IDA irish dental association

JIDA

Journal of the Irish Dental Association

Iris Cumainn Déadach na hÉireann

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Special care

The Colgate Caring Dentist and Dental Team Awards 2023

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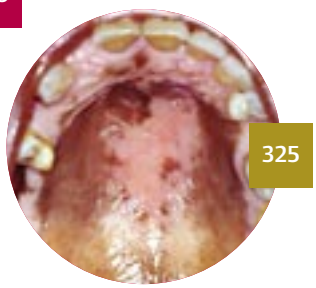

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Dr Cristiane da Mata
Honorary Editor

Celebrating diversity and inclusion

This year's Colgate Awards highlighted the marvellous work done by dentists in supporting neurodivergent patients and other patients with additional needs.

November 18 saw a celebration of our kind, caring, patient-centred and professional colleagues, as described in quotes from their own patients.

The Colgate Caring Dentist and Dental Team Awards once again brought to the spotlight the professionals who, according to their own patients, should be honoured for their commitment to the best of patient care.

I would like to congratulate all of the nominated dentists, in particular Dr Adrianne Dolan, Colgate Caring Dentist of the Year 2023.

I believe we all noticed a common theme running through many of the stories sent by the patients of the winning dentists, and that is: diversity and inclusion. Patients who might not feel accepted in general practice, or who would many times avoid going to the dentist, told stories of patience, persistence and professionalism.

It is exceptional to see dentists going above and beyond to accommodate the needs of these patients, but it also highlights the fact that offering personalised care for them in dental practice is still seen as the exception and not the norm. Talking about neurodiversity in dentistry is as important as ever, especially as we become more aware of neurodiversity in society.

Accessible and inclusive culture

Neurodiversity refers to the fact that brains are unique and may process information and interact with environments differently from individual to individual. It is estimated that around one in seven people are neurodivergent, meaning they might behave, think, feel, process, and interpret information in ways that differ to most other people. There is a range of conditions that fall under this umbrella, including ADHD, autism, dyslexia and dyspraxia.

Besides the particularities of each one of them, including special skills individuals from these groups might present with, differences in the brain's executive functioning and/or sensory processing of neurominority patients can impact on their activities of daily living. Oral hygiene habits may be more challenging for them and, consequently, these patients may present with poor oral health. Some patients may find brushing their teeth extremely unpleasant, from the foaming and taste of the toothpaste to the feeling of the bristles against their teeth. Tailoring our advice to help these patients accomplish this task, which seems simple enough for neurotypical people, can be the first step in achieving better oral health outcomes in this group.

Brushmyteeth.ie is a useful and accessible oral hygiene resource to help those who find brushing their teeth a challenge. It is a great way to involve the patient in their own oral health (https://go.nature.com/3rshVWl).

Additionally, the clinical environment presents with a number of stimuli that may impact on neurodivergent patients' ability to cope with dental treatment. These include sounds, smells and colours, which may scare even neurotypical patients.

"It is estimated that around one in seven people are neurodivergent, meaning they might behave, think, feel, process, and interpret information in ways that differ to most other people."

Some useful tools for dentists who are interested in knowing more about designing neuro-inclusive dental spaces can be found at https://go.nature.com/3JRKwLi and https://go.nature.com/44GhWo0.

A recent series of articles published in the *British Dental Journal* highlights that: "Neurodiversity-informed dentistry is about a more accessible and inclusive culture where neurodivergence is understood, accepted, and destigmatised for the benefit of dental patients and all those working within or seeking to join the dental profession". These articles are definitely worth a read.

Last edition of the year

It is hard to believe this is the last edition of 2023, and that the December festive season is just around the corner.

This year, we celebrated the centenary of the Irish Dental Association (IDA) and the *JIDA* took you through the history of the IDA, presented the evolution of dental education in Ireland, celebrated women in dentistry, and discussed the future of the profession.

I think it is fair to say that, despite all the challenges we still face as a profession, the last 100 years have been a successful journey of the IDA and dentistry in Ireland. There is certainly a lot to conquer still, and 2023 has not seen much of a change as far as 'oral healthcare to all' in Ireland is concerned. Despite all the efforts of the IDA to raise awareness and promote change, the issue of publicly funded dentistry in the country is still largely unsatisfactory, and the new oral health policy remains nothing more than a nice piece of literature.

However, I prefer to keep looking up, and invite you all to do the same as Christmas gets closer. It is time to celebrate each of our professional and personal laurels this year and enjoy a healthy and peaceful Christmas with our families.

And may 2024 be a better year for us all.

Happy Christmas!

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Dr Eamon Croke
IDA President

Negotiating in 2023… an allegory

As we come to the end of our centenary year, there is much to celebrate, and a great deal of work still to be done.

Many years ago now, when I was an undergraduate, a few of us would frequent a hostelry in Dublin city centre on a Saturday night. This occurred over some years as we felt we were treated fairly and the exchange was acceptable.

I remember one particular night. We were served 'brutal' pints. "That is so bad, it's almost good", rationalised a pal, having taken a mouthful. We hesitated, as the logic carried a certain appeal. It meant we either drank them, or accepted the hassle of seeking their replacement, or just left. We made our case for replacements, as was our right, but failed. That night respect and trust exited the door before we did. The moral? It is very difficult to transact with someone who does not have skin in your game.

I wish to thank all members of the team who secured the rights of the Association to represent members in the Ministerial Review of DTBS Fees after many years of discussions and legal argument, resulting in a significant meeting with the Minister for Social Protection and her officials. As they informed the Townhall Meeting on November 14 to brief members on the Review, they successfully resisted efforts to impose a new contract on dentists linked to the Review. They will continue to make a case to the Department of Social Protection for a fair fees review. I wish to record my thanks for their unstinting efforts on our behalf.

Inaction – a danger to all

The steady flow of failures attributable to the outdated 1985 Dentists Act is a constant danger to patients and the profession's reputation. Further revelations on *Morning Ireland* (RTÉ Radio 1, November 9) about how dentists can circumvent the inadequacies of our 1985 Act shocked many colleagues. The Department of Health's inertia in addressing these deficiencies is unacceptable. The Regulated Professions (Health and Social Care) (Amendment) Act 2020, even if it is ever enacted for dentistry, would not have prevented the incidents reported in the *Prime Time* programmes in April and September this year. The Association has called for a modern Act, which protects patients and promotes the highest standards of education and training of dentists. The Department's request to the Dental Council to make a submission on a new Dental Act one year after the Regulated Professions Act was signed into law essentially confirmed that the Regulated Professions Act is a sideshow. It's time to bring on the main Act.

"I wish to thank all members of the team who secured the rights of the Association to represent members in the Ministerial Review of DTBS Fees after many years of discussions and legal argument."

Present: at the confluence of past and future

One hundred years ago, less than 1% of names on the Dentists Register were those of women. In 2023, over 50% of entries on the Register are female. It was apposite (and a pleasure) that Dr Caroline Robins, our President at the start of year, and I shared the centenary year.

As the Association's centenary year draws to its end, Caroline and I reflected on the year. We both agree on the importance of continuing to support the work of our founding visionaries. The modern twist, our new mission statement, is to represent, advocate and educate in supporting sustainable health. Advocacy, for Caroline, is the single most important role of the Association. Maintaining positive public perception will take effort and want from each and every member.

There was plenty to celebrate. Our Annual Conference in Kilkenny and the Gala Dinner were enjoyed by all. We were honoured by the presence of the President of the Northern Ireland Branch of the BDA, who are also celebrating their centenary year and who hosted a wonderful celebration in Belfast later in the year. The presence, in Kilkenny, of the President and Chair of the BDA is testimony to an enduring friendship between the representative associations on these islands, as hoped for 100 years ago.

Knowing who went before us, we both started our tenures wondering whether we had the skills or experience required to do justice to our role, but the Association has always reached out to support and encourage us. On reflection, we experienced the same uncertainty when we first volunteered, the same uncertainty that puts off many would-be volunteers. With hindsight, we can encourage all potential volunteers to get involved. If you share our values, we will welcome and support you. Your energy and thoughts will be the life blood of the Association and will ensure its future. You will lay the foundations for 2123.

Let's work together.

Caroline Robins and Eamon Croke

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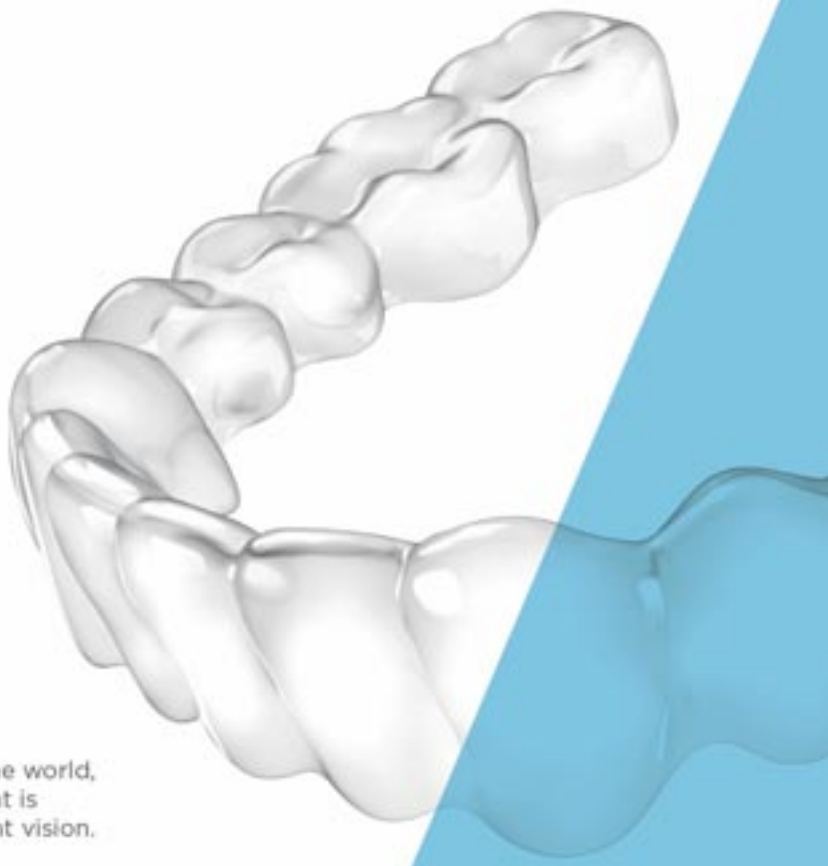

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Fintan Hourihan
IDA CEO

A year of advocacy

The IDA's increased focus on advocacy and public relations has resulted in significant Oireachtas and media attention on dentistry and oral health, while there have also been developments on the DTBS.

Persistence and determination are underrated virtues, but they were central to the successful outcome of our engagement with the Department of Social Protection recently. With the collapse in the economy in 2009, we saw major change to the Dental Treatment Benefit Scheme (DTBS) and a cut in fees that took many years to reverse. In fact, it was not until 2017 that we saw some attempt to ameliorate these cuts.

The provision to have a review of fees is part of the contract held by dentists. The combination of the FEMPI cuts, and also the impact of competition legislation, has proven a further obstacle to the resumption of this review. It has taken many years to get to a stage where we can now look forward to an annual review of the DTBS. Behind that story lie countless meetings where members of the negotiating team – Drs Will Rymer, Kieran O'Connor, John Nolan and Clodagh McAllister plus Ms Roisin Farrelly and myself – explained the need to resume the annual review process, to overcome the competition law issues, to examine contractual changes, and also made the case for significant increases in fees. The Association was equally adamant that it was not seeking an expansion of the treatments covered by the Scheme.

Ultimately, it took a meeting between the Association and the Minister for Social Protection, Heather Humphries TD, to inject some impetus into the discussions.

There were many false dawns and equally there was some last-minute drama. Ultimately, we have secured the first increase in the examination fee since 2008, we have resisted an attempt to impose comprehensive contractual changes as a condition of benefiting from the higher examination fee, we have secured the right to an annual fees review, we have resisted the expansion of the Scheme, and we have also maintained the open grant in aid that applies for protracted periodontal treatment. As with everything, the outcome from the Minister's review fell short of what we felt was appropriate, but we will make the case again in the New Year when the next fees review commences.

Vital advocacy

The vital role of our dentist volunteers was also reflected in extensive media coverage recently, including the RTÉ report from Portlaoise. Dr Enda Whelan explained the difficulties facing many of his patients who cannot access dental care via the medical card scheme, but also instances where special care patients require treatment under general anaesthesia and are denied access because of ongoing delays in opening the new general anaesthetic unit in James Connolly Memorial Hospital. Nothing is as telling as the first-hand account of patients and their family members in explaining the practical consequences of being denied access to dental care, which ultimately reflects the low priority afforded by successive administrations to building proper public dental services and publicly funded services provided by private practitioners.

Of course it would be understandable to take an entirely defeatist view in such circumstances, but that is not our approach. We have ramped up our public relations and public affairs activity considerably in recent years and this was starkly illustrated in our recent audit of PR and public affairs work since the start of the year. There were 85 mentions by TDs and Senators across all forms of Oireachtas Committee hearings, where dentistry was the topic of debates and parliamentary questions. In fact, there were 268 parliamentary questions raised by TDs regarding primarily access to care, workforce planning and public dental services. We saw that 52 Oireachtas members spoke on issues relating to dental care between June and November, with a further 40 speaking on issues between January and May.

We have seen progress with the priorities we identified in our workforce planning submission, with the expansion of undergraduate places in our dental schools and the opening of a new facility in the RCSI. We have also received promising indications of a positive response to the submission we made for changes in the work permit rules, which would allow easier recruitment of dentists and dental team members.

Media and meetings

Our advocacy work also been reflected in media coverage of dental issues over the past year. We estimate that there were 755 media reports covering dentistry between January and mid November, which represents an average of over 50 pieces of coverage every month. That represents a PR value of €4.23m and created in excess of 22 million opportunities for the public to hear and see about dentistry. The medical card crisis dominated, with 107 pieces of reportage, followed by 82 reports around the workforce crisis (which was the focus at our Annual Conference), and 52 about the school screening programme. We also saw 22 politicians speak out on national and local media on issues that we raised.

Furthermore, in addition to the attendance at the Oireachtas Health Committee in July, we had meetings with two Government Ministers: the Minister for Health Stephen Donnelly TD in April and the Minister for Social Protection. Earlier in November we had meetings with individual TDs and we have received considerable support from a number of them, including deputies Róisín Shortall, Sean Fleming, David Cullinane and Carol Nolan.

Dear Editor,

In May of this year there was widespread grief in Galway and beyond at the news that Seamus Kilraine BDS had died, only 11 days after the passing of his beloved wife Bernie. They were a couple who made friendships readily with their gregarious ways. The delight of their presence means that the desolation of their absence is correspondingly great. It is shocking to have that blessed circle of love and happiness breached. So difficult, particularly, for their families and their children John, Clodagh and James.

A native of Cloonfad, Co. Roscommon, Seamus was educated in St Jarlath's College, Tuam, and graduated in dentistry from UCD. He initially practised in Portsmouth in the UK with his lifetime friend Kieran Dunleavy. When he moved to Galway he succeeded Ronnie Cahill in his practice in Eyre Square. Ronnie was an easy man to follow and they had a strong relationship, as was also the case when Eoin Fleetwood later joined Seamus and succeeded him in the practice.

Seamus had great humanity in dealing with patients and would seek out the person behind the problem and deal with the feelings as well as the complaint.

He was an outstanding athlete and played senior inter-county football with Roscommon when only 17 years of age. He was also an accomplished golfer. He passed on the sporting gene and his children and grandchildren have excelled at football and rugby.

Rest in peace Seamus and Bernie. You are greatly missed and won't be forgotten.

Your sincerely
Desmond Kavanagh BDS BDO DOrth

Annual Conference 2024

The Annual Conference 2024 will see us head back to the Kingdom and the beautiful town of Killarney. The IDA has partnered with the American Association for Fixed Prosthodontics (AAFP) in bringing delegates a fantastic three-day event from April 25 to 27 at the majestic Great Southern Hotel.

A stellar line-up of local and international speakers will attend, including Dr Francesco Mannocci, Dr Monik Vasant, Dr Linda Greenwall and Prof. Brian O'Connell, to name but a few. The full programme is available to download at: www.dentist.ie.

For the first time ever, the IDA will provide a day-long course in facial aesthetics with Drs Sarah Kate Quinlivan, Mairead Browne and Paul Kielty. Also, Drs Paul Brady and Catherine Gallagher, Cork Dental School & Hospital, will give a workshop on sedation and the new guidelines, along with a hands-on course in endodontics given by Dr Bob Philpott. A composites hands-on course will be given by Dr Dipesh Parmar, and Dr Linda Greenwall will do a workshop on teeth whitening. In addition, Dr Seamus Sharkey will give a full-day hands-on course on prep design for implants. There will be something for everyone!

Don't delay and book early. Some popular courses will fill up fast.

Webinars 2024

Webinars will continue monthly on a Wednesday evening at 8.00pm for January/February 2024, unless otherwise advertised. The first webinar is due to take place on Wednesday, January 24.

All webinars, except for those indicated, are available for members to view at any time on the members' section of the IDA website.

BLS courses offering sedation and medical emergencies

A full-day basic life support (BLS) course specifically designed for those who offer sedation and for information on responding to medical emergencies will take place in the following venues and dates:

Dublin

February 23, 2024 – Dental ILS (sedation), Radisson Blu, Dublin Airport

February 24, 2024 – BLS, Radisson Blu, Dublin Airport

Cork

March 29, 2024 – Dental ILS (sedation), Killarney Plaza Hotel, Killarney

March 30, 2024 – BLS, Killarney Plaza Hotel, Killarney

Rubber dam course

Dr Céline Higton will give a full-day hands-on course on rubber dam on Friday, May 31, at Johnstown Estate, Enfield, Co. Meath. Become proficient in placing a rubber dam during this day-long course with Dr Higton.

Spaces are limited, so book early. Visit: www.dentist.ie for more details.

Dr Céline Higton.

Studentship in dental translational research

The Faculty of Dentistry of the Royal College of Surgeons in Ireland (RCSI) congratulates Dr Ivana Ilic Dimitrijevic, who has completed an MSc in Biomedical Engineering and Regenerative Medicine at RCSI. The Faculty of Dentistry RCSI-sponsored MSc studentship in dental translational research is a collaboration with the Tissue Engineering Research Group (TERG) at RCSI. Ivana is the inaugural recipient of this sponsored studentship, which was supervised by Dr Oran D. Kennedy from the Department of Anatomy & Regenerative Medicine.

Ivana graduated in 2009 and was awarded a PhD in Medicine and Dentistry from Belgrade University, Serbia, in 2015. She was awarded the Diploma of Primary Care Dentistry RCSI in 2016 and Membership of the Faculty of Dentistry (MFD) RCSI in 2020. She is currently completing special care dentistry specialist training at Dublin Dental University Hospital.

