving Cork, Sinéad has worked in the UK, Africa and Australia. While in Africa, she worked for a charity called Bridge 2 Aid, which provides dental training to some of the world's poorest communities.

"I worked in Tanzania and you teach clinical officers how to take out teeth, so you're leaving them with a skill, rather than just going and doing extractions. You're actually teaching the people themselves how to do it."

Sinéad taking a break from teaching dental skills in Tanzania.

From Africa, she went to Australia and lived in Sydney for two years while working in a combination of private practice and in Sydney Dental Hospital (SDH).

She did some teaching while at SDH and says that teaching keeps you up to date with the latest developments and that teachers progress as dentists as techniques change.

More investment in oral health for children is needed she says: "If you learn good habits at the beginning, you'll have less complications throughout life".

Sinéad is now back in Ireland working as a senior house officer in the Dublin Dental University Hospital (DDUH) and intends to specialise in oral surgery.

"It's nice coming back to Ireland and working at home. I had a great experience working abroad; I worked in a number of areas and loved it all but there's a great sense of warmth about coming home and getting to work at home."

Eamon Nugent

After graduation, Eamon ended up working in both of Scotland's major cities, first in Edinburgh, then in Glasgow. He worked in a hospital which deals with complex cases such as mouth, head and neck cancers and impacted wisdom teeth. He considers this great experience and says he was very lucky to get a chance to work on these cases.

Like Sinéad, Eamon also talks about how well the 2011 class got along: "We spent so much time together all of us became really good friends and are still in contact… I also met my wife in my class. We got married last year and it was great to have so many of our class come back for the wedding".

In Cork, the class also had many contact hours and this meant a close relationship also developed between the students and their tutors. Eamon says the students could always ask tutors questions or bring cases to them, which greatly improved their education. He says it is a very demanding but rewarding course, and to complete it some of your social life would have to be sacrificed.

He praises the high level students are trained to in the school. Having worked in the UK, where he met dentists who studied in many different dental schools, he realises how well Cork students are trained.

After his time in Scotland, Eamon moved back to Ireland and has settled in Dublin. At first, with the recession still going on he was spread working between three practices but now works for just one, Docklands Dental, which he describes as a very modern practice.

He would like to teach dentistry someday, but only on a part-time basis as he enjoys practising. More needs to be done by the State to help people protect their oral health he says, especially in terms of the PRSI scheme. He says that cost is the main thing that puts people off going to the dentist and that more should be done so that people can use their PRSI contributions to pay for dental care, even just basic preventive care. He says he sees many patients now who haven't been to a dentist in five years or more.

Eliana Hadjiantonis

When Eliana started the dental degree in Cork, she was afraid that being an international student would be a barrier. But the Cypriot's fear evaporated when she was quickly able to adjust and integrate into Irish culture.

Because the people were friendly and welcoming, Cork soon felt like home and she says she had a wonderful five years in the city, making friends for life. After graduating from UCC, she went on to complete her foundation training in Birmingham, and is currently trying to fulfil an ambition to provide dental care for children by completing a Professional Doctorate in Paediatric Dentistry at the University of Leeds. After this she hopes to split her time between family life and running a paediatric dental practice in Cyprus.

Eliana says that dental caries in children is a major public health issue but that it "is completely preventable and therefore more effort should be made on educating the public and raising awareness about the impact of sugary foods and drinks on teeth.

"I believe that one way of achieving this is by promoting oral health education, brushing and healthy diet at school".

She praises the high standard of education at Cork, noting the close supervision and extensive clinical training provided by professional and skilful clinicians offering guidance and support to students.

She believes the best way forward for her is academia mixed with clinical practice and has already been involved with undergraduate teaching as part of her postgraduate course.

Stephanie Healy

Stephanie still clearly remembers meeting her classmates for the first time, the feeling of independence that comes with the college experience and her hand shaking as she gave her first dental block to a patient. She is very happy in her career but when she started the course questioned whether she actually wanted to be a dentist.

The first two years of the course were very academic but she says: "As soon as the practical aspect of the course began in third year it all came together and my confidence in my career choice was restored. The biggest high was graduating with my BDS and 36 new friends for life".

After graduation, Stephanie too went to the UK. There she completed her vocational training and spent a year as a senior house officer in Leeds.

She says: "This year was invaluable as it not only gave me experience in oral surgery but exposed me to patients with complicated medical histories, the treatment of oral cancers, facial fractures and facial reconstructions".

From the UK, she went to Sydney, Australia, but returned to Britain to pursue an interest in implant placement and facial aesthetics.

Now working as a GDP in Dublin, she enjoys the variety of treatments general practice offers and the patient continuity it involves, and sees herself continuing as a GDP offering high-quality evidence-based dentistry.

Agreeing with her classmates, she believes prevention is the way forward and this needs to be started at an early age.

She praises the standard of education in Cork and believes the class were very lucky to have small clinical groups and one-on-one training in Cork.

One thing she says is that: "Although I had ample restorative exposure I would have liked more access to oral surgery procedures as I found these the most challenging during my first year as a new graduate".

She would also like to pass on her skills someday: "I was lucky to have excellent demonstrators who left a lasting impression on me and laid the foundation for my career. I would also love to pass on my enthusiasm and experience to budding young dentists".

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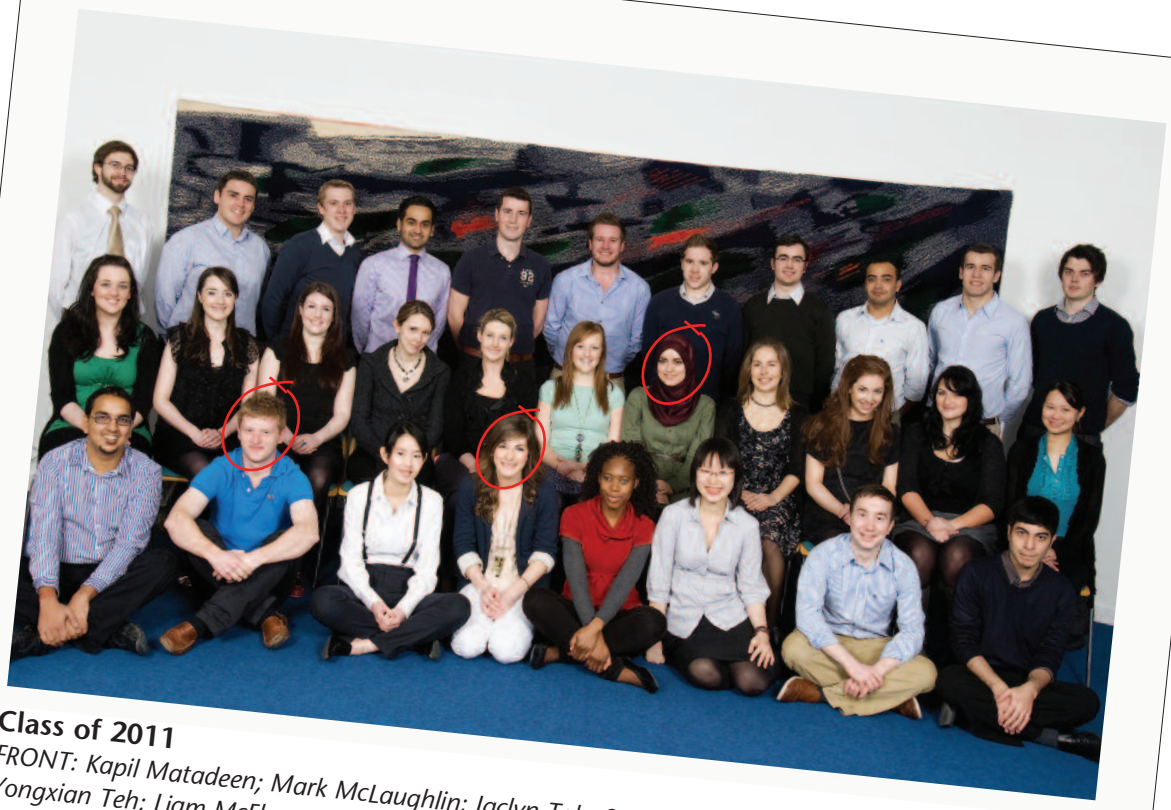


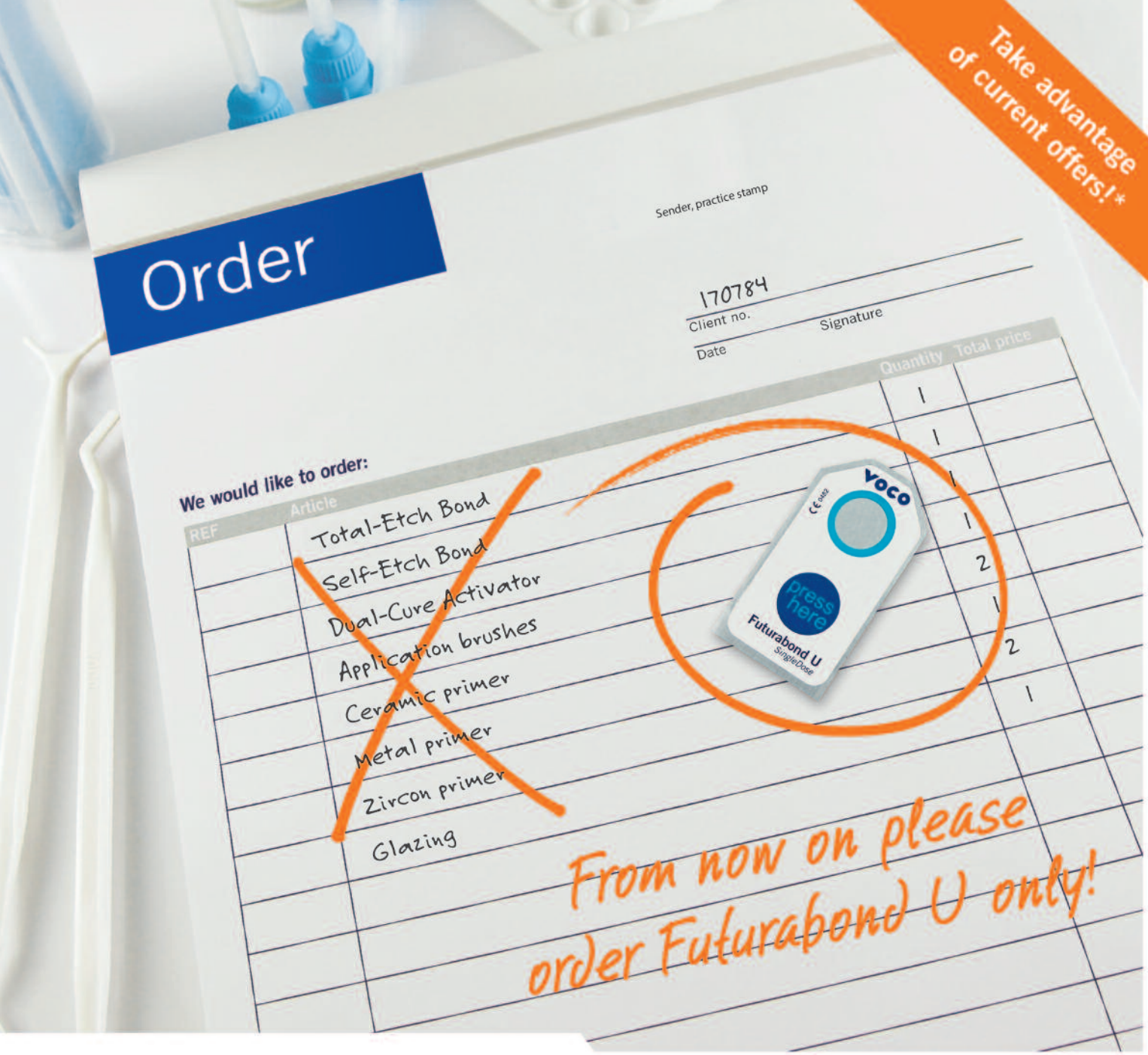
Class of 2011

FRONT: Kapil Matadeen; Mark McLaughlin; Jaclyn Toh; Sinéad-Emily O'Brien; Laone Paphane; Yongxian Teh; Liam McElvanna; Dawud Ahmad.
MIDDLE: Annie O'Connell; Margaret McDevitt; Kellie McConnell; Sarah Brody; Emily Crossan; Aoife McDonnell; Salwa El-Habbash; Jennifer Lawson; Jane Stokes; Ciara Cunniffe; Pik Gah Lee.
BACK: Daneil Lenouvel; Ross Flannery; Richard Flynn; Mujtaba Hussain Lakho; Michael McCarthy; Greg Creavin; Stephen Kelly; Brian O'Donovan; Manas Malkan; Ryan McConville; Matthew McPolin.
MISSING: Chloe Kassis-Crowe; Simone Kelly; Susan O'Connell; John Reidy.

