



Judgement Day

A night to remember for dental practitioners



SENSITIVE DENTIST AND DENTAL TEAM OF THE YEAR AWARDS 2017



The patients have spoken and the judges have chosen the winners.
The Sensodyne Sensitive Dentist of the Year 2017 is Dr Darach Judge.

The Sensodyne Sensitive Dental Team of the Year 2017
is Deansgrange Dental Clinic.

Both were chosen by the judges from thousands of entries commending dentists
and dental teams for their outstanding care of their patients.



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Policy may be misguided

Arising from an issue of vital importance to dentists, the President of the Association has penned a special editorial for this issue. Our thanks to our Honorary Editor, Professor Leo Stassen.



The President, centre, led the delegation. He was accompanied by (from left): Dr John Nolan, Board of Directors; Dr Eamon Croke, Honorary Treasurer; Dr Clodagh McAllister, Board of Directors; Dr Kieran O'Connor, President Elect; Dr PJ Byrne, Vice President; Dr Frances O'Callaghan, Board of Directors; and, Fintan Hourihan, IDA CEO.

In a new low for the lack of stakeholder engagement, despite absolutely no consultation with the Association, we have been advised that a draft new oral health policy may be presented to the Minister for Health by the end of January.

At a meeting in December, the Chief Dental Officer, Dr Dymphna Kavanagh, advised an eight-strong IDA team comprising Drs Robin Foyle, PJ Byrne, Kieran O'Connor, Eamon Croke, Clodagh McAllister, Frances O'Callaghan and John Nolan, and Mr Fintan Hourihan, that the preparation phase for the new national oral health policy had been completed. She could not discuss any aspect of the prepared policy at that stage.

The meeting took place after the Association requested a meeting the previous February seeking an opportunity to contribute on behalf of members and an update on progress with preparation of the policy. Regrettably, the IDA delegation was advised at the meeting that the consultation phase had been completed.

All eight members of the IDA delegation individually expressed their utter dissatisfaction at the lack of engagement with the profession. While acknowledging the important work of the academic research group, the practising dentists whom we represent have equally valuable insights, perhaps more practical insights, to offer on the changes required and the best approach to take in achieving better oral health outcomes. It was particularly regrettable that it had been decided not to engage with those dentists in practice who, as primary healthcare providers, will be expected to implement the report's policy recommendations. We see this as a mistaken approach and a serious missed opportunity.

A waste of time

The approach taken by the group led by Dr Kavanagh contrasted markedly with previous oral health policy exercises and indeed the recent review of NHS dentistry led by the late Professor Jimmy Steele. The Association had not been invited to make a submission to the oral health policy, and the stakeholder meeting that took place in Limerick in 2015 was highly unsatisfactory and a waste of time for those who attended. A follow-up consultative conference had been abandoned.

The most successful policy exercises have proceeded on a collaborative basis with working dentists and their representatives involved in the preparation of policy documents and the piloting of proposed changes.

The meeting concluded after the IDA advised it would communicate its views in writing to the CDO and the academic group.

Serious issues

The Association leadership will advise members further on how we intend to address the serious issues which emerged following what was a very disappointing meeting. It is expected that a new oral health policy will require changes in work practices and workload. Contract negotiations will follow publication of the oral health policy and we will be insisting that no new contracts will be introduced or revised without negotiations with our union.

The Association is adamant that our role as the representative body for the profession will be discharged and made the team led by Dr Kavanagh aware that the support of the profession will be needed if the unseen policy changes proposed are to have any prospect of being realised successfully.



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Change all around

There are new ways for dentists to claim payments from the Government, and we say a very fond farewell to Mena.

PRSI online claiming

Around 800 DTBS contractors have signed up to the new online eligibility and claiming system, Welfare Partners. In December, the Department of Employment Affairs and Social Protection made the first payments under the new system for both examinations and scale and polish. The initial rollout of the online system proved very frustrating for dentists, with a number of problems and bugs in the system. IDA House and GP Committee representatives have been in constant contact with the Department alerting them to issues and insisting that these be resolved as a matter of priority. More recently, the system seems to be working well but the IDA has raised concerns that there could be further issues with capacity as more practitioners begin using Welfare Partners, and has asked the Department to prepare for this. In addition, following objections from the IDA regarding the cumbersome process of spousal consent forms which has been introduced, the Department is now reviewing this process and looking at other potential models.

DTSS

Following extensive and lengthy negotiations with the HSE, the IDU has concluded a settlement agreement that may see the Union recoup some of the legal costs incurred arising from a series of legal challenges supported by the Union following the unilateral introduction of savage cuts to the scope of the DTSS in 2010. The agreement was considered by the Executive Committee and the Council, and found to be worthwhile and of benefit to the Union and the membership.

We have agreed a number of measures, which we hope will allow us to engage more constructively with the HSE on behalf of DTSS contract holders. We have agreed the establishment of a joint consultative group to engage with the HSE on a range of issues, in a manner similar to that which has been in place with doctors and pharmacists for many years.

Among the agenda items we expect to discuss as a priority in the coming months are: the introduction of a new online claims and payments system; a new and fairer audit and probity system; issues associated with the provision of DTSS contracts and the current practice inspection arrangements; the establishment of a network of contractors who will be paid to assist with the collection of oral health data to inform the development of a new scheme and contract; and, the establishment of a forum to resolve disputes as they relate to individual contract holders.

The introduction of a new online claims/payment system is expected to be rolled out early this year and the HSE has already, independently, enlisted a number of dentists to commence its preparations. The Union will be centrally

involved in discussions with the HSE on the rollout of this system and ultimately we believe this will be beneficial. Depending on the take-up rate, we may be able to recoup some of the costs we incurred in financing the legal challenges mentioned above. However, our priority will be our members' interests and the successful rollout of a new online system, while ensuring that contractors are not forced to use such a system even where this is deemed advantageous by the majority.

Sensitive Dentist Awards

We had another hugely successful Sensodyne Sensitive Dentist Awards night in the RDS, where 400 dentists, dental teams and family members celebrated over dinner, drinks and dancing. Congratulations to all dentists and dental teams who were nominated for making a difference in the lives of their patients. These nominations say that what we do is important to our patients, and that how we treat their oral health matters greatly.

This year's overall winner, Dr Darach Judge from Church St Dental in Carrickmacross, Co. Monaghan, was nominated for the care he has given to a young patient with autism, and for the kindness and empathy he has consistently shown. I would like to thank the judges, Dr Barry Harrington, Dr Jennifer Collins, Dr Seton Menton and Dr Anne O'Neill, for their commitment and dedication. Thanks are also due to Elaine Hughes and Grainne McQuaid in IDA House for all their hard work in once again pulling off such an enjoyable and successful event.

Practitioner Health Matters Programme

Dr Íde Delargy from the Practitioner Health Matters Programme (PHMP) addressed the Council of the IDU at the end of last November. The uptake of the service by dentists to date has been low. I would like to remind all members who may be struggling with mental health or addiction issues that this is a free and completely confidential service that you can avail of if and when needed.

Goodbye to Mena Sherlock

Ms Mena Sherlock recently retired from the IDA. She has been with us for 39 years and I have no doubt that she will be fondly remembered and sadly missed by IDA members and staff alike. I have known Mena since I was a dental student and new recruit to the IDA, and she has always had a listening ear, some sound advice and a bit of humour ready for me and the many other members who met her in IDA House or to whom she answered the phone. Mena, thanks for your years of dedicated service. I will miss you, as will all those who came into contact with you over the years.

Specialisation in dentistry

In a special piece for the *Journal*, international expert on regulation of dentistry NAIRN WILSON argues that there is an urgent need to recognise further specialties.

In countries where several dental specialties are recognised, the question is how to further develop dental specialisation, rather than should dental specialties continue to exist, even if future preparation for a career in general dental practice includes postgraduate training equivalent to that for a career in general medical practice. Countries that have yet to recognise dental specialties, typically with the exception of oral surgery and possibly orthodontics, are 'behind the curve'. Given ongoing changes in population demographics, notably age profile and patterns of oral and dental disease, these countries face the possibility of a dental workforce, which, sooner or later, will be unable to meet patient needs and expectations.

Furthermore, such countries must consider who, in the future, will provide national leadership in dental education and cutting-edge clinical oral and dental research, with knowledge, and understanding of anticipated innovations and developments in the art and science of oral healthcare provision.

Descriptive vs restrictive

Arrangements whereby the title of specialist is descriptive rather than restrictive (i.e., distinguishes the individual from general dental practitioners (GDPs), but does not restrict clinical practice) are considered to give many benefits. Notably, the introduction and existence of specialists does not restrict the scope of practice of GDPs. Such arrangements are supported by the Council of European Dentists: "The main difference between the scope of activity of the general dental practitioner or dentist and the specialist dentist is that, due to the additional and specific training, the specialist dentist is more likely to perform the activities related to the specialty in question on a daily basis". Under such circumstances, specialists complement and support, rather than pose any threat to GDPs, extending the dental team. In countries with specialists in various distinct branches of dentistry, the dental community typically values the arrangements, including the career opportunities offered by specialty training.

Funding and costs

A common difficulty in recognising new dental specialties is the availability of funding to establish specialist and trainee positions in state-funded oral healthcare provision. While there is a paucity of objective data on health gains and efficiency savings associated with the introduction of new dental specialties, it is widely accepted that a dental workforce that includes dental

specialists, according to national requirements, is better able to meet the needs of patients with more advanced, complex dental conditions and diseases, with associated improvements in quality of life. These groups include children who would benefit from the care of specialists in paediatric dentistry, older patients who would benefit from the care of specialists in one or more of periodontology, endodontology and prosthodontics, and patients with special needs and typically multiple comorbidities, whose quality of life may be transformed by oral healthcare provision from a specialist in special care dentistry. There are many individuals in countries with an outdated approach to the recognition of dental specialties who are disadvantaged, living with unnecessary disability and suffering, or having to accept, for example, the extraction of teeth that could otherwise be saved.

Way forward

The development of dental specialties should be a 'standing item' on all oral health strategic agenda, especially in countries that aspire to oral healthcare provision of international standing. Failure to move with the times and to react to anticipated changes in patients' needs and expectations, and future developments in the art and science of dentistry, will be a costly legacy, which will only get more difficult to manage the longer the delay.

The introduction of new dental specialties poses difficulties in, for example, 'grandparenting' arrangements and establishing a sustainable workforce in each new specialty; however, such challenges pale into insignificance when weighed against the lasting benefits and legacy of a dental workforce fit for future purpose. In countries that bite the bullet and recognise an appropriate range and number of dental specialties, according to national needs and circumstances, the attitude, once the dust settles, is typically, "we should have done this sooner".

Horizon scanning

Looking forward, there is a large degree of certainty that most dental specialties will respond to innovations in clinical practice, but not undergo fundamental change. In contrast, certain specialties may benefit from being recast, possibly involving the transfer or merger of aspects of other specialties. Aspects of dentistry (techniques) that find application in the clinical practice of several distinct branches of the profession, for example implant and aesthetic/cosmetic dentistry, should not be considered for specialty recognition. It is suggested that similar considerations will apply to new, not yet widely applied techniques such as dental genetic profiling and counselling.

Concluding remarks

Recognition of dental specialties and specialists is an important element in the development of a dental workforce fit for future purpose, the pursuit and promotion of international standards and standing in dental academia, including postgraduate and lifelong learning, and the recruitment and retention of high-calibre individuals to provide future leadership in the profession.



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Dear Editor,

Re: 'Are non-pharmacological interventions to alleviate pain during orthodontic treatment as effective as pharmacologic interventions?' (*JIDA* 2017: 63 (3): 158-163).

It is with some regret that I write to you with regard to the above article, published in the June/July 2017 edition of the *Journal*. While I am listed as a co-author on this paper, I never had sight of the manuscript nor did I give permission to be associated with the work.

I would like to stress that this is not a criticism of the paper, or the other co-authors. However, in the interest of scientific integrity I would appreciate a retraction in the next edition of the *Journal*, in the form of a clear statement that I am not associated with the article.

Yours sincerely,

Brian O'Connell

Professor Brian O'Connell BDS PhD FACP FTCD
Dean of Dental Affairs/Professor of Prosthodontics
Dublin Dental University Hospital

Dear Professor O'Connell

Thank you for your letter and for highlighting your concerns about your name being incorrectly associated with the article 'Are non-pharmacological interventions to alleviate pain during orthodontic treatment as effective as pharmacologic interventions?' (*JIDA* 2017: 63 (3): 158-163; A. Keane, T. Garvey, E.A. Al-Awadhi). It has taken a little time to look into this in detail, to determine how and why your name appeared on the article without your knowledge, and how the *Journal* might prevent such an event occurring again.

The *Journal* thanks you for bringing this to our notice, respects your comments, and as I promised, following our discussion, your name has been removed from the electronic record. This was implemented on September 5, 2017.

I can confirm that the editorial executive team has looked in detail at the review process of the *Journal* for this submission and confirm that we seek to ensure that every article is submitted with confirmed signatures of the authors. Regrettably, valid confirmation by the authors did not happen for this submission.

The Editorial Board discussed the general principle of 'how to prevent a similar occurrence' and the following protocol has been proposed, which will be put immediately on our Instructions to Authors.

The Editorial Board has agreed that on submission of a new manuscript all authors have to sign a consent form confirming:

- that they have contributed to the authorship of the submitted manuscript;
- that they have seen and approved the submitted version of the manuscript; and,
- that they consent to the corresponding author co-ordinating future correspondence between the *Journal* office and the authors.

When the proofs of the accepted manuscript are sent to the corresponding author they should sign a note to confirm that, on behalf of the authors, the content of the manuscript, and the authors' names and affiliations, are correct.

Thanking you again for bringing this important issue to our notice.

Regards

Leo

Professor Leo F.A. Stassen FRCS (Ed), FDSRCS, MA, FTCD, FFSEM, FFDRCSI, FICD
Professor of Oral & Maxillofacial Surgery, TCD
Editor, *Journal of the Irish Dental Association*

Quiz



Figure 1



Figure 2



Figure 3

Submitted by Dr Padhraig S. Fleming

ANSWERS ON PAGE 337

Questions

A nine-year-old boy presents complaining about the appearance of his upper front tooth. Examine **Figures 1, 2 and 3** and answer the following questions.

1. What dental developmental abnormality is apparent in **Figure 1**?
2. How prevalent is this in the permanent dentition?
3. What effect has this anomaly had on the anterior teeth?
4. What treatment will be required in this instance?
5. What other effects may be observed with this type of dental anomaly?

40 years at the heart of oral health promotion



From left: Sandra Byrne, Project Officer; Patricia Gilsenan O'Neill, Chief Executive; and, Etain Kett, Public Affairs & Communications Manager, Dental Health Foundation.

The Dental Health Foundation (DHF) has been committed to oral health promotion since 1977. Since then, its role has expanded to provide the Secretariat for the Irish Expert Body on Fluorides and Health and the National Oral Health Policy.