Children's dentistry in a day

The Irish Dental Association, in association with the European Academy of Paediatric Dentistry (Irish Division) recently held a day-long CPD event in Dublin. Aimed at those who are treating children in their practice, both public and private, a fantastic line-up of speakers gave delegates an understanding of contemporary techniques in paediatric dentistry through presentations and practical demonstrations.

From left: Dr Aisling Cant; Dr Yvonne MacAuley; Dr Eamon Croke, IDA President; and, Dr Eleanor McGovern.

JIDA readership survey

There's still time to fill out the *JIDA* readership survey and give your views on your *Journal*. Scan the QR code to access the survey.

Flying the flag at FDI 2023

Pictured at FDI 2023 were (from left): Prof. Lars Andersson (Sweden); Prof. Liran Levin (Canada); Prof. Anne O'Connell; and, Prof. Paul Abbott (Australia).

Prof. Anne O'Connell recently represented Irish dentistry at the FDI World Dental Congress in Sydney, the only Irish dentist to present at the Congress. Prof. O'Connell participated in the Dental Trauma Symposium, presenting on 'Dilemmas in dental trauma', and also presented lectures on 'Optimising outcomes' and 'What can we do to prevent traumatic dental injuries?'

Coltene's CanalPro Jeni and other offerings

Coltene states that its CanalPro Jeni takes the stress out of endodontics, with an autonomous root canal navigation system, designed to make endo safer, efficient and more predictable. The company notes that the system constantly regulates file speed and rotary movements for enhanced safety and predictability. According to the company, CanalPro Jeni is also perfectly matched to Coltene NiTi file systems, including the ever-popular HyFlex EDM and MicroMega One Curve. The system also gives an acoustic signal when irrigation is required, and constantly detects the performance of the file, alerting you when it's time for a change.

Also from the company is the endodontic motor, CanalPro X-Move. According to Coltene, it features an integrated apex locator alongside continuous rotation and reciprocating motion, and an insulated contra-angle with a super mini-head and slim neck that allows for convenience and clear clinical vision throughout treatment. The company states that it also utilises an intuitive user interface that cuts through time-consuming set-ups, with pre-programmed file settings for Coltene files.

Simple yet effective

Dr Sandeep Sadana is director and dentist at www.drecomposite.com. He states: "Since 2016, I've trusted Coltene's BRILLIANT EverGlow Flow and One Coat 7 Universal bonding agent. Their exceptional handling eliminates the need for a composite heater, making direct composite work simple yet effective. Truly reliable materials!"

Also from Coltene is a reward programme that provides loyal customers with Coltene Coins for every purchase, which can be redeemed for rewards that range from your favourite high street items, to leading Coltene products. At first, every pound or Euro spent will earn you a Coltene Coin, but as you reach new tier levels within the rewards system, you earn even more. Coltene states that the customer's loyalty is increasingly repaid over time, as excellent products become ever easier to reach.

Prof. Christopher Lynch awarded Ivar Mjör Award

Congratulations to Cork University Dental School & Hospital's Prof. Christopher Lynch, who has been awarded the Ivar Mjör Award for Practice-Based Research. This Award is made annually to recognise scientists who have made distinguished contributions to practice-based research or undertaken substantial research with great impact and relevance to the work of dental practitioners.

100 years of the BDA NI

The IDA's President and CEO recently joined colleagues in Northern Ireland for the British Dental Association Northern Ireland Branch Centenary Ball. From left: Fintan Hourihan, IDA CEO; Dr Eddie Crouch, BDA Chair of Principal Executive Committee; Dr Philip McLorinan, BDA NI Branch President; Ms Debbie McLorinan; Ms Margaret Croke; Dr Eamon Croke, IDA President; Dr John Milne, BDA President; and, Tristen Kelso, BDA NI Director.

IADR in Cork

The Irish Division IADR meeting took place in Cork on October 5-6, with attendees from Cork, Dublin and Belfast. Researchers from the three dental schools presented their work, which was of a very high standard.

Prof. Kenneth Eaton, advisor to the Council of European Chief Dental Officers and Honorary Member of the European Association of Dental Public Health (EADPH), gave the Seamus O'Hickey Lecture about the different European oral healthcare systems and the publishing process. The IDA sponsored an editors' round table discussion, chaired by Dr Cristiane da Mata, Honorary Editor of the *JIDA*, which was very well received by all attendees. Various competitions also took place, with winners from the three schools:

Ciaran Moore, Belfast	Postgraduate Prize
Brian Maloney, Dublin	Undergraduate Prize
Sheila Galvin, Dublin	RCSI Prize
Claire Curtin, Cork	DHF Prize
Mairead Hennigan, Glasgow	Postgraduate Poster Prize
Cindy Takyi and Eve McAuliffe, Cork	Undergraduate Poster Prize

Dr Brian Maloney receiving the Undergraduate Prize from Dr Cristiane da Mata, Treasurer of the IADR Irish Division and Hon. Editor of the JIDA.

Dr Sheila Galvin (left) receiving the RCSI Prize from Dr Martina Hayes, President of the IADR Irish Division.

Utilising the potential of hygienists

The IDHA Annual Conference was held in November and heard that while the country needs more dentists, it also needs more dental hygienists.

The Irish Dental Hygienists Association (IDHA) held its annual conference in the Midlands Park Hotel in Portlaoise from November 17-18. The conference had a strong clinical and hands-on programme.

In her address, Yvonne Howell, President of the IDHA, said it was time to utilise dental hygienists' skills to their full potential: "As highly trained professionals, we play a crucial role in promoting oral health and preventing dental disease. However, we face huge challenges and restrictions with our scope of practice. This limits our ability to provide comprehensive care and better serve the patients of Ireland. As dental hygienists, we can contribute significantly to public health initiatives, such as school-based dental programmes, and community and preventive care in underserved areas".

She said maximising hygienists' full potential can improve outcomes and create a more comprehensive and accessible oral healthcare system: "Not only is it time to take periodontal disease seriously, it's time to take dental hygienists' role seriously".

When to refer

Periodontists Drs Richard Lee Kin and David Naughton gave a joint presentation on treatment planning and when to refer. David said surgical interventions are sometimes the only option. He spoke about differing treatments in teeth and implants, and said it is advisable to try keep the natural tooth for as long as possible. Prevention of disease is very important with implants, and surgery is needed more often than with teeth. Patients will sometimes question the need to be referred. If someone refuses a referral, David said dental hygienists should document this.

Richard also addressed this issue. He encouraged hygienists to highlight to patients that periodontitis is a lifelong chronic condition that will need to be managed for a lifetime. He said if a periodontist can get to a patient when they are at stage 1 or 2 periodontitis, it makes a huge difference. He went through the referral process and said photos are very helpful. He also said that while malignancy of the gums is rare, if you see something unusual – refer.

Fear-free dental hygiene

Dental hygienist Alyssa Assante gave an informative presentation on how to achieve fear-free dental hygiene for children. She is the founder of Little Wandering Roots, and visits creches and Montessori schools, to help take the fear out of dentistry and sow the seeds for positive dental experiences.

Colm Quinn
Senior Journalist,
Think Media Ltd

At the IDHA annual conference were: Back row (from left): Linda Phelan; Lynn Brophy; Joesph Boyle; Louise Madge; Yvonne Howell, IDHA President; Olivia Hanley, IDHA Secretary; Aisha Ramadan; and, Lilibeth Culbert. Front row (from left): Anita Donnelly; Vilte Jankunaite; and, Sviatlana Anishchu.

Alyssa went through the root causes of dental fear and her three-pronged approach to alleviate it. The dental visit begins before a child enters the practice and lasts for long after. Phase 1 of creating a positive experience is pre appointment, and involves parent preparation and guidance and community outreach. Phase 2 is the appointment and is where the positive story is written. Options for this include scheduling appointments for the morning when the practice is less busy, quieter and children don't have to wait as long. Other options include dimmed lighting, calming music and offering the child something to hold during the appointment. Phase 3 is then shaping the narrative. You want kids to leave happy that they had a pleasant experience and confident they can do it again. Alyssa uses a report card, which offers praise to the child on what they did well during the appointment.

A varied event

Chief Dental Officer Dr Dymphna Kavanagh spoke at the conference, and Dental Council Registrar Dr David O'Flynn and IDA President Dr Eamon Croke were in attendance. Aisling Earley was named Kin Dental Hygienist of the Year and Shauna O'Malley won the poster competition.

There was a broad range of topics across the two days. Dr Noel Kavanagh of Dental Protection spoke on avoiding burnout, and Dr Mary Clarke talked about local anaesthetic techniques. Kathryn Mayo Johnson and Jenny Walker led a hands-on implant workshop.

On the Saturday, Jaeson Duckworth gave tips on instrument sharpening, and Barbara Derham presented the iTop patient oral care principles and Curaden hands-on workshop. A power session on guided biofilm therapy was given by Louise Warden and Sophie Godsman, while Claire McCarthy looked at advanced root instrumentation techniques.

Sharing knowledge

The HSE Dental Surgeons Group of the IDA came together once again for its Annual Seminar in Portlaoise from October 13-14.

A brilliant range of speakers from both inside and outside dentistry spoke to attendees at the IDA's HSE Group Annual Seminar in October, and shared their expert knowledge over the two days.

First to speak was Prof. Martin Cormican about the Department of Health's National Clinical Effectiveness Committee (NCEC) Guideline 30 on infection prevention and control. Prof. Cormican stressed the importance of risk assessment for infection prevention and control, and went through the key points of the Guideline, including its structure and use of the document.

Early intervention

Next to speak was Prof. Padhraig Fleming on early intervention orthodontics and managing malocclusion in the mixed dentition. Prof. Fleming explained the benefit of early intervention for simplifying and preventing the need for later orthodontics, and for improving the health, stability, aesthetics and function of teeth. He urged all attending to limit intervention if they can, to take time to understand the difference between normal and abnormal dental development, and to appreciate the importance of root development.

Afterwards, Mandy Lewis came to the podium to educate attendees on radiation safety and what is expected of practices upon inspection or in the role of radiation officer. In order to comply with EPA radiation safety regulations, practices must keep a clear record of all policies, responsibilities, safety procedures, and quality assessments, and provide training to those operating orthopantomograms (OPGs). Mandy urged attendees to refer to Appendix 6 of the Oral Health Services Ionising Radiation Protection Policy (2021) for more information on radiation safety, compliance, and putting together a radiation safety file for your practice.

Human error

Dr Noel Kavanagh finished the first session with his talk on understanding human error. He very eloquently explained the factors that impede human performance and emphasised that professionals must look after themselves before looking after patients to prevent human error in the workplace, such as by getting enough rest and food, and managing their stress levels. He noted that another way to manage the risk of human error is through the redesign of processes and systems that impede human performance.

After a delicious lunch, attendees came back for a lecture on child-centred approaches to delivering dental care by Dr Aifric Ní Chaollaí. This talk was designed to hopefully reduce the need to send children for general anaesthesia (GA). Dr Ní Chaollaí stressed the importance of communication with both the child and their parent or guardian, as well as preparation. Preparation involves briefing your team on each individual case and preparing the environment to avoid patient anxiety. This can be achieved through careful acclimatisation and age-appropriate language to make the child more comfortable.

Prof. Donal O'Shea spoke on understanding obesity at the HSE Group Seminar.

> *"Immune dysregulation is the biggest reason people with obesity cannot lose weight without medication."*

Once again, all attendees took a break to grab a cup of tea or coffee and visit the stands at the trade show, before returning to the conference room for an excellent talk on understanding obesity, given by Prof. Donal O'Shea.

Understanding obesity

Prof. O'Shea's lecture began by disproving some stigmatising and popular beliefs associated with obesity, such as debunking the 'eat less, move more' argument, which only works in obesity prevention and not in treatment. He explained that the drivers of obesity mostly come from the environment we live in. Prof. O'Shea shared research into the area, arguing that immune dysregulation is the biggest reason people with obesity cannot lose weight without medication. He and others involved in this research have focused on a small protein called fibroblast growth factor-21 (FGF-21), which experts believe is the answer to the problem of obesity as it boosts the body's metabolic rate, thus aiding weight loss.

Becky Pollard
Journalist and Sub-editor,
Think Media Ltd

After the talk, the Group convened for its Annual General Meeting (AGM). IDA CEO Fintan Hourihan addressed those attending in an open forum on the campaign to save the public dental service, in which attendees had a chance to voice their opinions and represent their areas in meaningful and informative discussions. At the end of the meeting, the presidency of the HSE Group was passed from Dr Joanna Sikorska to Dr Siobhan Doherty for the year of 2023/2024. We wish Siobhan the best of luck in the new role.

Minimum intervention

Friday's lectures began with a talk from Prof. Avi Banerjee on minimum intervention oral care (MIOC) and treating dental caries in primary care. Prof. Banerjee defined MIOC as a risk-related, person-focused, team-delivered framework for maintaining lifelong oral care, drawing attention to the importance of providing a personalised healthcare plan during the process of diagnosis and as the starting point of treatment. He advocates for selective caries removal, avoiding peripheral enamel in order to protect and promote pulp health.

Afterwards, a speech was given by the President of the IDA, Dr Eamon Croke, where he addressed access in Irish dentistry and the importance of the public dental service. Reflecting on the IDA's centenary year, he argued that not much has advanced in terms of this service in the last 100 years, which he hopes will change. He called on all those attending to use their voices to help address these problems, which span the entire dental profession.

Modern approaches

Following Eamon's speech, Dr Danielle McGeown began her talk on risk assessment of complex patients, queries into dental drugs and the wonder of modern medicine. Dr McGeown advised dentists to take care in assessments by looking at the patient's medical history to create a personal care plan, and measure the severity of the presented problem to achieve the best treatment outcome. In short, she advised taking small steps towards dental treatment in order to prevent unnecessary prescription of drugs.

Next up was Dr Siobhan Stapleton about the changes to the consent policy in April 2022 and the expected changes to come with the Assisted Decision-Making Act. Dr Stapleton advised dental teams on four key factors when navigating consent in practice: valid informed consent; information provision; the documentation of consent; and, will and preference, which ensures that the patient's desires and preferences are at the centre of decisions.

The penultimate speaker of the conference was Dr Emily Clarke with her talk on current concepts in the diagnosis and management of periodontal disease, which advised on how to use the recently devised European Federation of Periodontology (EFP) decision tree and toolkit for the diagnosis of periodontal disease, and how to make a treatment plan using the S3 level evidence-based clinical guidelines for the treatment of periodontitis.

For the final presentation of the event, Prof. Leo Stassen gave a two-part seminar focused on the dental guidelines for conscious sedation and a common-sense approach to medical emergency.

"Reflecting on the IDA's centenary year, he argued that not much has advanced in terms of this service in the last 100 years, which he hopes will change."

Dr Joanna Sikorska (left) hands over the chain of office to new HSE Group President Dr Siobhan Doherty.

Special care

Dentists and dental teams gathered once again in Dublin's InterContinental Hotel to celebrate the profession at this year's Colgate Caring Dentist and Dental Team Awards

Over 90 dentists and 50 dental teams received certificates on the night after having been nominated by their patients for their care and professionalism throughout the year. Once again, Anton Savage was our genial host for the occasion, and IDA President Eamon Croke was also on hand to congratulate the nominees and winners. Sponsors Colgate were ably represented by James Howlett, Head of Professional Sales, UK & Ireland, and Mafla Mudgal, Country Manager, Ireland.

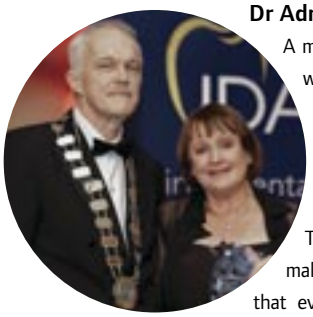
This year's Awards featured a number of additional categories to further reflect the fantastic work done by dentists around the country, celebrating young dentists, special care dentistry, and the treatment of children.

Anton Savage was a great MC on the night.

James Howlett (left), Head of Professional Sales, UK & Ireland, Colgate, and Mafla Mudgal, Country Manager, Ireland, Colgate.

Colgate Caring Dentist of the Year

Overall winner



Dr Adrianne Dolan

A mother of three children with special needs wrote a long entry explaining that her daughter had extensive brain surgery due to seizures (half of the child's brain was removed) and also has a port wine stain in her mouth from Sturge-Weber syndrome. This causes a significant risk of bleeding and malocclusion. The girl has sensory needs such that even getting her into a dental chair is a success. To add to the challenges, this mother's other two children are both autistic and are also under the care of Dr Adrianne Dolan, of whom she writes: "She is kind, professional, witty, caring and engaging. She recently extracted a tooth from my daughter, who hardly even noticed. I never imagined my daughter tolerating this with just local anaesthesia".

She described how her son had pain with his adult teeth coming down and needed two extractions of baby teeth, and he was extremely anxious: "She numbed the area with gel and slipped the needle under cotton wool so my son saw no needle and had no idea his teeth were removed and was chuffed with himself".

At the end of the letter, this mother added: "I hope this can be read to Adrianne. I want her to know she is special and a one-off. Thank you for what you have done for my three children".

For her exceptional care for this family, Dr Adrianne Dolan is the Colgate Caring Dentist of the Year for 2023.

Connacht/Ulster

Dr Ali Al-Zein

A patient in the west of Ireland who had serious oral health issues also suffers from anxiety and depression. He wrote to say that Dr Al-Zein treated all his oral health problems and did so without charging any fees above and beyond what the patient's medical card would cover, even though the treatment was extensive. The patient told us that Dr Al-Zein had restored both his smile and his confidence.

Dublin

Dr Bruno Viana Reis

An Austrian woman found herself suffering severe oral pain on a Saturday in Dublin. On her fourth attempt to find a dental surgery that was open and would accept her, she got an emergency appointment with Dr Reis. Her problems were compounded by the fact that she felt she did not have the right vocabulary in English to express the nature of her problem. However, Dr Reis was, in her words, "super calm", treated the pain that day and then, over a series of appointments, fixed the problem with root canal treatment. Our nominator describes Dr Reis as "her hero".

Leinster (excluding Dublin)

Dr Gary Collins

In June of 2021 a patient attended Dr Gary Collins at his surgery in Co. Kildare for pain in his back teeth. An x-ray was taken and afterwards Dr Collins contacted his patient to recommend that the patient go to his GP to have his growth hormone checked. The patient did so and medical staff subsequently discovered a benign tumour on the patient's pituitary gland. Following treatment, the tumour was finally removed by surgery in May of 2023. The patient wrote to us to say that his quality of life has improved very significantly and that he is very grateful to Dr Collins and his team.

Munster

Dr Danielle Quinlivan

An oak tree fell on an young girl at an equestrian event in the summer of 2022. The parents feared the child had been killed but she survived, though with serious injuries, including a smashed leg, a fractured jaw and broken teeth. After the child was discharged from Cork University Hospital, she attended Dr Danielle Quinlivan at her dental practice. Despite both the child and parents' trauma, Dr Quinlivan established a huge rapport and trust with the family and the girl, who wrote to us to express how appreciative the family was of Dr Quinlivan's kindness, care and professionalism.