Mark McLaughlin

Mark left and then returned to the DDUH by almost the same route. After graduation, he moved north to Belfast where he spent a year in general practice and another in the local oral and maxillofacial surgery unit. After that he crossed the sea to Scotland and spent a year working in the restorative department of Glasgow Dental Hospital. He then spun on his heels and returned to Belfast for another year in general practice, before coming back to Dublin to begin postgraduate study.

The Dental School's football team, which won the inter-faculty football tournament, the Trinity Cup.



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VOCO THE DENTALISTS

Mark has fond memories of his time as an undergraduate. He says a couple of the high points were definitely the two occasions when the dental team won the Trinity Cup, a football tournament between different teams in the college. Mark says the nights out after those games were always fun.

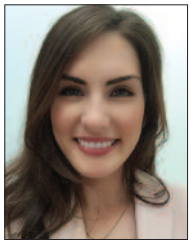
His low points will be familiar to a lot of dental students, mentioning studying for exams and a patient not turning up for his competency exam.

But he's still decided to start student life again and is in the second of three years of a postgraduate qualification in periodontics. After this, he hopes to work in a practice limited to periodontics.

"I think our dental education in Dublin, and in Cork, is of the highest standard around, given the fact that our schools are quite small. I think that's a major advantage. It gives the students really good clinical training and a good ratio of students to clinical teachers."

Prevention is key to his message to politicians: "Any policy to improve oral health would have to begin with education and prevention. They're definitely the most important things. I think we need the education just to encourage people to take responsibility for their own oral care at home and to attend regular check-ups".

He thinks that with the rise of social media, it's easier to promote healthier lifestyles and that people are interested and more willing to make improvements in their overall well-being nowadays.



Sinéad Emily O'Brien

Sinéad says that one of the major advantages of doing dentistry in Trinity was that: "As a relatively small class and quite an intense course, you spend a lot of time with your classmates and make lifelong friends".

She remembers one of the main highlights of her time in college being an elective she took with some of those friends where they went to Vietnam.

Like a lot of alumni from around those years, after she graduated she headed abroad. Firstly, she went to America to visit family before heading to Australia for work. There, she spent three years in private practice in Cairns, a city known as the gateway to the Great Barrier Reef, while also working part-time as a clinical supervisor in the dental school at James Cook University.

In 2014, she returned to Ireland and began working in the oral and maxillofacial surgery department of Galway University Hospital, which she says was great experience. At the same time, she completed her membership exams for the Royal College of Surgeons in Ireland (RCSI). She has since returned to the DDUH and completed a senior house officer year in paediatric dentistry, and has just started a three-year clinical doctorate in orthodontics: "I see myself working as a specialist orthodontist, ideally working in a hospital setting".

She believes like so many of her peers that to improve oral health, governments need to encourage people to start looking after it from a young age. She would like early intervention to be introduced as Government policy: "The age one dental visit would make a huge difference and encourage oral hygiene and diet education and ultimately prevention from an early age, which in the long term would be extremely cost effective".

Sinéad repeated two things her peers have already said:

1) working in another country showed her that her dental training was right up there with the international standard; and,

2) teaching is an important part of being a good dentist.

She says: "I am currently taking a session as tutor for undergraduate problem-based learning tutorials and find it very enjoyable".

Salwa El-Habbash

Salwa believes the variety and frequency of clinics she undertook during her time as an undergraduate prepared her well for general practice and would like to pass on that knowledge to future students.

The first year after she graduated from the DDUH, she ended up back there working as a junior house officer: "It was a great way to ease oneself into working life with the comforts of having the support of a large team. It also enabled me to sit my MFD exams".

Her decision to stay at home in Ireland after graduating came as most of her classmates were leaving to gain experience abroad because of the recession. But Salwa managed to make a good start to her career without having to emigrate: "After the year as a junior house officer in the DDUH I locumed in different practices while managing to get some travel done in between. I finally settled down in a practice and decided it was time to return to the DDUH as I was starting to miss it"!

Of her time in college she says: "The friendships made over the five years as an undergrad would have to be one of my best memories. You can't go through five years of laughs, stress and tears and not have a unique bond! I was also quite fond of Friday afternoon clinics with Dr Paddy Beausang, where we would get pep talks after clinics and get some real life advice before being set free from the DDUH and into the real world".

Now firmly in the real world, she is working in a general practice in Grand Canal Square in Dublin, her main area being restorative dentistry. She also works in the DDUH part-time as a student clinical supervisor.

She says teaching "is something I am passionate about and hope to progress in. It is a pleasure for me to be getting a taste of it through my supervision and tutorial sessions in the DDUH".

For the future she says: "In five years' time I hope to be enrolled in and almost finished specialist training in orthodontics. I also hope to see more of the world and potentially work abroad for some time".

She thinks more should be done in schools if we are to improve oral health in the country: "Trained oral health educators (hygienists/nurses) should be visiting schools and providing students with oral hygiene advice, dietary advice and general advice relevant to dental disease".

Colm Quinn
Journalist and Sub-Editor at
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Communicating with the dental laboratory

Good communication can help to optimise your dental technicians' unique contribution to the treatment you provide.

Communications with the laboratory are fundamental to effective use of the technical skills that support many of the high-quality restorations and prosthetic solutions that our patients require. To ensure that the best quality is achieved, it is worth taking a moment to check that those communications are effective. Increasingly, some of the more innovative practices are including laboratory activity as part and parcel of their practice quality assurance procedures. This can be particularly effective if both parties can harmonise their quality assurance systems, as fewer mistakes are likely to occur. From the dental practice perspective, it would be helpful to address the following points:

- selection of the laboratory;
- infection control;
- contractual issues; and,
- the prescription;
- confidentiality;
- harmonising quality assurance systems.

Selection of the laboratory

Dentists select the services of a particular laboratory for a number of reasons, including:

- quality of the product and the service;
- word of mouth recommendation; and,
- location;
- cost.

In terms of investment, the services of a dental laboratory can represent around 15-20% of gross income. When developing a working relationship, it might be useful to visit the laboratory, meet the staff and, in turn, to invite them to your practice. Such visits can improve mutual understanding and strengthen interpersonal working relationships. Whatever reasons might influence your choice of a particular laboratory, do not lose sight of quality assurance issues and the need for clarity of understanding between the laboratory and your practice. Careful selection and a good working relationship can save a considerable amount of frustration, time and money.

The prescription

Once the laboratory has been selected you need to develop a good working relationship. Both parties need to be confident to speak up if further information is required. Commonly, the initial 'honeymoon period' is wonderful. Work is accepted eagerly, returned on time and very few mistakes occur. However, maintaining this arrangement is sometimes difficult.

Four tips for maintaining a good laboratory relationship are:

1. Pay the laboratory on time.
2. Thank them for any job well done.
3. Provide accurate impressions.
4. Provide appropriate and clear prescriptions.

It is worth remembering that the prescription forms part of the clinical records and it may be requested if there is ever a dento-legal dispute. A clearly written prescription is important, not only to instruct the laboratory but also as a risk management tool. Recently, a Dental Protection member was able to demonstrate to a third-party payment insurance company that he had provided the claimed treatment, based on the fact that it was detailed on the laboratory card.

Everyone wants an easy life and top technicians often choose to do work from dentists that they know is accurately prescribed with good full arch impressions. Not only is this easier for the laboratory, but the favoured practice has the benefit of a quality technician to work on their cases.

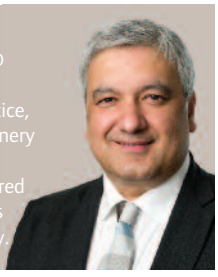
Infection control

Soon it may be possible to transfer all the necessary information to the laboratory via CAD/CAM. In one fell swoop we will have eliminated all the infection control issues between the dental practice and the laboratory. Until that time, however, it is important to have an effective protocol in place. Any materials leaving the dental surgery require appropriate sterilisation or disinfection. The laboratory has to trust the dentist: all dental impressions/stages of laboratory work, dentures and orthodontic appliances must be disinfected before being sent to the dental laboratory and packaging should be marked accordingly. It is the responsibility of not only the dentist but also all members of the dental team to be aware of the requirements of the Dental Council's Code of Practice Relating to Infection Prevention and Control.

Just as care should be taken to disinfect all items leaving the practice for the laboratory, the laboratory should undertake to implement a set of procedures to assure disinfection of products leaving the laboratory for delivery to the practice. It should be established that crowns and dentures that have been handled in the laboratory are appropriately cleaned, disinfected and sterilised, where appropriate, before they are returned to the dentist. Both surgery and laboratory

Dr Raj Rattan
MBE BDS MFGDP(UK) PgDip MDE FFGDP(UK) FICD

As well as running a large general dental practice, Raj was an Associate Dean in the London Deanery before being appointed as Dental Director for Dental Protection. He has authored/co-authored several textbooks, published numerous articles in the dental press and lectured internationally.



should have effective procedures in place to ensure the safety of everybody involved. The efficacy of a reciprocal arrangement like this can only be ensured if there is an effective level of communication between the parties involved.

Confidentiality

The patient's name and that of the referring practice usually identify individual cases of laboratory work. While it is uncommon for technicians to discuss cases by name outside their place of work, it is worth recognising the potential for a breach of patient confidentiality and discussing it with the laboratory to agree a protocol. For example, some practices use a unique identifier to anonymise patient names.

Contractual issues and quality assurance

Having selected a dental laboratory based on the quality of their work, reliability and the standard of infection control measures, the laboratory can reasonably expect similar attention to detail from the practice in return. It is then only a short step to writing down the existing protocols in the surgery and establishing reciprocity in the laboratory. Once these two sets of procedures dovetail with each other, they become pivotal to the contract between laboratory and surgery.