The DHF understands that education is at the heart of a more cohesive, equal society. It has, in conjunction with the HSE, established a variety of oral health education programmes, designed to highlight the causes, consequences and prevention of tooth decay. This includes 'Mighty Mouth', a schools-based programme for five to six year olds. The DHF also provides training resources for the Healthy Ireland Smart Start Programme for Pre-school Services.

The Specialist Certificate in Health Promotion (Oral Health), developed in conjunction with NUIG and the HSE, provides health professionals with education and training in oral health promotion. This is now approved for non-core CPD points by the Dental Council.

The DHF also provides evidence-based best practice resources to increase awareness among the public by empowering them to make healthier oral and general health lifestyle choices. Recent collaborations include the Irish Children's Arthritis Network, HSE maternity packs, Irish Men's Sheds Association, and the Dental Section, Capuchin Day Centre. The DHF also promotes oral health awareness through its membership of The Children's Rights Alliance, The Alcohol Health Alliance, and the HPV Vaccination Alliance, and is a founding member of the Mouth, Head & Neck Cancer Awareness Ireland (MHNCAI) Group, which was set up in 2009.

The DHF looks forward to a bright future working with its stakeholders in providing strong advocacy to ensure inclusion of oral health matters on the national agenda. Key to this is nurturing relationships with all partners, good communications, respect, trust, and making every contact count. For further information about DHF please see www.dentalhealth.ie.

Goodbye to Mena

The team at IDA House said goodbye to our esteemed colleague of 39 years, Mena Sherlock, in December. Mena will be sadly missed by all her colleagues and members in the IDA. Our "glamorous granny" of IDA House was always on hand to help members with phone queries, at various IDA events, and in particular at our Annual Conference each year. On behalf of the staff, members, Board and Council, thank you Mena – you will be missed.



President Elect 2018

Prof. Leo Stassen has been proposed as President Elect of the IDA from April 2018. Prof. Stassen will take office in 2019, taking over from Dr Kieran O'Connor. Professor Stassen is Professor of Oral and Maxillofacial Surgery at Dublin Dental School and University Hospital, and St James's Hospital. He is also Editor of the *Journal of the Irish Dental Association*.

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Dentistry in public

The HSE Dental Surgeons Group of the IDA gathered in Kilkenny for the 2017 Annual Seminar in October.

Speakers covered a range of topics from practice management and mindfulness to child protection and infection control.

First up on Thursday morning were Drs Brett Duane and Kirsten FitzGerald, who reinforced the message that the infant oral health visit is vital to prevent caries and encourage lifelong dental health.

Consultant Microbiologist Dr Robert Cunney gave an interactive presentation on antimicrobial resistance (AMR), discussing with the audience ways in which they can work to reduce antibiotic use in their clinics.

Senior Health Promotion Officer Hilda O'Neill had some excellent advice on how to improve mental health and well-being at work. She offered techniques for conflict resolution, and advised that everyone needs someone non-judgmental to talk to about problems and issues they may have, whether a peer or mentor. She presented tips to help build resilience, saying that balance in our work and home life are key to managing stress and anxiety.



Consent

After lunch Dr Martin Foster of DPL addressed the topic of consent and decision-making. Clinicians must make judgements as to how much information individual patients require to enable them to decide on treatment plans, and the patient's age, and capacity to consent, are important points to bear in mind.

Catherine Waldron outlined her PhD research into oral hygiene interventions for people with disabilities. While her research is ongoing, early findings suggest that behavioural interventions are very effective, as well as careful instruction on brushing, and use of disclosing solution.

The final speaker on Thursday afternoon was Dr Maura Haran, who gave a fascinating presentation on making the dental visit a positive experience for children with autism spectrum disorder, and showed that patience and dedication can produce extraordinary results.

The day's educational content was followed by the HSE Group AGM.

Children first

Dr Richard Balmer opened proceedings on Friday with a thought-provoking presentation on the dental team's role in child protection. He outlined ways in which the dental team might identify children at risk, and what they can do if they are concerned for the welfare of a child, particularly in the wake of the new Children First legislation in Ireland.

Dr Niamh Galvin then took a look at best practice in cleaning dental suction units. She discussed why infection control is vital, and research into current disinfection protocols, and how these might be improved.

Dr Michael Ormonde used a gallery of case photographs in his presentation on the orthodontic management of missing and ectopic teeth, emphasising that missing teeth require a long-term plan involving both orthodontic and restorative treatment.


The last speaker before lunch was Dr Eimear Norton, who discussed the ways in which the dental team can effectively and efficiently perform treatment for children while instilling a positive dental attitude.

Resorption and amalgam

Dr Pat O'Driscoll gave the expert endodontic view of resorption, using case studies, including photos and x-rays, to demonstrate various types of resorption, and making treatment recommendations in each case.

Dr Jane Renehan gave an update on the situation regarding amalgam in the wake of the Minamata Convention. Recent changes to EU regulations mean that from July 1, 2018, amalgam should not be used in children under 15, or pregnant or breastfeeding women. From July 1, 2019, each member state will need a national plan to phase down mercury use. Jane argued strongly that public health dentists need to be engaged in the debate and make sure that the dental perspective is included in debates and decisions on this issue.

The final speaker of the conference was Dr Noel Kavanagh, who rounded off the event with a presentation on posterior composites: the way forward.



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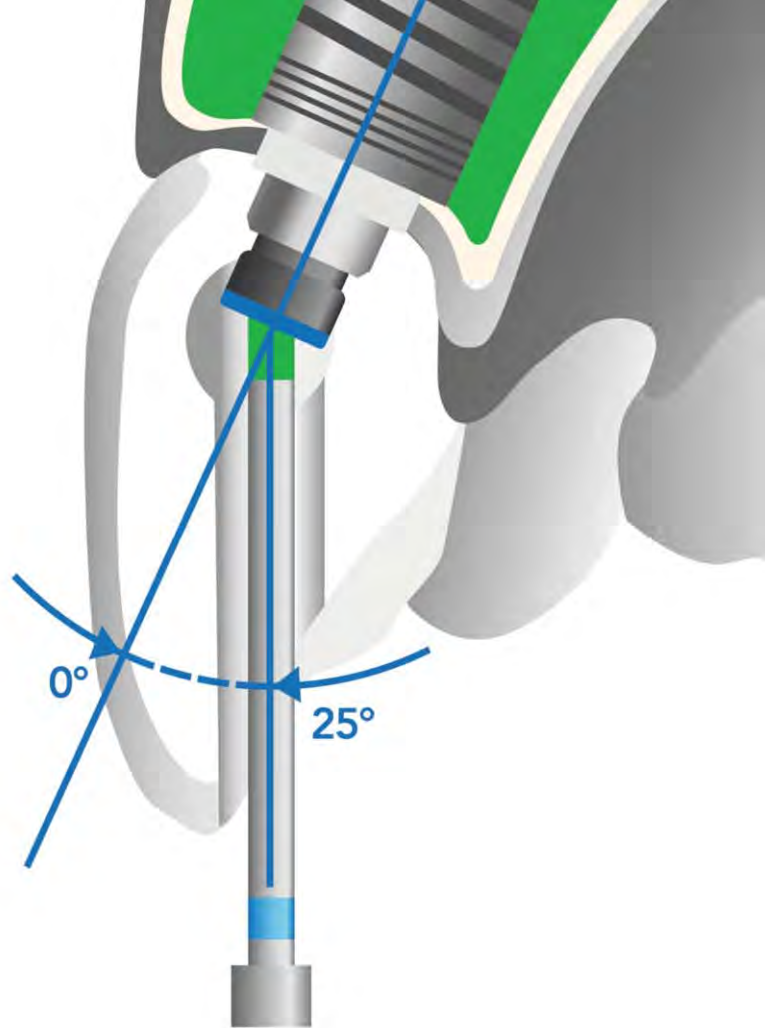
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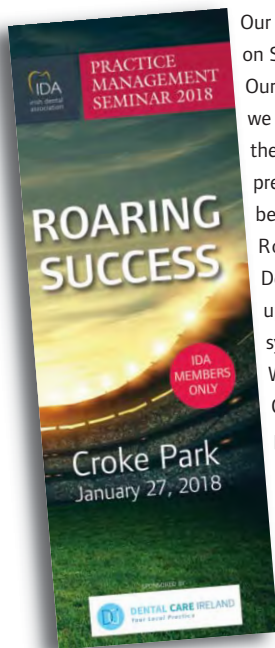
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Practice Management Seminar 2018



Our annual practice management seminar takes place on Saturday, January 27, in Croke Park.

Our day kicks off with our GP Meeting, and this year we are delighted to welcome representatives from the HSE (Carmel Burke and AnneMarie Hoey) to present on the proposed new online claiming system being introduced for DTSS contractors, as well as Roy Boldrick and Tony Kiernan from the Department of Social Protection, who will give an update on Welfare Partners (the online DTBS system).

We will then have a presentation from Dr James Goolnik, a general dentist in London, who also presents on successful practice management.

The afternoon session will commence with Dr Brid Hendron, a well-known speaker at IDA events. Brid will present on getting the most out of your dental team.

One of the most challenging areas for all businesses in 2018, including dental practices,



James Goolnik.



Íde Delargy.



Brid Hendron.



Ian Robertson.

is the new data protection guidelines that will come into effect in May 2018. A speaker from Dental Protection will present on the issues for dental practitioners around this new legislation. Dr Íde Delargy, Clinical Lead for the Practitioner Health Matters Programme, will give an oversight of the programme and how it is designed to help and support all practitioners, including dentists, who are in need of help.

Our final speaker of the day is author and clinical psychologist Professor Ian Robertson. Professor Robertson will speak on what is success and how do we achieve it, as well as how the human mind deals with stress.

A word of thanks to our sponsors again this year – Dental Care Ireland.

This event is a day not to be missed by any dentist working in private practice. See you in Croke Park!

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CED urges roles for dentists in integrated care

Policymakers, health professionals, academics and representatives of healthcare organisations were represented at a recent CED event in the European Parliament. 'Integrated Care – Don't Forget about the Mouth' took place on November 29, and contributors argued strongly that dentists should be part of an integrated care team throughout a patient's life.

Co-host Nessa Childers MEP stressed the role of appropriate nutrition labelling of food and, where relevant, of medicines, in order to reduce sugar intake. Co-host and Chairwoman of the Environment, Public Health and Food Safety Committee, Adina-Ioana Vălean MEP, underlined that it is important to raise awareness about integrated care at EU and especially at national level.

CED President Dr Marco Landi stressed that: "We must be forward thinking and acknowledge the urgency of this topic. We cannot wait until we have an oral health crisis but need to act today, when we can make a difference to patients' health, by supporting prevention and providing appropriate and timely treatment, especially for vulnerable populations".

The Irish Dental Association was represented at this event by Dr Anne Twomey and Chief Executive Fintan Hourihan. Dr Twomey gave a presentation to the



Dr Anne Twomey (left) with Nessa Childers MEP at the recent CED event in the European Parliament.

meeting on the role of dentists as part of the multidisciplinary care team of older patients in nursing homes. Dr Twomey provides care to nursing home residents in her community, and outlined the particular risk factors for this community, such as high-sugar supplement drinks, xerostomia and aspiration pneumonia. She outlined her approach to treatment, emphasising the need for realistic expectations, and an individualised care plan based on patient need, but also on what is possible for the patient.

In 2018, the CED Working Group Oral Health will focus on oral health inequalities and the CED looks forward to continuing the discussions on integrated care, health systems and reducing health inequalities.

Online learning – Learnupon



By now all members should have logged on to the online 'Learnupon' system to book and log all your IDA CPD activity. All members have an online CPD record, which you can access at any stage, and you can input any non-IDA CPD activity also.

For anyone who hasn't yet logged on, you can get your username and password by contacting IDA House.

A new feature of the system is the ability also to record your DPL risk credits. Any risk credit you receive you can record on the system, allowing you to keep your CPD and risk credits in one handy online system.

In early 2018 we will also be introducing CPD points for the reading of peer-reviewed articles in the *JIDA*, with participants being asked a series of multiple choice questions to ensure that the article has been read in detail.



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New DTSS online system



The HSE has invited DTSS contractors to submit DTSS claims using a dedicated online facility. The HSE says it will continue to accept paper forms for the foreseeable future but hopes that most dentists will see the benefits of the online system. Currently, 89% of claims from medical general practitioners are received online, and similar online systems have been in place for pharmacists and opticians for many years.

The HSE says that benefits for dentists include:

- earlier access to payments, with the online claim submission time period extended to the end of the month and paid the second Thursday of the following month;
- reliable service;
- real-time confirmation of acceptance of claims and inputting from dental

practice directly on to national system;

- the online facility eliminates rejections and reduces the need to query payments;
- access to a dedicated online claim support team;
- access to comprehensive reports detailing claims processed for payment;
- faster search and retrieval data access; and,
- online ordering of stationery including personalised DTSS prescription pads.

The HSE says that the second phase of this project will allow dentists to apply for prior approval online.

Dentists interested in registering are asked to complete and return a security certificate requisition form. The HSE says that applicants will need:

- a) to be active DTSS contractors providing a full range of DTSS services and submitting claims for payment;
- b) access to broadband;
- c) to have received authorisation from the Primary Care Reimbursement Service (PCRS) to access the DTSS online facility following the completion of a security certificate requisition form; and,
- d) to have the ability to upload forms.

Representatives of the HSE PCRS will make a presentation on the proposed new system to the meeting organised by the IDA for members, which will take place in Croke Park on Saturday, January 27.



Biting at the Big Apple



A delegation from the IDA attended the largest dental meeting in the United States, the Greater New York Dental Meeting (GNYDM), in November.

Pictured here at the IDA stand at the event are (from left): Dr Pat Hartnett; IDA Assistant Chief Executive Elaine Hughes; and, Dr Marty Jablow, who will speak at IDA ASM 2018.



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Diary of events

JANUARY

23 **Munster Branch IDA – Meeting** Maryborough House Hotel, Cork

25 **IDA Metro Branch Supper for Learning** Hilton, Charlemont, Dublin 2
Joint Endodontic Meeting

27 **IDA Practice Management Day** Croke Park, Dublin


FEBRUARY

6 **Munster Branch IDA – Meeting** Cork International Hotel, Cork
Speaker: Dr Eoin Mullane

9 **Munster Branch IDA – Hands-on course** Cork International Hotel, Cork
Speaker: Dr Bob McLelland – full-day hands-on anterior composite restoration course

22 **Munster Branch IDA Meeting, 7.30pm** Cork International Hotel, Cork
Speaker: Dr Paul Quinlan on 'Introduction to implant dentistry'

23 **Metro Branch IDA – Annual Scientific Meeting** The Alex Hotel, D2



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HANDS-ON COURSES 9.00am-1.00pm
LECTURES 2.00pm-6.30pm

HANDS-ON 5 CPD points
SEMINAR 6 CPD points

23 **South Eastern Branch IDA – Meeting** Ormonde Hotel, Kilkenny

MARCH

13 **Munster Branch IDA – Meeting** Cork International Hotel, Cork
Speaker: Professor Duncan Sleeman on '20 years of maxillofacial surgery in Cork'

22 **Metro Branch IDA – Supper For Learning and Branch Meeting** Davenport Hotel, Dublin 2

APRIL

26-28 **IDA Annual Conference 2018** Galmont Hotel, Galway

MAY

17 **Irish Society of Dentistry for Children ASM** Midlands Park Hotel, Portlaoise, Co. Laois

JUNE

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Sue Boynton leaves DPL



Dr Sue Boynton stepped down as Dental Protection's Head of Dental Services for Ireland at the end of 2017. Dr Martin Foster has been appointed to the role.