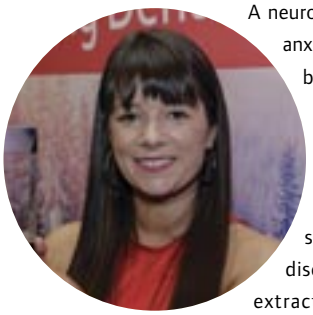
Young Dentist of the Year

Dr Laura Kennedy

When a mother rang Dr Laura Kennedy because her eight-year-old son had broken a front tooth, Dr Kennedy gave the woman advice she didn't expect. "Go to the Dublin Dental University Hospital" she was told, "and ask them to apply dentine gel to the nerves on the front tooth". The mother did that and Dr Kennedy arranged to see the child on his way home from the hospital appointment. Four months later, the boy had another accident and broke the same tooth but this time at night and in a remote rural location. A phone call to the hospital revealed that because the dentine had been applied on the original break, there was no need for emergency treatment this time. The boy's mother wrote to us to commend Dr Kennedy for her foresight and her wonderful continuing treatment of her child.

Special Case Award

Dr Orla Clarke



A neurodivergent child who suffers from severe anxiety and had a panic attack having her blood pressure taken is not an easy patient for any dentist. Again a mother wrote to us to say how the child's dentist, Dr Orla Clarke, has empowered the child so brilliantly in a dental surgery setting that the child will now calmly discuss both oral x-rays and potential extractions of her teeth (under general anaesthetic). Extractions are likely because of hypo-mineralisation. The mother says: "We have had a lot of engagement with the medical system over the years and Orla is the most caring and patient-centred professional we have ever met".

Treatment of a Child Award

Dr Catherine McKinley

A severely autistic boy has been treated by Dr Catherine McKinley over several years. The boy's mother wrote to us to say that at the beginning, getting the boy to sit in the seat was a huge challenge. Getting him to sit back in the seat was also another huge challenge. This child's mother said that Dr McKinley's patience, persistence, gentleness and kind nature have resulted in the child now trusting her to check out all of his teeth: "Having the right professional who understands the needs of a child with huge sensory issues has been a game changer for us".

Colgate Caring Dental Team of the Year

Dental Care Ireland, Killarney

A patient with chronic pain syndrome and who has arthritis (which means she needs crutches to get about) wrote to us to say that the care she has received over many years from Drs David and Declan Fuller and their team in Killarney has been exceptional. This has included great patience when she has had to cancel appointments at short notice because of her pain. Everyone understands and wishes her well, and tells her to let them know when she is well enough to attend and a new appointment will be made. She also cited how during the pandemic, the team ensured she received the necessary emergency care that she needed.

From left: IDA President Dr Eamon Croke; Dr David Fuller, Dental Care Ireland, Killarney; Colm Davitt, CEO, Dental Care Ireland; and, Michelle Downey, Marketing Manager, Dental Care Ireland.

Distinguished panel

As ever, this year's judges had a difficult task, but rose to the challenge to select worthy winners. On this year's judging panel were:

Dr Seton Menton, former general dental practitioner and former tutor with the Dublin Dental University Hospital; Dr Frances O'Callaghan, Principal Dental Surgeon, HSE, Dublin South – East Wicklow; Dr Clodagh McAllister, former IDA President and winner of last year's Colgate Caring Dentist of the Year; and, Dr Tom Feeney, retired general dental practitioner.




Alexandra Dental Shannon
Back row (from left): Dr Ian Mulvey; Megan Farrell; Dr Ian Danaher; and, Dr Laura Kirwan. Front row (from left): Ailbhe Hinks; Siofra McInerney; Niamh Carroll; and, Tara McLoughlin.

Apollonia Dental Centre
From left: Amanda O'Neill; Nicole Gilbert; Dr Monica Morosanu; Siobhan Ellis; and, Gillian Lenoir.

Bailis Dentist
From left: Martin Kosalko; Michaela Kosalko; Dr Anna Guzik; and, Marcin Dlugosz.

Ballina Dental Practice
Back row (from left): Mary Dunne; Loretta Jordan; Brona McDaniels; Linda Phelan; Emer McLoughlin; Elaine McDonnell; Dr Kate Tuffy; Clare Scanlon; Lorna McGowan; and, Dr Michael Jordan Crowley. Front row (from left): Shauna O'Malley; Annemarie Flannery; Dr Paul Dunne; and, Brenda Walsh.

Blackrock Dental
Debora Hamivia de Souza and Patryk Sala.

Boyne Dental
From left: Dr Tristan Hartung; Eve O'Hea; Dr James McGennity; Dr Orla Clarke; and, Dr Niall Neeson.

Camden Dental Clinic
From left: Manal Iqbal Hashim; Dr Helen Francis; Lucas Borges; Oana Nechifor; Dr Manjot Jolly; and, Titilayo Sophie Hassan.

Carlow Dental Centre
Back row (from left): Dr Reza Agasizadeh Sherbaf; Dr Robert Lubeshka; Dr William Hayfron; Dr Krisztian Sallai; Dr Sandor Kiszyner; and, Dr Aashish Mishra. Front row (from left): Dr Chiung Ying-Chang; Dr Julia Juga-Honorata; Dr Simone Longwe, and, Dr Jeannine Jackson.

Clear Dental Care
From left: Thais Oliveira; Queren Pérez González; and, Dilara Sayan.

Clinic4U
From left: Dr Sani Bello Dangaji; Dr Laura Oponowicz; and, Dr Hadil Saidam.

Clondalkin Dental
From left: Dr Sergio Kozachenko; Alina Kozachenko; Catalina Zamsa; Maryann Mathews; and, Dr Tomas Henriksen.

Cork Dental Smiles
From left: Dr Raj Nair; Dr Maria Byrne; Dr Ayesha Waqar; and, Simone McCarthy.

Cuddy Dental
Dr Roisin Meade.

Dame Street Dental
Back row (from left): Dr Mohammed Shubbar; Dr Mohammed Zadeh; Raluca Clopotel; Dr Ksenija Zaporozceva; Shannon Akkaoui; Catherine Hanlon; Dr Justina Masiule; Dr Mohammed Shirin; Dr Jimmy Butt;. Alex Kenny; Chloe Lennon;. Evelyn Romero; Karen Blanco; Dr Anna Samsonova; Inga Matuleviciene; Eimear Powell; and, Dr Luis Gonzalez. Front row (from left): Aiza Revazowa; Alannah Hargan; Mags Simpson; Dr Eavan Diethrick; Jessica Batten; Gail O'Brien; Baiba Voitiska; Krystyna Egel; and, Dr Laura O'Dolan.

Dental Care Ireland
From left: Dr David Fuller; Dr Maeibh McNamara; Dr Allen Hegarty; Mr Colm Davitt; Dr Niamh O'Mahony; Dr Catriona Kennelly; and, Dr Gráinne Hurley.

Expressions Dental and Cosmetic Clinic
Dr William Rymer.

JME Dental – Devon Park
Dr Ali Al-Zein and Katie Greaney.

Kilcullen Dental
From left: Edel Dempsey; Deirdre Collins; Dr Gary Collins; Laura Kealy; Ciara Friel; and, Amy Gleeson.

Kilmainham Dental Studio
From left: Dr Sergio Kozachenko; Marianne Flavia; Lana Smagina; and, Dr Tomas Henriksen.

Lion Medical Dental & Health Clinic
From left: Dr Michele Angonese; Irina George; Alex George; Dr Victor Vidigal; and, Dr Luciana Contato.

Lucey Dental
Back row (from left): Dr Sakr Khalid; Dr Grainne Gillespie; Cara Walsh Hind; Michelle Cullen; Dr Ciara Mulvihill; and, Mr Conor Lucey. Front row (from left): Elisha Kavanagh; Kiara Kennedy; and, Dr Lisa Lucey.

Mac Domhnaill Dental
Eibhlín Ní Laoithe and Dr Marcas Mac Domhnaill.

Orantown Dental
From left: Rosaleen Crowe; Katherine Little; Joanne Gannon Reilly; Sinead Corcoran; Dr Aideen Buckley; and, Dr Dorcas Whitney.

Pearl Dental Tullamore
From left: Katerina Aniskin; Aoife Malone; Dr Peter Williams; Leona Cummins; and, Ciara Nicholson.

Peregrine Dental Clinic
From left: Dr Anne Wall; Rebecca Fitzpatrick; Maria McAdam; Sarah O'Sullivan; and, Dr Eithne Coyne.

Phibsboro Dental Care
From left: Dr Caroline O'Shea; Michelle O'Connell Cahill; Orla Conroy; Annalee Conneely; and, Dr Gajendra Veeraraghavan.

Platinum Dental
Dr Daniel Gallagher.

Portlaoise Dental
Dr David Cosgrove and Dr Karen Cosgrove.

Rathmines Dental
From left: Lynne McEniff; Dr Brian McEnifff; and, Clara Alcaraz Denia.

Seapoint Clinic
From left: Dr Adeen Solaiman; Dr Roumaissa Slami; and, Dr Tomas Henriksen.

Smile Hub Dental Clinic
Back row (from left): Ana Cotfasa; Aimee Chon; Dr Michelle Conlon; Dr Burhan Vapra; and, Dr Sakr Khalid. Front row (from left): Barbara Luna; Dr Laura Fee; and, Laura Latora.

Smiles Dental Blanchardstown
Dr Nausheen Raza Hussain and Dr Meena Durai.

Smiles Dental Tallaght
From left: Dr Angelko Ashtalkoski; Dr Joanna Szydlowska; and, Dr Rezart Rada.

IDA irish dental association

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MEMBERS' NEWS

Pizza deliveries, dental contracts and taxes!

Don't be surprised if your thoughts turn to ordering a pizza the next time you sit down to consider your contract or your tax affairs.

A recent Court of Appeal decision has been seen as potentially one of the most significant employment/tax law judgments for many decades, and one that should prompt dentists to review their contractual arrangements without delay. Thankfully, as ever, the Association stands ready to assist our members on this issue. Having represented dentists in four years of discussions with the Revenue Commissioners, we managed to avert a catastrophic decision, which would have seen all practice owners face a 23% VAT bill where they engage dental associates on the percentage fees model, typical of many practices. Of course, the

The other great role the Association has played in recent times has been in guiding and assisting dentists who prefer a self-employment model, whether as a practice owner or as an associate. Again, the Association was prominent in engaging with Revenue in 2010 and preventing the simple transplantation of tax policy that was determined for medical GPs and pharmacists (where employee status is now the norm for doctors and pharmacists practising where they are not the owner or a partner), among others, and which seemed likely to be applied to dentists as a consequence.

"The question for employers is how this decision impacts on your use of contractors in your business."

To assist our members, we have recently engaged Eversheds Solicitors to provide guidance to members who wish to prepare a self-employment agreement, assisted by their own legal and tax advisers. A detailed FAQs document has been prepared, which covers all the major questions to be considered in drawing up such an agreement.

We also asked Eversheds to review template contracts of employment for employees working as dentists, dental nurses and hygienists. These are available free of charge to IDA members for adoption and preparation of contracts in their dental practice.

Business practices matter

Of course we know that Revenue especially will not simply look at what is written down on paper and the extent to which business practices reflect the written terms of the contract (or not), and the same applies if no contract exists at all. In fact, Revenue will evaluate every scenario individually when they audit a dental practitioner. They will look to examine the facts and essentially determine the extent to which control by the owner of the arrangements of the associate exists, or indeed the extent to which an associate practises independently. Among the issues that are likely to be examined are:

- the extent to which the associate manages their own clinical decision-making, leave and working time arrangements;
- their role in the appointment of locums;

Eversheds says that this is a very significant decision for businesses in Ireland. To date, the Domino's decision has caused much uncertainty about the use of contractors on short-term and even one-off engagements.

According to Eversheds: "The question for employers is how this decision impacts on your use of contractors in your business. The short answer is the decision is decidedly more supportive of the use of contractors in certain circumstances".

Mutuality of obligation

Julie Galbraith from Eversheds says that: "There are many tests used by both the courts and the Revenue Commissioner to analyse whether an individual is more appropriately deemed an employee or a self-employed contractor. Traditionally, the 'control' test was the most important, i.e., how much control did the master exert over the servant. If the company was not in direct control of the worker, then they couldn't be an employee. Over time, this test became less applicable as the methods in which employees did their work became less subject to the day-to-day control of their employer.

"The test that is currently most relied on is that of mutuality of obligation; namely, is the company required to provide work and is the individual required to carry out the work?

"The decisions of the Court of Appeal (in the unapproved judgments that have been published) review the significant cases in this area to date. Ms Justice Costello quotes at length the decision of Edwards J. in the *Barry* case, which related to veterinary inspectors engaged by the Minister for Agriculture.

"The requirement of mutuality of obligation is the requirement that there must be mutual obligations on the employer to provide work for the employee and on the employee to perform work for the employer. If such mutuality is not present, then either there is no contract at all, or whatever contract there is must be a contract for services (contractor) or something else but not a

DTBS fees review will not require new contract

A virtual Town Hall meeting for IDA members heard updates on the Association's negotiations with the Department of Social Protection regarding a fees review for the DTBS, including a last-minute offer from the Department.

The IDA recently held a virtual Town Hall meeting to update members on the progress of negotiations with Minister for Social Protection Heather Humphries TD and her Department, regarding the long-overdue fees review for the Dental Treatment Benefit Scheme (DTBS).

CEO Fintan Hourihan summarised the background to the negotiations, which were carried out by an IDA team consisting of Fintan Hourihan and Roisin Farrelly of IDA House, and Drs Will Rymer, Clodagh McAllister, John Nolan and Kieran O'Connor. He outlined that this process has been ongoing since 2019 (despite the fact that the DTBS contract specifies an annual fees review), but has been significantly hampered by the Department's concerns around competition law. These were resolved through an agreement modelled on the terms of a legal settlement arising from litigation involving the Department and the Irish Medical Organisation. Under this agreement, the IDA may inform members about the consultation process, and can offer opinions on issues raised and outcomes, but may not make recommendations regarding the outcome or threaten any form of boycott or legal action. Ultimately, the decision to accept (or not) the outcome of any fee or contract review must be made individually by dentists.

- grant in aid still applies for PPT – no limit on patient payment;
- a new definition of oral examination as per the DTSS contract, including intra-oral x-rays and advice on risk factors (diet/tobacco); and,
- no new treatment items proposed.

Crucially, the Department proposal also stated that any dentist who seeks payment after January 27, 2024, would be considered to have signed up to a new DTBS contract, which differed significantly from the existing contract in several respects.

IDA response

The IDA delivered a firm message to the Department setting out its frustration and disappointment at the proposals. The Association's response reiterated its rejection of a linkage between fees and any new contract. It pointed out that the proposed new contract contains wholesale changes, many of which are unacceptable to dentists, and categorically rejected the suggestion that the increased exam fee would only be payable on the basis

IDA supporting associates

A recent IDA survey sought the views of associate dentists on a range of issues.

More than 150 dental associates responded to a recent IDA survey, which asked questions about their reasons for practising as an associate, the issues that affect them in their work, and what form IDA representation of associate dentists should take.

Practice matters and support networks

Over half of associates who responded to the survey (57%) stated that they prefer to be a non-owner/employee, and two-thirds (62%) do not want to own a practice in the future. The majority of associates (86%) prefer to practice on a self-employed basis, but one in six (14%) want to be an employee. The majority (93%) favour working in a dentist-owned and run practice.

Clinical practice issues, business and commercial issues, mentoring, health and well-being, and maternity leave issues/support are the main issues of concern for our associate members (Figure 1).

Most associates have their own support network with other associates, but a significant minority (41%) reported that they do not have such a network. By far the main issue discussed by associates in their network is case management, including managing difficult patients. Issues of contracts and salary/percentage are also discussed, as well as staffing matters. A small number mentioned State schemes and health and well-being as issues that are discussed.

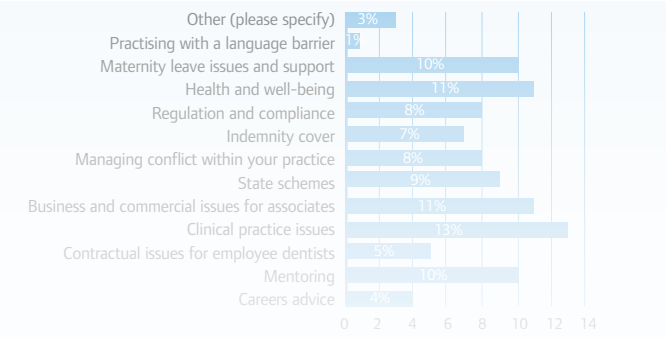


FIGURE 1: Main issues of concern for associate members of the IDA.

- maternity leave advice;
- less expensive fees;
- member meetings;
- improved third-party discounts;
- indemnity;
- financial advice;
- practice management advice;
- mentoring; and

Smiles Dental Waterloo Road
Rocco Colorato and Gustavo Cavalcanti.

Southgate Dental
Back row (from left): Dr Jiaji Tao; Dr Tilal Mahgoub; Natalie Nulty; Roisin Clerkin; Cíara Conroy; Lyndsay Fynes; Dr Arda Kiyan; Ronda Conroy; Ciara Redmond; and, Kim Clarke. Front row (from left): Rebecca Keegan; Grainne Canavan O'Toole; Dr Karolina Zimniak; Julie Lyons; Dr Antal Roka; Claudia Stefan; and, Flora Barna.

St John's Dental Practice
From left: Siobhan Moriarty; Vanessa West; Dr Tom Quilter; Caroline Harrington; Joanne Barrett; Laura Lynch; and, Dr Tom Twomey.

St Peter's Square Dental Surgery
From left: Dr Bruna Mirahy; Ema Patachi; Claudia Diac; Sorin Prislopan; Dr Ioana Pavelean; and, Dr Roxana Irina Dobos.

Star Dental and GP Clinic
From left: Dr Burhan Vapra; Sunitha Kamath; Dr Hima Bindu Meda; Jagan Muthumula; and, Praveen Madire.

Susan Crean Dental and Facial Aesthetics
Dr Susan Crean and Eimear Wilson.

Truly Dental
Back row (from left): Evelyn Romero; Karen Bianco; Dr Justina Masiule; Gráinne McMahon; Dr Jimmy Butt; Raluca Copotel; Alannah Hargan; Shannon Akkaoui; Dr Ksenija Zaporozceva; Krystyna Egel; Dr Luis Gonzales; Dr Anna Samsonova; and, Dr Pedram Forghani. Front row (from left): Eimear Powell; Dr Eavan Diethrick; Dr Mohammed Shubbar; Dr Laura O'Dolan; Dr Mohammed Shirin; Gail O'Brien; Dr Beatriz Lara; Dr Mohammed Zadeh; and, Mia Coffey.