Other sections of the contract may deal with confidentiality, audit of the quality issues relating to the product delivered from the practice, and quality of impressions submitted to the laboratory.

A contract can engender mutual respect and most colleagues would agree that establishing a good rapport at the start goes a long way towards eliminating costly remakes and fruitless blame apportionment. The 1-10-100 Rule proposed by G. Labovitz and Y. Chang[1] illustrates the importance of focusing on early detection of failure in preference to corrective measures later.

As a broad principle, the same rule can be applied to laboratory work. An inaccurate impression can be retaken in a matter of minutes and usually at minimal cost. If it is sent to the laboratory and a new impression is requested, the cost to the practice will be 10 times more by the time the patient has been recalled and a new impression taken. Failure to detect and remedy the failure at both stages may result in a remake and the cost of the time and fee for that remake may be 100 times more compared to the remedy at the first stage of the process. These numbers are not to be taken literally, but certainly provide an indication of the additional costs that can be saved.

Reference

1. **Labovitz, G., Chang, Y., et al.** Tough questions senior managers in health care should be asking about quality. *International Journal of Health Care Quality Assurance* 1988; 1 (2): 12-14.

Reducing tax liability

A number of tax reliefs are available to help reduce income tax liabilities for individuals, both employees and the self-employed.

Over the last number of years Revenue has curtailed many of the options available to reduce income tax but there are still many reliefs available, which can help you to significantly reduce your income tax burden.

Firstly, let's look at some of the reliefs available, which people may be entitled to but which are often forgotten on income tax returns. It is worth noting that millions of euro remain unclaimed by taxpayers each year and that if you feel that you have a number of years of unclaimed tax credits, you are entitled to go back and claim for the previous four years.

Health expenses

Tax relief at the standard rate of 20% may be claimed on medical expenses not reimbursed by insurance providers. The types of medical expenses that can be claimed are:

- qualifying medical expenses, e.g., prescribed on the advice of a qualifying practitioner;
- drugs or medicines prescribed by a registered doctor; and,
- qualifying dental expenditure, which must be accompanied by a Form Med 2.

Relief at the marginal rate of tax (41% for anyone paying the higher rate of tax) is available on payments made to a nursing home for the full-time care of an individual.

Tuition fees

Tuition fees qualify for a deduction against your income tax liability at the 20% rate. The deduction may be claimed on the academic year in which the fees are paid, including the student contribution. The maximum relief available is €7,000 in respect of each course and certain postgraduate courses. Relief may also be claimed for certain training courses in the areas of information technology and foreign languages, with relief applying to fees paid from €315 to a maximum of €1,270 per student.

David McCaffrey
MBS ACMA (GCMA) AITI (CTA)

David is a partner with specialist dental accounting practice MedAccount.

Home Carer's Tax Credit

If you are jointly assessed and you or your spouse/civil partner is a home carer, you may be entitled to claim a Home Carer Tax Credit in the amount of €810. The credit may be claimed if care is provided for:

- a child for whom you are entitled to claim Child Benefit;
- a person who is permanently incapacitated by reason of mental or physical infirmity and such person normally resides with you for the year; or,
- a person aged 65 or over.

Employing a carer

Tax relief can be claimed if you employ an individual to care for an incapacitated person. This relief cannot be claimed in conjunction with the Dependent Relative Tax Credit or the Incapacitated Child Tax Credit. The relief to be claimed is the cost of employing the carer, subject to a maximum of €50,000, less any amounts recovered from a health or local tax authority.

Maintenance payments

Tax relief may only be claimed on payments made under a legally enforceable arrangement for the benefit of the spouse or civil partner. Relief is not granted on payments for children.

Deeds of covenant

If you have a covenant in place in favour of a permanently incapacitated minor, other than your own child, where the recipient is under 18 years and unmarried, unrestricted relief may be granted against your income tax liability. Relief is also available for covenants in favour of permanently incapacitated adults, with restricted relief available on covenants in favour of adults aged 65 and over.

Rent credit

If you are renting accommodation privately, you may be eligible for tax relief on part of your rent. You can only claim this relief if you were already renting at December 7, 2010. If you were not renting on that date and you subsequently entered into a rental agreement, you will not be able to claim tax relief on your rent. However, if you were renting at December 7, 2010 you will continue to qualify for this relief even if you enter a different rental agreement after that date. The relief is being phased out and 2017 will be its last year.

Only the rent for private rented accommodation that you use as your sole or main residence will qualify for tax relief. The maximum relief available is €400 for a couple if under 55 years of age or €800 if over 55 years of age.

Investment or incentive type reliefs

The main forms of relief are Employment and Investment Incentives (EII), formerly the Business Expansion Scheme, Film Relief, and those available on personal pensions and personal retirement savings accounts (PRSAs).

Tax relief benefits of a personal pension or PRSA

1. **Relief for the contributions you make**
   Tax relief is available for contributions to approved personal pension schemes for annual earnings of under €115,000. The tax relief becomes more generous as you get older, helping to increase the overall value of your investment.
2. **Tax-free growth on your investment**
   The contributions you make to your pension fund are exempt from Irish tax, meaning you will be able to re-invest non-taxed returns into your fund to generate higher future returns.
3. **Tax-free lump sum upon retirement**
   According to current personal pension and PRSA rules, upon retirement you are allowed to withdraw up to 25% of your accumulated fund tax free (within a limit of €200,000). You can use the remainder to purchase an annuity or keep it invested in your PRSA or approved retirement fund (ARF).

Tax relief on pension contributions

The tax relief you are entitled to with a personal pension/PRSA is age related. The older you get the more tax relief you gain. **Table 1** will help you to work out your tax relief entitlements.

Table 1: Tax relief amounts by age for those with personal pensions/PRSAs

Age	Amount which qualifies for tax relief of net relevant earnings
Under 30 years	15%
30 to 39 years	20%
40 to 49 years	25%
50 to 54 years	30%
55 to 59 years	35%
60 and over	40%

If you are employed and are part of an occupational pension scheme (the GMS Superannuation Scheme is included), it is important that you contact your financial adviser/accountant to determine how much you may invest into each pension scheme as investment into an occupational pension scheme takes priority over personal pension plans.

Employment and Investment Incentive (EII)

The Employment and Investment Incentive (EII) is a tax relief incentive scheme that provides tax relief for investment in certain corporate trades. The scheme allows an individual investor to obtain income tax relief on investments up to a maximum of €150,000. Relief is initially available to an individual at 30%.

A further 11% tax relief will be available where it has been proven that employment levels have increased at the company at the end of the holding period (three years) or where evidence is provided that the company used the capital raised for expenditure on research and development. This additional 11% will not be subject to the high earners' restriction.

An investor who cannot obtain relief on all his/her investment in a year of assessment, either because his/her investment exceeds the maximum of €150,000 or his/her income in that year is insufficient to absorb all of it, can carry forward the unrelieved amount into following years.

This scheme is available to the majority of small- and medium-sized trading companies but as with all investments, careful consideration should be given to where your investment is directed.

Section 481 film investment relief

Section 481 of the Taxes Consolidation Act 1997 (S481) is designed to promote investment in film production companies and provides relief for qualifying individuals and companies for relevant investment in qualifying film production companies.

Under S481 an individual taxpayer may subscribe for up to €50,000 in shares in a qualifying film company in respect of the tax year in which the investment is made. 100% of the amount subscribed is available as a deduction from the investor's total income, thereby eliminating the tax liability on this amount.

Before making an investment into any of the above schemes it is important that you speak to your financial adviser to ensure that the investment is right for you.

QUIZ ANSWERS

Questions on page 244

1. The Examining Dentist scheme.
2. Yes, all third-party schemes have some form of probity, which can require dentists' co-operation.
3. i) Ensure you have good clinical contemporaneous records.
   ii) Computerised records – fill in treatment details before the next patient is seen.
   iii) Record prescribed drug(s) and prescription number on the clinical chart.
   iv) Surgical extractions – ensure you record greater details such as crown/root fracture, root division and bone removal, etc. It's always beneficial to have a radiograph.
4. We can't be certain but we believe that dentists are selected arising from:
   - complaints received from patients or other dentists;
   - HSE statistical analysis of claims submitted; and,
   - analysis of prescription records.
5. i) Get professional advice.
   ii) Contact the IDA immediately.
   iii) Contact your defence organisation.
   iv) Seek advice from trusted advisers.
   v) Comply with requests for the provision of records.
   vi) Brief practice staff.
   vii) Prepare to deal with patient queries.

Your retirement planning checklist

There are many things you can do to maximise your pension pot and ensure a comfortable retirement.

Having a million Euro retirement fund is a dream for many people. Making that dream come true requires some serious effort and hard work. While success is never a sure thing, the following steps will go a long way towards helping you to achieve your retirement objectives.

1. Have a plan

Nobody plans to fail, but plenty of people fail to plan. This is a much-used cliché, but unfortunately it is true! Planning is crucial to having a successful outcome to any given situation. Tipperary didn't win the All-Ireland Hurling Final by just turning up for matches. The months and months of preparation and planning that went into executing what they did demonstrates the importance of having a plan.

2. Don't delay, start today

The dentists with the most successful pension funds at retirement are the ones who start saving the earliest. Why? Well, I would say it is because they see the funds grow and become more and more enthused by the level of savings they have and are keen to keep it up. Dentists who contribute every year from their mid-twenties can often have 250k to 300k in their fund at age 40. Of that, possibly 100k-120k is tax savings! Should they continue to save throughout their careers, their funds will reach a very healthy figure by the time they can access them at age 60.

3. Get real ... returns

Studies have shown that the majority of the returns generated by an investment are dictated by the asset allocation decision. If you are looking to grow your wealth over time, bonds aren't likely to get the job done, and inflation can take a big chunk out of your savings. Investing in equities entails more risk, but is also statistically likely to lead to greater returns. For many of us, it's a risk we have to take if we want to see our wealth grow. A financial broker can help you to decipher your comfort levels of risk through consultation and questionnaires. You will also learn about asset allocation strategies – how to select the right mix of assets to suit your personal investment strategy.

John O'Connor

John is Managing Director of Omega Financial Management.

4. Prepare for rainy days

Part of long-term planning involves accepting the idea that setbacks will occur. If you are not prepared, these setbacks can put a stop to your savings efforts. While you can't avoid all the bumps in the road, you can prepare in advance to mitigate the damage they can do.

5. Save more, save often

As your business year progresses be sure to put money aside for your pension as well as your tax. For most dentists, 40% of what they contribute to their retirement savings is tax. So as the year progresses and you put money aside for your year-end tax, be sure to also put it aside for your pension. It seems to me to make much more sense to keep it for yourself rather than giving it to the Revenue Commissioners!

6. Monitor your fund

There's no need to obsess over every movement in the stock markets. Instead, check your retirement fund regularly and make a point of putting time in your diary to meet with your financial broker to have this discussion. It might be a case that you have to rebalance the assets in your portfolio to keep your plan on track and your financial broker can help you to make this assessment.

7. Maximise your contributions

As you get older the amount that you can contribute tax effectively to a pension plan increases, so much so that once you hit 60 you can contribute 40% of your earnings to a pension plan. So take advantage of this opportunity and make sure that you maximise the amount you are putting into your pension. Remember, this is one of the most tax-effective ways of saving, so don't let this chance to save get away.

