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Cover image (from left):

IDA President Dr Rory Boyd; overall winner Dr Thomas Quilter; and, Rukiya Ibrahim, Colgate.



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## REVIEW OF 2024



# Are you aware of your patients' caries risk factors?



Zara, 61

 Exposed roots



Josh, 16

 Orthodontic appliances



Arthur, 73

 Frequent snacking



Carole, 47

 Prescription medications

Assess their caries risk, and consider recommending high fluoride to increase caries control<sup>1</sup>



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\*YouGov Omnibus for Colgate® UK, data on file June 2015. Claim applies only to the Colgate® brand. Reference: 1. Tavss et al. Am J Dent 2003;16(6):369-374.

**Name of the medicinal product:** Duraphat® 5000 ppm Fluoride Toothpaste. **Active ingredient:** Sodium Fluoride 1.1%w/w (5000 ppm F<sup>-</sup>). 1g of toothpaste contains 5mg fluoride (as sodium fluoride), corresponding to 5000ppm fluoride. **Indications:** For the prevention of dental caries in adolescents and adults 16 years of age and over, particularly amongst patients at risk from multiple caries (coronal and/or root caries). **Dosage and administration:** Brush carefully on a daily basis applying a 2cm ribbon onto the toothbrush for each brushing. 3 times daily, after each meal. **Contraindications:** This medicinal product must not be used in cases of hypersensitivity to the active substance or to any of the excipients. **Special warnings and precautions for use:** An increased number of potential fluoride sources may lead to fluorosis. Before using fluoride medicines such as Duraphat, an assessment of overall fluoride intake (i.e. drinking water, fluoridated salt, other fluoride medicines – tablets, drops, gum or toothpaste) should be done. Fluoride tablets, drops, chewing gum, gels or varnishes and fluoridated water or salt should be avoided during use of Duraphat Toothpaste. When carrying out overall calculations of the recommended fluoride ion intake, which is 0.05mg/kg per day from all sources, not exceeding 1mg per day, allowance must be made for possible ingestion of toothpaste (each tube of Duraphat 5000mg/100g Toothpaste contains 255mg of fluoride ions). This product contains Sodium Benzoate. Sodium Benzoate is a mild irritant to the skin, eyes and mucous membrane. **Undesirable effects:** Gastrointestinal disorders; Frequency not known (cannot be estimated from the available data); Burning oral sensation. Immune system disorders: Rare (>1/10,000 to <1/1,000): Hypersensitivity reactions. **Legal classification:** POM. **Marketing authorisation number:** PA22581/001/001. **Marketing authorisation holder:** Colgate-Palmolive A/S, Sundkrogsgade 11, 2100 København Ø, Denmark. **Recommended retail price:** €9.36 (51g tube). **Date of revision of text:** June 2024.





Dr Cristiane da Mata  
Honorary Editor

# The war on fluoride

Dental professionals must counter misinformation about water fluoridation.

The debate around the safety of water fluoridation has been reignited recently after the US National Toxicology Programme (NTP) published a report claiming that high levels of fluoride can lead to low IQ in children. Following this, the now US Health Secretary, Robert F. Kennedy Jr, who is an anti-fluoride (and anti-vaccine) campaigner, claimed that fluoride is an industrial waste and linked to a variety of health conditions. He said that he would push to remove fluoride from drinking water on his first day in office if Donald Trump was elected president ... and he was.

## The era of “information chaos”

In recent times, we have been faced with the dangers of politicising science and public health measures, with far-right politicians around the world threatening to implode decades of research through conspiracy theories and fear-inducing campaigns. We experienced this firsthand during the Covid-19 pandemic. In my home country of Brazil, for instance, the president at the time showed no concern for the threats posed by the new virus, and even publicly mocked the vaccine in the media.

Having people question the safety and effectiveness of water fluoridation is not new. What is new is that we are now living in the era of misinformation, where equivocal opinions, or fragmented evidence without proper contextualisation, can spread like wildfire and shift public opinion. This can have serious consequences for public health, as proven interventions like vaccination and fluoridation become something to fear.

## Debunking fluoride misinformation

So much conflicting information can make it very confusing for the general public to know what to trust. The British Fluoridation Society has released a bulletin that helps to address several misconceptions about the safety of water fluoridation, by discussing recently published articles. One of them, from Substack (<https://theunbiasedscipod.substack.com/p/fluorides-pr-nightmare>), clarifies the findings of the NTP report. I have quoted it below so we can better inform our patients, students, family members, and friends, when questioned about fluoride safety:

“This study does not provide evidence against current community water fluoridation practices. The NTP’s findings are limited to fluoride exposures more than double ( $\geq 1.5\text{mg/L}$ ) the CDC-recommended level for community water fluoridation ( $0.7\text{mg/L}$ ).”

“None of the IQ studies were conducted in the US, but in areas with naturally high fluoride levels (limiting their generalisability).”

“The American Dental Association (ADA) criticises the study’s methodology and maintains support for water fluoridation.”