In a statement, Dental Protection said: "Dental Protection is proud of the many dentolegal advisers who have supported members over the years and it is always sad when one of them decides to leave the team."

"During her time with Dental Protection, Sue worked in collaboration with the Irish Dental Association to successfully challenge some of the key issues facing dentists in Ireland".

Dental Director at DPL, Dr Raj Rattan said: "Sue is a valued and well-respected member of the team. Her integrity, professionalism and expertise have been a great asset to Dental Protection and its members for the last 17 years that she has worked with the organisation."

"I would like to take this opportunity to thank Sue for all she has done and achieved, and I know everyone will want to join me to wish her well in the future".

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Ted Dreifuss, General Manager, Henry Schein Orthodontics.



Dr José "Pepe" Carrière (left) and Dr Luis Carrière.

Henry Schein symposium

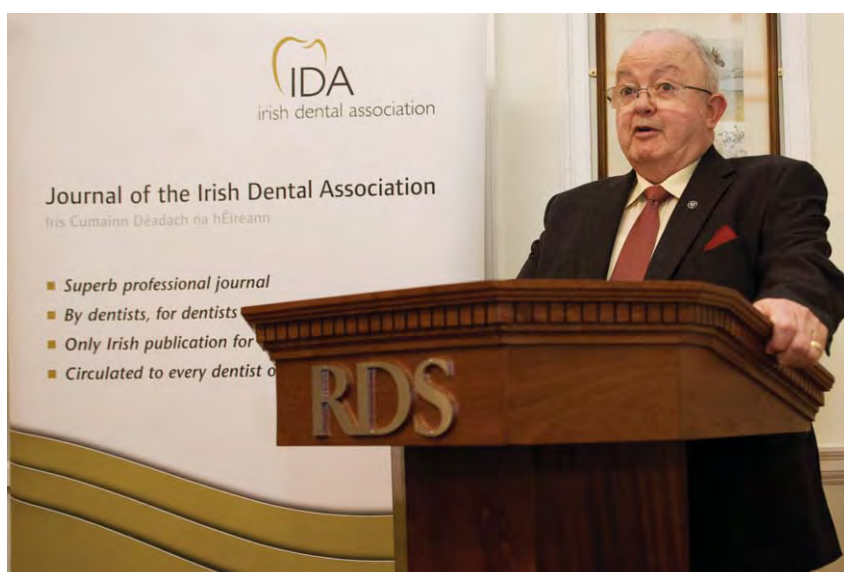
The Henry Schein Orthodontics Annual European Carrière Symposium took place from September 14-16, 2017, in Barcelona. Henry Schein states that orthodontists had the chance to experience technology and protocols that can help them to achieve new levels of patient care and practice efficiencies and effectiveness. "When I was young, we looked in the mirror once in the morning before we left home and perhaps when passing by a window," Dr Luis Carrière, orthodontist and inventor of the Carrière System, said in his lecture: "Due to smartphones and the selfie mentality nowadays, beauty has got another importance. Patients are now experts of their faces".

In his opinion, orthodontists should claim their position as facial-aesthetic specialists. By using cases treated at his practice, he said that treatment using his system is favourable for patients with facial disproportions who would otherwise have to undergo invasive surgery.

Earlier this year, the launch of Henry Schein Orthodontics in Ireland was announced. The new service offers a range of orthodontic products, along with exclusive lines of Carrière products, which the company states limit extractions and turn complex cases into simpler ones. The 2018 event takes place in Paris from September 20-22.

Breaking barriers

Even though Dr Barry Harrington is now retired from dentistry, he is still passionate about the profession and keen to see that it meets the needs of patients.



Barry addresses the winners at the 2011 Sensodyne Sensitive Dentist Awards ceremony in January 2012.

Dr Barry Harrington says the things that impress dentists and the things that impress patients are often very different: "Dentists will admire gadgets. They're gadget men and women. They will admire the newest technique, the most recent article in a scientific journal, but patients will prioritise things in an entirely different perspective".

From the moment a patient walks into a practice there should be an instant impression of welcome, help, understanding and sympathy from everyone working there, he says: "If there isn't the patient will take their business somewhere else. So it's very important that a dentist realises that this is what is important to the patient".

Barry says every patient has a barrier against interference with their own person: "So to go to a dentist in the first place is a breaking of that barrier". But once that is broken and a patient trusts their dentist, he says their loyalty can be almost lifelong.

Sensitive Dentist Awards

Barry has been a judge for the Sensodyne Sensitive Dentist Awards since they began ten years ago. And he says the Awards offer much more than a glitzy night and something to hang on the practice wall: "This competition gives patients an opportunity to testify to what dentists do".

He says that every profession thinks it's the best in the world: "We all admire our own work but in fact we're a service industry. We provide a service to patients who have dental problems and unless you can service that need and unless that is verified by the people who receive it, it's really not worth what you're saying it is".

The testimonies received by patients for the Awards are evidence of the good work that dentists do. He says there are six questions that patients very often never ask:

1. What is wrong with me?
2. Can you cure it or treat it?
3. What will that involve?
4. How will that affect me?
5. What will it cost?
6. How will I pay for it?

In the cases where dentists excelled and patients entered them into the Awards, those dentists had answered those questions, even though the patients might not have asked them in so many words: "The dentist told them what was wrong, if they could treat it, they said what it would involve, how it would affect them (and how it would affect their families in other cases), what it would cost and how they would pay for it".

Barry says the Awards offer dentists the opportunity to read about the things that patients think are important: "Each year there seems to be a different theme. But that is not by design; that just happens that a predominant number come in. This year it was sympathy and overcoming fear. A couple of years ago there was a predominant number of patients who were diagnosed with cancer at the dentist, or having been diagnosed with cancer, were treated by their dentists in a very sympathetic way.

"In particular, there were a couple of cases, where even though the patient was not long for this world, the dentist continued to treat them so as to not damage the hope of the patient that they would in fact come out the other end".

Barry says the theme this year shows it is not just the dentist that determines how a patient rates their service: "The big thing that came out this year was that the support staff, who are part of the competition now, had as big an influence on the patient's view of how good the service was".

Qualifying in the 60s

Barry qualified in 1964 and much has changed in the world of dentistry since then. When he qualified, there were two things a dentist needed to be able to

Colm Quinn
Journalist with Think Media



do. Firstly, simple fillings. And if a simple filling couldn't be done, then it meant an extraction and denture: "The majority of patients over the age of 40 had dentures or needed dentures. Now that has completely changed. Now everyone's hope is that they will retain the majority of their teeth for their lifetime".

This change is dramatic he says and it is entirely due to two things. Firstly, the increase in the consciousness of patients of how important teeth are. And secondly, fluoride, which prevented the amount of decay that was present: "When I qualified, if you saw a patient with one broken down tooth, you could take it that on x-ray, every tooth would have evidence of being broken down". Barry says that if a dentist from 50 years ago was dropped into 2017, they would not recognise the profession. He began his dental training in the RCSI in 1958 in what was a six-year course: "Three-and-a-half years were medicine and only two-and-a-half years were dentistry".

If Barry had continued college after his degree, he could have qualified as a medical doctor in just a year: "I didn't because I wanted to be a dentist".

There were three places in Dublin where you could train to be a dentist at the time – UCD, the RCSI and Trinity – but all the students eventually ended up in the Dublin Dental University Hospital (DDUH), which was then called the Incorporated Dental Hospital, for clinical training.

Teaching dentistry

After graduation, Barry moved to Northern Ireland and worked there for two-and-a-half years. His father, Kevin A. Harrington, was also a dentist and after Barry's stint up north, he came back to Dublin to work with him: "I developed my practice within his practice for just over 20 years. Then an opportunity came up where I could bring my knowledge over to the dental school".

Barry became a senior lecturer in the DDUH (a role now known as associate professor) in general dental practice: "The main emphasis of my teaching at that stage was to make sure the students understood that behind every set of teeth was a live patient that said: 'Ouch!' And again pointing them towards servicing the needs, often hidden, of the patient they are trying to treat".

Barry spent many years teaching: "I officially retired in 2004 and then I worked part-time until 2013".

Barry calls the standard of dental education in Ireland at the moment "fantastic". He says there was a major change made in the 1980s, which put the patient and their needs at the centre of dental treatment: "That changed the teaching of dentistry from single subjects, specialist subjects, where you



Barry and his family at the 1999 Annual Conference (from left): Kevin; Brenda; Laura; Barry; and, Tim.

hoped the student could treat a patient at the end. Now, they're taught on what's called a horizontal basis and that is patient centred".

Barry says this is what the patient needs and it sees different specialties coming together to treat one patient.

While the expectations of the public have increased: "The matching service provided by dentists has also increased in relation to their knowledge, their experience, their training and accompanying that, there has been a huge increase in dental science, which means that the equipment available to undertake tasks has vastly increased and improved. The materials we use to restore teeth or replace missing teeth have dramatically shifted".

He says that he thinks dental education in the country is on the right track: "The big thing that's missing is a registration year post qualification. You should be able to join a practice to be under a mentor, which would help you in that first 12 to 24 months".

This would help introduce graduates into the real world of patient care faster.

Personal life and achievements

Barry has been married for 52 years. He met his wife Laura when he was a student and they got married in 1965, one year after he qualified. They have three children. Brenda lives in Vancouver, Canada, following in the family dental tradition by working as a hygienist. He has two sons: Kevin, who is a quantity surveyor living in the south of England and Tim, who is an electrician in Dublin.

Barry was also involved with the building of the Dental School and the development of the clinical practice. He worked on improving the dental service to prisoners at the six Dublin prisons, on the treatment of patients with haemophilia, and post-cancer patients in St James's Hospital for about 20 years.

A grim duty

Barry was tasked with helping in the identification of the victims of the Stardust disaster in 1981. He and Dr Hugh Barry went into the Coroner's Office behind Busáras in Dublin the morning after the fire: "We found 38 bodies and they were all young people".

The identification process was made harder by the fact that the victims were part of the first generation to be raised with water fluoridation: "We didn't expect them to have as good teeth as they subsequently had. There were very few who had major disease patterns. The rest had very sound teeth with few cavities and little previous treatment, which meant that identification by previous dental treatment was only part of the identification process and not as previously where it would have been a major contributing factor".



Barry as President of the IDA.

Break horses, not teeth

"My interests outside dentistry are family and while I've done all sorts of pastimes, the one I currently don't do but miss the most is I used to buy three-year-old unbroken horses and break them, shoe them, ride them, hunt them. I did that for over 20 years, and nothing gave me greater pleasure than to get up on a horse with my dog and ride up the mountains, through the forest throughout the year and see the seasons changing."

knowledge that you gain through membership in courses, etc., but just as important is the interaction between fellow dentists of how they have solved some of the problems that you are now coming across. So this interpersonal relationship at a dentist-to-dentist level is very important and the IDA gives an umbrella to allow all of these interactions to take place in a nice professional environment".

"The big thing that's missing is a registration year post qualification. You should be able to join a practice to be under a mentor, which would help you in that first 12 to 24 months."

Barry says that while he does not keep completely up to date with what's going on with dentistry in Ireland, he still keeps in touch: "I still read the Journal. I still go to meetings".

Dentistry and society

Dentistry is more important to society than it used to be says Barry because it is not now socially acceptable to have a mouth with a lot of missing or decaying teeth.

The selection system for dentists in Ireland, the Leaving Cert points system, doesn't take account of the personalities of the people applying. Luckily, says Barry, most of the students are inherently nice, sympathetic people: "And that is the start because they can sympathise in seconds with the patient".

His years of judging the Awards have confirmed that the majority of dentists have the innate ability to communicate with patients on a personal level and get through a lot of the personal barriers that patients have: "That has been reinforced each time the testimonies come in".

The IDA

Barry believes the IDA has the best interests of the profession and how it interacts with the public at heart: "It facilitates the profession in keeping up to date".

The IDA also looks at what patients want and need, and makes sure that the academics meet those needs by providing appropriate courses: "We are a service industry there to serve the needs of the population".

He says there are two forms of knowledge: "There is the professional

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Patient weighting

Overweight patients can raise sensitive issues for dentists, which need to be dealt with in a considerate manner.

A recent study led by University College Cork (UCC) notes that: “One in four children on the island of Ireland are overweight or obese and with a 70% risk of this tracking into adulthood”. This can result in lifelong and intergenerational ill health. This may not come as a surprise, given Minister for Health Simon Harris TD’s observation that in the past two decades, the levels of overweight people and those with obesity in Ireland have doubled, and only 40% of the population have a healthy weight.¹

Whatever the statistics associated with the latest decayed, missing and filled (DMF) scores, it would seem that functionality has not been impaired for the majority of the population. What is more concerning is that many people don’t realise that they are overweight because society has ‘normalised’ the phenomenon.

Chairs

Apart from dentistry there are many businesses that rely on seating in order to provide their services to members of the public. The airline industry is one where the issues associated with obesity have already been the subject of discussion, such that some airlines request that more corpulent passengers purchase two seats side by side for their flight.

Such debate usually triggers an angry response from the obese passenger concerned, who may feel they have been discriminated against, whereas the airline will consider the decision to be one of fairness, allowing all passengers to travel with a similar degree of comfort (such as it can be on any aircraft).

In the dental surgery, there is a different reason to consider the obese patient and that is from a safety angle. However robustly constructed dental chairs may be, they also have a maximum loading weight which should be observed. Usually, medical equipment such as operating tables, hospital beds, etc., are constructed to cope with a maximum weight of 140kg and equipment liability insurance is invalidated beyond specified safe limits. You might want to check the loading limit for your own dental equipment.

Declining to treat a patient who exceeds the weight limit for the equipment in your surgery needs to be handled sensitively. Dental Protection is aware of dentists who have been accused of discrimination when they have declined to treat an overweight patient. But some of our members have also found

David Croser

David is the Communications Manager with Dental Protection.



REMEMBER

- Check the operating limit of your own chair;
- determine the weight of your patient;
- highlight the safety issue if necessary; and,
- where necessary, make a referral to a practice or clinic more suitably equipped.

themselves being sued by patients who were injured as a result of the sudden collapse or breakage of a dental chair, so there are always risks that need to be managed.

Equality

The following characteristics are frequently protected by non-discrimination legislation in most European countries:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race – this includes ethnic or national origins, colour or nationality;
- religion or belief – this includes lack of belief;
- sex;
- sexual orientation; and,
- civil status.

The list of protected characteristics does not include weight, but care should be taken to ensure that the patient does not feel discriminated against.

What is a disability?