8. Review, review, review

The closer you get to the day of your retirement, the more important it will become to see if your retirement plan is still on track. This may necessitate meeting with your adviser on a more regular basis, maybe every three or six months. When you are so close to retiring, it does not make sense to neglect what will probably be your most important asset after your home.

9. Have patience

'Get rich quick' schemes are usually just that – schemes! The power of compounding takes time, so invest early, invest often and accept that the road to riches is often long and slow. With that in mind, the sooner you get started, the better your odds of achieving your goals. And as William Shakespeare once said: "Wisely and slow; they stumble that run fast".

While these steps can serve as a useful guide to help you plan for your retirement, it is important that you always seek independent financial advice when looking at your retirement planning needs.

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KBC/2364 (R08/16)

Focus group methods in dental research

Précis

A structured integrative review of focus groups, their use and complexity, as a methodology for dental research.

Abstract

Introduction: Focus group methods have been increasingly used in dental research. However, although focus group methods appear quite simple and easy to carry out, there are a number of complexities that need to be considered.

Method: The present integrative review was carried out to assess the usability of focus group methods for dental research.

Results: Three key themes were identified from the qualitative review: the complexity of the method; benefits of focus group research for dentistry; and, the nature of the quality controls employed.

Conclusion: A key strength of using focus groups is that they can enhance qualitative and quantitative methodologies by helping to clarify, extend, qualify, or challenge what has been found.

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Introduction

Focus group methods have been used in qualitative research, especially in healthcare in areas such as medicine[1-4] and nursing[5-7] and, more recently, in dentistry. To inform the research, focus group methods use the format of a guided group discussion. In healthcare, the method has been found to be useful in designing health interventions, in pre-testing intervention materials, and in establishing adequate procedures for delivering an intervention.[8,9] Furthermore, the method has been used to elicit perceptions, ideas, opinions and thoughts about specific health areas of concern, thus providing rich data from multiple perspectives.[10] Focus groups provide an understanding of areas where quantitative probing would not be applicable. For example, in the case of patients diagnosed with burning mouth syndrome, the researcher, in the absence of measurable, observable symptoms, has to use a qualitative data collection method, such as that of a focus group, to elicit the experience of the patients.

The beneficial use of the focus group method for dentistry has not, as yet, been reviewed in depth. It is important, given the current focus on evidence-based practice research, that the review be systematic and rigorous. The strength of the integrative review, in contrast to the systematic review, is that it summarises past theoretical and/or empirical literature, and allows for the inclusion of diverse methodologies (for example, experimental, non-experimental and qualitative), as well as not overvaluing hierarchies of evidence, to provide a more comprehensive understanding of the particular phenomenon or healthcare problem, which can also include expert evidence.[11,12] The integrated review therefore provides a myriad of perspectives on a phenomenon, which researchers had previously viewed as mutually exclusive. Furthermore, it has the possibility to build dental science by informing research, practice and policy.

In relation to dentistry, there is no comprehensive review of focus groups. Given the beneficial uses that have been identified in the general healthcare

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Table 1: Level 1 search strategy.

Concept 1	Concept 2	Combined search concepts 1 and 2	Combined search with limits applied
Focus group/s In the article, title or key words Date range: 2004-2013 Document type: article, or review Not physical science Life health, social science, and humanities 80,337 articles	Method, methodology, research method, qualitative research In the article, title or key words Date range 2004-2013 Document type: article or review Not physical science Life health, social science, and humanities 7,704 articles	1,394 articles	Limited to dentistry 16 articles 5 relevant articles included in review (Level 1 search strategy)

literature, there is now a need for research to explore and identify the applicability of focus group methods to dentistry. This integrative review, based on a five-stage process,[13] seeks to begin this process of exploration. The review process involved is rigorous, and draws on qualitative methods such as constant comparison, so as to enhance analysis and the synthesising of results.

Method

The integrative review followed the five-stage method as outlined by Whittemore and Knafl.[13]

1. Problem identification

The purpose of this review is to explore the beneficial use of focus group methods as applied to dentistry.

2. Literature search

The specific focus on the search is on focus group methods as applied to dentistry.

Level 1: search strategy

First, key words were selected that related to both focus groups (concept 1) and to method (concept 2). SciVerse 'Scopus' was the search engine used, as it draws on a wide range of journals. Only peer-reviewed publications from a substantial period (2004 to 2013) were considered because this elicited the greatest proportional relevant articles. Any articles published in the physical science area were excluded from the search, as these were not relevant to dentistry. This combined Scopus search (concept 1 and 2) generated 1,394 articles. Second, limits were then applied to the combined search. Thus, only articles related to dentistry were included. Sixteen articles in all were hand reviewed to assess relevance. The result of the Level 1 integrative review search was that five articles were deemed relevant (**Table 1**).

Level 2: additional search strategy

We hand-reviewed the references in the five main articles (Level 1 search strategy) so as to include only the articles dealing with focus group methods as applied to dentistry (one was deemed relevant[14]). This article was added to the five already identified by the integrative review (Level 1 search), making a total of six articles.

3. Data evaluation

Six theoretical articles formed the basis of this review, as they appraised the methodological issues in conducting focus groups applied to dentistry; no empirical articles reviewing focus group methodology were found. The Level 1 eligible primary sources were reviewed before the Level 2 articles. No other criteria were applied because of the limited number of articles obtained. However, it is interesting to note that from the 11 articles that were excluded from the integrative review (**Table 1**), focus group methods had been used in relation to the following areas: examiners' views of the use of intra-oral photographs to detect dental caries; delivery of oral health information; parents' perceptions of oral health; professional career choice in dentistry; clinical teaching (problem-based learning); and, clinical trials (factors influencing or preventing engagement). Furthermore, the use of focus groups in these studies was as a single focus group method (four studies), a mixed method (four studies), or a mixed qualitative method (three studies).

4. Data analysis

A thematic analysis using the constant comparison method was used. This method involves the researcher comparing similarity and contrasting difference in the data at the level of interview, statement or theme, to identify the main themes in the five articles (Level 1 eligible primary sources). Once themes were identified from the Level 1 search, the one article from the Level 2 search was incorporated.

5. Presentation

Key themes that emerged from the thematic analysis were displayed in a table format.

Results

From the thematic analysis, three key themes and sub-themes were identified (**Table 2**).

Theme 1: different focus group methods

Focus groups are categorised as a type of group research method. However, it is important to identify and acknowledge how the method differs from other group methods, such as leaderless, nominal group technique, brainstorming, Delphi technique, or panel. Doing so will generate a greater understanding of what focus group methods can achieve.

Table 2: Integrative review of focus group methodology: themes.

	Themes	Sub-themes	Authors
Theme 1	**Complexity of the focus group method**	Varies from other group methods	Ayala *et al.*, 2011[15]; Stewart and Gill *et al.*, 2008[16]; Edmunds and Brown, 2012[17]
		Myriad of focus group designs	Brodani, 2008[14]; Ayala *et al.*, 2011[15]; Stewart and Gill, 2008[16]; Edmunds and Brown, 2012[17]; Gill *et al.*, 2008[18]
Theme 2	**Benefits of focus group research for dentistry**	Applications for dentistry	Brodani, 2008[14]; Edmunds and Brown, 2012[17]; Gill *et al.*, 2008[18]; Nelson *et al.*, 2009[19]
		Benefits for dentistry and healthcare research	Brodani, 2008[14]; Ayala *et al.*, 2011[15]; Stewart and Gill, 2008[16]; Edmunds and Brown, 2012[17]; Gill *et al.*, 2008[18]; Nelson, 2009[19]
Theme 3	**Quality controls**	Advance preparation	Ayala *et al.*, 2011[15]; Edmunds *et al.*, 2012[17]; Gill *et al.*, 2008[18]; Brodani, 2008[14]
		Moderator as skilled expert	Edmunds and Brown, 2012[17]; Gill *et al.*, 2008[18]; Brodani *et al.*, 2008[14]
		Credibility/trustworthiness	Ayala *et al.*, 2011[15]; Gill *et al.*, 2008[18]; Brodani *et al.*, 2008[14]

Focus group methods can elicit an understanding of a topic for the purpose of research, and thus they are data oriented in their emphasis, needing to be moderated by a facilitator(s), as compared, for example, to a leaderless discussion group, in which the main focus is on group dynamics. Focus groups are based on group discussion, and may be influenced by group dynamics, whereas in the nominal group technique the participants do not interact directly, but are individually interviewed, after which their feedback is shared with the other participants. Focus groups usually employ a face-to-face technique, which allows for all participants to interact with each other, under the guidance of the facilitator(s), who can help to explore contrary opinions or new areas of understanding, and can help to enlarge the picture of the topic. In contrast, the group interview process is one in which the participants interact individually with the interviewer. Furthermore, the focus group discussion has generally a wider focus on the participants' views, experiences, beliefs and values, in contrast, for example, to the Delphi technique, which has a very specific focus: that of predicting trends by a panel of experts. Focus groups can involve collective brainstorming, but the main goal is not exclusively to identify new ideas or solutions; it may also involve understanding the experiences and views of the participants. The panel series design is a variation on focus group methods, which requires the participants (e.g., individuals, dyads, families) to attend several sequential focus group meetings. This may extract richer data than the traditional focus group method, and be more cost-effective, as fewer participants are required. Not only do focus group methods vary from other group methods, they have their own internal variations, which need to be considered.

Myriad of focus group designs

Focus group methods can have a stand-alone or a multi-method approach. The benefit of the stand-alone approach, where no other qualitative or quantitative method is added, is that it can increase insight into the group's norms, meanings and processes. However, to facilitate this approach, exercises, vignettes, and games can be useful in order to help group adhesion. Exercises and games can encourage engagement and dialogue, and vignettes can help cohorts from diverse backgrounds to discuss sensitive and/or personal issues. Furthermore, vignettes can allow the participants to distance themselves from a sensitive topic (e.g., when recording dentists' opinions about dental negligence and abuse[20]), and so be able to express their opinions on the sensitive matter without feeling personally exposed. A recent technique, photo-voice, could also be used so as to provide understanding, given that the technique can enhance group discussion through the use of photographs.

Focus group methods can be a useful adjunct to other data collection methods, whether quantitative (e.g., questionnaires and surveys) or qualitative (e.g., individual interviews) are employed. In regards to enhancing quantitative research, focus group methods can be used to: explore the meaning of quantitative data in more detail; explore data that is conflicting or unexpected; evaluate participants' perception and/or acceptance of programmes and interventions; and, develop hypotheses in newly emerged or under-researched areas. Furthermore, focus group methods can enhance both of the methodologies by helping to clarify, extend, qualify, or challenge what has been found. Their benefits extend to many healthcare areas, including dentistry.

Theme 2: benefits of focus group research for dentistry

Focus group methods have been used in dental research on a diverse range of topics, such as: patients' views; patients' and clinicians' views, and evaluation of dental services; attitudes and views of the dental profession and dental education; and, perceptions of oral health by various groups of people such as drug users, ethnic minorities, children, and people with special needs.

Focus group methods can generate a rich source of data on subjective and personal views, attitudes, knowledge, experiences, understanding, and beliefs. As they are group methods, their strength is in collating collective views, meanings and perspectives, as well as emphasising conflicting, supporting or alternative points of view. Furthermore, they can bring about a 'synergistic effect', as issues and solutions to a problem can be brainstormed by the group. In addition, focus group methods, as compared to other qualitative data collection methods, are more cost-effective in terms of time and resources. They are valuable also as the initial step in research, for example, when designing health interventions or when establishing acceptable procedure for these interventions.