Unique Dental
From left: Dr Luciana Contato; Dr Bruno Reis; Regina Guariglia; and, Dr Victor Vidigal.

Wheaton Hall Dental Practice
Muirin Nolan and Dr Paul Nolan.

Woodstown Dental Centre
Back row (from left): Dr Victor Vidigal; Dr Bruna Mirahy; Daniela Ballon Silva; Suzanne Higgins; Dr Áine O'Herlihy; Dr Luciana Contato; Luiza Vileila; and, Claire Farrell. Front row (from left): Dr Anna Foley; Dr Sarah Enright; and, Sophie Rudden.

The nominees

Here are all the nominees who attended the gala ball.

Dr Ali Al-Zein
JME Devon Park Dental

Dr Michele Angonese
Lion Medical – Dental & Health Clinic

Dr Sani Bello Dangaji
Clinic4U

Dr Jimmy Butt
Truly Dental Bray

Dr Maria Byrne
Cork Dental Smiles

Dr Orla Clarke
Boyne Dental

Dr Gary Collins
Kilcullen Dental

Dr David Cosgrove
Portlaoise Dental

Dr Karen Cosgrove
Portlaoise Dental

Dr Eithne Coyne
Peregrine Dental

Dr Susan Crean
Susan Crean Dental and Facial Aesthetics

Dr Eavan Deithrick
Truly Dental Bray

Dr Roxana Irina Dobos
St Peter's Square Dental Surgery

Dr Adrianne Dolan
HSE Dental Service

Dr Meena Durai
Smiles Dental Blanchardstown

Dr Sarah Enright
Woodstown Dental Centre

Dr Laura Fee
Smile Hub Dental Clinic

Dr Anna Foley
Woodstown Dental Centre

Dr Pedram Forghani
Truly Dental Dún Laoghaire

Dr Helen Francis
Camden Dental Clinic

Dr David Fuller
Dental Care Ireland, Killarney

Dr Daniel Gallagher
Platinum Dental

Dr Grainne Gillespie
Lucey Dental

Dr Anna Guzik
Bailis Dentist

Dr Tristan Hartung
Boyne Dental

Dr Allen Hegarty
Dental Care Ireland Drogheda

Dr Noel Henderson
Alexandra Dental Roscommon

Dr Tomas Henriksen
Clondalkin Dental

Dr Gráinne Hurley
Dental Care Ireland Claregalway

Dr Zuzana Jemelikova Petrosova
Tramore Dental

Dr Julia Juga Honorata
Carlow Dental Centre

Dr Martha Keaney
Pembroke Dental Ballsbridge

Dr Laura Kennedy
Glenview Dental Surgery

Dr Catriona Kennelly
Dental Care Ireland Claregalway

Dr Laura Kirwan
Alexandra Dental Shannon

Dr Sergio Kozachenko
Kilmainham Dental Studio

Dr Beatriz Lara
Dame Street Dental

Dr Lisa Lucey
Lucey Dental

COLGATE CARING DENTIST

Dr Marcas Mac Domhnaill
Mac Domhnaill Dental

Dr Justina Masiule
Truly Dental Bray

Dr Brian McEniff
Rathmines Dental

Dr James McGennity
Boyne Dental

Dr Maeibh McNamara
Dental Care Ireland Castlebar

Dr Roisin Meade
Cuddy Dental

Dr Monica Morosanu
Apollonia Dental Centre

Dr Niall Neeson
Boyne Dental

Dr Paul Nolan
Wheaton Hall Dental Practice

Dr Laura O'Dolan
Truly Dental Baggot Street

Dr Niamh O'Mahony
Dental Care Ireland Claregalway

Dr Laura Oponowicz
Clinic4U

Dr Caroline O'Shea
Phibsboro Dental Care

Dr Ioana Pavelean
St Peter's Square Dental Surgery

Dr Thomas Quilter
St John's Dental Practice

Dr Danielle Quinlivan
Quinlivan Dental

Dr Rezart Rada
Smiles Dental Tallaght

Dr Nausheen Raza Hussain
Smiles Dental Blanchardstown

Dr Mary Reddy
Harcourt Health Dental Practice

Dr Danièle Ryan
College Gate Dental

Dr William Rymer
Expressions Dental and Cosmetic Clinic

Dr Hadil Saidam
Clinic4U

Dr Anna Samsonova
Truly Dental Dún Laoghaire

Dr Mohammed Shirin
Dame Street Dental

Dr Mohammed Shubbar
Truly Dental Moate

Dr Adeen Solaiman
Seapoint Clinic

Dr Joanna Szydlowska
Smiles Dental Tallaght

Dr Thomas Twomey
St John's Dental Practice

Dr Burhan Vapra
Star Dental

Dr Bruno Viana Reis
Unique Dental

Dr Victor Vidigal
Woodstown Dental Centre

Dr Anne Wall
Peregrine Dental

Dr Peter Williams
Pearl Dental Tullamore

Dr Hannah Willsher
Dr Joe Maloney Dental

Dr Chiung Ying Chang
Carlow Dental Centre

Dr Mohammad Zadeh
Dame Street Dental

Dr Ksenija Zaporozceva
Dame Street Dental

Dr Karolina Zimniak
Southgate Dental

Frances Henderson and Dr Noel Henderson.

From left: Iulian Dobos; Dr Roxana Irina Dobos; Dr Ioana Pavelean; and, Sorin Prislopan.

From left: Ray Holland; Dr Eamon Croke, IDA President; Dr Mona McCarrick; and, Dr Niall MacDonagh.

From left: Dr Eithne Coyne; Rebecca Fitzpatrick; Dr Anne Wall; and, Sarah O'Sullivan.

Care is the byword

Dr Eamon Croke is IDA President for 2023/24 and brings to the role determination, experience and a hope to improve the broader well-being of dentists.

As the IDA was beginning celebrations of its centenary year in January, another anniversary was being quietly celebrated in central Dublin. Dr Eamon Croke and his staff gathered for a meal to mark 30 years since the opening of his practice in Molesworth House in 1993.

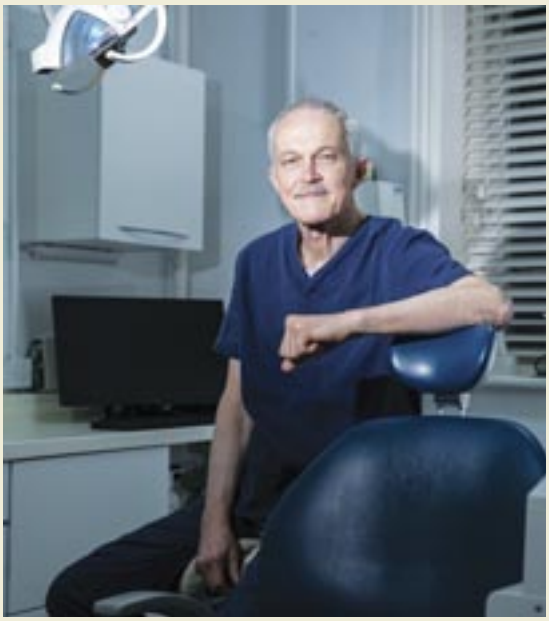
Eamon says it was nice to acknowledge the milestone and that he still has original patients from when the practice opened: "They become almost friends. You set aside time to have a chat to find out about them. So it's been a very enjoyable career in terms of taking care of people, and people have been loyal and supportive over the years as well. I like to think we earn it, and I think that's an important thing. I think when dentistry was based on word of mouth, people would come who were recommended to you and you had an onus, really, to repay the loyalty of the patient who advised the person to come in".

Along with the two anniversaries, it is also a remarkable year for Eamon because he became IDA President in the spring, a role he is eager to be effective in: "I was encouraged by a lot of close friends whose advice I would trust. I've never moved too far from the front door of IDA House in the sense of involvement with the Quality And Patient Safety Committee (QPSC) and GP Committee, so I'm always aware that there's a body of work to do. One of my principles in being involved in anything is: can I contribute to it? Can I bring about positive change in a situation or help to bring about positive change?"

Colm Quinn
Senior Journalist,
Think Media Ltd

Looking forward and back

A centenary year naturally revolves around looking back, but you can only do that for so long before the question of the future comes to mind. This aspect also attracted Eamon to the role: "I do believe we're at a crossroads. I believe that we have to, as dentists, decide what form we want our Association to be. Do we want to maintain the values and the culture that have essentially existed over 100 years, where we have been volunteers and we have had a hands-on role in promoting standards of education, standards of treatment and advocating for the disadvantaged in society? Or do we say that a volunteering role isn't for me, but I do need certain services from my Association and so I'll avail of them, but I won't be involved in the hands-on side of it. My hope is that people will volunteer. I know time is scarce, but I do hope they will volunteer, because in volunteering, there's huge personal feedback from the fact that you're working on a team, you're engaged with people that you like working with, and you can see outcomes. There's a very personal advantage in that. Then there is also the higher ground – where you promote the values of the Association, and you are an advocate for the disadvantaged".



Profile

Eamon and his wife Margaret share five children, three boys and two girls, and he is now a grandfather as well. He was born in Southern Rhodesia (now Zimbabwe) but returned to Ireland before he began school. He completed his primary education in Shannon in Co. Clare before moving to Dublin for second and third level, and calls his childhood idyllic.

Between dentistry and his work with the IDA, he doesn't have much spare time. When he is done with that he closes the door on it physically and metaphorically and considers himself very lucky with the family and friends he has: "They are the people that I turn to and it's their company that I love. They keep me grounded, they lift me when they need to. So that ability to close the door on dentistry is very important, I believe".

Another great passion of his is music: "Anybody that knows me well knows that listening to music is my response to life vicissitudes. You can nearly tell where I am by listening to the piece of music I picked, whether it be rock or jazz or folk or classical, new wave, whatever it is. There's an emotion in music that I just love. And because I'm tone deaf, I always hear something fresh every time!"

He also enjoys hill walking and reading but the precious time outside of dentistry is spent with family and friends.

Care is most important

At the beginning of his term, Eamon set out care as a byword: "It was care of the person, care of the profession, care of the planet".

In terms of the profession, he says, it is "trying to position ourselves in an informed, forward thinking place so that we're ready if any government ever wants to talk to us seriously. We'll go in and we can be very positive in any interaction and be part of a process that looks to the needs of the public now and into the future".

From a professional point of view, Eamon hopes dentists will cherish their role as healthcare professionals.

In terms of the planet and sustainability, there's a subgroup in the QPSC working on this, and Eamon says: "We've already made contact with the trade and are looking at areas of common interest in procurement and delivery of goods. Also in IDA House, we're looking at environmental and social governance (ESG) metrics. There's an awful lot of work in that. That's a slow burner that's taking off slowly. But again, it's part of the forward thinking we need to do in regards to the planet".

Eamon is keen to promote broader well-being among dentists, and encourages them to never ignore any sign of ill health. He also believes in the benefits of attending live events: "It is absolutely irrefutable that social contact is important for brain health. We saw it through Covid and all the issues that came out of isolation. I think the advantage of going to social live events is twofold: you benefit from it, and the person you talk to benefits from it".

He would like to refresh the phrase: "It's good to talk". Dentistry can be a lonely profession if you struggle, he says: "And the struggle mightn't be necessarily at work, but it often translates into work".

With regard to the personal end of things, Eamon believes the menopause was an ideal issue to begin the IDA's autumn programme with. Over half of new dental registrants are women, but the menopause is something that touches everyone, including men, he says: "We have mums, we're brothers, we're partners, husbands, whatever. So it's something that can touch all of us in the same way as if you're a man, your health can affect those around you. It's not just you. It affects those who love you and care about you. I would look at health in holistic terms. Obviously, for the person suffering, it is most important. But for any of us that are there to care, it's also equally important that we have an understanding".

An eventful year

The role of IDA President is a lot of work, but there are times for celebration also, and Eamon had a great time at the Annual Conference in Kilkenny: "I loved working with the conference committee. The buzz around Kilkenny during the conference speaks for itself. People really enjoyed it. The programme was excellent, and the social content was hugely important".

This year is also the centenary of the Northern Ireland Branch of the British Dental Association (BDA), and Eamon attended an event to mark this in Belfast City Hall in October, where he enjoyed catching up with the members of the BDA NI Branch in what he calls "a magnificent location".

As Eamon says, he has been involved with various IDA committees over the years, and also served as Honorary Treasurer of the Association in 2017. He has also worked extensively with the Dental Council, first as Chair of the Auxiliary Workers Committee from 2005-10, and then he says he was extremely honoured to serve as President of the Council from 2010-15.

Working as IDA President has provided him with the opportunity to get to know more IDA members better than ever before, he says: "One of the things that has always been hugely important for me in being involved in any committee is the people I work with. I have really enjoyed making new acquaintances with new members of the Management Committee that I wouldn't necessarily know that well, and also renewing acquaintances with people that I've worked with before. I think we have a very vibrant management committee and one that is in transition in terms of how we approach our tasks. It's an exciting time".

For the rest of his presidency and beyond, Eamon says: "I'm looking forward to progressing the programme I set out at the start in the AGM in April. That

"I think we have a very vibrant management committee and one that is in transition in terms of how we approach our tasks. It's an exciting time."

is a work in progress. It will take me until at least the end of my Vice President term to get it all through. But I've had support everywhere I've turned from the management and executive teams, from colleagues, in an effort to fine tune my ideas and to put them into action. So I'm really looking forward to continuing that".

Eamon also speaks about the new strategy and values that that IDA decided on at a board meeting in June. The outcome of this was that it was decided the vision for the Association is a sustainable oral healthcare system in Ireland.

The new mission statement is to represent, advocate and educate in supporting sustainable health. Three values were identified: inclusivity; innovation; and, integrity.

A visionary organisation

Eamon's practice is within shouting distance of Leinster House, and the temptation must be strong at times. He believes if Government would choose to engage with the IDA they would find an organisation committed to improving the oral health of the nation: "My eternal hope throughout my career is that governments would engage in an open and transparent manner to establish partnerships, which in turn will allow the development of fair and progressive healthcare systems … We're at a point where, if the Government is interested, they will find the Irish Dental Association informed and visionary in how we can achieve fair and sustainable healthcare systems. So my message is make that call. We're only at the other end of the phone. We would be very happy to talk to you, but you must come with the genuine intent of progressing things".

Dentistry is a small profession in terms of number of dentists, but also when it comes to auxiliaries, academics and dental suppliers, and Eamon believes it is important for the profession as a whole to have a voice. He believes in strength in numbers. He remembers a forum held back in 2014, which brought all sides of the dental profession and industry together, and believes something like this may be beneficial again: "The reality is that everybody shares more of a common vision than maybe we sometimes realise. And I think, again, looking to put the profession on a solid footing into the future, we need to understand the bonds that hold us, that tie us together, are much stronger than some of the interests that might pull us apart".

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Tough conversations

Dental research has shown us that the impact of holding tough conversations with patients contributes to stress if not managed well.

Dental Protection regularly receives calls from members seeking advice on how to prepare for a tough conversation with a patient, or how to deal with the fallout from one. If not handled carefully, a tough conversation can easily escalate and precipitate a patient complaint, while also increasing the risk of aggression or even violence from the patient to the dental professional.

While a well-managed interaction, even from a place of at times significant disagreement or conflict, can strengthen the professional relationship, it is important to recognise that with all the will in the world, some dentist-patient relationships may break down irrevocably, and will require careful management to ensure a transition of care that is in the patient's best interests.

What makes an interaction difficult?

The literature and our own experiences tell us that generally, the source of any difficulty lies in one or more of four inter-relating domains: the patient; the dental professional; the patient's condition; and, the systems in which we work **(Figure 1)**.

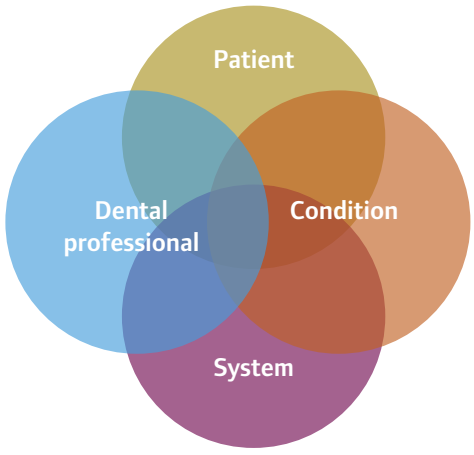
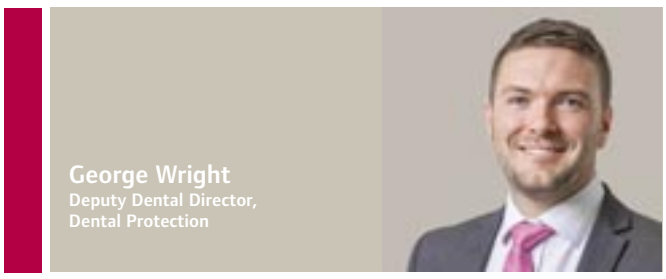


FIGURE 1: The interplay of several inter-relating factors can make patient interactions more stressful.



On any normal day, we may be able to take difficulties arising in one or even two of these domains in our stride. However, the more domains that come into play, the more difficult it is to manage the interaction effectively – partly because we may have fewer positive factors to draw on to provide a counterbalance. Consider, for example, the 'perfect storm' of having a high-treatment-need patient, presenting with dental anxiety, 20 minutes late for a 30-minute new patient examination on a day when you are short-staffed, the computers are malfunctioning, and you didn't sleep well the previous night as your young child was unwell. Taken in isolation, many of us would be able to work unaffected by any one of these factors; however, the cumulative effect of these when they all come into play can create an entirely different context for the patient's appointment.

Patient factors

Patient factors can include unrealistic expectations, differing interpretations of the same situation, extreme emotion (for example, dental phobia), or the patient's inflexibility in relation to alternative treatment options. I recall from my own clinical practice a patient presenting with a number of missing anterior teeth and severe periodontal disease wishing to have their teeth replaced with a seven-unit bridge. Careful discussion with the patient yielded nothing in terms of their acceptance of the situation or what, in my view, were the available options (none of which were a lengthy bridge supported by two Grade 3 mobile premolars!)

Condition

A patient's clinical presentation and condition can also add a layer of unwelcome complexity, which might leave us feeling uncomfortable. Anecdotally at least, dentists report difficulty interacting with patients where they feel the patient's pain is non-dental in origin or, for example, the patient has a complex medical history and is taking multiple medications.

System factors

System factors play a significant role in modern healthcare and are a source of frustration to many. Unfortunately, many of these factors sit outside of our immediate sphere of influence and it is important to focus on those factors that can be controlled.

Research in medicine has shown that doctors are often less empathetic with patients when there are system factors causing difficulties rather than other factors.[1] Studies on human factors in other industries, such as aviation, have reached similar conclusions. Members contacting Dental Protection for advice following a tough conversation with a patient will often refer to systems and process factors as contributing to why an interaction evolved as it did. These might include factors such as time pressures, interruptions, availability of resources and equipment issues.