The Disability Act 2005 defines disability as:

“A substantial restriction in the capacity of the person to carry on a profession, business or occupation in the Irish State or to participate in social or cultural life in the Irish State by reason of an enduring physical, sensory, mental health or intellectual impairment”.

A person who is obese could be considered disabled, particularly if he or she has other difficulties that can be associated with and potentially compounded by obesity, such as mobility difficulties or depression.

What to do

If a patient’s weight is above the operating limit of the dental chair, referral to a specialist centre with a bariatric dental chair may be required in the interests of the patient’s safety. This requires a sensitive discussion with the patient so that he or she appreciates the reasons for such a referral and does not gain the view that the dental team is being obstructive or discriminatory. Dental chairs with a weight limit of 198kg are now available.

For this approach to be effective, it is necessary to locate a facility with such equipment or raise the matter with those who commission health services in order that a suitable referral can be made.

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Caries prevention

Increasing recognition of a need for multifaceted prevention of dental caries

Author Michael Dodds, BDS, PhD, Oral Health Lead Scientist at Wrigley



While attending a caries conference earlier this year, I was reminded of how much research effort has been put into improving diagnosis, and treatment options for this ubiquitous, but paradoxically preventable disease.

As well as a focus on the discovery of new treatments, there is growing interest in preventive strategies to help reduce incidence and prevalence of dental caries, which may prompt some health services and/or professional associations to consider revising their national guidelines on caries prevention to include additional recommendations for a complete oral hygiene routine. As a multifactorial disease, caries merits multidimensional preventive approaches. Traditionally, caries prevention has focused on the use of fluorides, both topical and systemic, oral hygiene, and dietary counseling.

In Germany, the Association of Conservative Dentistry and Society of Dental, Oral and Craniomandibular Sciences has revised its basic recommendations for caries prevention in permanent teeth and identified three everyday steps to help prevent dental caries, which are:

- brushing teeth twice a day with a fluoride-containing toothpaste;
- keeping sugar intake as low as possible; and
- chewing sugar-free gum after meals to increase saliva flow rate and saliva pH.

The inherent benefit of saliva in helping control and reduce caries is explicitly acknowledged in these guidelines, and the role of chewing sugar-free gum in providing a stimulus for saliva secretion to

accelerate oral clearance of extrinsic sugars, maintain oral pH and promote tooth mineral stability is further emphasised.

By including this new recommendation as part of their guidelines for caries prevention, these professional associations in Germany have introduced an interesting new suggestion as part of a preventive strategy for helping to reduce the prevalence of oral disease. Research suggests that adults and children are consuming food more frequently than 30 years ago, so additional preventive options during the day should be welcomed as a simple, convenient and enjoyable means of mitigating the effects of current snacking behaviours.

Finally, there are also other external forces driving the need for better prevention in dentistry, the most notable of which is the recent ratification of the Minamata Convention, which will lead to a phase down in amalgam usage in the ratifying countries, effective August 17, 2017. Phasing down the use of amalgam as a restorative material, may increase the costs of restoring teeth, as larger restorations may require advanced restorative options such as onlays, inlays or crowns. By using preventive dentistry, it is possible to reduce dental caries and the need for these restorations.

1. Caries prevention in permanent teeth – basic recommendations*AWMF Register No.: 083-021. (http://www.awmf.org/fileadmin/user_upload/Leitlinien/083_D_Ges_fuer_Zahn-__Mund-_und_Kieferheilkunde/083-021le_S2k_Caries_prevention_2017-03.pdf)
2. Popkin, B.M., Duffey, K.J. Does hunger and satiety drive eating anymore? Increasing eating occasions and decreasing time between eating occasions in the United States. J Nutr 2009; 139: 2,113-8.



Judged the winner!

There were winners everywhere to be seen at the RDS in Ballsbridge in December, but the big winner was the profession.

Some pyrotechnics and a whirlwind of ticker tape marked the moment that Dr Darach Judge was announced as the Sensodyne Sensitive Dentist of the Year for 2017, organised by the Irish Dental Association and the *Journal*.

CONNACHT WINNER

**Dr Angus Bourke,
Castlebar, Co. Mayo**

For his communication with and treatment of a patient with breast cancer who is at risk of osteonecrosis, the Connacht winner is Dr Angus Bourke.

The patient who made the winning nomination has Stage 4 metastatic breast cancer, a condition she has had for more than five years. It is terminal and she is afraid. She nominated Dr Bourke because of how he has communicated with and treated her despite her risk of osteonecrosis due to her regular infusions of bisphosphonates as part of her medical treatment. The nomination spoke of Angus's gentle and professional manner, of his support and compassion, and of his skill when, despite the risks, she needed a tooth extracted. The judges were impressed with the mix of clinical and communications skills clearly evident in the nomination.



As master of ceremonies, Joe Duffy commented that it was the ultimate award on a night when the profession could reflect in the glow of the praise of their patients. Deansgrange Dental Clinic was announced as the Dental Team of the Year for 2017.

Every dentist and dental team that was nominated and in attendance received a certificate marking their nomination. The volume of entries was so high that not every dentist or dental team that was nominated could attend the ceremony, as there was a limit to the number of tables the RDS can take.

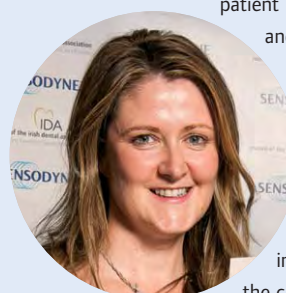
The judges were Dr Barry Harrington, Dr Jennifer Collins, Dr Anne O'Neill and Dr Seton Menton. They were required to adjudicate on more than 1,000 entries, all from patients saying how well their dentist or dental team had treated them.

DUBLIN WINNER

**Dr Ciara Scott, HSE Regional Orthodontic Unit,
Loughlinstown Hospital, Co. Dublin**

For her care and support of a patient with a rare condition over a nine-year period, the Dublin winner is Dr Ciara Scott.

Nine years ago, a 12-year-old patient with an abnormal bite presented to Dr Scott at the HSE Regional Orthodontic Unit in Loughlinstown Hospital in Co. Dublin. Ciara was the first person to spot the abnormality and refer the patient to a maxillofacial surgeon, Dr Gerry Kearns. The patient, as it turned out, had idiopathic condylar resorption, a rare condition in which parts of the lower jaw at the TMJ (joint) region gradually dissolve. Over the last nine years, this patient has been treated by Ciara, who fitted braces and occlusion bands in tandem with plans for surgery, which involved grafting hip bone to her mandible. That surgery took place early in 2017 and this patient wrote a long and deeply felt nomination about the care and support she received from Ciara over that nine-year period. The judges were most impressed by the long-term commitment to the care of the patient.





The GSK team at the Awards. Back row (from left): Dara Barrett, Eilis Tobin, Noel Curran, Fiona Considine, Clodagh Hennessy, and Tugce Uslu. Front row (from left): Dave Barrett, Alan McCartney, Claudia Long and Keith Bewley.

The President of the Association, Dr Robin Foyle, said the Awards highlighted the excellence of Irish dentistry and the importance of the dentist/patient relationship: "They celebrate the commitment of dentists all over the country to the highest standards of patient care. The patients' stories provide a tremendous validation of the work dentists carry out on a daily basis, and the trust and confidence the public have in their local dentist".

Dave Barrett, Managing Director of GlaxoSmithKline Ireland, parent company of Sensodyne, said the fact that the dentists were nominated by their patients was a key factor: "The success of the Awards over the past nine years is down to the enthusiastic involvement of patients and their willingness to share their individual stories. Congratulations to all our award winners and all the dentists who were nominated".

LEINSTER WINNER

**Dr Eamon O'Reilly,
Navan, Co. Meath**

For his treatment of and kindness towards a young patient with a complex medical history, Dr Eamon O'Reilly is the Leinster winner.

A patient took time and effort to send in a well-written and comprehensive nomination for Eamon's care of her. She did this despite enduring two devastating diagnoses in her late twenties and early thirties. First, at 29 she was diagnosed with cancer, and then two years later, she was diagnosed as suffering from MS. She wrote of how Eamon treated her with empathy, compassion and honesty. She also wrote of how he saved a tooth for her with a difficult root canal treatment and then only charged a nominal fee because he knew this patient, a professional woman, was under financial strain due to her ill health. The judges felt Eamon's care and professionalism was of the highest order.



OVERALL WINNER



Dr Darach Judge with his proud wife Elaine and RTÉ's Joe Duffy.

All regional winners were worthy of the national prize. However, for his extreme sensitivity to a patient whose autism makes him vulnerable and afraid, Dr Darach Judge is the overall winner and the Sensodyne Sensitive Dentist of the Year for 2017.

The boy's mother (Mrs Jean Carroll) wrote: "People with autism are not always welcome as they can have behavioural difficulties but Finian is always welcomed to the surgery. When we meet people like Darach who is patient, empathetic and kind, it makes our lives so much easier".

The judges said: "Darach's actions were selfless, in the patient's best interests, and in the very best traditions of the dental profession in Ireland. For that reason, we are pleased to choose him as the Sensodyne Sensitive Dentist of the Year for 2017".

MUNSTER WINNER

**Dr Oonagh O'Regan,
Ennis, Co. Clare**

For her care and kindness to a patient suffering both gum and heart disease, Dr Oonagh O'Regan is the Munster winner.

Oonagh was nominated by a patient who has suffered from gum disease for some time, but who also has heart disease. The heart disease necessitated a triple by-pass and the patient has been on blood thinning medication ever since. Recently, the patient needed three teeth removed. Oonagh carried out the extractions, kept the patient under close supervision until bleeding had stopped, and then drove the patient home herself. The judges were very impressed by the ability of the dental surgeon to manage the extractions given the potential difficulties posed by the blood thinners, and by the personal care afforded to the patient. Again, the patient was effusive in praise for the care and the kindness afforded to him.





Juliette Foyle with her dad Robin Foyle, President of the IDA.



Representing the IDTA were Henry Schein's Pat and Mary Bolger (left) with Jeanette and Gerry Lavery of Septodont.



Dr Darach Judge with the judges.

Dr Barry Harrington
Former General
Dental Practitioner
and retired Senior
Lecturer/Consultant
at the Dublin Dental
University Hospital.

Dr Seton Menton
Former General
Dental Practitioner
and former tutor with
the Dublin Dental
University Hospital.

Dr Anne O'Neill
Principal Dental
Surgeon in the HSE,
based in Coolock in
Dublin.

Dr Jennifer Collins
General Dental
Practitioner in
Dublin city.

ULSTER WINNER

Dr Darach Judge, Cavan

For his care of a child with autism, Dr Darach Judge is the Ulster winner.

A mother of a 12-year-old boy with autism wrote to the judges to say that life is hard for the boy because of his difficulties with sensory processing. She then described how her dentist, Darach, over a long period of time, succeeded in very gradually removing his fear of being in the dental surgery, and then in the dental chair, and then eventually of opening his mouth to be examined and have his teeth cleaned. She said: "It is impossible to overestimate what a big deal this is to an autistic child and his mammy". The judges recognised in this case the huge investment of time and patience needed on the part of the dentist just to get to the point of a very basic examination.



DENTAL TEAM OF THE YEAR

Deansgrange Dental Clinic, Co. Dublin

For the care that all the team gives to a patient who suffered a stroke and cannot speak, the team at Deansgrange Dental Clinic is this year's Dental Team of the Year.

In a heart-wrenching entry, the wife of a man who suffered a stroke in 2012 described how she has grieved so much for him and how he is a wonderful husband despite his stroke. He cannot speak and can only walk slowly, but his mind is perfect. One of the few great joys he has is to visit Deansgrange Dental Clinic where every one of the team make him feel like he is special. This lady wrote of how the staff seem to have him on a pedestal and how they are the most delightful and dedicated staff she has ever met.

For making a simple visit to the dentist an occasion of joy in life for a patient and his wife who face great difficulty, the dentists and staff at Deansgrange Dental Clinic are true winners.



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And the Dental Team of the Year is...



DEANSGRANGE DENTAL CLINIC



ANGELA KEARNEY'S DENTAL SURGERY

From left: Deirdre Robertson; Elaine Wilson; Dr Angela Kearney; Helena McGann; Leanne Murray; and, Dr Aisling Donnelly.

BALLINROBE DENTAL

From left: Tricia Kay Hughes; Patrick O'Beirne; Nora Hopkins; and, Aisling Conway.





BARRINGTON DENTAL

From left: Claire Sweeney; Sorcha Sexton; Joan Dowling; Dr Michael Galvin; Colette O'Keefe; Mary Galvin; and, Susan Le Mignon.



BEECHWOOD DENTAL

Back row (from left): Geraldine Mullaney; Vanessa Daly; Dr Paul Dowling; Angela Gaffney; Dr Peter Casey; Dr Alex Creavin; Martha O'Shea; Tammy Doolin; Dr Greg Creavin; Deirdre Toner; Aphra Mooney; and, Unica Cabrera.
Front row (from left): Ania Glowala; Ethna Harte; Dr Roisin Horneck; Yvonne Hegarty; and, Roma Cabrera.

BLESSING DENTAL

From left: Caitriona Byrne; Dr Deirdre Barrett; and, Gráinne Whelan.



BOYNE DENTAL & IMPLANT CLINIC

Back row (from left): Adi Pritchard; Carol McGovern; Saoirse O'Reilly; Carol Murnaghan; Agnes Reilly; Maria Gillooly; Grace Coleman; Sarah Carbery; and, Amy Mooney. Front row (from left): Dr Brian Vaughan; Dr Niall Neeson; Dr David Murnaghan; and, Dr Eamon O'Reilly.



BREW'S HILL DENTAL CENTRE
Dr Deirdre O'Dwyer (left) and Mary Louise Irwin.



BRIDGE VIEW DENTAL
Dr Geraldine Honan (left) and Mary Louise Irwin.



CALLAN DENTAL

From left: Caroline Gilson; Aoife Breen; Dr Dymphna Reynolds; Dr Jacqueline Clune; Niamh Gifford; Sarah Cullen; and, Dr Eimear Rohan.



CARLOW DENTAL CLINIC

From left: Gina Cookley; Reda Smirnova; Dr John Sullivan; Aoife Brennan; and, Denise Foster.



CORK DENTAL SMILES

From left: Jackie Murphy; Dr Maria Byrne; and, Mandy Ryan.



NATIONAL
WINNER

DEANSGRANGE DENTAL CLINIC

Back row: Rebecca Minogue; Sarah Byrne; Dr Jack Coffey; Siofra O'Donnell; Rebecca Hinds; and, Alva Fitzsimons. Front row: Dr Noelle McCourt; Dr Alastair Woods; Brid Keane; and, Sara Louise Murphy.



the dental studio

Back row (from left): Liam Sweeney; Kellie McConnell; Patricia Turner; Niamh Glynn; Ivana Illic Dimitrijevic; and, Ken Hall. Front row (from left): Joanna Smith; Dr Martha Dempsey; Dr Christine Sweeney; and, Elaine Bannon.



DOCKLANDS DENTAL

Dr Daniel Collins (left) and Dr Gregg Barry.