Theme 3: ensuring quality

A. Advance preparation

In order to get the full benefit of focus group methods, there is a need for advance reviewing and planning. A number of considerations need to be taken into account here, including factors such as the composition of the focus group, the interview schedule, the recording devices, and environmental considerations. In regards to composition, the time allocation is generally an hour to an hour-and-a-half for the focus group discussion. The size of focus groups varies, ranging from a minimum of four to a maximum of 14 participants, with the optimal number being between six and eight. A rule of thumb would be to over-recruit so as to ensure that there is an optimal number of participants, and to circumvent the effect of any cancellations. If the group is too small, there is a risk of a limited discussion and/or of a discussion being dominated by one or two individuals. However, large groups can also have risks, both for participants and facilitators, in that such groups can be hard to manage, even chaotic at times, and may lead to participant frustration at inadequate speaking time. Generally, it has been recommended to run at least two focus groups per topic. Also, the age, sex, and professional status of the group need to be given due consideration. Whether or not the participants know each other is an important consideration here as the dynamics between a pre-existing or a stranger group will differ. For the facilitator, the advantages of an established, pre-existing group is that recruitment is easier, the group is likely to interact well and may find it easier to disclose sensitive issues. From the participants' perspective there is a familiarity and comfort with the other group members. However, some of the researchers suggest that disclosure may be easier in a stranger group, as strangers are less likely to be probed or challenged. Another important consideration is whether the group should be homogenous or heterogeneous. The benefit of the homogenous group is that it can generate more open discussion, especially if the members are unfamiliar with each other. This is especially true in relation to gender and ethnicity as it creates a more comfortable environment, particularly when sensitive topics need to be explored. Moreover, homogenous groups can be used for case control comparisons between groups. The strength of the heterogeneous group is that it provides insight into individual differences.

B) Preparing the interview schedule

In this case a step-by-step question guide is essential, and should be done in advance by the researcher and/or facilitator. Prior to the write-up of the interview schedule it is vital to refine the research objectives. The key principles involved here are: to order the questions in terms of their importance to the research agenda, moving from general to more specific or more sensitive; and, to restrict the number of predetermined questions to 12, because the focus of a semi-structured interview is to elicit rich data from the participants. Furthermore, at the initial stages it is worth considering the benefit that group rapport exercises and/or introductory questions may contribute.

C) Recording devices

The recording devices can be either audio or video, and should be of high quality, which can be helped by having an external microphone to capture the variation of pitch and tone in speakers' voices. They provide accurate recordings, which can be transcribed verbatim. The observer's notes will not provide as full and accurate an account. In particular, videos can capture non-verbal post-hoc data. However, they can be conspicuous and this can affect the naturalness of the group's behaviour.

Finally, in regards to environmental factors, the researchers should select an accessible, private and central location, which can facilitate attendance and participation.

D) Facilitator as skilled expert

Facilitation of the focus group process is quite complex and thus a skilled expert is needed here. A theoretical understanding of group dynamics, along with good communication and facilitation skills, is needed to help actively engage all the participants in this group discussion, thus enhancing the opportunity for richer data. At the same time, the facilitator needs to be mindful of any ethical issues that may arise. Knowledge of group dynamics, including power issues, provides a strong understanding for the facilitator about what might happen and how to intervene. As well as a theoretical understanding, the skilled facilitator needs to have the requisite communication skills in order to help stimulate interaction, build rapport, and encourage participant engagement.

They also need to keep a watchful eye that the group discussion doesn't wander too far from the topic being discussed and, if needed, to gently but firmly nudge the discussion back on track. A blend of skills is needed, for example the skill of asking open-ended questions to encourage discussion. At times, however, the facilitator may need to use closed questions so as to obtain very specific information, or to seek clarification. Furthermore, the facilitator needs to be able to probe and respond, while also being respectful and empathic to the participants. Being able to challenge is a crucial skill to help prevent the discussion being dominated by one individual. For example, the facilitator may need to challenge a 'power talker' who could sway the expressed view of the group, and thus ensure that all participants have ample opportunity to contribute, allowing differences of opinion to be discussed fairly, and reticent participants to be encouraged.

However, it is important to recognise that the facilitator role is to moderate, not participate, and to support, not to lead group discussion. Furthermore, the facilitator must be able to handle views that they might personally find unpalatable in that they conflict with their own research interest. It is also noteworthy that the facilitator's individual characteristics have a role to play; not all facilitators work well with all groups. The selection of a facilitator who has previous experience with the group may help to develop trust among members who are then more likely to contribute to the group discussion. On the other hand, familiarity with the group participants can also inhibit discussion for a variety of reasons.

It is crucial that the facilitator should have a good awareness of ethical issues. A key factor here is that participants be fully informed about the research before the focus group begins. This includes, for example, ensuring participant confidentiality, offering an opportunity to withdraw from the research at any stage, and giving clear information about audio recording or other equipment to be used.

The presence of an unscrupulous facilitator, one who, for example, might manipulate the group and engage in unprofessional behaviour, is dangerous. This is particularly dangerous if the focus group discussion is highly sensitive for the participants. A suggested solution is to recruit two facilitators so that that they may help each other to observe, support, and review their practice. It is important to select facilitators not only on the basis of their competence but also on the strength of their ethical practice. Apart from the ethical viewpoint, a second facilitator can strengthen the skill set of the facilitator role. For example, one facilitator may guide the group, and the other may observe the group dynamics, intervene if needed and control the length of discussion. An observational note-taker role may also be important. This role may be undertaken by a second facilitator or a researcher to capture the non-verbal behaviour of the group, which will give extra rich data for the analysis.

E) Creditability/trustworthiness

The trustworthiness or the credibility of the research is important, and some considerations to be made in this regard relate to: 1) sampling strategy; 2) research design; 3) coding; and, 4) analysis of the focus group data.

1. Sampling strategy

A purposive sampling strategy, one used to serve a specific need or purpose, is often the main strategy employed, the key purpose of which is to ensure that participants have the relevant rich experience of the research topic. The researcher will continue sampling until they have reached what is called a theoretical saturation point, which is one where the interviewing has ceased to bring in new ideas.

2. Research design

An inductive or deductive research design can be used within focus group research, and this brings different priorities to bear in the coding and analysis of the research. Deductive research is a theory-driven, top-down approach and so, when coding, the researchers need to judge the degree to which the discussion topic or process fits with the theoretical framework proposed *a priori*. Specifically in relation to coding, psychometrically sound systems have been developed to measure health-related behaviours and social processes.

Inductive research, in contrast, is a bottom-up approach: particular individual patterns are noted and from these general themes are created.

3. Coding

Reliable coding in inductive research should involve two coders, who are well informed about the topic, who evaluate the transcripts independently (both working to a standardised coding scheme), and with some procedure for resolving disagreement. This is a form of inter-rater reliability. The final stage in this process is when the coders meet after coding is complete to make comparisons. More recent research has used data analysis software to manage theme extraction and quotes (atlas.ti/NVivo).

4. Analysis

The richness of the data can be improved by including analysis of the observational notes, which pick up on the non-verbal behaviour of the group, as well as the verbal comments made by the participants as recorded in the transcript of the focus group discussion. When analysing focus group data, it is important to note that the participants' contribution may be influenced by the group context, for example, one participant may challenge the comments made by another member of the focus group, which may add another layer of understanding and provide a collective view.

Conclusion

Focus group methods are quite complex, overlap with other group techniques, and are some of the most common methods used in qualitative research. If used appropriately, they can generate rich data based on participants' perceptions, ideas, opinions, and thoughts on a specific issue or topic. The key strength of these methods are that they can enhance both quantitative and qualitative methodologies by helping to clarify, extend, qualify or challenge what has been found. They are valuable methodologies when initially designing, for example, oral healthcare interventions in dentistry, or creating adequate procedures on which to base these interventions.

In order to ensure good standards of practice, it is vital that the researcher/s engage in advance planning and preparation, and that the facilitators have sound theoretical and experiential knowledge of the process of group facilitation and group dynamics, along with excellent communication skills. This is supported by Shaha, Wenezel, and Hill,[6] who reported that critical attention needs to be placed on planning and on the conduct of moderators, when reviewing focus groups as a research method in nursing. Another factor to consider is to ensure the credibility/trustworthiness of the data collection method. Freeman,[5] for example, places value on good practice but goes further to suggest that the researcher's epistemological assumptions also need to be considered, as they have implications for the general study design. Currently, we are seeing an increase in the use of this methodology in dentistry for hypothesis generation, evaluation, and to help explore areas that are not well understood. However, more empirical research is required to examine the effectiveness of focus group methods across a variety of clinical settings. Incorporating an integrative review can further strengthen the quality of the dental research enquiry.

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Multiple myeloma presenting as mandibular pain

Précis

Case report: first presentation of multiple myeloma with mandibular pain. Discussion of oral and diagnostic issues in patients with multiple myeloma.

Abstract

Introduction: Multiple myeloma (MM) is a systemic malignancy of plasma cells defined by monoclonal production of circulating immunoglobulins. Bone pain is a presenting feature in the majority of cases. Treatment may involve intravenous use of bisphosphonates, chemotherapy or haematopoietic stem cell transplantation. Here, we illustrate a first presentation of MM in a patient with mandibular pain and discuss radiographic, diagnostic and treatment challenges of orofacial issues in patients with MM.

Case report: A 69-year-old lady presented to an emergency oral surgery clinic with a month-long history of unilateral left-sided pain in her jaw. Examination revealed a buccolingual swelling of 2cm diameter in the lower left premolar region. Radiographic images demonstrated a 2cm lytic lesion in her mandible corresponding with the symptomatic region. Aspiration of the lesion was performed and histological analysis indicated an abundance of atypical plasma cells. Subsequent biopsy revealed sheets of plasmacytoid cells suggesting evidence of a plasmacytoma. Skeletal survey, bone marrow biopsy and serum analysis confirmed the presence of MM.

Discussion: MM, although a systemic malignancy, can present via a variety of orofacial manifestations. The presence of a lytic lesion on plain radiographs should alert the dental practitioner to the possibility of the diagnosis. Treatment of orofacial bone pain may respond to intravenous bisphosphonates but care must be taken to avoid osteonecrosis of the jaw.

Conclusion: This case is an important reminder of the potential oral presentations of MM and underlines the importance of radiographic evaluation in patients with atypical symptoms and presentations.

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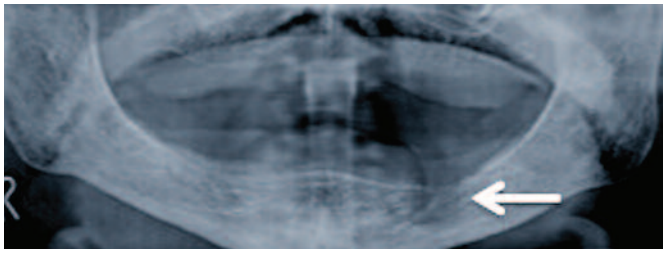

FIGURE 1: Orthopantomogram of the patient demonstrating an abnormality in the left body of the mandible (arrowhead).