Dental professional

It is interesting to note that although all dentists recognise difficult patients, individual dentists are likely to vary as to which patients they would identify as difficult, or the degree to which they would rate them as difficult. So identifying and rating the difficulty is not objective, and as dentists, we ourselves form part of the equation.

An interesting study conducted in Australia identified that, when asked, dentists believe that they are practising good patient-centred consultations "all the time". Any failure or difficulty in the consultation "is thus seen as an external or an 'other'-related problem rather than it being directly dentist related".[2]

Dentists had no difficulty in identifying barriers to patient-centred care that arise due to systems or processes. What was less obvious to them were the behavioural factors in themselves, the patients and/or the dental team that could also give rise to tough conversations. It is easier to influence the behavioural factors than it is to influence systems and processes, so it is worth focussing on the factors under our control that can be improved to reduce the risk of complaint or claim.

Sometimes it can be just a personality clash, but often it's that something in the situation triggers our 'hot buttons', which may activate our prejudices, stereotypes and assumptions. We may also have been profoundly affected in a negative way by our interactions with patients who have presented or behaved in a similar way to the patient before us, and this may significantly influence our attitude and ability to handle the interaction. Examples include the patient who is always cancelling appointments, the patient who does not pay on time, or the patient who only uses you in an emergency.

Our degree of training in handling tough conversations is also a major factor. It is interesting that people in service industries receive a lot of training around handling difficult situations. Do we, as healthcare professionals, receive the same level of training? Our own resilience can be affected by our own emotional baggage, and a patient who might not otherwise have created a problem becomes a 'difficult' patient. This might also explain why difficult patients to one person might be easy-to-manage patients to another. All of this is harder when we are hungry, angry, late, tired, energy depleted, or distracted.

Choosing your response

Dental research has shown us that the impact of difficult interactions contributes to stress and this creates long-term physiological and psychological phenomena if not managed correctly.[3] Tough conversations tend to create a feeling of discomfort. The original work of Corah and O'Shea on dentists' perception of problem behaviours in patients listed a number of behaviours that can be very annoying for dentists. These included patients devaluing, criticising or questioning a dentist's performance. Because such behaviours are likely to result in feelings of personal assault on the dentist's part, they are likely to have a deleterious effect on the patient–dentist relationship.

An interesting study by Thierer, Handleman and Black in 2001 assessed the relationship between dentist communication behaviour and their perception of patient attributes such as likeability/manageability and prognosis. The result suggested that dentists alter their communication behaviour depending on their assessment of various patient qualities. There are already branches of communication that look specifically at these situations, for example neurolinguistic programming, which recognises that people have different filters through which they see the same situation, which predetermine their reaction. Is your reaction different when you like or dislike a patient, or with someone who fails to attend an appointment? It is an innate human trait that if you don't like someone, you will often show it!

Effective skills and strategies

One of the most effective strategies in managing a tough conversation is to recognise our own reaction. Our automatic reaction may be telling us things like 'this person is a nuisance' or 'this person is uninterested in their oral health'. Such reactions may interfere with our self-control and self-confidence, and our ability to demonstrate support skills like asking open-ended questions, reflecting content back to the patient, empathy and reframing.

It is possible to be empathetic with a patient even if you disagree with what the patient is saying or find it difficult to be sympathetic to their plight. The beauty of empathy is that it can be applied to situations even where you are uncomfortable. Conveying empathy is a powerful way to increase the feelings of support of patient experiences.

Reframing is a technique used in psychology where a therapist might ask a patient to consider a different explanation for their concern, knowing that doing so may well reduce their distress. To consider alternative explanations for a patient's behaviour or attitude might allow us to approach that patient in a more objective or neutral manner. An example of this is the patient who is quite hostile at your inability to find the source of their pain, and for you to label the patient simply as a difficult and impatient person. The reality is that by reframing, that patient may be dealing with an anxiety whereby they feared that they had a more serious disease but have not been able to articulate this to you.

However, when faced with a patient with whom you anticipate a tough conversation, the above 'theory' can very quickly be forgotten and we can default into 'defence' or 'attack' mode. A simple step to take towards de-escalating conflict is to first acknowledge how the patient is feeling. By doing so, you are able to demonstrate to the patient that you have actively listened to their concerns and it allows you to check understanding. From here, it may be helpful to inform the patient of your position, clearly stating the reasons and respectfully explaining any boundaries. Finally, if done effectively, you will be able to move with the patient to discussing a way forward. At this point, it can prove invaluable to empower the patient to propose possible options, albeit with some gentle encouragement. By taking this approach, patients are more likely to feel they are in control of the situation, and are more accepting of the resolution they have jointly reached.

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Dental assessment pre radiotherapy for head and neck cancer

Précis: A pre-radiotherapy dental assessment is necessary for head and neck cancer patients. Dental and oral health should be prioritised as part of cancer treatment planning.

Abstract

Statement of the problem: Head and neck cancer (HNC) and its treatment can dramatically change a patient's appearance, speech, and oral function. Radiotherapy (RT) as a primary or adjuvant management strategy can result in osteoradionecrosis (ORN), salivary gland hypofunction, and can contribute to dental caries, among other sequelae. Assessment by a dentist prior to RT is important to remove suspect teeth in the field of radiation and commence preventive and restorative care for the long term. This can reduce subsequent ORN risk, reduce oral complaints during RT, and optimise oral health-related quality of life (OHRQoL).

Purpose of the study: This is a large-scale cohort study investigating dental treatment provided to a group undergoing RT for primary tumours of the head and neck.

Materials and methods: A retrospective chart review was carried out of all patients who had presented at the pre-RT dental clinic at Dublin Dental University Hospital from 2018 to 2019.

Results: A total of 490 patients were included. The mean age at presentation was 63 years (SD = 11). Approximately 50% of patients required removal of at least one unit and 12.7% of patients required basic dental restorations prior to commencement of RT. Most patients (93%) were assessed and treated within the requested timeframe.

Conclusions: Pre-RT assessment of HNC patients is important, as many require dental treatments such as extractions or basic restorations. Early planning for dental review should be considered to allow adequate time for assessment and proper treatment of long-standing dental issues.

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Introduction

Head and neck cancers (HNCs) encompass a broad variety of cancers of the oral cavity, salivary glands, oropharynx, hypopharynx, nasopharynx, nasal cavity, and other tissues such as ear and scalp, which are mainly squamous cell carcinomas (SCCs). On average, 707 HNCs were reported in Ireland in each year between 2015 and 2017, with 465 patients (66%) requiring radiotherapy (RT).[1,2] This is projected to increase to an overall 1,161 cases (+66%) in 2045 (at a rate of 1.9% and 1.6% per year for males and females, respectively).[3] Median age at diagnosis has decreased in females from 67 years from 1994-2004 to 63 years from 2004-2013, and from 64 to 63 years in males.[3] This decline in age was seen in all cancers of the head and neck, including hypopharynx, nasopharynx, and oropharynx malignancy, but excluding oral cavity cancer, which shows no such decline.[3]

The main risk factors for HNCs are modifiable lifestyle factors such as tobacco and alcohol consumption, which have a combined multiplicative effect.[4] A diet containing high levels of vegetables and fruits may be protective against carcinogenesis, while a low BMI appears to increase the risk of upper aerodigestive tract malignancy.[4] Human papillomavirus (HPV) is now recognised as another independent risk factor for oropharyngeal SCC, which can manifest in a subpopulation without traditional smoking and drinking risk factors.[5] Up to

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70% of oropharyngeal SCC is now HPV-associated disease, and this anatomical location, which may be recorded as one of a number of sites (tonsil, pharynx, base of tongue) makes up one-third to one-half of HNCs in Ireland.[3,5]

The management of HNCs may involve surgery, RT, chemotherapy, or a combination of treatments. Most sites in the oral cavity and oropharynx are best managed with primary surgery. RT as a primary or adjuvant treatment is particularly effective for ablating residual cancer cells, to reduce recurrence rates or as a sole management for certain tumours.[4] Perceptible side effects depend on the site irradiated, dose administered, fractionating rate, age, and the condition of the tissues.[6,7] Ionising radiation disproportionately affects rapidly dividing cells (such as malignant cells and basal keratinocytes) and narrow blood vessels.[8-10] Small blood vessels are more susceptible to undergoing obliterative endarteritis, which is followed by vessel thrombosis, and mucosal and periosteal fibrosis, further resulting in vascular congestion and reduced permeability of vessel walls.[10] This describes the pathogenesis of osteoradionecrosis (ORN).

Salivary gland tissues are also vulnerable to radiation and exhibit breakdown and progressive fibrosis.[8] Acute reactions like mucositis and pain are typically reversible; however, late-stage symptoms such as xerostomia, trismus, and a predisposition to ORN are usually irreversible. Radiation-related side effects are inevitable and can significantly affect a patient's quality of life (QoL).[7] For tumours of the oropharynx where the morbidity of surgery is significant and the cure rate of RT is high, RT and/or chemotherapy is indicated.

A holistic approach comprising a central multidisciplinary team (MDT) of HNC surgeons, oncologists, radiation oncologists, HCN nurses, dieticians, speech and language therapists, and dentists optimises QoL.[7] Pre-radiation assessment by a specialist in restorative dentistry is also essential to implement preventive regimes for long-term oral hygiene maintenance and for reducing dental disease risk post treatment.[11] What is also important is supportive management of complaints such as xerostomia, mucositis, loss of taste or smell, and skin complications from the radiation beam. These complaints significantly affect a patient's oral intake and QoL.[4,12] During RT, many patients require oral nutritional support, while others require supplemental feeding with nasogastric tubes (NGT) or feeding gastrostomies.[4] It is therefore essential for HNC patients to reach 'dental fitness' to maintain masticatory function during RT.[12] With this in mind, the aim of this study was to investigate the pre-RT dental treatment needs of HNC patients attending the Oral Surgery Department at Dublin University Dental Hospital and to assess whether any further dental treatment was needed after RT completion.

Materials and methods

All HNC patients attending Dublin Dental University Hospital as new patients for pre-radiation assessment between January 1, 2018, and December 31, 2019, were included in this study. Patients who were receiving palliative treatment or treatment for recurrences were excluded. This decision was made on the basis that the dental treatment plan may change if the lifespan is perceived to be truncated or where many doubtful teeth have already been removed. No exclusions were made based on premorbid conditions, age, or other factors.

A retrospective chart review was undertaken by the principal investigator, and a proforma including the patient's age, gender, smoking status, and treatment received was used for data extraction.

Ethical approval was waived by the ethics committee of the Dublin Dental University Hospital.

Table 1: Demographics of patients referred for pre-radiotherapy assessment.

Gender	Male	376
	Female	114
Age group	0-45	42
	46-59	168
	60-69	175
	70+	105
Smoking status	Current smoker	222
	Ex-smoker	65
	Non-smoker	203

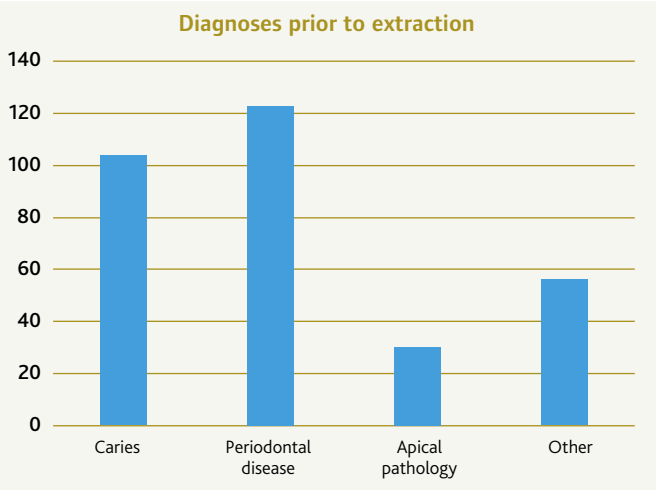

FIGURE 1: Diagnoses leading to dental extraction.

Results

Table 1 shows that 490 patients seen during 2018 and 2019 were included in this study. A total of 45% of the patients were current smokers and 13% were ex-smokers, including those who had recently quit after their diagnosis.

Almost 50% of patients (236) had at least one tooth removed. Following treatment, 231 patients had fewer than 21 teeth remaining. The average number of teeth removed (3.36) was similar based on all age groups once those who had no teeth removed were excluded. Twenty out of 490 patients were edentulous. A total of 104 patients had teeth removed due to caries, 123 patients had teeth removed due to periodontal disease, and 30 patients had tooth extractions due to periapical pathology (**Figure 1**). Sixty-two patients had fillings provided for dental caries. Due to time constraints, periodontal treatment was not instituted generally. However, 72% of patients had tooth debridement and almost all were prescribed high-strength fluoride toothpaste or tooth mousse with diet advice. Most patients (93%) were seen within the timeframe requested by the referring radiation oncologist. One-tenth of the study cohort (42 patients) were referred with their RT held until a dental assessment had taken place, a similar number (44) were referred for RT as soon as possible, and 15 patients had either started or were starting RT within a week. Thirteen patients had extractions less than two weeks prior to RT. The most common reason was insufficient time before the start of RT to plan and schedule treatment (**Figure 2**).

Follow-up

Some 284 patients returned for follow-up appointments during data collection,

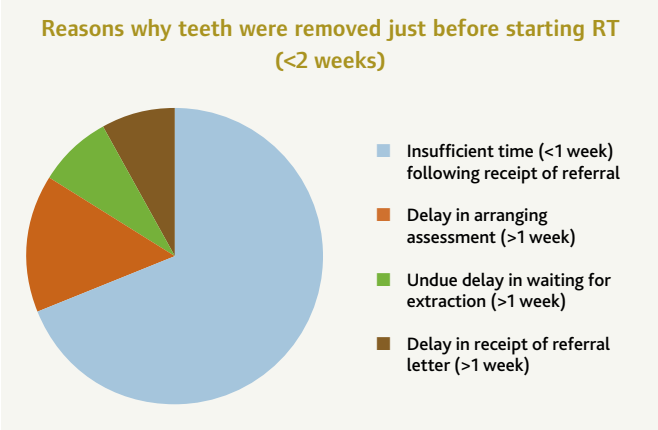

FIGURE 2: Reasons for extractions close to radiotherapy.

finishing in July 2020. Many patients may have sought care from their own dentist, while others may have died or failed to return.

Nineteen returnees required further restorative treatment with fillings, while 41 had dentures made. Three patients needed endodontic treatment, while three more received dental implant surgery.

Three patients developed ORN, which was diagnosed in our hospital during the study period. All three patients had oropharyngeal tumours that were treated with RT (no chemotherapy) and developed ORN at the site of a removed mandibular molar. Notably, all patients in this cohort had extractions just before or after RT. One patient had their teeth removed two weeks prior to RT, one had a tooth removed one week prior to commencement of RT, and another had their extractions one week after RT.

Discussion

Radiotherapy as a treatment modality

Compared to a similar study conducted from 1994 to 2007, this study showed a younger average age, illustrating the change in the age profile of HNC patients. The mean age in this study (mean = 63, SD = 13) is consistent with worldwide trends.[13] HPV-associated oropharyngeal cancer has become widespread worldwide and has a different pathogenesis to the traditional smoking- and drinking-related HNC, affecting people who are likely to be younger, healthier, white, and of higher socio-economic status.[4,5,14] Although HPV-related tumours have better prognosis due to being more radio- and chemo-sensitive, the combined effects of RT and chemotherapy can cause considerable morbidity, such as trismus, reduced salivary flow, and ORN risk.[15] Delays or interruptions to RT decrease local tumour control and lower outlook.[4] Thus, dental assessment and treatment should be completed prior to RT, and as early as possible, to allow time for any dental treatment and prevent any interruptions or delay in RT for oral complaints.

More than 100 patients were referred with fewer than two weeks to go before RT, with RT beginning immediately after dental review, or with the RT's start date having passed. Although it is necessary that many patients are expedited to RT, early planning would reduce delays in starting RT due to dental assessment. A tight requested timeframe can result in undertreatment, although any instance of this was not possible to conclude from our data. An integrated treatment plan with early involvement of dentists would give more time for planning and executing treatment.

While there are currently no universally accepted guidelines for dental assessment prior to RT, extractions of any teeth with dubious prognosis in the field of radiation are indicated prior to commencing RT.[16] Teeth should be removed at least ten days prior to RT and, if possible, three weeks beforehand to reduce the risk of ORN.[17] A total of 13 patients had teeth removed two weeks or less before RT. The most common reason for this was a short time period (less than three weeks) between the date of referral and the start of RT. In our study, all three patients who developed ORN following extractions had teeth removed either less than two weeks pre RT or after the completion of treatment. The MDT meeting is an ideal time to plan removal of suspect teeth at the time of tumour ablation, or if carried out, at the time of tumour exploration under anaesthesia (EUA). EUA is sometimes deemed necessary to determine the size of a tumour in an inaccessible location (e.g., base of tongue) in order to plan ablative surgery, although this is seldom carried out today due to advances in medical imaging techniques.

There are numerous difficulties when carrying out dental treatment after cancer surgery including: poor access with limited opening; reduced access due to flap reconstructions; and, possible non-union if the mandibulotomy sites are stressed during the extraction. Three patients were referred to the clinic for assessment after finishing RT or mid-treatment. Using plain local anaesthetics in irradiated tissue allows revascularisation, while prescribing concomitant antibiotics is an established protocol for reducing the risk of ORN.[16] The risk of ORN when removing teeth in irradiated bone does not decline over time.[16] We found that preventive interventions may be successful, with only three patients requiring further extractions in the hospital after their initial course of treatment and preventive regime.

Treatments provided

Approximately half of the HNC patients required removal of at least one unrestorable tooth. The average number of teeth removed was 3.36 (range 0-18). The most commonly removed teeth were molars. The most common reason for dental extractions was periodontal disease. This implies that many patients would benefit from periodontal treatment.

Longer-term health interventions are also needed for these patients. Oral health-related quality of life (OHRQoL) indicators, including ease of speech and mastication as well as dental and oral pain, have been shown to deteriorate during RT, while HNC patients are disproportionately more likely to display cognitive impairment, anxiety, depression, alcohol-related disease, and a higher suicide rate.[11,15] Prosthetic rehabilitation formed an important part of the work post RT, with dentures being the most commonly prescribed treatment. A majority (53%) of patients had fewer than 21 teeth after treatment, which is generally accepted as the minimum number for a functional dentition.[12] One of the most prescribed treatments following an initial course of treatment was dental implants. Implant treatment has the potential to rehabilitate patients to a functional dentition, restoring speech, swallowing, and facial aesthetics following extensive surgery to the head and neck. However, implant treatment in irradiated bone has a higher risk of failure, as poorer vascular supply can contribute to failure of osseointegration, wound breakdown, or ORN. An integrated treatment plan with placement of implants at the time of surgery would seem advantageous. However, these may have a higher failure rate due to poor positioning.[13]

Following the completion of dental treatment, patients may be discharged to a dentist in the community. However, they should be followed up more often due to increased risk of periodontal disease, caries and ORN.[16] Many patients

request hospital management due to ongoing dental problems and a lack of suitable primary care facilities.