DUBLIN STREET DENTAL

Dr Naoishe Gorham and Dr Tom Canning.



EYRE SQUARE DENTAL

From left: Dr Eoin Fleetwood; Gráinne McInerney; Simone Conlon; Paula McDermott; Laura Murphy; and, Dr James Flood.



GALWAY DENTIST

Dr Asta Reddin.



HSE REGIONAL ORTHODONTIC UNIT CH06

From left: Mary Drennan; Collette Molloy; and, Dr Ciara Scott



IVORY DENTAL CARE
Dr Helen-Marie Lane.



KILFEATHER DENTAL
Dr Gerry Kilfeather and Dr Gina Kilfeather.



KING DENTAL
From left: Sonia Sweeney; Dr Rachel King; Karolina Zawadzka; and, Paula Gannon.



KINNEGAD DENTAL
Back row (from left): Dr Mohammed Alsewadi; Dawn McGrath; Edel Sutton; Kayleigh Nolan; and, Aidan Leavy.
Front row (from left): Aruna Raudonyte; Dr Marcela Torres Leavy; and, Iris Aherne.

KINSALE DENTAL

From left: Dr PJ Power; Dr Janet Power;
and, Dr Maeve Murphy.



KIWI DENTAL

From left: Lisa Murphy; Pamela White; Dr Caroline Robins; Ciara Moore;
Noeleen Hudson; and, Dr Emma Daly.



LONGFORD DENTAL CENTRE

Niamh Mac Cormaic and Eoin Mac Cormaic.



LUCEY DENTAL

From left: Dr Lisa Lucey; Andrea Mooney; and, Pauline Cleary.



Mac DOMHNAILL DENTAL

From left: Dr Aoife Ní Chonchubhair; Dr Marcas Mac Domhnaill;
and, Mary Sugrue.



MAYBERRY DENTAL CARE

From left: Amanda Hudson; Dr Emma Molamphy; Megan Lambert; and, Lauren Raymond.



MCGARRITY DENTAL PRACTICE

Back row (from left): AnnaRose Drumm; Dr Joanne McGarrity; Aisling McGovern; Dr Danielle Gumley; and, Roisin Leddy. Front row (from left): Joanne Lane; Marian Moran; and, Teresa Graham.



MOIRA DENTAL CARE

Dr Curtis Herron.



NEWBRIDGE DENTAL

Tony McCarthy and Dr Olimpia Dziendziela.



OC DENTAL

From left: Kellie Gibbons; Jennifer Murtagh; Dr Mairead O'Connor; Dr Emma Rose McMahon; and, Alistair Coogan-Martin.



PEMBROKE DENTAL BALLSBRIDGE

Back row (from left): Sarah Leahy; Carolina Penini; Dr Eimear McHugh; and, Marjorie Salicetti. Front row (from left): Ana Laura Torres Hernández; Dr David Keenan; and, Maricel Bautista.



PORTLAOISE DENTAL

Dr David Cosgrove and Dr Karen Cosgrove.



PORTOBELLO DENTAL CLINIC

Back row (from left): Kimi Umpad; Deirdre Quirke; Anne-Marie O'Rourke; Iza Wroniak; Anna Szumna; Asta Makulaviciute; Dr Gina Kilfeather; Tara Ryan; Dr Helen Walsh; Katrina Connolly; Dr Anna Beattie; Juliet Gwasira; and, Bronagh Curran. Front row (from left): Dr Ed Madeley, Claire Brett, Dr Nick Beirne, Dr Daisy McCarthy, Dr Aodh Mac Gráinne



PETER DOYLE DENTAL CENTRE

From left: Lisa Kane; Dr Peter Doyle; and, Gerry Kennedy.



ROSLAVAN DENTAL CLINIC

Dr Oonagh O'Regan and Flan McNamara.



SMILES DENTAL TALLAGHT AND WATERLOO

Back row (from left): Egle Tiskuviene; Dr Deirdre Coghlan; Nadia McAdam; Dayse Barsotelli; Virag Detre; Dr Chloe Kassiss-Crowe; Natasha Jarvis; Sinead O'Brien; Moises Herrera; Dr Ameerah Fakim; and, Dr Nicolette Ravenscroft.
Front row (from left): Dr Angelko Ashtalkoski; Cristina Petrefcu; Dr Martin Robledo; Galina Meshcherskaya; and, Michael Lynch.

SPRING DENTAL PRACTICE

From left: Michelle Kelly; Dr Aneta Spring; and, Ciara Donaghey.

ST PETER'S SQUARE DENTAL SURGERY

From left: Dr Mary Ngeh; Melissa Dyer; Dr Ioana Pavelean; Sorin Prislopan; Lyndsey Dyer; Simona Sanduleac; and, Dr Roxana Dinu (not pictured).





THC Dental

From left: Barry Gill; Tracey O'Connor; Sabrina Conway; Dr Leo Tobin; Sheila Hughes; and, Dr Abdalrahman Mohamed Ali Dosah.



VIRGINIA DENTAL SURGERY

Back row (from left): Charlene Smith; Tanya Crowe; Kim Brady; Alma Clarke Rooney; and, Catherine Doyle. Front row (from left): Dr Helen Matthews; Michelle McNicholl; and, Dr Niamh Rice.



WESTPORT DENTAL CENTRE

Back row (from left): Nicola Friend; Dr Rachel Goggins; Dr Joseph McGovern; Aoife Quinn; and, Catherine Hughes. Front row (from left): Esther McDonagh; Dr Przemek Popielarek; Dr Agnieszka Kwiatkowska; and, Denise Monaghan.

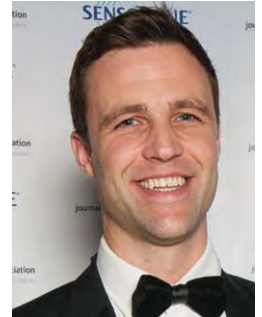
The nominated dentists for the Sensodyne Sensitive Dentist of the Year award...



Dr Abdalrahman Mohamed Ali Dosah
THC Dental, Castlebar



Dr Deirdre Barrett
Blessing Dental,
Portmarnock, Co. Dublin



Dr Gregg Barry
Docklands Dental,
Dublin 1



Dr Caitriona Begley
Avondale Dental Clinic,
Bray, Co. Wicklow



Dr Nick Beirne
Portobello Dental Clinic,
Dublin 8



Dr Angus Bourke
Bourke's Dental Surgery,
Castlebar, Co. Mayo



Dr Maria Byrne
Cork Dental Smiles,
Cork



Dr Stephen Campbell
Stephen Campbell Dental
Surgery, Sligo



Dr Deirdre Coghlan
Smiles Dental Tallaght,
Dublin 24



Dr Daniel Collins
Docklands Dental,
Dublin 1



Dr Gary Collins
Kilcullen Dental & Orthodontics,
Kilcullen, Co. Kildare



Dr David Cosgrove
Portlaoise Dental,
Portlaoise, Co. Laois



Dr Karen Cosgrove
Portlaoise Dental,
Portlaoise, Co. Laois



Dr Kieran Cox
Tuam Dental, Tuam,
Co. Galway



Dr Denis Daly
Rathfarnham Dental
Practice, Dublin 14



Dr Emma Daly
Kiwi Dental,
Carlow



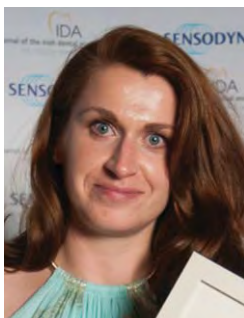
Dr Martha Dempsey
the dental studio,
Greystones, Co. Wicklow



Dr Peter Doyle
Peter Doyle Dental Centre,
Sligo



Dr Peter Doyle
Summerhill Dental Centre,
Carrick-on-Shannon



Dr Olimpia Dziendziela
Newbridge Dental,
Newbridge, Co. Kildare



Dr Ameerah Fakim
Smiles Dental Dundrum,
Dublin 16



Dr Eoin Fleetwood
Eyre Square Dental Clinic,
Galway



Dr James Flood
Eyre Square Dental Clinic,
Galway



Dr Hannah Flynn
Flynn's Dental Care,
Tralee, Co. Kerry



Dr Naoishe Gorham
Dublin St Dental Clinic,
Dundalk, Co. Louth



Dr Curtis Herron
Moira Dental Care, Moira,
Co. Armagh



Dr Geraldine Honan
Bridge View Dental, Navan,
Co. Meath



Dr Nessa Jones
REVA Dental,
Kilkenny



Dr Darach Judge
Fee Dental, Carrickmacross, Co. Monaghan



Dr Chloe Kassis-Crowe
Smiles Dental Grand Canal
Square, Dublin 2



Dr Angela Kearney
Angela Kearney Dental
Drogheda, Co. Louth



Dr David Keenan
Pembroke Dental
Ballsbridge, Dublin 4



Dr Gerard Kilfeather
Kilfeather Dental,
Greystones, Co. Wicklow



Dr Gina Kilfeather
Kilfeather Dental,
Greystones, Co. Wicklow



Dr Svetlana Kilgannon
The Friendly Dentist, Bray,
Co. Wicklow



Dr Rachel King
King Dental,
Galway



Dr Agnieszka Kwiatkowska
Westport Dental Centre,
Westport, Co. Mayo



Dr Derek Lombard
Old Quarter Dental,
Limerick



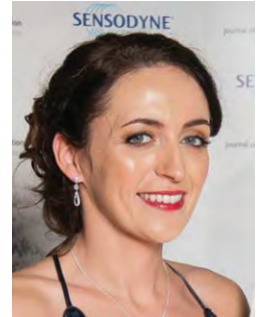
Dr Lisa Lucey
Lucey Dental, Greystones,
Co. Wicklow



Dr Eoin Mac Cormaic
Longford Dental Centre,
Longford



Dr Marcas Mac Domhnaill
Mac Domhnaill Dental,
Tralee, Co. Kerry



Dr Helen Matthews
Virginia Dental Surgery,
Virginia, Co. Cavan



Dr Sally McCarthy
Dental Care Ireland Swords,
Co. Dublin



Dr Kevin McGale
KMcG Dental Surgery,
Ardee, Co. Louth



Dr Joanne McGarrity
McGarrity Dental Practice,
Cavan



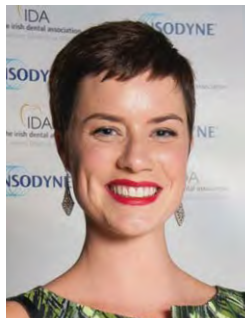
Dr Emma Molamphy
Mayberry Dental Care,
Dublin 24



Dr Robert Molloy
Molloy's Dental Practice,
Dublin 9



Dr David Murnaghan
Boyne Dental & Implant
Clinic, Navan, Co. Meath



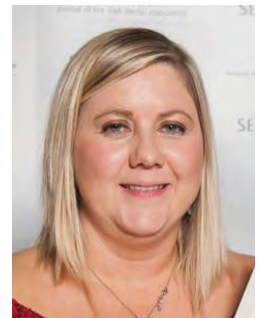
Dr Maeve Murphy
Kinsale Dental, Kinsale,
Co. Cork



Dr Niall Neeson
Boyne Dental & Implant
Clinic, Navan, Co. Meath



Dr Mary Ngeh
Dunboyne Orthodontics,
Dunboyne, Co. Meath



Dr Aoife Ní Chonchubhair
Mac Domhnaill Dental,
Tralee, Co. Kerry



Dr Eamon Nugent
Docklands Dental,
Dublin 1



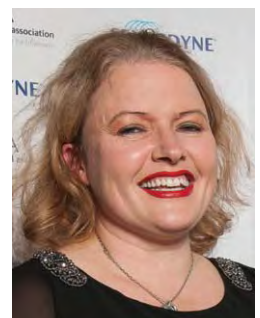
Dr Patrick O'Beirne
Ballinrobe Dental,
Ballinrobe, Co. Mayo



Dr Mairead O'Connor
OC Dental, Gorey,
Co. Wexford



Dr Patrick O'Connor
O'Connor Dental Practice,
Youghal, Co. Cork



Dr Deirdre O'Dwyer
Brews Hill Dental Centre,
Navan, Co. Meath



MUNSTER
WINNER

Dr Oonagh O'Regan
Roslevan Dental Clinic,
Ennis, Co. Clare



LEINSTER
WINNER

Dr Eamon O'Reilly
Boyne Dental & Implant
Clinic, Navan, Co. Meath



Dr Joanne O'Riordan
Church Street Dental,
Cavan



Dr Ioana Pavelean
St Peter's Square Dental
Surgery, Dublin 7



Dr PJ Power
Kinsale Dental, Kinsale,
Co. Cork



Dr Nicolette Ravenscroft
Smiles Dental
South Anne St, Dublin 2



Dr Asta Reddin
Galway Dentist,
Galway



Dr Dympna Reynolds
Callan Dental, Callan,
Co. Kilkenny



Dr Caroline Robins
Kiwi Dental,
Carlow



Dr Martin Robledo
Smiles Dental Dundrum,
Dublin 16



DUBLIN
WINNER

Dr Ciara Scott
HSE Orthodontic Unit,
Loughlinstown, Co. Dublin



Dr Vicram Sisodiya
Blackglan Dental,
Sandyford, Dublin 18



Dr Aneta Spring
Spring Dental, Buncrana,
Co. Donegal



Dr John Sullivan
Carlow Dental Clinic,
Carlow



Dr Christine Sweeney
the dental studio,
Greystones, Co. Wicklow



Dr Marcela Torres Leavy
Kinnegad Dental, Kinnegad,
Co. Westmeath



Dr Anne Twomey
Church Hill Dental Practice,
Carrigaline, Co. Cork



Dr Brian Vaughan
Boyne Dental & Implant
Clinic, Navan, Co. Meath



Dr Helen Walsh
Portobello Dental Clinic,
Dublin 8



Dr Alastair Woods
Deansgrange Dental Clinic,
Blackrock, Co. Dublin

Bariatric dentistry: managing the plus-size patient

Abstract

The British Society for Disability and Oral Health (BSDH) organised a one-day conference at the Royal College of Obstetricians and Gynaecologists in London. The programme was entitled 'Bariatric dentistry: managing the plus size patient in special care dentistry'. This paper is a distillation of that conference and discusses obesity as a public health priority. The paper elucidates difficulties that these patients face as a result of their condition, particularly when seeking dental treatment.

Keywords: Obesity, obstructive sleep apnea (OSA), special care patients, bariatric dentistry, conscious sedation, general anaesthesia.

Journal of the Irish Dental Association 2017; 62 (6): 333-335.

Introduction

Bariatric dentistry is the dental management of the 'plus-size' patient. It falls under the remit of special care dentistry, although general dental practitioner colleagues may find themselves treating these patients. The British Society for Disability and Oral Health (BSDH) conference (December 2, 2016) pointed out best practice, and that best practice is pertinent worldwide.