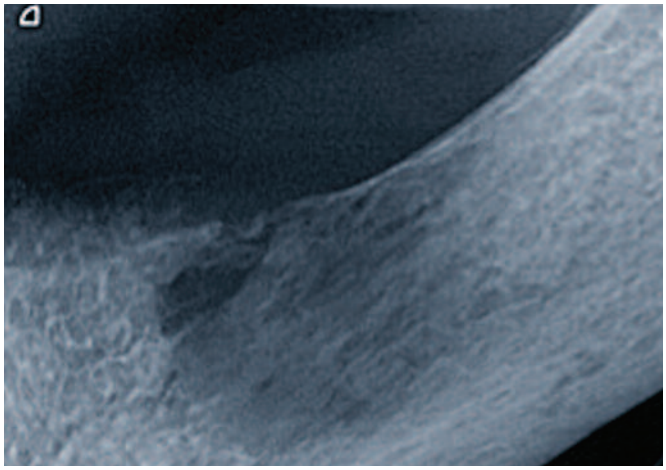

FIGURE 2: Peri-apical view of the left side of the mandible demonstrating a lytic lesion (area of increased radiolucency) with a poorly demarcated border.

Introduction

Multiple myeloma (MM) is a systemic malignancy characterised by neoplastic proliferation of plasma cells in the bone marrow resulting in monoclonal immunoglobulin production. Primary clinical presentations vary from bone pain and pathological fractures to incidental abnormalities on routine blood testing such as anaemia, hypercalcaemia and impaired renal function. Bone pain is a feature of initial presentation in 58% of cases.[1] The presence of a solitary extramedullary lesion (plasmacytoma) is seen in 7% of cases, and is associated with a more aggressive natural history of MM.[2] Plasmacytoma may present as a subcutaneous palpable mass.[3] It is estimated that MM accounts for 1% of all malignancies and 10% of haematological cancers.[4] Here, we illustrate a case of MM, initially presenting as an orofacial abnormality. We take the opportunity to discuss potential orofacial and dental presentations, challenges and complications that may occur in patients with MM.

Case presentation

A 69-year-old lady attended an emergency oral surgery clinic with a one-month history of pain and swelling in the left side of her mandible, resulting in an inability to wear her lower denture. Initially described as "burning" in nature, and considered to be neuralgia, the pain did not respond to analgesia prescribed by her general practitioner. The pain began to affect her quality of life as the patient felt lethargic and was unintentionally losing weight due to difficultly eating with the pain in the mandible. She also described numbness in the distribution of the left mental nerve. Examination of the edentulous patient revealed a swelling expanding in a buccolingual direction occupying the lower left premolar region approximately 2cm

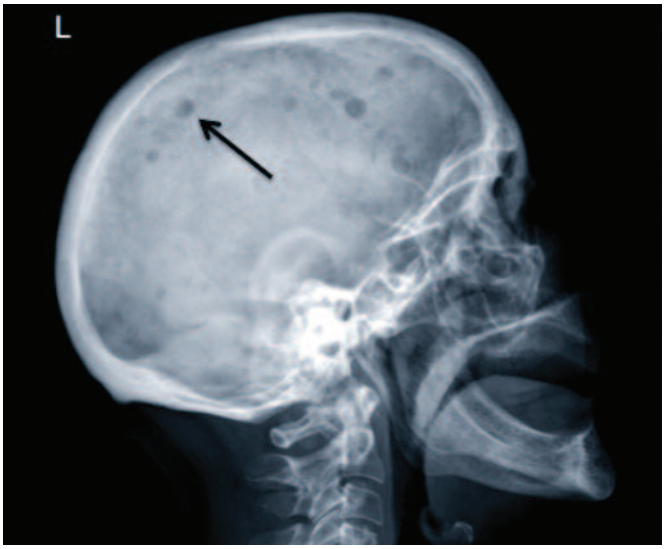

FIGURE 3: Lateral skull x-ray showing several well-circumscribed, radiolucent lesions superiorly (see arrowhead), consistent with myelomatous disease (classical 'raindrop' or 'pepper-pot' skull appearance).

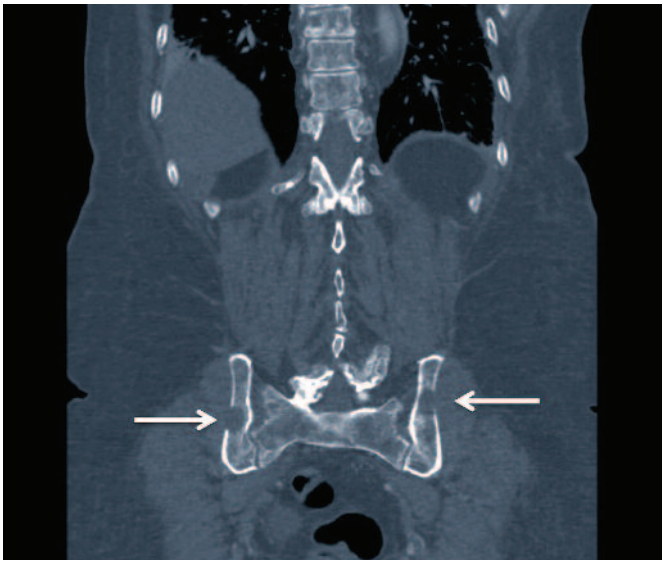

FIGURE 4: Coronal CT (computed tomography) image of the abdomen and pelvis demonstrating destructive lucent lesions in the ilium bilaterally (arrowheads). The lesions are adjacent to, but not involving the sacroiliac joints, and there is loss of the overlying osseous cortex.

in size. Extra-orally no abnormality was seen, although there was tenderness in the area of the swelling. On radiographic examination (**Figures 1** and **2**) a lytic lesion, approximately 2cm in size with a poorly-defined, non-corticated border was evident in the left premolar region, indicative of aggressive underlying pathology and necessitating further investigation.

Aspiration of this lesion was performed and histological examination demonstrated abundance and clustering of atypical plasma cells, highly suspicious for a plasma cell neoplasm. Subsequent biopsy of the same lesion revealed fragments almost completely composed of sheets of plasmacytoid cells. At presentation, full blood count and routine biochemistry for this patient were normal apart from a raised total protein (86g/L) in the presence of a normal albumin level (39g/L). Serum

immunoglobulin measurement found elevated levels of IgA with decreased levels of IgG and IgM. A paraprotein screen detected the presence of a monoclonal IgA Kappa band, raising the suspicion of active MM. In addition, radiological skeletal survey revealed multiple lytic lesions in the skull (classical appearance of 'raindrop' or 'pepper-pot' skull) and axial skeleton suggestive of myelomatous deposits (**Figures 3** and **4**). Referral to the haematology service was made and a diagnosis of MM was later confirmed following bone marrow aspirate and trephine, which demonstrated a clonal plasma cell infiltrate, with plasma cells comprising up to 40% of the nucleated cell count. This patient is currently receiving ongoing treatment under the haematology service. On reviewing the patient in our clinic there has been little, if any, change radiographically. Intra-orally the swelling in the left premolar region has reduced greatly. Since commencing bisphosphonate therapy the mandibular pain has subsided.

Discussion

The exact incidence of MM presenting initially with orofacial abnormalities is currently unknown. While rare, oral presentations do occur[5] and include:

- jaw pain;
- painless or painful swelling;
- painless gingival mass;
- mandibular numbness;
- bilateral mandibular mass;
- mobility of teeth;
- migration/drifting of teeth; and,
- macroglossia (often secondary to amyloidosis).[6]

These symptoms may mimic common dental pathologies, which in turn can lead to delays in diagnosis and treatment. This highlights the importance of a thorough knowledge of the potential oral manifestations, both clinical and radiographic, to arrive at the appropriate diagnosis and referral pathway.

While excisional or incisional biopsy remains the gold standard for diagnosis of myelomatous lesions, there is evidence to suggest that fine needle aspiration (FNA) biopsy is a viable option in the early investigation of a suspicious mass or lesion.[7,8] The advantages of FNA biopsy are ease of execution, low complication rate, and rapid diagnosis. In particular, FNA can provide a specimen for analysis in situations where an excisional/incisional biopsy could pose significant morbidity. If FNA cytology is inconclusive, progression to incisional or excisional biopsy should be considered. If the risk of morbidity is great and alternative lytic lesions are present elsewhere, alternative means of diagnosis should be discussed with the appropriate specialties.

Systemic treatment of MM depends on stratification of the severity of disease as determined by florescent *in situ* hybridisation (FISH) of the bone marrow biopsy at diagnosis. Treatment options may include haematopoietic cell transplantation and chemotherapy. For the treatment of bone pain and to reduce the risk of pathological fractures, use of intravenous bisphosphonates is effective but can result in medication-related osteonecrosis of the jaw (MRONJ).[9,10] Prevention of MRONJ should be a clinical priority in patients with MM receiving bisphosphonate therapy. Careful consideration of oral hygiene with a review by a dentist and hygienist should occur before commencement of bisphosphonate therapy, followed by regular self-surveillance and dental follow-up.[11] If dental extraction or oral surgery is required, it should be completed and time allowed for healing before commencement of bisphosphonate therapy.[11] Implementation of preventive dental measures appears to reduce the risk of developing MRONJ.[12]

Conclusion

While orofacial presentations of MM are rare, they are not unheard of. The atypical and varied nature of their presentation represents a diagnostic challenge for dental professionals. As illustrated, practitioners should be aware that MM may manifest with abnormalities at a multitude of orofacial sites, with a variety of symptoms including both painful and painless mandibular swellings.

MM should be included in the differential diagnosis when such a poorly defined radiolucency is seen. A high index of suspicion should be held in patients with atypical symptoms, with a background history of monoclonal gammopathy of unknown significance (MGUS) or with abnormal radiological findings (e.g., lytic lesion).

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Exploiting the bioactive properties of the dentin-pulp complex in regenerative endodontics

Smith, A.J., Duncan, H.F., Diogenes, A., Simon, S., Cooper, P.R.

Introduction

The development of regenerative endodontic therapies offers exciting opportunities for future improvements in treatment outcomes.

Methods

Advances in our understanding of regenerative events at the molecular and cellular levels are helping to underpin development of these therapies, although the various strategies differ in the translational challenges they pose. The identification of a variety of bioactive molecules, including growth factors, cytokines, chemokines, and matrix molecules, sequestered within dentin and dental pulp provides the opportunity to present key signalling molecules promoting reparative and regenerative events after injury.

Results and conclusions

The protection of the biological activity of these molecules by minerals in dentin before their release allows a continuing supply of these molecules, while avoiding the short half-life and the non-human origin of exogenous molecules. The ready release of these bioactive molecules by the various tissue preparation agents, medicaments, and materials commonly used in endodontics highlights the opportunities for translational regenerative strategies exploiting these molecules with little change to existing clinical practice.

J Endod 2016; 42 (1): 47-56.

The importance of a two-step impression procedure for complete denture fabrication: a systematic review of the literature

Regis, R.R., Alves, C.C.S., Rocha, S.S.M., Negreiros, W.A., Freitas-Pontes K.M.