## Some more fluoride facts:

- “Fluoride is not an industrial waste product. It’s a natural substance” (Prof. Oliver Jones, a Professor of Chemistry at RMIT University);
- contrary to Kennedy’s claims, studies have found no evidence linking fluoride in regular drinking water to conditions such as osteoporosis, bone fractures or cancer;
- in places where water fluoridation was stopped, such as Calgary in Canada, and Israel, levels of dental caries increased – Calgary will reintroduce fluoride to drinking water in 2025;
- in Ireland, water fluoridation started in 1964 at  $0.8\text{--}1.0\text{ppm}$  fluoride and was later adjusted downward to a range of  $0.6\text{--}0.8\text{ppm}$ , with a target of  $0.7\text{ppm}$  – within the safe range according to international agencies and scientific evidence; and,
- water fluoridation is considered an affordable approach to preventing caries and reducing socio-economic inequalities in oral health – it is considered one of the greatest successes in public health in the 20th century.

With all of this in mind, I invite you to read the first article in a series of clinical features on prevention and minimally invasive dentistry (page 293) by Dr Shane O’Dowling Keane and Prof. Mairéad Harding, where they further discuss fluoride and its importance in public health.

## It takes a village

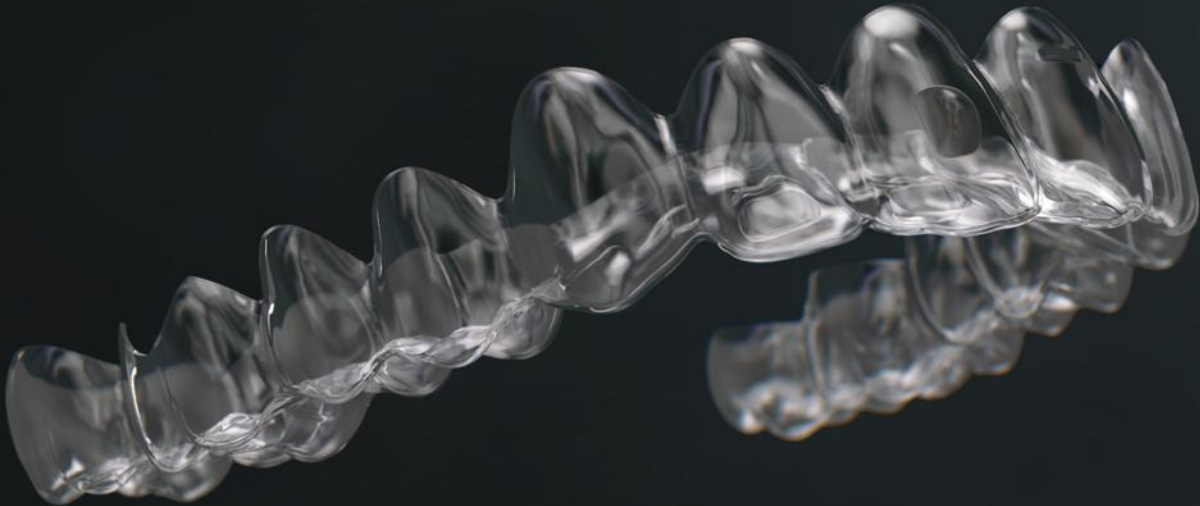
Delivering high-quality publications to the readers of the *JIDA* truly takes a village, with every member contributing to the collective effort – whether through research, peer review, editing, or dissemination. We extend our heartfelt gratitude to all the 2024 reviewers who generously dedicated their time and expertise to support the *Journal*. Your invaluable contributions in reviewing our scientific papers have helped to uphold the quality, rigour, and relevance of our publication. Thank you for being an essential part of the *JIDA*’s mission this year!

## Thanks to our *JIDA* reviewers in 2024:

Amelia Conlon Batey	Darshini Ramasubbu	Graham Quilligan	Leo Stassen	Patrick Quinn
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Dr Rory Boyd  
IDA President

## The core values of dentistry

The recent Colgate Caring Dentist and Dental Team Awards are a celebration of the best in Irish dentistry.

The Annual Colgate Caring Dentist and Dental Team Awards have become a highlight of our calendar in recent times, and this year's event, which I was delighted to attend, was no exception.

Over 200 dentists and dental team members were nominated by their patients for these Awards, and many of these nominees gathered in Dublin's InterContinental Hotel to celebrate the best of Irish dentistry. The key to the success, and credibility, of the Awards lies in that nomination process – these are the only awards where patients nominate their dentists and dental teams for outstanding care and service.

Modern dentistry is increasingly complex, with numerous technological advances allowing us to offer better treatments to our patients. The business of dentistry is also changing, with more corporate practices, and a greater focus on elective and aesthetic treatments than ever before.

While we welcome positive developments and innovation in our profession, it can sometimes feel as though the role of the dentist as a core healthcare provider is overlooked. Meanwhile, every day, all around the country, dentists, both in private practice and within our public dental service, provide vital oral healthcare to their communities, demonstrating our primary role as healthcare professionals who work to prevent and treat oral disease.