Obesity: a public health priority

The increasing prevalence of obesity is a worldwide health concern. Excess weight among populations is associated with an increased disease burden, most notably cardiovascular disease, diabetes and cancer.¹ Public health exists to protect and improve the nation's health and well-being, and to reduce health inequalities. Governments instigate public health campaigns and tackling obesity is commonly the number one priority. Obesity is mainly a behavioural problem, involving a spectrum of self-regulatory control difficulties.² The UK Scientific Advisory Committee on Nutrition (SACN) issued recommendations on sugar consumption levels for children and adults to help modify behaviour.³ The SACN advised action at a population level, leading to the development of The Eatwell Guide. This is a resource that defines the UK government's advice on healthy eating and may facilitate planning and potentially reduce sugar intake.⁴

Additionally, the UK National Institute for Health and Care Excellence (NICE) recommended action at the level of secondary prevention by supporting local weight management services, regulating the location of fast food outlets and the cost of leisure facilities, and the creation of safer cycle routes.⁵ Place-based and community service interventions using system-wide prevention approaches are also advised,⁵ for example, helping local authorities and their communities to design long-term plans to facilitate healthier choices for people whether at home, work or play.

General anaesthesia and sedation for bariatric patients – medical considerations

Obesity is one component of the metabolic syndrome. It is most commonly classified by the World Health Organisation (WHO) using the body mass index (BMI)⁶ (Table 1). Obese individuals are at an increased risk of various medical conditions including hypertension, cardiovascular disease, diabetes, sleep breathing disorder, gastro-oesophageal reflux disease (GORD) and liver disease.⁶ The 4th National Audit Project of the Royal College of Anaesthetists reported that obese patients were twice as likely to develop serious airway problems during a general anaesthetic than the non-obese.⁷

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Department of Sedation and Special Care Dentistry
Floor 26, Tower Wing
Guy's Hospital, Great Maze Pond SE1 9RT

Corresponding author: Hassan Abed BDS MSc Email: Hassan.abed@kcl.ac.uk

TABLE 1: Classification of weight by body mass index (BMI)

BMI	CLASSIFICATION
<18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 – 34.9	Obesity (Class I)
35.0 – 39.9	Obesity (Class II)
>40	Obesity (Class III)

Additionally, the presence of obstructive sleep apnoea (OSA) may indicate more complicated airway management during general anaesthesia or conscious sedation. OSA may be associated with a thick, short neck and increased amount of soft tissue surrounding the uvula. Correct head positioning during dental treatment is important to maintain a patent airway. Unfortunately, rescue techniques fail more often in obese patients than in the non-obese.⁸ Therefore, preoperative assessment of OSA using the STOP-Bang score (Table 2) is helpful.⁹ Preoperative assessment of these patients prior to any sedation technique should be similar to the evaluation prior to general anaesthesia. The 5th National Audit Project of the Royal College of Anaesthetists highlighted the importance of medical pre-assessment for obese patients.¹⁰

Barriers to dental care

Obesity may be a significant problem for dental practitioners.⁶ Preoperative assessment is important for patient safety, enabling appropriate planning of facilities and the level of clinical skill needed to provide treatment. Obese patients have numerous potential barriers to accessing dental care. The weight limits of the dental chair, inappropriate seating in the waiting area, inadequate toilet facilities, narrow corridors and the presence of stairs but no lift, may all prevent some larger patients from accessing care.⁶ Understanding the practical and physiological considerations related to this patient group will help dental

TABLE 2: STOP-Bang score questionnaire for obstructive sleep apnoea (OSA).

A score of 5-8 identifies patients with a high probability of moderate/severe OSA.

1	S nooring: Do you snore loudly (loud enough to be heard through closed doors)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	T ired: Do you often feel tired, fatigued, or sleepy during daytime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	O bserved: Has anyone observed you stop breathing during your sleep?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	B lood P ressure: Do you have or are you being treated for high blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	B MI: BMI more than 35kg/m ² ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	A ge: Age over 50 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	N eck circumference: >40cm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	G ender: Male?	Yes <input type="checkbox"/> No <input type="checkbox"/>

care providers to manage them appropriately. Clinically, the landmarks for placement of an inferior alveolar nerve block can be difficult to palpate through a thick fatty layer.⁶ Excessive fat in the tissues may also affect pharmacological absorption of a drug¹¹ and complicate the cannulation procedure.¹²

Treating the plus-sized person – a heavy responsibility

The Equality Act 2010 (UK) does not classify obesity as a disability. However, conditions associated with obesity may lead to disability.¹³ Local dental services in the UK have a responsibility to either provide treatment directly or refer to a more appropriate provider, such as a secondary care clinic. Obese patients may need to be made aware of potential challenges in providing appropriate treatment. For example, an average dental chair has a weight limit of approximately 140kg.⁶ However, if a patient exceeds this weight, a sensitive explanation will need to be given to them. An appropriate explanation should emphasise the need to keep the patient safe while delivering high-quality treatment in the most appropriate setting.

A bariatric dental chair may be the best choice for the safety of patients and dental staff. The maximum load can be up to 500kg.⁶ It was noted during discussions at the BSDH conference that larger patients may prefer to be referred to as 'overweight' rather than 'obese' because this was thought less likely to cause offence. A statement along the lines of 'for patients who are



FIGURE 1: A multifunctional bariatric dental chair designed to convey people with obesity from the reception area through to the dental clinic treatment area and back again.



FIGURE 2: This bariatric treatment chair offers a comprehensive solution to the treatment of both bariatric and average weight patients for procedures in dentistry, ENT and podiatry clinics.

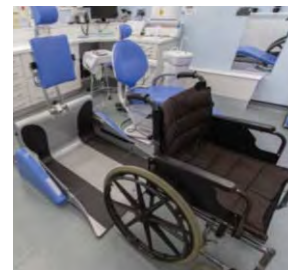


FIGURE 3: The bariatric dental bench is suitable for heavier patients able to walk but unable to be accommodated on a conventional dental chair because of their size. Some bariatric patients attend with wheelchair and cannot transfer; therefore, a wheelchair recliner can be used.

* Pictures kindly authorised by Mr Simon D Killick, Design Specific Ltd.

slightly above the weight limit of this chair, we have an alternative chair which we can use' was suggested as a suitable approach. Sensitivity, demonstrated through careful choice of language, was noted as being appreciated by patients when discussing the potentially upsetting subject of their size.

Designing facilities for provision of dental services to bariatric patients

A bariatric dental chair is the best and safest chair solution to deal with this group. Multiple factors need to be assessed during any plan for a bariatric dental clinic. Maximum loading of the dental chair, the accessibility of the dental clinic, product selection, storage requirements, availability of space and cost should be taken into account during the development phase. The dental team should consider access not only to the dental surgery but also to the building in which it is situated. Design of the reception area, waiting area, floor level, corridor and doorframe widths, room layout and car parking all need appropriate attention at the planning stage. **Figures 1, 2, and 3** show different designs of bariatric dental chairs useful in different treatment situations.

Conclusion

Obese patients may present significant medical, anaesthetic, logistical and surgical challenges. Nevertheless, the vast majority of obese patients presenting for dental treatment are healthy. Their peri-operative risk assessment can be similar to that of patients with normal weight. Robust processes and systems must be in place to be able to identify, assess and manage the needs of these patients.

Recommendation

Implementing bariatric dentistry training at undergraduate and postgraduate levels will help dental care providers to manage obese patients. Furthermore, it will help to improve the quality of care and patient satisfaction for these patients.

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Effectiveness of high-power LEDs to polymerise resin cements through ceramics: an *in vitro* study

Faria-e-Silva, A.L., Pfeifer, C.S.

Statement of problem: The cementation of ceramic veneers using light-polymerised resin cement is largely dependent on the proper light activation of the cement. Light activation using high irradiance could shorten the time required to lute multiple restorations.

Purpose: The purpose of this *in vitro* study was to evaluate the light transmission of dental light polymerising units through ceramic cylinders and its effect on the polymerisation kinetics of a resin cement.

Material and methods: Ceramic ingots (IPS Empress Esthetic, shade ET1) were sectioned to produce cylinders 0.5, 1.0, and 2.0mm thick. Two light-emitting diode units were evaluated: SmartLite Focus and Valo Cordless, the latter used in either Standard or Xtra Power (XP) modes. Light transmission (average of irradiance, total energy, and light-emission profile) through the cylinders was measured (n=3). The polymerisation kinetics of a resin cement light polymerised through the ceramic was monitored for five minutes (n=3). The degree of conversion was measured again after 72 hours. Data were individually analysed with 2-way ANOVA and the Tukey HSD test ($\alpha=0.05$).

Results: Valo at XP presented the highest values of irradiance and SmartLite

the lowest, irrespective of the ceramic thickness. Regarding the total energy, XP showed the lowest values. The total energy and irradiance lessened with the increase in ceramic thickness. In general, except for Valo at XP, the ceramic thickness did not affect the degree of conversion. Valo at XP and interposing 2.0mm ceramic resulted in the lowest values of R_{pmax} .

Conclusions: The reduction of total energy and irradiance by ceramic interposition had only a slight effect on polymerisation kinetics.

Journal of Prosthetic Dentistry 2017; 118: 631-636

Impact of different surgeons on dental implant failure

Chrcanovic, B.R., Kisch, J., Albrektsson, T., Wennerberg, A.

Purpose: To assess the influence of several factors on the prevalence of dental implant failure, with special consideration of the placement of implants by different dental surgeons.

Materials and methods: This retrospective study is based on 2,670 patients who received 10,096 implants at one specialist clinic. Only the data of patients and implants treated by surgeons who had inserted a minimum of 200 implants at the clinic were included. Kaplan-Meier curves were stratified with respect to the individual surgeon. A generalised estimating equation (GEE) method was used to account for the fact that repeated observations (several implants) were placed in a single patient. The factors bone quantity, bone quality, implant location, implant surface, and implant system were analysed with descriptive statistics separately for each individual surgeon.

Results: A total of 10 surgeons were eligible. The differences between the survival curves of each individual were statistically significant. The multivariate GEE model showed the following variables to be statistically significant: surgeon, bruxism, intake of antidepressants, location, implant length, and implant system. The surgeon with the highest absolute number of failures was also the one who inserted the most implants in sites of poor bone and used turned implants in most cases, whereas the surgeon with the lowest absolute number of failures used mainly modern implants. Separate survival analyses of turned and modern implants stratified for the individual surgeon showed statistically significant differences in cumulative survival.

Conclusion: Different levels of failure incidence could be observed between the surgeons, occasionally reaching significant levels. Although a direct causal relationship could not be ascertained, the results of the present study suggest that the surgeons' technique, skills, and/or judgment may negatively influence implant survival rates.

International Journal of Prosthodontics 2017; 30: 445-454.

Fissure seal or fluoride varnish? A randomized trial of relative effectiveness

Chestnutt, I.G., Playle, R., Hutchings, S., Morgan-Trimmer, S., Fitzsimmons, D., Aawar, N. et al.

Fissure sealant (FS) and fluoride varnish (FV) are effective in preventing dental caries when compared with a no-treatment control. However, the relative clinical effectiveness of these interventions is uncertain. The objective of the

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study was to compare the clinical effectiveness of FS and FV in preventing dental caries in first permanent molars (FPMs) in six to seven year olds. The study design was a randomised clinical trial, with two parallel arms. The setting was a targeted population programme that used mobile dental clinics in schools located within areas of high social and economic deprivation in South Wales. A total of 1,016 children were randomised 1:1 to receive either FS or FV. Resin-based FS was applied to caries-free FPMs and maintained at six-month intervals. FV was applied at baseline and at six-month intervals for three years. The main outcome measures were the proportion of children developing caries into dentine ($D_{4-6}MFT$) on any one of up to four treated FPMs after 36 months. At 36 months, 835 (82%) children remained: 417 in the FS arm and 418 in the FV arm. A smaller proportion of children who received FV ($n=73$; 17.5%) versus FS ($n=82$; 19.6%) developed caries into dentine on at least one FPM (odds ratio [OR] = 0.84; 95% CI, 0.59-1.21; $P=0.35$), a non-statistically significant difference between FS and FV treatments. The results were similar when the number of newly decayed teeth (OR=0.86; 95% CI, 0.60-1.22) and tooth surfaces (OR=0.85; 95% CI, 0.59-1.21) were examined. In a community oral health programme, semi-annual application of FV resulted in caries prevention that was not significantly different from that obtained by applying and maintaining FS after 36 months.

Journal of Dental Research 2017; 96: 754-761.

Effect of repeated ceramic firings on the marginal and internal adaptation of metal-ceramic restorations fabricated with different CAD-CAM technologies

Kocaagaoglu, H., Albayrak, H., Kilinc, H.I., Önder Gümüş, H.

Statement of problem: The use of computer-aided design and computer-aided manufacturing (CAD-CAM) for metal-ceramic restorations has increased

with advances in the technology. However, little is known about the marginal and internal adaptation of restorations fabricated using laser sintering and soft milling. Moreover, the effects of repeated ceramic firings on the marginal and internal adaptation of metal-ceramic restorations fabricated with laser sintering and soft milling is also unknown.

Purpose: The purpose of this *in vitro* study was to investigate the effects of repeated ceramic firings on the marginal and internal adaptation of metal-ceramic copings fabricated using the lost wax, laser sintering, and soft milling techniques.

Material and methods: Ten lost wax, 10 laser sintering, and 10 soft milling cobalt-chromium (Co-Cr) copings were fabricated for an artificial tooth (Frasaco GmbH). After the application of veneering ceramic (VITA VMK Master; VITA Zahnfabrik), the marginal and internal discrepancies of these copings were measured with a silicone indicator paste and a stereomicroscope at $\times 100$ magnification after the first, second, and third clinical simulated ceramic firing cycles. Repeated measures two-way ANOVA and the Fisher LSD post hoc test were used to evaluate differences in marginal and internal discrepancies ($\alpha=0.05$).

Results: Neither fabrication protocol nor repeated ceramic firings had any statistically significant effect on internal discrepancy values ($P>0.05$). Marginal discrepancy values were also statistically unaffected by repeated ceramic firings ($P>0.05$); however, the fabrication protocol had a significant effect on marginal discrepancy values ($P<0.001$), with lost wax resulting in higher marginal discrepancy values than laser sintering or soft milling ($P<0.05$). Marginal discrepancy values did not vary between laser sintering and soft milling ($P>0.05$).

Conclusions: All groups demonstrated clinically acceptable marginal adaptation after repeated ceramic firing cycles; however, the laser sintering and soft milling groups demonstrated better marginal adaptation than that of the lost wax group, and may be appropriate clinical alternatives to lost wax.

Journal of Prosthetic Dentistry 2017; 118: 672-677.

Quiz answers

Questions on page 294

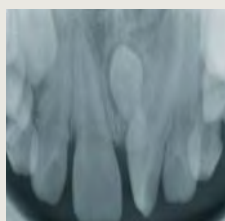


Figure 1.



Figure 2.



Figure 3.

1. What dental developmental abnormality is apparent in **Figure 1**?
A supernumerary tooth. It is inverted and conical in shape.
2. How prevalent is this in the permanent dentition?
1-3%.
3. What effect has this anomaly had on the anterior teeth?
It has caused displacement and mesio-palatal rotation of UL1. There is an associated upper centre-line shift.
4. What treatment will be required in this instance?
Surgical removal of the supernumerary tooth. This will be followed by orthodontics with fixed appliances to align UL1.