The literature has questioned the real need for some clinical and laboratory procedures considered essential for achieving better results for complete denture fabrication. The aim of this study was to review the current literature concerning the relevance of a two-step impression procedure to achieve better clinical results in fabricating conventional complete dentures. Through an electronic search strategy of the PubMed/MEDLINE database, randomised controlled clinical trials which compared complete denture fabrication in adults in which one or two steps of impressions occurred were identified. The selections were made by three independent reviewers. Among the 540 titles initially identified, four studies (seven published papers) reporting on 257 patients evaluating aspects such as oral health-related quality of life, patient satisfaction with dentures in use, masticatory performance and chewing ability, denture quality, direct and indirect costs were considered eligible. The quality of included studies was assessed according to the Cochrane guidelines. The clinical studies considered for this review suggest that a two-step impression procedure may not be mandatory for the success of conventional complete denture fabrication regarding a variety of clinical aspects of denture quality and patients' perceptions of the treatment.

Journal of Oral Rehabilitation 2016; 43 (10): 771-777.

Evaluation of the injection pain with the use of DentalVibe injection system during supraperiosteal anaesthesia in children: a randomised clinical trial

Elbay, Ü., Elbay, M., Yıldırım, S., Kaya, E., Kaya, C., U urluel, C., et al.

Purpose

The purpose of this study was to compare the use of a traditional syringe (TS) and the DentalVibe (DV) Injection Comfort System on the pain of needle insertion and injection of supraperiosteal (SP) anaesthesia into the mandibles and maxillas of children aged six to 12 years.

Methods

The study was a randomised, controlled, crossover clinical trial, comprising 60 children requiring an operative procedure with SP anaesthesia on both their mandibular and maxillary molars, bilaterally. One of the molars was treated with a TS, and the contralateral tooth was treated with the DV for both arches. On each visit, subjective and objective pain was evaluated using the Wong-Baker FACES Pain Rating Scale and the Face, Leg, Activity, Cry, Consolability (FLACC) scale. Patients were asked which technique they preferred. The data were analysed using the Wilcoxon signed-rank test, Spearman's correlation test, and the Mann–Whitney U-test.

Results

No statistically significant differences were noted between TS and DV for pain during injection and needle insertion for supraperiosteal anaesthesia in either the maxillary or mandibular operative procedures.

Conclusions

Children experienced similar pain during SP anaesthesia administered with a TS and the DV, regardless of gender and jaw differences. DV was less preferred over the traditional procedure in children.

International Journal of Paediatric Dentistry 2016; 26 (5): 336-345.

Adjunctive systemic and local antimicrobial therapy in the surgical treatment of peri-implantitis: a randomised controlled clinical trial

Carcuac, O., Derks, J., Charalampakis, G., Abrahamsson, I., Wennström, J., Berglundh, T.

The aim of the present randomised controlled clinical trial was to investigate the adjunctive effect of systemic antibiotics and the local use of chlorhexidine for implant surface decontamination in the surgical treatment of peri-implantitis. One hundred patients with severe peri-implantitis were recruited. Surgical therapy was performed with or without adjunctive systemic antibiotics or the local use of chlorhexidine for implant surface decontamination. Treatment outcomes were evaluated at one year. A binary logistic regression analysis was used to identify factors influencing the probability of treatment success, that is, a probing pocket depth of ≤5mm, absence of bleeding/suppuration on probing, and no additional bone loss. Treatment success was obtained in 45% of all implants but was higher in implants with a non-modified surface (79%) than those with a modified surface (34%). The local use of chlorhexidine had no overall effect on treatment outcomes. While adjunctive systemic antibiotics had no impact on treatment success of implants with a non-modified surface, a positive effect on treatment success was observed of implants with a modified surface. The likelihood for treatment success using adjunctive systemic antibiotics in patients with implants with a modified surface, however, was low. As the effect of adjunctive systemic antibiotics depended on implant surface characteristics, recommendations for their use in the surgical treatment of peri-implantitis should be based on careful assessments of the targeted implant.

J Dent Res 2016; 95 (1): 50-57.

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Dynamic, flexible, experienced dentist required. Dublin City. Excellent, busy location. Candidates must have general experience (four years+) and be IDC registered. This is a full-time role. Immediate start. Please email your CV to dublinsmilecenter@gmail.com.

Locum dentist required for maternity cover in modern Galway practice. Beginning October 2016 until Feb 2017. Full/part-time available. Please email CV to dentalassocjob@gmail.com.

Orthodontist required for specialist orthodontic practice in Dublin. Part-time position leading to full-time. No transfer cases. Four locations with state-of-the-art facilities. Please reply with CV to elaine.hand@dublinorthodontics.ie.

Award-winning practice in Greystones, Co. Wicklow, is looking for a part-time orthodontist with a view to long-term commitment. Greystones has a large growing population. Could start half a day a month and build up. Email luceydental@gmail.com.

Orthodontic specialist required for very busy expanding orthodontic practice in north Co. Dublin. Digital OPG/ceph. Flexible sessions available with prospect of full-time position. Email dentistcodublin@gmail.com.

Orthodontic locum required for award-winning practice in Limerick City Centre to cover maternity leave commencing October 2016. Good support staff, digital practice, Cerec omnicam, CBCT, etc. Please email Dr O'Donovan at drodonovan@alexandradental.ie or call 061-315 228.

Prosthodontist required for sessions in a Cork City practice. Flexible working hours with full staff support. Email corkcityassociate@gmail.com.

Specialist endodontist required to take over a current established session. Fortnightly sessions, with a view to weekly. Saturdays also an option. Based just off the M50, at the Red Cow. To apply, please email shauna@3dental.ie.

Periodontist and endodontist required to join a multidisciplinary team on the north side of Dublin. Newly extended specialist practice looking to expand our well-established team. Applications can be sent to dentalspecialist@gmail.com.

Fully qualified, experienced orthodontic therapist required for Saturdays in well-established orthodontic practice close to the city centre. Excellent terms and conditions. Please forward CV to shona@clontarfbraces.ie, or 9 Clontarf Road, Dublin 3.

Orthodontic therapist required for specialist orthodontic practice in Dublin. Part-time position leading to full-time. Applicant must have excellent manual dexterity and people skills. Please reply with CV to elaine.hand@dublinorthodontics.ie.

Full-time clinical dental technician required for busy practice, or dentist with keen interest in dentures. Ideal candidate should have experience but not essential, mentoring provided. Candidate should be pleasant, ethical and patient centred. Apply: send CV and cover letter to jobs@dentaltech.ie.

Dental technician wanted for Dublin orthodontic practice to work in more than one location. Salary depends on skills and experience. Please send CV to elaine.hand@dublinorthodontics.ie.

Dental hygienist wanted for a busy, friendly, general family practice in Sandyford. Part-time with view to going full-time. Email CV to blackglendental@gmail.com.

Part-time hygienist required for friendly, award-winning practice in Killiney – Love Your Teeth. CV to rosemary@eircom.net please.

Full-time dental hygienist required for large, friendly and relaxed north Dublin practice. Excellent salary guaranteed for working a five-day week with flexible hours. Please email your CV to janeglynnlouise@yahoo.co.uk.

We're looking for an enthusiastic, motivated hygienist to join our bright, modern new practice in Co. Meath. Hours/days negotiable and include Saturdays. Great opportunity. Please email your CV to dentistrequired @gmail.com.

Excellent opportunity for an RDH to join our progressive practice. We are seeking an individual who is committed to looking after patients' periodontal health. Please reply by email to rothwellauct@eircom.net.

Enthusiastic, motivated hygienist required for two to three Saturdays per month in busy, fully-computerised, award-winning practice in Co. Meath. Position is available from mid September. Exciting opportunity to join a forward-thinking and progressive practice. Please email CVs to dentaljobireland1@gmail.com.

Experienced hygienist with excellent people skills required to work every Friday evening and every second Saturday in west Cork. State-of-the-art practice with dedicated hygiene surgery, fully computerised. Email co.corkdentist@hotmail.com.

Hygienist required for one day. County Galway. Fully computerised. OPG, flexible dates, option to increase days. Email galwaydent14@gmail.com.

Hygienist required for modern, busy, award-winning practice in Dublin South City Centre. Candidates must have experience of private practice, and commit to postgraduate education. Two to three full days and some Saturday mornings. Email sinead@portobellodental.com.

Part-time hygienist required in state-of-the-art computerised clinic in North Kildare to replace departing colleague. Three sessions initially, potential for more, days negotiable. Start ASAP. Email riverforest dentalclinicpab@gmail.com.

Motivated hygienist required end September for long-term Tuesdays, including late evening and Saturdays, plus maternity cover Fridays from September, Wednesdays from mid November. Computerised, cavitron, excellent team, full book. Abbeytrinity Dental, Tuam. CV to manager.abbeydent@gmail.com.

Hygienist required one to two days per week in busy, modern, fully computerised practice in Galway. Email CV to info@loughreadental.com.

Experienced, friendly, motivated hygienist, full-time, two to three days per week. We're a busy, modern, computerised clinic with a cavitron, an excellent team and a full book. CV and cover letter to manager – emma@southgate dental.ie.

Busy Midlands dental clinic seeking a senior dental hygienist for three to four days per week, including Saturdays and Sundays. To apply, please send your CV to jobs@carlowdentalcentre.ie with dental hygienist in the subject field.

Busy south east dental practice requires an enthusiastic and motivated hygienist for one to two days per week. Starting end of October. Fully computerised practice, great dental team and full book. To apply, please send CV to info@goreydentalpractice.ie.

Looking for an enthusiastic, hard-working, caring dental hygienist for a part-time position in Dublin 12 to join our expanding team. Please send CVs to info@cleardentalcare.ie.

Enthusiastic, conscientious hygienist required for busy practice in Cavan Town. Email frances@railwaydentalsurgery.com.

Dental hygienist required in south east for maternity cover two days a week from mid November to end May 2017. Email ronan1971@yahoo.co.uk.

Hygienist required three days per week in busy practice in Ennis, Co. Clare, starting end of November. Email CV to info@ennisdental.ie.

Qualified dental nurse required for a full-time position in Foxrock, Dublin 18. Ideal candidate must be qualified, experience not essential. They should have good communication skills and chairside manner. Please email CV to admin@cdpractice.com.

Experienced full-time dental nurse required for friendly and modern general dental practice based in Knocklyon, south Dublin. Candidate must be friendly, hard-working and work well in a team. Email CV to enrightse @gmail.com.

Busy practice, south County Dublin (near DART), requires enthusiastic, friendly dental nurse (full-time). Immediate start. Ideal candidates will be qualified, but experience not essential. Good chairside manner, excellent communication skills. Email cover letter and CV to ddental dublin@gmail.com.

Dental nurse for maternity leave cover in a prosthodontic practice in Kilkenny City, starting ASAP, for eight months. Must have experience and preferably have dental radiology qualification and some prosthodontic experience. Email 1014mck@gmail.com.

Sterilisation nurse needed for multi-specialty practice in Kilkenny City. Full-time position. Experience and dental radiology qualification beneficial. Apply with CV. Email 1014mck@gmail.com.

Friendly, enthusiastic dental nurse required for full-time position in busy Galway practice. Candidate must be qualified, work well as part of a team and have a good chairside manner. Immediate start. Email galwaydentist20@outlook.com.

Experienced part-time dental nurse required for general dental practice based in Dunboyne. Immediate start. Please Email CV to dublinmeath@gmail.com.

Part-time dental nurse required. Four days per week covering maternity leave. Southside practice. CVs to dublinorthodental@yahoo.com.