Conclusions

Many HNC patients will require dental extractions prior to RT. A plan for a dental review should be put in place at head and neck MDT meetings when the decision on surgery and/or RT Is being made. This may improve the scope for preventive and periodontal treatment in order to maintain a functional dentition, thereby improving QoL and reducing the risk of ORN.

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CPD questions

To claim CPD points, go to the MEMBERS' SECTION of www.dentist.ie and answer the following questions:

1. Which of these theories best describes the current thinking on ORN pathogenesis?

- ○ A. Hypovascular hypoxic hypocellular aetiology
- ○ B. It is a radiation-induced osteomyelitis
- ○ C. Radiation-induced fibroatrophic process

2. Key guidelines for dental assessment prior to radiotherapy state that teeth of a dubious prognosis should be removed:

- ○ A. No less than 10 days prior to start of radiotherapy
- ○ B. No less than 14 days prior to radiotherapy
- ○ C. No less than 21 days prior to radiotherapy

3. Prior to starting radiotherapy, patients should receive:

- ○ A. Topical fluoride therapy and dietary advice
- ○ B. Debridement
- ○ C. Oral hygiene instruction
- ○ D. All of the above

IDA irish dental association CPD

HIV infection-related stigma and oral lesions: an update and new perspectives

Learning outcomes

- To recognise and discuss the factors of stigma, discrimination, and criminalisation related to people living with HIV/AIDS;
- to describe and recognise the significance of oral and maxillofacial lesions within the context of HIV infection; and,
- to promote awareness about stigma and oral lesions related to HIV infection.

Introduction

Despite advances, the HIV epidemic remains a significant public health challenge. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 38 million people worldwide were living with HIV/AIDS at the end of 2019.[1] Recent data have revealed that about 105,200 people are living with HIV infection in the UK.[2] Approximately 7,200 people live with HIV in the Republic of Ireland and recent substantial increases in the rate of new diagnoses saw the highest number ever recorded in 2016. At present, the notification rate is 11.0 per 100,000 of population, significantly higher than the European Union average of 6.2. These increases have occurred in the context of considerable social stigma regarding HIV.[3] This suggests that more effort is needed to control the spread of the virus, particularly in vulnerable populations.[1-8] In addition, stigma, discrimination and criminalisation of this population preclude their access to HIV/AIDS services, including oral healthcare and the management of oral and maxillofacial manifestations in HIV-positive patients.[4,7,8]

Treatment of HIV infection

Treatment for HIV infection has become available over the years, and there have been significant advances in the management of the condition. There are highly effective treatments available that can control the virus, suppress its replication, and allow people with HIV to live long and healthy lives. As such, antiretroviral therapy (ART), a combination of different antiretroviral drugs that target different stages of the HIV replication cycle, is the most widely used.[9,10] Improving access to ART and providing adherence support are important factors to consider in addressing barriers to care.[9-11]

Oral and maxillofacial lesions are commonly observed in individuals living with HIV/AIDS and their presence can provide valuable information about disease progression. Additionally, it is important to consider the potential long-term side effects of ART, such as lipodystrophy and lipoatrophy, which can further contribute to oral health complications.[11,12] Some ART can cause side effects that affect the oral cavity, including hyperpigmentation (**Figure 1**), xerostomia (dry mouth), taste alterations, and mucosal changes.[13]

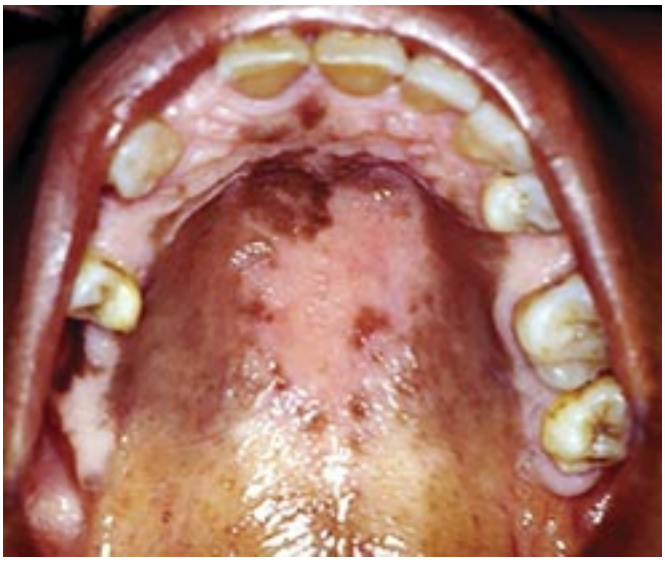

FIGURE 1: Hyperpigmentation due to the use of antiretroviral therapy in HIV-positive patients.

Oral and maxillofacial lesions within the context of HIV infection

HIV-infected individuals are more susceptible to infections that affect the oral and maxillofacial region.[13] Previous studies have reported that 70-90% of HIV-positive patients exhibit oral lesions during the different stages of the disease.[14,15] It is important to highlight that oral and maxillofacial changes have been associated with long duration of combined ART, detectable viral load, and duration of HIV infection over 20 years.[8]

Oral candidiasis, commonly known as thrush, is the most common opportunistic infection affecting these individuals.[16] This condition arises from the overgrowth of *Candida spp.* and can present as white or erythematous lesions, varying in terms of appearance and underlying causes. It is often accompanied by pain, discomfort and a burning sensation, particularly during the consumption of spicy or acidic foods.[16] The most common form of oral candidiasis is the acute

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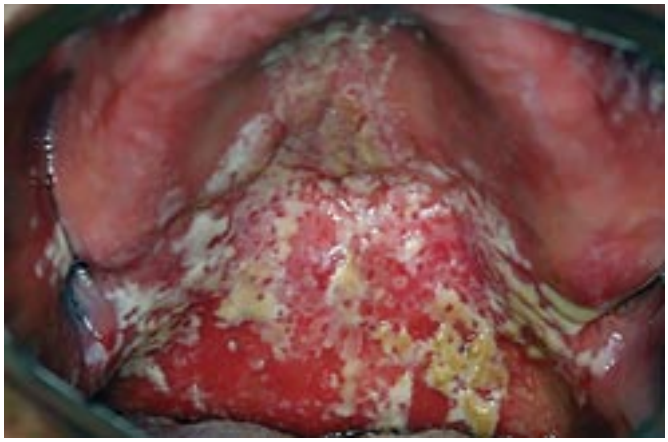

FIGURE 2: Pseudomembranous candidiasis presenting as creamy-white, curd-like patches on the palate.

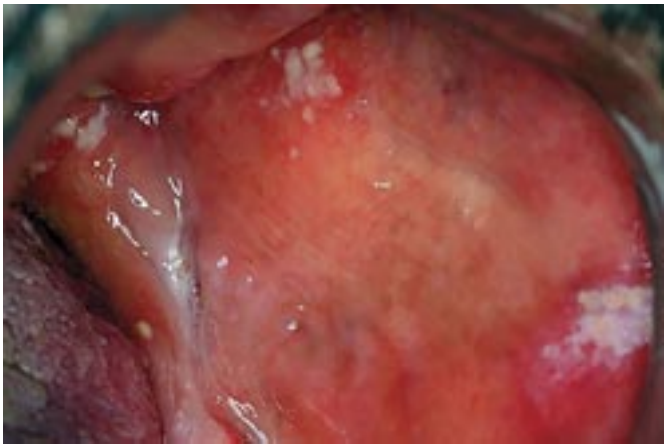

FIGURE 3: Pseudomembranous candidiasis displaying removable white plaques that leave a red surface and right inner cheek.

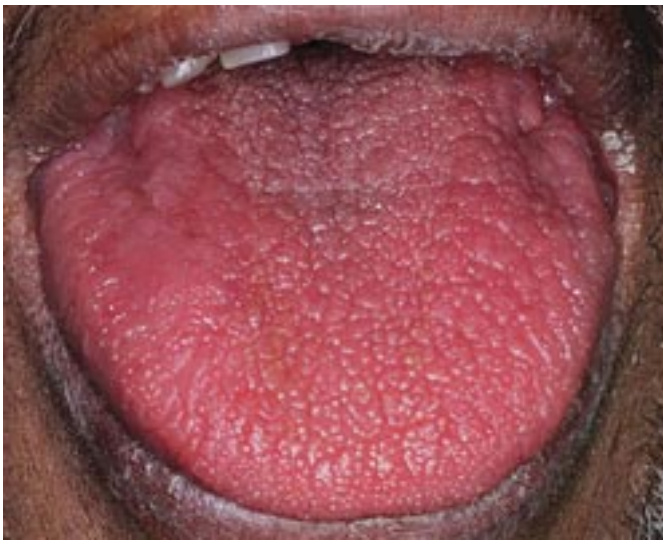

FIGURE 4: Erythematous candidiasis, characterised by red patches on the tongue, which may appear smooth or have a speckled or 'geographic' pattern.

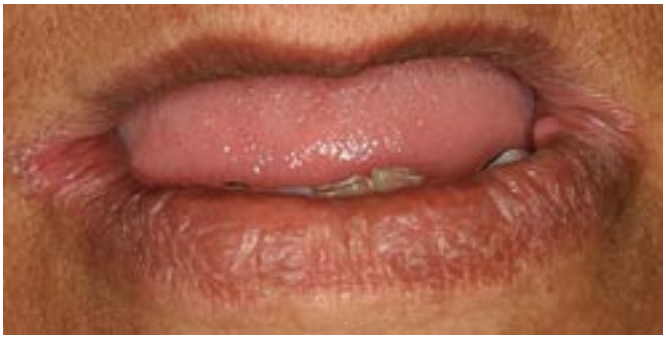

FIGURE 5: Angular cheilitis observed at the lip commissure.

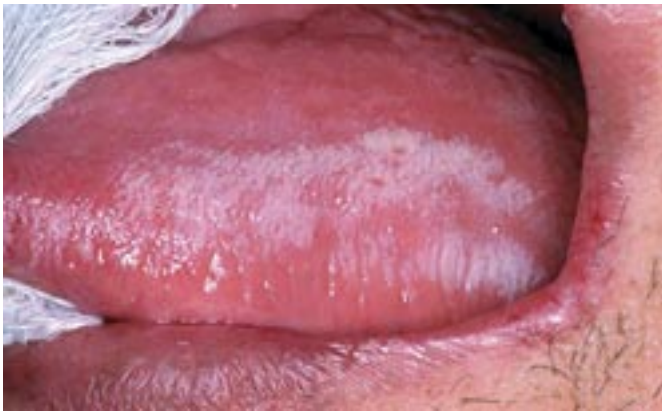

FIGURE 6: Oral hairy leukoplakia, a hyperkeratotic lesion, presented as non-removable white plaques with a corrugated appearance, located at the left lateral border of the tongue.

pseudomembranous type (**Figures 2** and **3**). Red lesions include acute and chronic erythematous candidiasis (**Figure 4**), and angular cheilitis, which involves inflammation and cracking of the corners of the mouth (**Figure 5**). The diagnosis of oral candidiasis is based on clinical examination, medical history, cytology, and assessment of risk factors. Mild cases of oral candidiasis can generally be resolved with topical antifungal therapy and oral hygiene measures. Systemic antifungal therapy may be used in patients who do not respond to topical treatment, cannot tolerate it, or are at higher risk of developing systemic infections. These various forms of oral candidiasis highlight the importance of a timely diagnosis and appropriate management for individuals living with HIV/AIDS. Concurrent management of underlying HIV infection through ART is crucial to restore immune function and prevent recurrent episodes of oral candidiasis.[16,17]

Oral hairy leukoplakia, primarily associated with Epstein-Barr virus (EBV) infection and frequently observed in individuals with HIV/AIDS, is a hyperkeratotic lesion, presenting as non-removable white plaques with a corrugated appearance, which predominantly affect the tongue (**Figure 6**).[12,13] The primary approach focuses on managing the underlying immunosuppression. It is important to note that the treatment approach may vary depending on the individual's general health status, immune function, and specific clinical presentation.[12,13]

Kaposi's sarcoma is caused by the human herpesvirus/Kaposi sarcoma herpesvirus (HHV-8) and is the most common malignancy associated with HIV infection.[17] Lesions may appear as flat or slightly raised patches resembling a

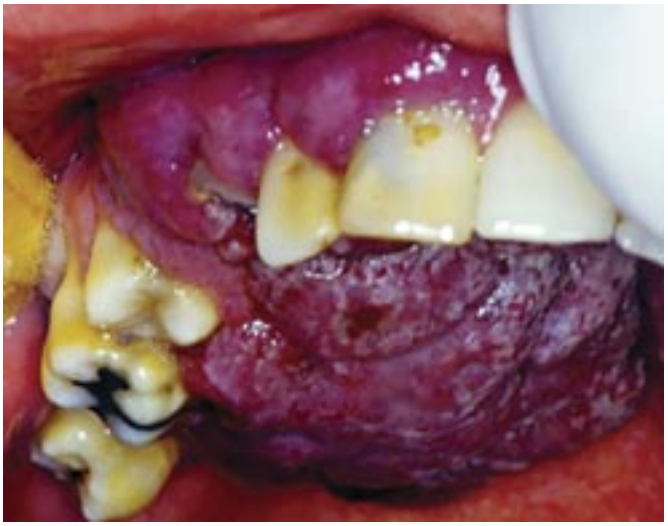

FIGURE 7: Kaposi's sarcoma presented as a reddish-purple, lobulated tumour on the right palate, involving all the right upper teeth.

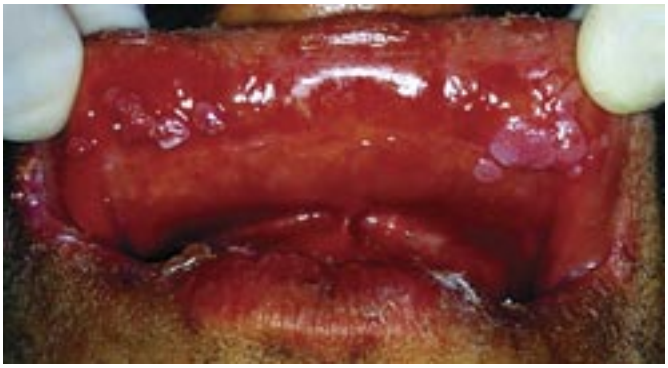

FIGURE 8: Condyloma acuminatum on the mucosa of the upper lip in a HIV-positive patient.

bruise, nodules or tumors, exhibiting a distinct reddish-purple color (**Figure 7**).[17] Treatment approaches may include ART, surgical excision, radiotherapy, or chemotherapy. Effective ART has shown significant success in reducing the occurrence of new cases of Kaposi's sarcoma associated with HIV/AIDS.[17]

Salivary gland diseases associated with HIV/AIDS encompass a range of disorders. Benign lymphoepithelial cysts are the most common manifestations. They usually develop in the salivary glands, and cause swelling and discomfort.[18] ART has a positive effect on HIV-related salivary gland diseases and can help alleviate symptoms and improve overall oral health.[18]

Human papillomavirus (HPV) infections are frequently seen and pose additional challenges. An impaired immune system increases the risk of acquiring HPV and promotes persistent infections with multiple HPV types (e.g., 16 and 18), which are strongly associated with several types of cancers.[19] The most commonly recognised benign clinical manifestations of HPV infection include oral papilloma, condyloma acuminata (**Figure 8**), and focal epithelial hyperplasia. Treatment includes topical therapies, surgical removal, and other interventions to control symptoms and reduce the risk of transmission.[19]

HIV stigma in dental care

The stigmatisation surrounding HIV infection continues to present a significant obstacle for people living with HIV/AIDS, which can have a detrimental impact on their quality of life (QoL), health, and general well-being.[20,21] Stigma associated with HIV infection has changed over the years, as evidenced by research, which found that most people living with HIV/AIDS believe that stigma and discrimination were more prevalent in the past. Some authors have suggested that education, clinical experience, and easily accessible information might have contributed to reducing stigma.[22]

Signs of discrimination include dentists wearing two pairs of gloves and double masks as an extra precautionary measure.[20,22] Moreover, individuals have reported that dentists avoid making eye contact.[20] Participants also noted that their HIV status led dental professionals to assume that they were drug users and they experienced negative comments about their health,[20] which further contributed to discriminatory behaviour. Furthermore, scheduling dental appointments at the end of the day has been identified as a discriminatory practice.[20]

It is possible that sexual stigma (e.g., homophobia) may hinder access to HIV services and serve to justify criminalisation of homosexual behaviour. In this way, sexual stigma and criminalisation inspire fear among men who have sex with men, forcing those who disclose their sexual behaviour to healthcare providers to risk blackmail, imprisonment, violence, or ostracism.[23]

How can dental professionals be trained to provide non-judgmental care to HIV-positive patients?

Implementing interventions could promote a supportive relationship between dentists and people living with HIV/AIDS.[24] This approach aims to ensure equal access to dental treatment while avoiding outdated discriminatory clinical practices. With this perspective in mind, we emphasise the importance of providing training for dental staff that includes strategies for supporting patients after their HIV status is revealed. These strategies may include ensuring confidentiality, using non-discriminatory language, and providing flexible appointment scheduling.[20] It is also imperative to include special care dentistry as an integral part of the dental curriculum and incorporate stigma-reducing activities and cultural competency training.[20]

To facilitate patient motivation, process improvement strategies should be implemented, such as providing transportation support, case management, incentives, and trust building.[25] Also, public health and health promotion efforts must actively engage with people living with HIV/AIDS to demonstrate that the dental community is responsive and evolving, ensuring that these individuals feel fully supported in accessing and receiving dental care.[20]

Recommendations for oral health providers

Adherence to recommended infection control practices remains a crucial aspect of dental practice. Dental personnel should consistently wear barrier equipment (e.g., gloves, masks, and protective glasses) whenever there is a potential for contact with body fluids, non-intact skin, or mucous membranes.[24]

The principles of standard precautions encompass several essential elements including: thorough handwashing; appropriate management of healthcare waste; proper handling and disposal of needles and sharps; implementation of engineering controls and work practice controls for all sharps; adherence to safe injection practices; effective cleaning, decontamination and sterilisation of equipment and instruments; and, the use of appropriate disinfecting agents.[24]

Dental treatment planning should be conducted on an individualised basis, considering consultations with the patient and contact with his/her physician.

For instance, if a patient has a reduced platelet count of less than 60,000 cells/mL, which can impact clotting, or a white blood cell neutrophil count below 500 cells/mL, which may require antibiotic prophylaxis, adjustments to the treatment plan may be needed.[24] This collaboration between dentist and physician ensures comprehensive and tailored care for the patient.