5. What other effects may be observed with this type of dental anomaly?
Most commonly, supernumerary teeth are chance radiographic findings and do not require any form of intervention. However, they may also lead to impaction of permanent teeth, crowding or localised spacing, which may necessitate orthodontic intervention in addition to their removal. Rarely, pathology including root resorption of adjacent teeth or dentigerous cyst formation may occur.

SITUATIONS WANTED

Dentist available Thursdays and Saturdays. Wexford/Carlow/Kilkenny/South Wicklow. Irish qualified 10yrs+. With a view long term to purchase practice/leasehold. Email adecidental365@gmail.com.

Experienced and motivated dentist seeks full/part-time work in Cork/Kerry area. Available from January 2018 onwards. Contact dentalassociatecork@gmail.com.

Female dentist (qualified 2004) with extensive experience including private practice in both Dublin and UK looking for associate position in Dublin/Wicklow area. Familiar with Invisalign and facial aesthetics, and recently completed one-year course in restorative-cosmetic dentistry. Email dentaljob2018@gmail.com.

SITUATIONS VACANT

Dentists

Part-time dental position available in Dublin northside city dental practice for enthusiastic dentist. Please email postiondental@hotmail.com.

Four experienced, committed general dentists required to join our two new dental clinics based in Dublin. All computerised, digital x-ray/OPG. Full-time/part-time available. Please email CVs to diamondsmilejobs@gmail.com.

Dentist required for busy schedule, working across our clinics in corporate and nursing home divisions. If you are looking for a rewarding, busy schedule, working with a great team, send your CV and cover letter to clinics@dentaltech.ie.

Dublin – exciting opportunity for an enthusiastic general dentist to join our modern, well-equipped, well-established Smiles Dental practice in Waterloo Road, Dublin 4. Position offers five days per week. Candidates must be IDC registered. Email joanne.bonfield@smiles.co.uk.

Experienced dentist required for a busy practice in Wicklow. Excellent interpersonal skills required. Digital practice, IO camera, OPG, etc. Friendly staff, good hours, etc. Call James on 087-258 2884, or email CV to info@rathdrumdental.ie.

Part-time/full-time experienced dentist needed in the busy, mixed computerised practice. Email info@priorydentist.ie.

Full-time position available from January. Five days a week, every second Saturday. Modern, fully digital practice. Experience a help but not essential. Email: galwaypractice@hotmail.com.

Polish-speaking dentist required. Long-established clinic in Dublin 7 requires Polish-speaking dentist to join our multidisciplinary team. Must have some experience in Ireland and IDC registration. Email info@medicalclinic.ie.

Private dentist wanted with a special interest in aesthetics and orthodontics. Two days per week. Digital x-rays, a computerised practice with a modern interior, and friendly staff. Situated in Dublin 9. Experience of more than two years required. Email CV to orthosull@gmail.com.

Conscientious dentist required to provide high-quality dentistry. Part-time initially, up to three days/week at present. Private/PRSI. Modern, computerised, air-conditioned surgery. West of Ireland. Please submit cover letter and CV to info@kenheritage.ie.

Co. Wexford – exciting opportunity for an enthusiastic general dentist to join our modern, well-equipped, well-established Smiles Dental practice in Enniscorthy. Position offers three to five days per week. Candidates must have general experience and be IDC registered. Email joanne.bonfield@smiles.co.uk.

Wexford. Exciting opportunity for enthusiastic general dentist to join our modern, well-equipped, well-established Smiles Dental practice in Wexford. Candidates must be IDC registered. Five days per week. Guaranteed earning for the first few months. Email joanne.bonfield@smiles.co.uk.

General dentist required part time for well-established, busy, mixed clinic in Tullow, Co. Carlow. Modern, computerised, digital surgery with fully qualified nurses. Please email jmoneill78@hotmail.com.

Come work in Canada. Full schedule from day one! Income more than \$25k per month (take home). Guaranteed salary for six months. Four-week vacation. New graduates welcome. Email your CV to aspiredentalcorp@gmail.com.

Midlands. General dentist required part time for well-established, busy, modern, computerised dental practice. Please send details to midlandsdentist2017@gmail.com.

Full/part-time dentist required to join our new Dublin-based dental clinic. Email CVs to dsdentalsurgery@gmail.com.

Dublin – Smiles Dental is looking for a passionate dentist to join our well-established, busy South Anne St practice in Dublin full time. Practice offers modern facilities and is fully computerised. Must have experience and be IDC registered. Email joanne.bonfield@smiles.co.uk.

Essex UK: experienced full-time dentist required for progressive mixed NHS practice. Excellent, private, fully computerised, modern practice, great support staff. Start ASAP. NHS performer list assistance provided. Apply with CVs to clinical.resources@yahoo.com.

Part-time general dentist required for a Cork city practice. Minimum two years' experience required. Please apply with your cover letter and CV to info@canty dental.ie.

Dentist wanted to work busy Saturdays in Cavan town. Apply with CV to churchstdental@gmail.com.

Advertisements will only be accepted in writing via fax (01-295 0092), letter or email (fionnuala@irishdentalassoc.ie). Non-members must pre-pay for advertisements, which must arrive no later than **Friday, January 19, 2018**. Classified ads placed in the *Journal* are also published on our website www.dentist.ie for 12 weeks. **Please note that from the next edition, all adverts will be subject to VAT at 23%.**

Advert size	Members	Non-members
up to 25 words	€80	€160
26 to 40 words	€95	€190

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Seeking dentist who wishes to work in a new private practice in Greystones. Ideal candidate will have niche skills such as sedation, soft tissue aesthetics, implant or aesthetic dentistry. Effective communicator, enthusiastic, ongoing CPD, great support team. Email hello@smilesolutions.ie.

Dentist required to cover six-month maternity leave, three days per week in busy modern clinic from March 1, 2018. The ideal candidate will be hard working, motivated and work well within a team. Email jennifer.bowedental@gmail.com.

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Cork. Smiles Dental is looking for a passionate dentist to join our busy, well-established, state-of-the-art practice in Cork. Must be IDC registered. Days required are Wednesday, Thursday, Friday, Saturday and Sunday. Email joanne.bonfield@smiles.co.uk.

Excellent opportunity for general dentist and orthodontist in friendly, well-established, computerised, modern, multidisciplinary clinic. Candidates must have minimum of two years' experience and be IDC registered. Please send your CV and cover letter to emma@southgatedental.ie.

Dentist wanted Co. Clare. Digital x-rays, a computerised practice with a modern interior, friendly staff. Situated in Ennis and Kilrush. Experience of more than two years required. Email niallmcrty@gmail.com.

Associates

Part-time dental associate needed for busy, modern practice located in Glenageary, south county Dublin. Please send expressions of interest to awalshe@glenagearydentalcare.ie.

Carlow. Experienced, committed associate required in award-winning, expanding, multidisciplinary practice – excellent staff and facilities – implants, oral surgeon, orthodontics, RA, sedation, computerised, digital x-ray/OPG. Good people skills and excellent dentistry essential. Please send CV to southeastdental46@gmail.com.

Kilkenny. Part-time associate position available at busy, multi-surgery city centre practice. Approximately two days per week, negotiable. Very busy, full book. Generous terms. CVs to kilkennyassociate2017@gmail.com.

Part-time dental associate required (three days) for busy Dublin northside dental practice. Established book, private and medical card patients. Tel: 086-242 3014.

Part-time associate required for busy Dublin city centre practice, Fridays and Saturdays with further days optional. Modern, well-equipped surgeries with motivated patient base. Please email CVs to dentaljobsdublin@gmail.com.

Ireland, north east, one hour from Dublin. Experienced associate required to replace departing colleague in long-established, seven-surgery, award-winning multi-disciplinary practice. Visiting consultant orthodontist, specialist oral surgeon, hygienist and excellent support staff. Please email drcolmsmith@gmail.com.

Full-time associate required for Dublin city centre practice. Experience essential. Please email CV to jobsdental2@gmail.com.

Limerick private practice seeks an associate dentist with minimum five years' experience. Huge opportunity for development in this vibrant, growing practice with five colleagues as part of our multidisciplinary team. Email fionamurphy@shieldsdentalclinic.ie.

Associate required. Close to Dublin. Full-time. Excellent and very busy four-surgery, multidisciplinary, modern family practice. Highest standards required. Won't suit newly qualified. Great opportunity for the right person to join our happy team! Email: ratoathdental@gmail.com.

Part-time associate dentist wanted to join expanding, long-established, computerised general practice in Dublin 2. One full and two half days, with good potential to build further. Must be IDC registered. Please send cover letter/CV to: vacancies@dentistry.ie.

Full-time associate for busy, long-established practice. Minimum of two-and-a-half years' experience. Competent in endo. Please email aofecoxgarvey@gmail.com.

Co Kildare. Full-time associate dentist wanted – established full book – new surgery – orthodontist/oral surgeon back-up on site. Please send CV to southeastdental46@gmail.com.

Galway. Dental associate wanted to join busy expanding practice in Galway. Fully computerised, modern practice with friendly supportive staff. Please email dentistingalway@gmail.com.

Waterford city. Part-time associate required for modern practice to replace departing dentist. Mixed private/DTSS. Email CV to info@waterforddentist.ie.

Galway. Experienced, committed associate required in award-winning multidisciplinary practice. Excellent staff and facilities: implants, oral surgeon, orthodontics, endodontics, hygienist, computerised, CT scan, digital x-ray/OPG. Good people skills essential. CV to galwaydentist20@outlook.com.

Kilkenny. Full-time (negotiable) associate position available at busy, multi-surgery, city centre practice. Very busy, full book. Remuneration above market rate for the right candidate. Minimum two years' experience required. Great opportunity. CVs to kilkennyassociate2017@gmail.com.

Clonmel, Co. Tipperary. Experienced dental associate required to replace a departing colleague. Four to five days per week. Long-established, well-equipped, modern, computerised, mixed, busy practice. Minimum three years' experience essential. To start mid January 2018. CVs to southtipdentist@hotmail.com.

Dental associate required for long-established, computerised general practice in Co. Meath. The position is for two days per week. Saturdays are essential. Experience is preferred. Email dentalpracticemeath@gmail.com.

North Dublin. Part-time associate required for busy, computerised, long-established practice. Minimum one years' experience required. Send CV to app2dental@gmail.com.

West Dublin. Full-time associate position available in busy group practice. Long-established, computerised. Replacing departing colleague. Please reply with CV to tullyhouse@gmail.com.

Full-time associate required for Callan Dental, Co. Kilkenny, to replace outgoing long-term associate. Full book. Modern, computerised practice with excellent support staff. Feb/March 2018 start. Email Careers@dentalcareireland.ie.

Locums

Experienced locum dentist required for six months' maternity cover from December/January in busy private practice in Malahide, Co. Dublin. Permanent part-time position may become available afterwards. Please contact enquiries@dentistmalahide.com.

Specialist/limited practice

Canada – St John's, Newfoundland. Paediatric dentist needed NOW. Looking for a dynamic, energetic and exceptionally motivated paediatric dentist to join LOL dental, paediatric dentistry and orthodontic. Part-time or full-time. Remuneration: \$1,200 per day guaranteed (Canadian funds) or 35% of net collection. Contact drlynanaseri@gmail.com.

Periodontist wanted one day per week to take over existing book – one hour from Dublin – other specialists in attendance. Please send CV in confidence to: Southeastdental46@gmail.com.

Orthodontist required for busy progressive practice in Westport, Mayo. Three chairs. Flexible hours/days. OPG/CT scanner on site. Contact info@mayodentalclinic.com.

Orthodontist required for busy practice in Cork City. Three chairs. Initially one day per week. Fully computerised and full book. Please contact reception@corkdentalcare.com.

Dentist in limited practice wanted to join modern, fully equipped practice in Cork with two dentists, an orthodontist, and a dental hygienist. Good referral base for a periodontist. Email: catherinelourourke@gmail.com.

Busy practice south Dublin city. Seeking specialist orthodontist to provide full range of orthodontic services. Full, modern surgery; OPG and lateral cephalometric on site. Favourable remuneration. Email Info@cleardentalcare.ie.

Orthodontist required to join long-established orthodontic specialist practice in south east. Full or part-time basis with flexible working hours/days. Ultra modern, fully digital facilities. Forward application CV in strictest confidence to bracesireland@gmail.com.

Busy multi-chair practice in Co. Kildare seeking specialist orthodontist to provide full range of orthodontic treatments. OPG/Ceph on site. Immediate start. Email dental479@gmail.com.

Orthodontist required to join a busy, well-established practice in Castlebar, Co. Mayo. This is a great opportunity to join a very busy clinic. Full modern surgery, OPG and lateral cephalometric on site. Flexible hours/days. Please forward your CV to info@tobindental.com.

Specialist orthodontist required for new city centre digital dental practice Gate Clinic Smiles Dental, Galway, to enhance multidisciplinary dental practice. Cat scan (I-CatFlx), Cerec, dental implant and restorative services, family dentistry. Applicant should be comfortable with imaging technology. Email joanne.bonfield@smiles.co.uk.

Friendly, well-established, busy practice, Drogheda. Seeking registered specialist orthodontist to provide full range of orthodontic services. Fully equipped modern surgery with lateral cephalometric and OPG on site. Please email your CV to emma@southgatedental.ie.

Orthodontist required to join our Killiney Dental team. Newly refurbished, high-tech surgery, multidisciplinary, including implants, restorative and cosmetic dentistry. Planmeca CBCT/OPG on site. Fully digitalised. Immediate start. Excellent remuneration package available. Email hello@killineydental.com.

Dental nurses/managers/receptionists

Full-time dental nurse required for busy modern Galway practice. Must be fully qualified. Experience an advantage but not essential. Immediate start. CV to Galwaydentist20@outlook.com.

Dental nurse required, part-time, for busy south Dublin practice. 20 hours a week. Wednesday 3.00-8.00pm, Thursday 3.00pm-8.00pm, Friday 4.00-6.00pm, Saturday 10.00am-4.00pm. Email alex@whitesmiledental.ie.

Very busy group south side dental practice seeks full-time dental nurse. Please contact Veronica or Sylvia on 01-288 9161.

Experienced dental nurse required for busy specialist dental surgery in Tralee, Co. Kerry. The candidate must be friendly, motivated and have great communication skills. The permanent position is 35 hours/week. Please email your CV to traleedentist1@gmail.com.

Qualified dental nurse required for Kilkenny city orthodontic practice. We are seeking a warm, friendly person with good communication and computer skills. Email application to reception@kylemoreclinic.ie.

Full-time qualified dental nurse required for a busy, friendly and modern dental practice in north Co. Dublin. Please apply with CV to balbriggandentalcare@mail.com.

Part-time qualified dental nurse required for Thurles orthodontic practice. We are seeking a warm, friendly person with good communication and computer skills. Email application to reception@kylemoreclinic.ie.