Qualified dental nurse required for full-time position in Booterstown, Dublin South. On DART line. Very good salary offered for the right candidate. Must be hard working, friendly and enthusiastic. Email booterstowndentalpractice@gmail.com.

Qualified dental nurse required to join busy and expanding dental surgery in west Dublin area on a part-time basis with a view to full-time hours. Apply with CV to westdublindental@gmail.com.

Dental nurse full- or part-time required in orthodontic practice in Clonmel. Email admin@clonmelorthodontist.ie.

Part-time temporary dental nurse required for dental practice in the centre of Naas, Co. Kildare. Good communication and IT skills essential. Please email CV to info@marykeatingdental.com.

Dental nurse – Kilkenny City. Highly motivated, personable, presentable individual sought for full-time dental nurse position. Dental radiology a plus but not required. Experience preferred. Email 1014mck@gmail.com.

Dublin City Centre. Full-time, flexible dental nurse/receptionist required for a busy, progressive general practice. Practice easy to access. Experienced, pleasant, emphatic and enthusiastic personality crucial. Excellent IT skills required. Good remuneration. CV to niall@innovativedental.com.

Nurse required for maternity leave cover in Dingle, three days/week, starting December. Modern, fully digital, sterilisation room, etc. Suit experienced nurse, if inexperienced training will be provided. Pleasant work atmosphere. General dentistry including orthodontics and dental implants. Email info@dingledental.com.

Experienced dental nurse required for specialist dental clinic in Limerick City. Please send CV and cover letter to dentalnurserecruit@gmail.com.

Part-time dental nurse for specialist orthodontic practice required. Experience preferred but not essential. Successful candidate will be required to work in more than one location. Please reply with cover letter and CV to elaine.hand@dublinorthodontics.ie.

Receptionist/practice manager required for busy, modern, computerised practice in Enniscorthy. The ideal candidate must be available two to three days per week. Previous experience essential, knowledge of Exact software preferable. Email CV to frank_rowe@hotmail.co.uk.

Experienced dental surgery assistant required for busy general practice in Lucan. Please forward CV to mckeon.mcaleese@gmail.com.

PRACTICES FOR SALE/TO LET

Practice for sale in Skibbereen, Co. Cork. Currently worked on a five-day three/four time basis. Very reasonable terms for an enthusiastic colleague wishing to take over. Principal now wishes to retire. Email lquirke@gmail.com.

For sale – mid west. Long-established, walkinable, two surgeries, freehold, leasehold flexible, full planning permission. Excellent loyal staff. Immediate profits. Very low overheads. Huge catchment area. Very high private element. Great potential for growth. Principal retiring. Suit ambitious associate. Email niall@innovativedental.com.

Dublin 2. Busy practice for sale near St Stephen's Green. All private. High turnover. Five days. Full book. Room for expansion. Principal relocating to the west. Beautiful Georgian building. Thriving professional district. Fabulous opportunity. Contact 39lowerleesonstreet@gmail.com.

Practice for sale within commuter distance to Dublin. Well-equipped, good support staff, private, cost-sharing and leasehold/freehold. Email dentalpractice71@gmail.com.

For sale. Surgery 3. Large waiting room. Large reception area. X-ray room with OPG. 1,600 sq ft. Ground floor wheelchair friendly. Situated in Lisbaun Business Park. Freehold property. Price open to negotiation between €400,000 and €450,000, to include all equipment, etc. Email des.kelly3@gmail.com.

Dental practice for sale. Co. Monaghan. Long-established. Two to three surgeries. Freehold of lease/flexible. Low overheads. Large catchment area. Great growth potential. Suit ambitious dentist. For details email info@noelconn.com or Noel Conn and Company, 7 Houses, Upper English Street, Armagh BT61 7LA.

For sale. Wicklow/Carlow. Busy leasehold single surgery. Ample room to expand, 50-minute commute to Dublin. Computerised. Good loyal staff. Excellent equipment. Large new patient numbers. Realistically priced. Only dental services in the area. Email niall@innovativedental.com.

Cork City partnership for sale. Well-established four-partner general dental practice. To replace retiring partner. Email dentist.b.russell@gmail.com.

For sale: dental practice, goodwill and surgery contents. Tralee. Modern, progressive, busy, fully private since 2000. Good equipment, excellent support staff. Ideal opportunity for well-qualified, dynamic personality. Email germannix@gmail.com.

EQUIPMENT FOR SALE

W+H 500 LISA Autoclave Type B class steriliser for sale. Perfect condition and working order with printer and manual. Lightly used and surplus to requirements. €1,750. Contact Conor on 086-851 9707.

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Get involved – you might like it

Dr Clodagh McAllister started to get more involved with the IDA after years in the background and wishes more dentists would do the same.

What led you to get involved with the IDA in the first instance?

As an undergraduate I don't recall having a big understanding of the IDA. It wasn't really promoted to students as well as it is now. I think now young graduates and young dentists go to the meetings and get involved.

I qualified in '92 and, like almost everyone in my age group, ended up working in the NHS. When I came back to Ireland in 1999, I bought a practice and I would have always known the benefit of being part of a professional body because both of my parents were professionals and they were always involved in their various associations. I suppose the reason you get involved in an organisation is that you need a group that will support you in some way.

What form did that involvement take?

Up until very recently I was just involved in being a member, attending the lectures and the conference, and doing the CPD with the Association. I wasn't involved on any committees or anything like that. That went on for a number of years but I started to get more involved last year.

How did that involvement progress?

I probably never had any desire to be on a committee, because I suppose I didn't know what was involved, until my colleague, Nuala Carney, persuaded me to go onto the GP Committee and to be Metropolitan representative on it. Not long after going onto that Committee, I was asked to be the GP Committee representative on Council.

So I only really have one year done where I've been attending meetings. I've really enjoyed finding out how it works. You realise what committees really do, other than the bits that you tapped into yourself. I really enjoy the politics of it and being part of debates.

What has your participation in the Association meant to you?

For me personally, apart from the things you expect like education, it's about the support that you get from having other colleagues that you meet regularly. There's always somebody to ask something if you're stuck. Also, the Association gives really great advice. I have my own practice and you get really good advice from a business point of view, about employment and employment law. The Association gives a lot of help to members because although you're trained to be a dentist, you're not necessarily trained to be a businessperson. I was lucky because some of my family members had businesses and were also professionals, so I had a bit of guidance. But what the IDA has on offer is really beneficial to us.

What is the single biggest benefit of membership, in your opinion?

There are lots of benefits. But I think for me the biggest benefit is having contact with other members and meeting those from different age groups. You all know your own peers but you don't necessarily know the older people, or the younger graduates. That's probably the main thing, that you have a really good support network from members and also if you need clinical advice. You also have the support of how to run a practice, how to navigate your way through all of that.

What developments would you like to see in the Association?

Membership numbers are increasing all the time. I would definitely say to people like me who were reticent to get involved, that you actually might be surprised that you might enjoy it. I'd like people to try to come onto committees, particularly the younger generation. They need to get involved because it's going to be their career for longer now than it'll be the older generation's. I'm almost 25 years qualified so I have a different opinion and a different outlook but you can't have our age group dictating the future. You need to have a younger mix.

PERSONAL PROFILE: Clodagh practises in the Fairview Dental Clinic in Dublin and also has a commitment with the Dublin Dental University Hospital, where she qualified in 1992. She worked in the UK for a number of years and spent a couple of years travelling, before returning to Dublin in 1999 and buying a practice.

In her spare time she is into personal fitness and says the main reason to keep fit is to keep your head right. She is a keen bridge player, an avid reader and enjoys going to the ballet.

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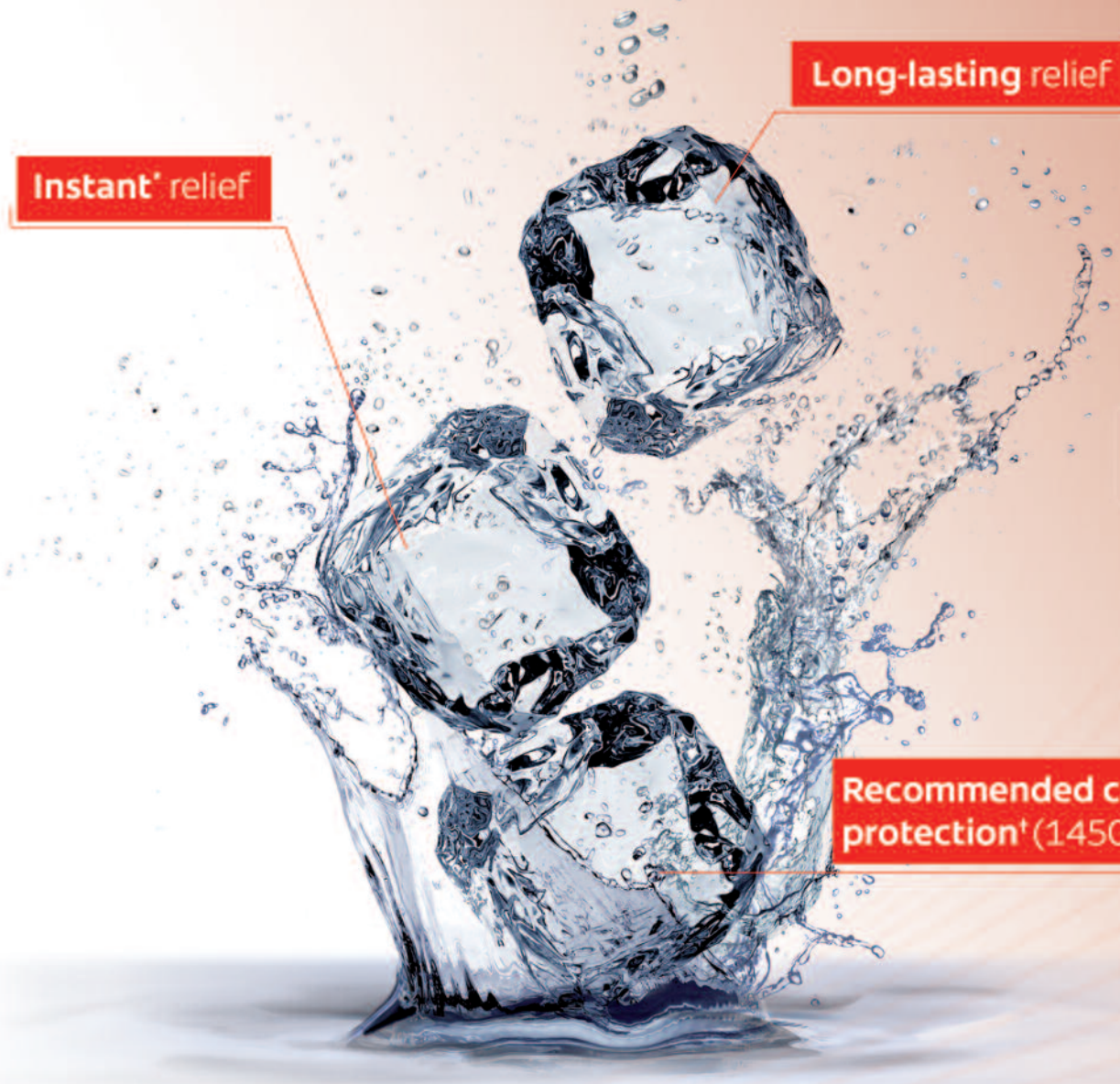

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