Conclusion

Addressing HIV stigma is imperative to ensuring adequate healthcare for people living with HIV/AIDS. Collaborative efforts between public health initiatives and individuals living with HIV/AIDS are essential to shaping an accessible, supportive, and stigma-free landscape for dental care.

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Quiz

Submitted by Dr Clair Nolan.

Can you match the 'before' and 'after' photos of these three famous faces, all of whom have transformed their smile?

Answers on page 333.

Antibiotic prophylaxis before dental procedures to prevent infective endocarditis: a systematic review

Bergadà-Pijuan J, Frank M, Boroumand S, et al.

Purpose: Infective endocarditis (IE) is a severe bacterial infection. As a measure of prevention, the administration of antibiotic prophylaxis (AP) prior to dental procedures was recommended in the past. However, between 2007 and 2009, guidelines for IE prophylaxis changed all around the word, limiting or supporting the complete cessation of AP. It remains unclear whether AP is effective or not against IE.

Methods: We conducted a systematic review of whether the administration of AP in adults before any dental procedure, compared to the non-administration of such drugs, has an effect on the risk of developing IE. We searched for studies in the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE via OVID, and EMBASE. Two different authors filtered articles independently and data extraction was performed based on a predefined protocol.

Results: The only cohort study meeting our criteria included patients at high risk of IE. Analysis of the extracted data showed a non-significant decrease in the risk of IE when high-risk patients take AP prior to invasive dental procedures (RR 0.39, p-value 0.11). We did not find other studies including patients at low or moderate risk of IE. Qualitative evaluation of the excluded articles reveals diversity of results and suggests that most of the state-of-the-art articles are underpowered.

Conclusions: Evidence to support or discourage the use of AP prior to dental procedures as a prevention for IE is very low. New high-quality studies are needed, even though such studies would require big settings and might not be immediately feasible.

Keywords: Antibiotic prophylaxis prior to dental procedure; dental procedure; endocarditis guidelines; endocarditis prophylaxis; high-risk patients; infective endocarditis.

Infection. 2023;51(1):47-59.

A self-etch bonding system with potential to eliminate selective etching and resist proteolytic degradation

Alkattan R, Ajaj R, Koller G, Banerji S, Deb S.

Objectives: Bonded restorations using self-etch (SE) systems exhibit a limited lifespan due to their susceptibility to hydrolytic, enzymatic or fatigue degradation, and poor performance on enamel. This study was conducted to develop and assess the performance of a two-step SE system using a functional monomer bis[2-(methacryloyloxy)ethyl]phosphate (BMEP) and demonstrate a strategy to enhance stability of bonded resin composite restorations to both enamel and dentine.

Methods: A two-step SE system was formulated with a primer containing BMEP, with an adhesive with or without BMEP, and compared to a commercial 10-MDP-containing system: ClearfilTM SE Bond 2 (CFSE). The systems were evaluated on enamel for surface roughness and microshear bond strength (μSBS), and on dentine for microtensile bond strength (μTBS), nanoleakage, MMP inhibition and cyclic flexural fatigue.

Results: While all bonding systems resulted in statistically similar μSBS, BMEP-based primers yielded greater enamel surface roughness than the CFSE primer. The BMEP-free adhesives resulted in statistically similar or higher μTBS and lower nanoleakage compared to CFSE. In situ zymography revealed minimal to no MMP activity within the hybrid layer of BMEP-based systems. The BMEP-free adhesive exhibited flexural strength and fatigue resistance statistically similar to CFSE.

Conclusions: Incorporation of BMEP in the primer led to satisfactory bond strengths with both enamel and dentine, potentially eliminating the need for selective enamel etching. Combined with an adhesive formulation that is solvent free and hydrophobic, and confining the acidic functional monomer in the primer, resulted in minimal interfacial leakage, and resistance to proteolytic degradation and the cyclic nature of chewing.

Clinical significance: The SE bonding system containing BMEP combines the potent etching of phosphoric acid with the therapeutic function of the phosphate-based monomer in creating a homogenous hybrid layer with protection against endogenous proteolytic enzymes. This strategy may overcome current challenges that arise during selective enamel etching.

J Dent. 2023;132:104501.

Dental implants in growing patients: a systematic review and meta-analysis

Elagib MFA, Alqaysi MAH, Almushayt MOS, Nagate RR, Gokhale ST, Chaturvedi S.

Background: Dental implants provide a suitable and reliable treatment for the replacement of missing teeth. Very few studies have been reported in the literature regarding the application of dental implants in growing and developing patients.

Objective: This systematic review with meta-analysis aimed to systematically review the available literature regarding the application of dental implants in growing and developing patients.

Methods: A detailed search in the literature was performed with the help of keywords such as dental implants, treatment planning, children, adolescents, growing patients, and developing jaws. PubMed, Scopus, Web of Sciences, and Ovidsp databases were searched for papers published between 1980 and 2021. The papers focused on children, adolescents, developing jaws, and implants. In this systematic review, the dataset concerned with the type of study, aim, number of patients and specimens included, age of patients, total number of implants placed, total number of implants evaluated, medical history of developmental disorders of teeth such as ectodermal dysplasia, and congenital absence of teeth, were evaluated.

Results: Out of the total literature searched, 33.45% of studies and case reports documented no complications in any implant treatment. In 47.21% of studies and case reports, there was both success and failure of implants, while in 13.21% of studies and case reports there was a complete failure of implants. The most common cause for loss of permanent teeth in growing children and adolescent patients was dental trauma (73.13%) followed by congenital developmental disturbance of teeth (18.19%).

Conclusion: It can be concluded from this systematic review that the use of implants in edentulous growing patients is determined by several parameters, including the patient's overall health, the stage of jaw growth, the number of teeth to be replaced, and soft and hard tissue anatomic features. Still, the use of a conservative treatment strategy for missing teeth management in patients with developing jaws is common and recommended until the patient's growth is completed, as there are chances of changes in the position of dental implants placed in the developing and growing jaws due to the continuous changes taking place in their body. However, placement of implants can be done in these patients successfully with proper treatment planning and taking into account the phase of growth with proper follow-up.

Technol Health Care. 2023;31(3):1051-1064.

SITUATIONS VACANT

Associates

Associate dentist required for very busy practice in Killorglin, Co. Kerry. Full- or part-time available. Full book, 50% remuneration. PRSI/private. Fully computerised. Excellent support staff. Hygienist. On-site parking. Contact ahernsdental@gmail.com.

Part-time associate required to replace a departing colleague. Three to four days available between our Naas and Newbridge practices. Fully digitised, Cerec, microscope. Accredited mentor for IV and inhalational sedation. Reply with CV to james@theclinicnaas.ie.

Experienced dental associate required in busy, modern practice in Dublin 14. Private/PRSI, free parking, hygienist, full support from our friendly team. Contact dublin14dentist@gmail.com.

Part-time with possibility of full-time associate dentist position available for fully private dental practice located in Dublin city centre. Fully computerised, OPG, CBCT, IO scanner, possibility of mentorship. In-house specialists. Contact dentaldublin@mail.com.

Dentist required for our busy, modern, fully private practice in Enfield, Co. Meath. State-of-the-art equipment with Primescan, 3Shape scanners and CBCT. Position suits an enthusiastic associate who wishes to develop with a progressive team. Excellent remuneration. Contact deirdre@thejamesclinic.com.

Enthusiastic dentist wanted as associate or partner for brand new, state-of-the-art Seapoint Clinic at the Beacon in south Dublin. Cosmetic and general dentistry experience essential. Fully computerised with digital scanners. OPG. Guaranteed minimum daily rate available. Contact tom.linehan@seapointclinic.ie.

Full- or part-time dental associate required for a busy, modern, family practice in Edenderry, Co. Offaly. Partnership available. No weekends. SOE, digital OPG and intra-orals. IDC registration required. Excellent staff, 50% remuneration. Private/PRSI/medical card. Contact roniekennedy@gmail.com.

Waterford City – experienced dental associate required. Full-time position in private, well-established clinic. Be part of a great multidisciplinary team in brand new surgery. Excellent backroom support. Implants, oral surgery, periodontics, orthodontics in house. OPG, digital scanner. January 2024 start. Contact bbarrett@pembrokedental.ie.

Dentist required for our busy, modern, fully private practice in Mullingar, Co. Westmeath. State-of-the-art equipment with Primescan, 3Shape scanners and CBCT. Position suits an enthusiastic associate who wishes to develop with a progressive team. Excellent remuneration. Contact: deirdre@thejamesclinic.com.

Experienced dentist required for associate position full/part-time. Excellent working conditions, no late evenings/Saturdays, high remuneration. The clinic has both general and specialist dentists with experienced support team. Located in Bray, Co. Wicklow. Contact: begleycaitriona@yahoo.ie.

Associate required for busy award-winning practice one hour from Dublin/Belfast. At least two years' experience required. Flexible full/part-time. Oral surgeon and clinical dental technician on site weekly. DC registration required. CV to mbcar06@gmail.com.

Dublin 15. Hard working and motivated dental associate required. Full-time. Guaranteed full books. Great atmosphere. Supportive staff. Mentoring by senior dentist if required. Please reply with CV by email to orthodentaldublin@gmail.com.

Associate dentist position available on Saturdays in Dublin 9. Modern, digital, family practice, with great support team. Private/PRSI. SOE. Minimum two years' experience. Must be IDC registered. May suit postgrad. Contact niamh@drumcondravillagedental.ie.

Dental associate (full/part-time) required in Waterford. Busy, modern practice in a fabulous seaside location. Fully computerised, private practice, with modern equipped surgery and excellent support team. Please email your CV to cusackdental@gmail.com.

Flexible part-time dental associate position available in a busy, fully private dental practice in Dublin 13. Excellent support staff including hygienist, and state-of-the-art facilities such as digital scanner. Would suit an enthusiastic and motivated dentist. Mentoring available. Contact northdublindentalassociate@gmail.com.

Ratoath Dental and Implant Centre, Co. Meath (Dublin 20km). Experienced associate required. Start from January 2024. Part/full-time. Rare opportunity to join an exceptional dental practice. Superb equipment and support staff. Fully private. CV/references required. Contact conor.irwin@ratoathdental.ie.

Enthusiastic, friendly associate required for part-time position in our very busy Dublin 12 clinic. Excellent support, fully digitalised, Cerec system. 50% split. CV to info@cleardentalcare.ie.

Associate dentist position (full/part-time), south west Dublin. Busy, modern, long-established family practice. Computerised, digital. Mentorship available if required. Contact tullyhouse@gmail.com.

Associate required for busy west Dublin two-surgery practice to replace departing colleague. Excellent support staff, friendly atmosphere. Full-time available but all options considered. Reply with CV to dentalposition057@gmail.com.

Aesthetic-minded associate dentist required for busy clinic in Clane, Co. Kildare, heavy influence on Invisalign and bonding. Full digital workflow with iTero scanners, digital x-rays, etc., in operation. Invisalign training included. Accommodation provided. Contact louise@clearbraces.ie.

Aesthetic-minded general dentist required in Letterkenny, with influence on bonding, whitening, bridges. Digital work flow with scanner and digital X-rays. Contact hundental.dentalsurgery@gmail.com.

SW Dublin beside M50. Dental associate full-time (four days) to replace departing colleague. Part-time position also available. Very busy, community-based practice with long-standing friendly support staff. 50% split. Apply to Wendy at sarahfosterjames@gmail.com.

Associate required to replace departing colleague in busy west Limerick practice. Practice has inhouse prosthodontist, orthodontist and hygienists. Mentorship available for the correct candidate. Experienced support staff. Friendly working environment. Reply with CV to Shane Mullane info@mullanedental.ie.

Dental associate required two to five days per week. Clinics in Naas and Newbridge.

Classified advertisements are accepted via the IDA website – www.dentist.ie – only, and must be pre-paid. The deadline for receipt of advertisements for inclusion in the next edition is **Friday, January 12, 2024**. Classified ads placed in the *Journal* are also published on www.dentist.ie for 12 weeks. **Please note that all adverts are subject to VAT at appropriate rate.**

Advert size	Members	Non-members
up to 25 words	€123	€246
26 to 40 words	€147	€295

The maximum number of words for classified ads is 40.
If the advert exceeds 40 words, then please contact:
Think Media, The Malthouse, 537 North Circular Road, Dublin 1.
Tel: 01-856 1166 Fax: 01-856 1169 Email: paul@thinkmedia.ie
Please note that all classified adverts MUST come under one of the following headings:

- Situations wanted
- Situations vacant
- Practices for sale/to let
- Practices wanted
- Equipment for sale/to let

Classified adverts must not be of a commercial nature. Commercial adverts can be arranged by contacting Paul O'Grady at Think Media.

Fully digitised, Cerec in both locations, CBCT, microscope, IV and inhalational sedation. Mentoring available for interested candidates. Reply with CV to james@theclinicnaas.ie.

Dentists

Part-time positions available at both our very busy dental clinics in Ballinasloe and Portumna, Co. Galway. Private/PRSI, fully digital, scanner, OPG, hygienist, visiting endodontist. Excellent support staff, remuneration and great working environment. Contact drrothwelldental@gmail.com.

Looking for part-time dentists to join our busy facial aesthetic clinics in Gorey and Waterford. Training and mentoring can be provided. Contact sanaaskary@live.co.uk.

Modern practice in Cahir, Co. Tipperary, offering full-time or part-time position. Private/PRSI. TRIOS scanner. Digital OPG. Implants. Good rate, flexible hours. Contact drhennessy@hotmail.com.

Full-time dentist required to join our team in a long-standing, modern, busy practice in Dublin 22. Full book. Experienced staff. Great work environment. Please send CV to practicemanager221@gmail.com.

We have full- or part-time positions available at two of our clinics in Roscrea, Co. Tipperary, and Frascati Centre, Blackrock, Dublin. We can offer flexible days and times to suit. Both are busy clinics with strong support teams. Contact jobs@shieldsdentalclinic.ie.

Experienced dentists and dentists with orthodontic/Invisalign experience required for our clinics in Roscrea, Limerick and Blackrock, Co. Dublin. Flexible days. Partnership opportunities available. Busy, modern clinics with excellent support staff. Contact jobs@shieldsdentalclinic.ie.

Galway. Dentist required for busy, modern practice outside Galway City. Flexible full-/part-time hours available. Full IDC registration is required. Contact loughreadentalassociate@gmail.com.

South Co. Dublin. Dentist wanted for part-time position in long-established, fully computerised, busy practice located on main street. Lovely working environment and support from experienced staff. Great opportunity for right candidate. Contact dentalassoc993@gmail.com.

Beautiful, state-of-the-art, specialist orthodontic practice seeks newly qualified passionate, enthusiastic general dentist to join our expanding team. Successful candidate will be mentored and provided with an opportunity for further orthodontic training. Fully integrated digital workflow, on-site laboratory. Contact hrmanager@ncdental.ie.

Full-time position in general practice Dublin 22. Modern computerised OPG, scanner, hygienist. To replace an existing colleague. Contact: tullyhouse@gmail.com.

General dentist needed for a busy practice in Dunboyne for two to three days a week to replace an existing colleague. Please send CV. Contact pklinowski@gmail.com.

Experienced restorative/cosmetic dentist required to join modern, digitalised, fully private Galway City practice. Experience with bonding, veneers, crown and bridge work. Full support team, lab, co-ordinators. Strong record in delivering cosmetic patients. Excellent remuneration potential. Contact shauna@3dental.ie.

Implant dentist required to join modern, digitalised, fully private Galway City practice. Fully digital workflow, CBCT, 3D printers and scanners. Further training and development opportunities. Excellent remuneration potential. Contact shauna@3dental.ie.

We have an opportunity for a general dentist to join our clinic in Frascati Centre, Blackrock. We can offer a full mentorship programme for a recent graduate while also providing hygiene and general dentistry treatments. Partnership opportunities available. Contact jobs@shieldsdentalclinic.ie.

Full time position available in a well-established, friendly dental practice. Excellent support staff and facilities. Would suit an enthusiastic and motivated dentist. High-earning role. Contact careerscamdendental@gmail.com.

Young ambitious dentists who wish to develop their skills required to join our practice for mentoring in restorative/prosthodontics/endodontics. We offer good remuneration. Contact: bebilonv@gmail.com.

Looking for an experienced dentist/specialist who's interested in a long-term position in a fully private practice. Take home 45% of your gross income after lab fees. Great team, location, atmosphere, and dentistry. Three to five days available. Contact Tfbc16@gmail.com.

Dentists in Dublin – Waterloo Road, South Anne Street, O'Connell Street, Dun Laoghaire – We have some excellent opportunities available currently full- or part time, modern equipment and established patient base! Contact sophie.collier@bupadentalcare.co.uk.

New graduate dentists – Smiles Dental is looking to interact with new graduate and student dentists to discuss opportunities in practice. Supportive practices, excellent career development opportunities. Contact sophie.collier@bupadentalcare.co.uk.

Come and join the team at Peter Doyle Dental Centre (Carrick on Shannon and Sligo). Replacing a colleague departing after six years. Private/PRSI only. Excellent, friendly support staff and facilities. Email gerryjohnstreet@gmail.com.

We have an opportunity for an experienced general dentist to join our clinical team in Limerick. Full-time position in busy, modern, fully private clinics with a strong support team. Partnership opportunities available. Contact jobs@shieldsdentalclinic.ie.

Part-time dentist required with IDC registration. Modern, supportive, progressive, digitalised clinic with OPG, hygienist, orthodontics. Free parking. Excellent remuneration. Flexible days. New graduates welcome. Contact dentistkilk22@gmail.com.

Needing a change? Position available in Christchurch, New Zealand. Established family-based practice, in modern, purpose-built building. Experienced clinicians and auxiliaries. All aspects of dentistry carried out, mentoring available. Email Anna at annapagdental@gmail.com.

Navan, Co. Meath. Fantastic opportunity to join our busy three-surgery practice. Five days. Periodontist, implants, endodontist, hygienists. Fully private book. Fully digital. Excellent earning potential with experienced support team. Minimum two years' experience necessary. CV to gh@bridgeviewdental.ie.

Dental Care Ireland Limerick – high earning opportunity, busy patient books on offer. Flexible part/full-time hours. Experienced and friendly clinical support team in place within our modern, established practice. IDC registration required, eligible to work in Ireland. Contact careers@dentalcareireland.ie.

Full/part-time dentist required for a busy practice in Arklow, Co. Wicklow. Accommodation can be organised. Practice fully computerised. Excellent earning potential. Email CV to drgiri26@gmail.com.

Full time HSE dentist required for HSE Midwest. Please apply via link: https://www.rezoomo.com/company/community-healthcare-mid-west/jobs/.

Dentist required in busy south Tipperary practice. Three days a week available – all options considered. Computerised, modern practice with excellent, experienced support staff and friendly working atmosphere. Reply with CV to dentalpost1@gmail.com.