Experienced dental nurse/receptionist required for north Kildare practice. Three/four days per week. Please email your interest and CV to kilcockdental@gmail.com.

Enthusiastic dental nurse required for Rathfarnham practice. Experience preferred but not essential. Sessions every second Saturday with a session mid week. Sessions increasing as new dentist in practice gets busier. Fully computerised. CV to info@mowlds dental.ie.

Full-time dental nurse required for busy, newly refurbished dental practice in Dublin 4. Immediate start. Must have a strong patient focus and good attention to detail. Experience preferred but not essential. Email dentalnursejobd4@gmail.com.

Qualified DSA required for specialist dental surgery in Dublin 4. Initially part time with view to more days; expansion of the role in the future. Must be friendly, motivated, good communicator. Please apply with CV to dublindentalimplants@gmail.com.

Exciting opportunity for a motivated dental nurse to join a dynamic team. Busy, modern, award-winning, computerised practice in Meath (35 minutes north of Dublin). Position is two to three Saturdays per month, and occasional Wednesdays/Fridays are desirable but not essential. CVs to: dentaljob ireland1@gmail.com.

Kiwi Dental in Carlow town is expanding. We require a full-time nurse and a full-time receptionist. If you enjoy working in a fun team environment, then Kiwi is for you. January start. Email caroline@kiwidental.ie.

Experienced practice manager needed to join rapidly growing, award-winning, state-of-the-art dental practice in north Wicklow. A good team player but a leader, computer literate with dental background. Must be efficient, outgoing and have own initiative. Email Lisalucey1@gmail.com.

Hygienists

We are seeking a hygienist to join our modern, newly refurbished dental practice in Killiney, south County Dublin. Permanent role available. Immediate start. Must be IDC registered. Apply with cover letter and CV to info@killineydental.com.

Hygienists wanted, four days a week. Will accept multiple hygienists to fill days. Starting November 9, for well-established D2 practice. Duties include mix of periodontal and hygiene maintenance treatments. Newly qualified welcome. Please send cover letter and CV to vacancies@dentistry.ie.

Hygienist sought for busy, modern practice in Letterkenny. Demand requires expansion of existing hygienist service to full time. One to two days available with immediate start preferable. CV to rachelmccafferty71@gmail.com.

Enthusiastic, caring, gentle hygienist required to join our busy, modern dental practice based in the midlands/northwest. Position two days/week, with possibility of expanding to full time. Please send CV to dentalhygienistwanted@gmail.com.

Hygienist position available in our very busy Caherciveen dental practice, one day per week, ideally Wednesdays. Please forward CV to milltowndentists@eircom.net.

Full-time, skilled, caring dental hygienist required in Carlow town due to demand. Good facilities and equipment. Established book. Please send CV or Tel: 085-252 4949.

Part-time position for hygienist in busy, family-friendly practice in Sandyford. Position for Monday and Thursday evenings and one Saturday a month. Please email CV to blackglendental@gmail.com.

Enthusiastic, caring hygienist wanted in Gorey, Co. Wexford. Friendly, fully computerised, modern, state-of-the-art practice. Two to four days per week; days can be flexible. Email eleanor@ocdental.ie.

Permanent dental hygienist required for three busy sessions a week. Further details of our practice and team on our website – www.frielandmccahon.ie.

Dental hygienist position available in busy Westmeath practice to work alongside a full-time hygienist. Two to three days available. Email westmeathjob@gmail.com.

Hygienist required for well-established practice in Dublin city centre four days per week. We will accept multiple hygienists to fill the vacancy. Busy book in a modern, computerised practice. Apply with CV to hygienevacancy@hotmail.com.

Dental hygienist required to join a practice in Limerick city. This is a great opportunity to join a very busy clinic with a large multidisciplinary team. The position is available for weekend days. Email hello@shieldsdentalclinic.ie.

Enthusiastic, caring hygienist required to join a well-established, modern dental practice based in Castlebar, Co. Mayo. Mature appointment book. Position available for three days per week, with possibility of expanding. Please forward CVs to info@tobindental.com.

Dental hygienist for north west. Full book, high gross. Private clinic. Must have excellent communication skills. Open to new graduates. Email sligodentaljob@gmail.com.

Dental hygienist required for busy south west Dublin practice. Two days a week. Email info@smileclinic.ie or Tel: 087-972 7091.

Very busy practice in Mullingar area requires dental hygienist for one or two full days, taking over book after hygienist leaving for maternity break – one year. Email sysakroman@gmail.com.

Co. Clare – enthusiastic hygienist required to join busy modern practices in Ennis and Kilrush. Part-time initially. Email niallmcrty@gmail.com.

Hygienist required one day per week to join a great team in Shannon, Co. Clare. Hours are flexible; experienced or new graduates welcome to apply. Must be an enthusiastic and professional team player. Email ellen@alexandradental.ie.

PRACTICES FOR SALE/TO LET

Sandyford, Dublin. Brand new, fully equipped dental practice to let within the limits of operating clinic. Panoramic and dental x-ray; nurse, admin support. Email info@sandyfordhealthcare.ie.

Practice for sale in Co. Kildare. Circa 50km from Dublin in busy town. Two surgeries in a very well-maintained practice. Waiting room, reception area, WC, storage and laboratory rooms. Contact steven@medaccount.ie or Tel: 01-280 6414.

Well-established practice in Sligo town. Ground floor entrance with three surgeries. Excellent patient mix. Newly refurbished. Flexible lease. Potential use of OPG. Contact steven@medaccount.ie or Tel: 01-280 6414.

South city centre Dublin. Very busy, fully private. Great location, high passing trade.

Two excellently equipped surgeries. Computerised, digitalised OPG. Experienced, loyal staff. Fully walkinable. Great figures, high new patient numbers. Speedy sale required. Email citycentrepracticeforsale@yahoo.com.

For sale, Co. Cork. Long-established (44 years) general practice. Prime location, corner building in town centre, freehold, owner retiring. Both building and practice for sale. Two surgeries, OPG. Email patmullane@eircom.net.

Two-surgery practice for sale in Wicklow with on-street parking and accessible transport links. Predominately Irish social welfare income and some private fee per item treatments. High adjusted net profit margin with huge potential to increase income further. Email contact@mediastates.ie.

Dental practice for sale, Co. Donegal. Two modern, well-equipped surgeries. Third surgery/sterilisation room. Large catchment area. Realistic price. Email dentaldonegal@gmail.com.

Modern, long-established, centrally located in busy town 30 minutes from Galway. Fully digital, OPG, three-surgery practice with full book, predominately private fee. Contact westernpractice4sale@hotmail.com.

EQUIPMENT FOR SALE

Digital OPG machine Gendex. Model GXDP 300 and Expert DC. Installation. Date 26.05.16. Still under Guarantee. Email drcolmsmith@gmail.com.

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The original...

DR NIALL SHARKEY of Midleton, Co. Cork, was the first winner of the Sensodyne Sensitive Dentist of the Year Award in 2008.

What do you remember of your win?

Originally, I thought it was a small affair, but then I got to the ceremony in Dublin and realised it was a good deal bigger than I thought. Even though it is an even bigger affair now, there were still regional winners and the judges said some nice things about my work. There were officials from the Association there as well as the people from Sensodyne. It was a good day.

How did you feel about winning?

Well the timing of it was ideal from my point of view. I had only set up my own practice nine months before, and in fact was only full-time in the practice for three months, when I won. After 15 years in the UK, it was perfect timing really. I got a plaque and a framed certificate to hang in my practice and all my patients asked me about them. Word of mouth spread pretty quickly and in the context of the way our communities work in Ireland, it established confidence and trust for me. From my perspective, it meant it was easier to give information to patients and the uptake of treatment plans improved.

Is your nominating patient still a patient?

Yes, David has become a good friend over the years. Of course, he and the family got to go to Florida and it was really well deserved. I don't think they had been away for a few years before that. I do remind him every now and again that while I got a plaque, he went to the USA!

Did you suffer in the downturn?

Well I was very lucky in that I had just established the practice and just won the Award when the economy took a dive. We had started well, but when the economy dropped we slowed down. However, we never really stopped adding new patients and I think the stamp of trust provided by the Award made it a bit easier for us. We've continued to build the practice steadily ever since.

Has the practice developed?

Yes. We added a hygienist and the Government's re-introduction of support for a scale and polish has already had a good impact. It really was a big mistake to withdraw that support during the downturn. Patients don't seem to see the value in the free exam so the Government chose the wrong road by eliminating the support for the scale and polish.

Are you involved with the Association?

I am a member, but not involved as much as I was. I used to go to all



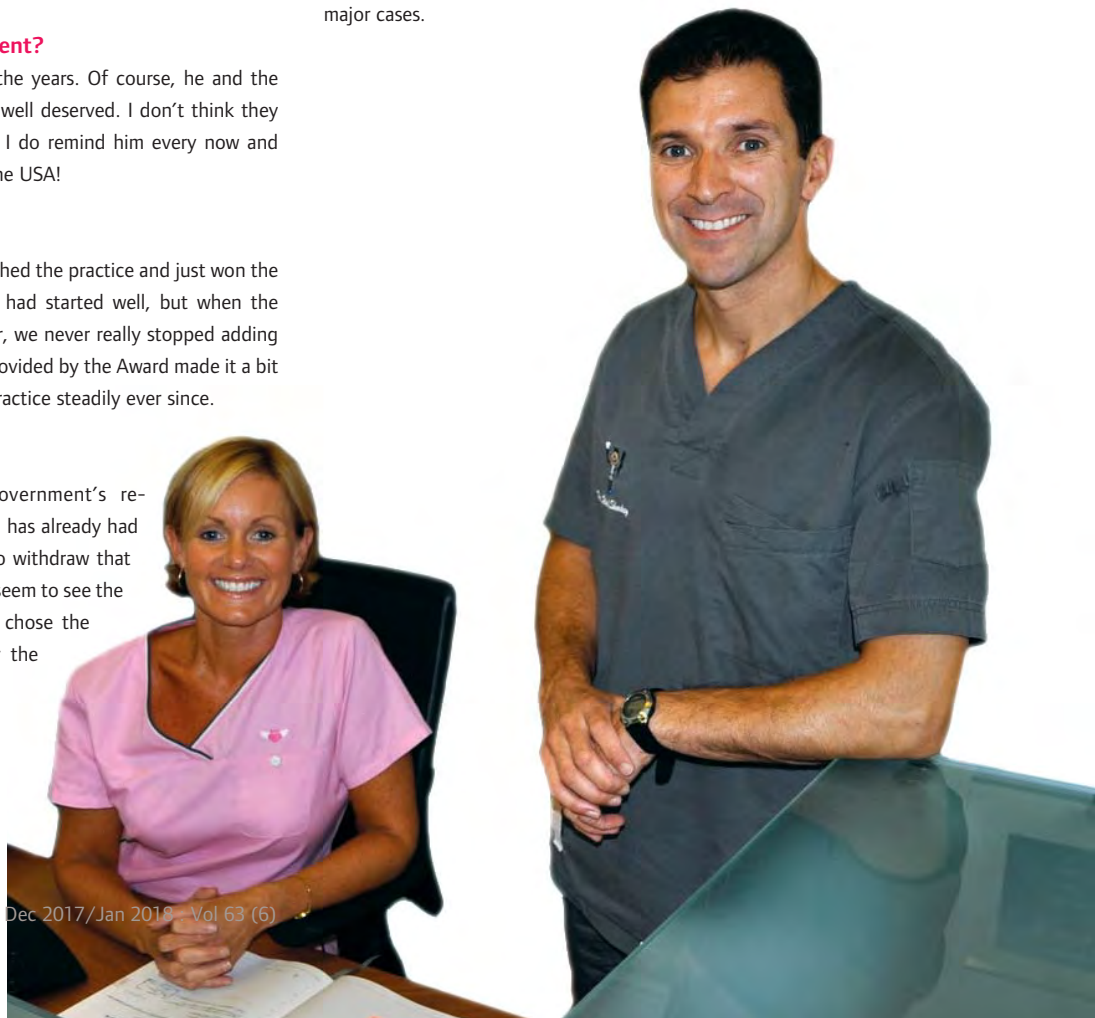
Sponsor Liz Rowen of GSK, Niall with his award and Prof. Leo Stassen of the Journal.

BELOW: Niall with his wife Fiona at their Market Green Dental Care practice in Midleton.

the Munster Branch meetings, but I am very busy now. I think the Association has done good work on CPD where the online facility is very helpful, and the trade union status probably helped with the recent political achievement of financial support for the scale and polish. However, I still think there is loads to do. The Association needs to push the Government to support community-centred dentistry with the costs associated with certification, regulation and insurance. All these items, which Government is insisting on, cost time and money. Good dentists are always keen to comply, but it costs money and we still have a business to run.

How do you spend time outside the business?

Fiona, who is an acupuncturist, and myself have two children. Our daughter Lena is in first year in secondary school, and our son Adam is in fourth class in primary school. When I have a moment, I enjoy photography, which, as it happens, grew out of my dental practice when I started to photograph my major cases.





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WHENEVER YOU NEED IT

It is important to have someone to speak to, and to have easily accessible advice available whenever you need it.

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Indications: Plaque inhibition; gingivitis; maintenance of oral hygiene; post periodontal surgery or treatment; aphthous ulceration; oral candida. **Dosage & Administration:** Adults and children 12 years and over: 10 ml rinse for 1 minute twice daily or pre-surgery. Soak dentures for 15 minutes twice daily. Treatment length: gingivitis 1 month. Ulcers, oral candida: continue treatment 48 hours after clinical resolution. Children under 12: on healthcare professional advice only. **Contraindications:** Hypersensitivity to Chlorhexidine or any of the excipients. **Precautions:** Keep out of the eyes and ears, do not swallow. Separate use from conventional dentifrices (e.g. rinse mouth between applications). In case of soreness, swelling or irritation of the mouth cease use of the product. Macrogolglycerol Hydroxystearate may cause skin reactions. Aniseed Mouthwash: Azo dye Ponceau 4R (E124) may cause allergic reactions. **Side effects:** Superficial discolouration of tongue, teeth and tooth coloured restorations, usually reversible; transient taste disturbances and burning sensation of tongue on initial use; irritative skin reactions; extremely rare, generalised allergic reactions, hypersensitivity and anaphylaxis, oral desquamation and parotid swelling. **Overdose:** Due to alcohol content (7%) ingestion of large amounts by children requires medical attention. **Legal Classification:** GSL. **Product Authorisation Numbers:** PA 678/2/2 & PA 678/2/4. **Product Authorisation Holder:** GlaxoSmithKline Consumer Healthcare (Ireland) Limited, 12 Riverwalk, CityWest Business Campus, Dublin 24. **Date of Preparation:** May 2016. Further information is available on request. **References.** 1. Jones CG. Periodontology 2000. 1997; 15: 55-62. 2. Gomes BP et al. Int Endod J 2001; 34(6): 42-48.

Corsodyl is a registered trade mark of the GSK group of companies. Contains chlorhexidine digluconate. Always read the label/leaflet. CHGBI/CHCSYL/0083/17.