Owl Dental, a premier, modern and digital dental practice in Wexford Town, seeks a general dentist with IDC registration. Part/full-time. Rewarding career in 2024! Contact owldentaljobs@gmail.com.

Relocate to Hamilton, New Zealand with the Integrated Oral Health Service. Apply at https://www.kiwihealthjobs.com/jobs/Waikato/HAM01353.

Dental Care Ireland Kilkenny – fully flexible days and hours on offer in our established, modern practice in Kilkenny. High earning opportunity with strong, established books in place. IDC registration is required and eligibility to work in Ireland. Contact careers@dentalcareireland.ie.

Dental Care Ireland Carlow and Waterford – fantastic, high earning opportunities in our Carlow and Waterford practice. Established, strong patient books. Flexible days and hours. IDC registration is essential. Earn revenue and hourly rate, working with our experienced clinicians. Contact careers@dentalcareireland.ie.

Locums

Locum dentist required for full-time associate position in busy, well-established private practice in Dublin 3, to cover maternity leave. Starting February 1, 2024,

for six months with the possibility of a further part-time position. Contact: garmcgann@gmail.com.

Locum dentist position available, Gorey, Wexford. Two to three days, flexible. Three months. Private only. 50/50. Fully refurbished with new equipment. Digital radiography. Hygienist. Full support staff. Email: jonnyk289@gmail.com.

Specialist/limited practice

Endodontist in Swords, Co. Dublin. One day per week. Recently renovated, specialist practice with an experienced, friendly team. Please email for further details. Contact northdublinassociate@gmail.com.

We require a periodontist for our clinic in the Frascati Centre, Blackrock, Dublin. Flexible days available. Good referrals and strong support team. Contact: jobs@shieldsdentalclinic.ie.

Excellent opportunity to join the team of a busy specialist clinic in south Dublin. Oral surgery and prosthodontic clinic. Opportunity for full- or part-time available, 9.00am-5.00pm Monday to Friday (or part-time possible). Friendly, relaxed clinic. Contact: rogersoralsurgery@gmail.com.

Periodontist urgently required to join existing periodontist. Long waiting list. Great remuneration. Impressive modern referral clinic. Part- or full-time. www.kingdomclinic.ie.

Specialist orthodontic dentist required for busy private practice. Dublin 7. Fully digital. Itero. Experienced support team. Excellent remuneration. Full-time - Days/hours to suit you. Contact: alex@whitesmiledental.ie

Looking for an experienced dentist/specialist who's interested in a long-term position in a fully private practice. Take home 45% of your gross income after lab fees. Great team, location, atmosphere, and dentistry. Three to five days available. Contact Tfbc16@gmail.com.

Specialist orthodontist – Ballsbridge Smiles Dental is recruiting for a specialist orthodontist. Modern practice, excellent patient base and earning potential. Can look to offer one to two days per week with a full diary. Contact sophie.collier@bupadentalcare.co.uk.

Paedodontist required for our fully private clinics in Limerick. Busy modern clinics with strong support teams and offering sedation for nervous patients. We are flexible regarding part-time or full-time position. Attractive remuneration and partnership opportunities available. Contact jobs@shieldsdentalclinic.ie.

Orthodontist position available in scenic Kinsale. Availability: flexible weekday and Saturday sessions. Do you want: work–life balance, growth opportunities, friendly, experienced, supportive team, multidisciplinary practice with modern facilities? Email CV to monique@kinsaledental.ie.

Dental Care Ireland – specialist orthodontist for the Galway/Mayo regions needed. High earning potential, offering strong patient books. Fully flexible days and hours on offer. IDC registration essential. Established, modern practices with a friendly, experienced clinical support team. Contact careers@dentalcareireland.ie.

Tired of general practice? Associate dentist with special interest in orthodontics required for exclusive orthodontic specialist practice in Galway city centre. Unique 30-hour a week opportunity for energetic team player. Contact gortho9@gmail.com.

Orthodontic therapists

Beautiful, state-of-the-art, specialist orthodontic practice is looking for a passionate and enthusiastic orthodontic therapist to join our expanding orthodontic team. Competitive remuneration, flexible working hours, state-of-the-art staff facilities, and appreciation and recognition offered. Contact hrmanager@ncdental.ie.

Are you an orthodontic therapist looking for part-time flexible hours in an exclusive Galway city centre orthodontic practice? Up to €35 per hour available for an energetic team player. Contact gortho9@gmail.com.

Hygienists

Dental hygienist required Wednesday pm and Thursday 10-5 for busy six-chair dental practice in Midleton, Co. Cork. Experience preferred. Lovely patients and excellent support. Contact vacancies@corabbeyortho.ie.

Part-time hygienist required for our Naas practice. Busy book. Apply with CV to james@theclinicnaas.ie.

Hermitage Medical Clinic, Dublin – hygienist required in a busy paediatric dental practice two days per week. Flexible hours. Excellent opportunity to work with children in a well-supported environment as part of a dedicated team. We look forward to meeting you! Contact marianne@happyteeth.ie.

Dublin. Portobello Dental Clinic is seeking a hygienist to replace a relocating colleague, working with three hygienists and a multidisciplinary team for two to three days per week. Full book, EMS Airflow, Cavitron, intra-oral camera. IDC registration essential. Contact helen@portobellodental.com.

Ballincollig, Cork: dental hygienist position, maternity leave (starting January 2024), two days a week, Cavitron and IO camera. Please email leilaballincolligdental@gmail.com.

Dental hygienist required to join our team at Colm Smith Dental. Full/part-time hours, flexible. Full book, well-equipped, dedicated hygiene room, great support team, Exact. Accommodation if needed. Apply with CV. Full/part-time considered. Contact cootehill@colmsmithdental.ie.

Dental hygienist required for two days a week from January 2024 at the Ennis Dental Health Centre. Dedicated hygiene room and great support team. €40/hour. Contact gbrowne.ennis@gmail.com.

Hygienist required at Smart Dental, Dundrum. Two to three days, full book, excellent rates, hygiene room, great team, parking. Must have IDC registration. Apply to smartdentald14@gmail.com.

Sligo. Part-time hygienist wanted to join our existing team in modern clinic due to high patient demand. Private fees only. Contact newsmiledentalclinic@gmail.com.

Dental Care Ireland Kilkenny and Callan have two part-time roles for IDC-registered hygienists to join our established, modern practices due to growth. Strong patient books, revenue and hourly rate on offer, flexible hours/days, fully equipped. Contact careers@dentalcareireland.ie.

Dental hygienist required for busy, modern, established Cork practice. Two to three days per week, full support given. CV to claire.ring@smilesandmore.ie.

Dental nurses/receptionists/managers

An experienced dental nurse is required for our modern, computerised clinic in Leopardstown, Dublin. Flexible working hours. The candidate must be computer literate, fluent in English, proactive, and able to take the initiative. Practice management knowledge is an advantage. Contact dentalexperts1234@gmail.com.

Beautiful, state-of-the-art specialist orthodontic practice seeks qualified dental nurse to join our expanding orthodontic team, with a view to being mentored and provided with the opportunity for orthodontic therapy training resulting in qualification in this discipline. Contact hrmanager@ncdental.ie.

Full-time role available for qualified DSA in Co. Laois. Dental assisting and reception duties. Dentally software, OPG, iTero scanner, Invisalign provider. Experience preferred but not essential. Contact neil@abbeyleixdental.com.

Practice manager wanted. DSA and management qualifications advantageous. Busy, happy private practice. Career development possibilities. Great working environment and fantastic dental team. Become a valued member of this team. Start date asap. Send CV to Tfbc16@gmail.com.

PRACTICES FOR SALE/TO LET

Busy two-chair private/PRSI practice for sale in Dublin city centre. Established in 2013. Large loyal patient base. Digital OP. Low rent. Email zsuzsannakoles@gmail.com.

Surgery available for specialists to hire for consultations at the Ennis Dental Health Centre in Co. Clare. Ideal location with a huge catchment area. Contact gbrowne.ennis@gmail.com.

Busy practice for sale in Ballina, Co. Mayo. Established 1997. Private/PRSI. Two surgeries with possibility for third. Principal retiring. €170k. Contact lnoonan2@msn.com.

Midlands – modern, two-surgery practice. Fully digitalised with scanner, OPG. Good hygiene book. Private/PRSI. Contact steven@medaccount.ie or call 086-068 1242 in confidence.

Busy two-surgery practice for sale, with potential for three. In north Co. Dublin. Est 1992. Private/PRSI. Computerised, digitalised, busy hygienist service. Excellent staff. Good new patient numbers, in busy town with plenty of new development. Principal available for transition period. Contact Mattjd01@gmail.com.

Busy, two-surgery practice with room to expand. Great location in town centre, Co. Meath, 25 minutes from Dublin. Well equipped. Parking close by. Very low overheads on rent. Computerised and digitalised. Fairly priced for speedy sale. Contact bebilonv@gmail.com.

Co. Westmeath. Very busy, active, two-surgery practice with room to expand. Prime location. Ample parking close by. Very low overheads, rent, etc. Computerised, digitalised, hygienist. Strong new patient numbers. Dentist retiring, fairly priced for speedy sale. Contact niall@innovativedental.com.

Surgery space to rent in, modern, well-established specialist practice in Raheen, Limerick. Please contact Dr Eoin Mullane, endodontist, at eoinmullane@icloud.com.

North Co. Cork. Long-established, good footfall, very busy dental practice – walkinable. Ample room to expand. Excellent equipment including OPG. Busy hygienist. Low overheads. Computerised. Very good new patient numbers. Realistically priced. Contact niall@innovativedental.com.

Cork City. Very long-established, busy, two-surgery general practice. CDH 6km, Cork city centre 20-minute walk. Loyal experienced staff. Strong footfall. Low overheads including rent. Major potential to grow. Dentist retiring, speed important. Contact niall@innovativedental.ie.

Kilkenny City practice for sale. Low rent. Two operatories. Private/PRSI. Retirement planned. Principal available for transition. Priced to sell. Email dentalpractice3.1415@gmail.com.

North Dublin. Superb opportunity for ambitious associate with a view. Exceptionally busy two-surgery practice with room to expand. Strong earning potential – nil HSE. Practice is easily accessible. In strong residential area. Email CV to Niall@innovativedental.com.

EQUIPMENT FOR SALE/WANTED

Old dental chair for sale and old OPG machine. Working, good condition. Good price. Call Lucia on 087-235 4963.

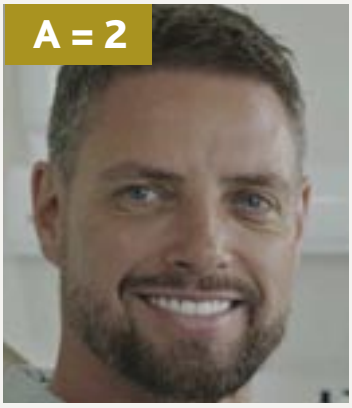
X-Guide by Nobel Biocare. All accessories including X-Mark. Implant-guided surgery GPS system. Never used. Buyer to collect. Contact tomas.allen@kingdomclinic.ie.

Two Dentsply Sirona Intego with built-in scaler. Colour blue. Bought but never used. In storage with well-known Irish dental supplier. Cost includes installation. €15,000 in total each. Available for immediate installation. Tel: 087-248 5663, 1.00-2.00pm or 6.00-7.00pm.

Quiz answers

Did you guess correctly?

A) Keith Duffy
B) Miley Cyrus
C) Tom Cruise



Excellence in care

Dr Freda Guiney is an experienced dentist, owner of Guiney Dental in Ballincollig, and was the first-ever winner of the Dentist of the Year Award.

Can you tell me about your background and what led you to a career in dentistry?

I'm originally from Bruff in Limerick. I was educated at UCC, married 20 years ago to Michael, and I'm now a proud mom to two boys and one girl. I set up Guiney Dental in Ballincollig.

What led me into dentistry? The care provided by healthcare providers, the nurses, doctors or vets, and the positive impacts that ensued from their interventions, always fascinated me as a child. In addition, I was deeply inspired by the dentists who cared for me as a child to the extent that I gave serious consideration to pursuing it as a career. In my early teenage years, I also wanted to do something practical, work with my hands, be self-employed and work with people, so it works a treat for me.

Can you tell me a bit about your current career?

I run a busy general dental practice where we offer a full range of treatments to our patients – orthodontics, implant placement, periodontics, general dentistry, etc. – and I'm lucky enough to work alongside some wonderful colleagues who have the best interests of our patients at heart. It really is so reassuring to know that there is always someone working close by me that can support me when I need it. I have a really supportive team around me that I'm proud to be a part of.

In 2009, you won the Dentist of the Year Award. How did that feel? Will you talk a bit about the patient who nominated you?

I was surprised and deeply honoured to have been nominated by my patient, Ciaran. It was certainly an unexpected honour as these rewards were in their infancy, and I was delighted to have been chosen as the treatment I provided reflected the patient-centered approach to dental care that I base my practice reputation on. Ciaran's wife was very heavily pregnant and was in agony with a toothache over a bank holiday weekend, so I attended to her twice and kept track of her over the weekend. She delivered the baby shortly afterwards. They are still my patients and I enjoy them coming in. I'm mad about them, they're great people.

Did winning this award have any impact on you or your practice?

Yes, in both respects. So naturally, the press coverage from winning the award resulted in greater exposure for the practice. In addition, I was reminded, at a deeper level, of the positive effects a person's well-being that can ensue from an intervention by a healthcare professional. We have to respond to patients' needs and are entrusted to do so. But I think that it put dentistry in a more positive light than traditionally had been placed on it by the press. It gave a sense of pride to dentists as well. I see a huge commitment from dentists every day who lie awake at night wondering about different treatments, wondering about the welfare of their patients, people who are really conscientious, and they give an awful lot to their patients, and they're totally committed to them.

Do you have any involvement with the IDA?

Owing to the time constraints that come with being the mum of three children, as well as running a busy dental practice full time, my involvement with the IDA at present is solely as a member. I attend many of their courses. I find they're so approachable, they're a great support to me. They're a good team and I appreciate them.

What do you think are the biggest issues in dentistry today that the IDA should focus on?

The IDA needs to support the profession as it lies, with the Government and society, and create a system of dental healthcare that provides free preventive care up to the age of 18, free preventive and restorative care for all citizens with special needs, and affordable restorative care for all of our citizens. Both treatment schemes should be renumerated at a rate that would encourage dentists to participate, and it should be under constant review after that as well.

Is there anything else you'd like to add?

It'll be 20 years in January since I set up my practice in Ballincollig, and I'm still learning every day. I continuously assess my approach to dentistry, even how I approach people. To keep your interest in your career, you must be prepared to invest time and money in it, and always stay abreast of any new technologies and developments that may be available. I can't credit the IDA enough for the excellent courses they provide on an ongoing basis. And each year I enjoy meeting up with new and old colleagues at the IDA conference. At the end of each day, I'm so lucky to go home to my supportive husband and wonderful family, including my dog, Fudge.

IDA irish dental association

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Caring Dentist Awards 2023

COLGATE CARING DENTIST AND DENTAL TEAM OF THE YEAR AWARDS 2023

Patients in their thousands told of their admiration and appreciation for their dental professionals. After much deliberation, the judges chose very worthy winners.

The Colgate Caring Dentist of the Year 2023 is Dr Adrianne Dolan of the HSE and the Colgate Caring Dental Team of the Year 2023 is Dental Care Ireland, Killarney.

Congratulations to Adrianne, to all of the team at Dental Care Ireland, Killarney, to the regional and special award winners, and to all the dentists and dental teams that were nominated for an award by their patients.

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Invisalign Smile Architect™ is a first-of-its-kind smile design solution that combines alignment and restorative planning in a single platform, promoting lasting oral health.

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Tristen Kelso
Director, BDA Northern Ireland

Overworked, underpaid and underappreciated

And that's just the Community Dental Service. At a meeting last month with the Department of Health, the Association set out its views on a wide range of issues affecting both the Community and General Dental Services.

In November, we held our latest meeting with the Department of Health (DoH) to discuss the worsening outlook for Health Service dentistry, and a range of workforce issues heavily impacting the profession.

The meeting took place as hospital dental trainees and consultants prepare to ballot on industrial action over pay. Within the Community Dental Service, dentists report feeling increasingly overworked, underpaid, and underappreciated in a progressively pressured working environment; meanwhile, in the General Dental Service (GDS), the shift from health service dentistry into private work, linked to an unviable remuneration model, is thoroughly underway and set to escalate in 2024.

Other issues raised included the progression of dental workforce planning (noting the Workforce Review Day which took place in September), amalgam phase-out, and the application of the outstanding pay uplift recommended by the Doctors' and Dentists' Review Body (DDRB) for 2023-24.

Forthright exchange of views

The meeting was respectful, yet forthright. The DoH Permanent Secretary, Peter May, listened to the current substantial pressures impacting heavily across the entire dental workforce, as relayed by our committee Chairs. He also received our latest assessment on how the situation facing Health Service dentistry in Northern Ireland (NI) has worsened considerably since our last meeting in June, particularly for the most Health Service-committed general dental practitioners.

We made it clear to Peter May that Health Service dentistry has run out of road. We have recently seen what has been necessary in Scotland to stabilise a similar service to our own. While the Permanent Secretary expressed his wish to see dentists here paid at parity with their colleagues in Great Britain, he said he is not in a position to proceed with dental payment/contract reform at this time, not least because of the wider budget situation and the absence of an NI Executive. Clearly, inaction as the GDS contract is failing so spectacularly is a major cause for concern.

We may yet see some progress in the margins, such as a revised PUPAS scheme, and perhaps even some movement on a pay award, but nothing of the scale that is so urgently required to recalibrate fees to a level that makes the Service financially viable – or which addresses the pay disparities and pay erosion impacting on dentistry right across Health and Social Care.

The delegation from the BDA prior to its meeting with the Department of Health (from left): Dr Roz McMullan, Chair BDA NI Council; Dr Peter Crooks, Vice-Chair, BDA Principal Executive Committee; Dr Ciara Gallagher, Chair, BDA NI Dental Practice Committee; Dr Ann McAreavey, Chair, BDA NI Community Dentists Committee; and, Tristen Kelso, Director, BDA Northern Ireland.

Health Service-committed practitioners' exposure to ever-increasing costs to provide care was laid bare in the Chancellor's Autumn Statement, which provided for a 10% increase to the National Living Wage from April. In the absence of any mechanism by the DoH to ascertain and mitigate the rising costs required to provide Health Service care on an annual basis, the current GDS model becomes increasingly unsustainable.

Follow-up letter

That is why we have subsequently formally written to Peter May, asking him what process his Department will put in place to achieve the objective outlined by the DDRB – the independent pay review body – to mitigate practice expenses/operating costs in a way that does not erode any recommended pay uplift.

This issue goes to the heart of whether the Department is able to shore up a dental service in Northern Ireland that is financially sustainable.