As the nominees and winners on the night show, that care takes in the whole spectrum of society, from young patients with additional needs, to patients experiencing the shock of a dental trauma, and older patients anxious about the extent or cost of treatment needed. Our nominees and winners see the whole patient who comes into their surgeries, not just the mouth, and have been a vital source of support for patients at what are often very difficult times in their lives. The number of nominations, which increases every year, shows how much patients view their dentist as an important part of their healthcare, and deeply appreciate the level of care and consideration they receive from the whole team.

I congratulate all of the nominees, and especially this year's winners, for providing excellent, caring and compassionate dentistry, and also for reinforcing the role and value of the dentist and indeed the whole dental team.

### New year, new broom?

By the time you are reading this message, General Election 2024 will be a distant memory, and a new Government may well have been formed. This new Government will carve out the path with respect to the implementation of Smile agus Sláinte, and other badly needed reforms.

During the election coverage it was heartening to hear representatives of the main political parties consistently mention dentistry as an integral part of their

health policies. This has not been the case in the past, and is a vindication of the hard work of the IDA Executive, Officers, and volunteer members in constantly keeping our issues on the agenda in recent years. We hope that these statements will now translate into action.

Regardless of who is in Government, the IDA's aims and ambitions remain the same: to advocate for our members and our patients to the best of our ability to bring those reforms to fruition. Our hope is that we will see significant reform of the HSE dental service and the Dental Treatment Services Scheme (DTSS) so that the most vulnerable in our society will no longer be left on the sidelines when it comes to their dental care.

*Solving our workforce crisis in dentistry is another priority, so we will be continuing to lobby for increased funding of dental schools and other measures to increase the numbers of dentists and dental team members.*

We also hope to see long-awaited and badly-needed reform of dental legislation, in particular regarding compulsory CPD. Solving our workforce crisis in dentistry is another priority, so we will be continuing to lobby for increased funding of dental schools and other measures to increase the numbers of dentists and dental team members.

In recent times we have seen signs of movement on some of these issues, from Smile agus Sláinte implementation to dental legislation, which we welcome. However, we will not take anything for granted, and will continue our work in all of these areas.

From the point of view of the Association, one of our main aims in 2025 is to grow our membership. As the voice of dentistry in Ireland, a strong membership base gives us the strength and platform to speak with the loudest voice on the issues that concern us all. If you are not a member, I urge you to consider joining us as a New Year's resolution that you won't regret!

# YOUR IDA, YOUR FUTURE

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	CPD/education	All courses, CPD events discounted by up to 50% for IDA members including Annual Conference, hands-on courses, team training, HSE seminar, ADA Cerp Accredited. Many events exclusive to IDA members.	<b>UP TO 50% DISCOUNT</b>





# General Election 2024 manifesto promises

Whoever makes up the next Dáil, dentistry is definitely on the agenda.

Advocating for dentists can be a slow, difficult and frustrating process. Over the last number of years, and particularly in the course of the current Dáil, the Association has made significant progress in raising the profile of dentistry, as evidenced by the number of questions asked in the Dáil, but also in the three separate hearings where we were invited to present before the Oireachtas Health Committee. We know also that a 100-page implementation plan to roll out Smile Agus Sláinte is ready to be published as soon as the next Minister for Health takes office.

So we are in no doubt but that we will see significant progress in addressing a wide variety of issues that the Association has been highlighting. The recent General Election has also been an opportunity to measure the extent to which our messaging has made an impact, and we could see clearly in the manifestos published by the main political parties, but also in the replies to 10 questions submitted by the Association to those parties, that there is clearly a greater understanding of and familiarity with the challenges facing dentists right now. If we look at what the parties voluntarily declared as their priorities, we can see that the issues highlighted by the IDA have been heard.

### Key issues

As the table below shows, there is a clustering of issues around which the political parties have made promises to act. These include reform or replacement of the medical card scheme or, in the case of the Labour Party, to expand the PRSI dental scheme to cover medical card patients or, in the case of Sinn Féin, to introduce public-only contracts for private dentists to treat medical card patients. Either

way, the medical card scheme has been identified as an area of urgent reform. Likewise, the need for a new dental act has been identified by all parties. The shortage of dentists employed by the HSE and the wish to improve access to dental care for children have been identified by a number of parties. What is interesting is where parties highlight areas of action or priorities for the next Dáil, and it is instructive to see that Fine Gael specifically says that it will take steps to allow more dental specialties to be recognised. Likewise it is notable that there is no uniform adherence to implementation of Smile agus Sláinte and instead, in the case of Sinn Féin, a suggestion of revisiting the plan.

Separately, the 10 questions submitted by the Association elicited some notable replies. These can be viewed on our website, and while it might be easy to dismiss the responses, nonetheless it is apparent that there is now a prevailing wind behind our calls for urgent action to address issues of capacity in the system, concerns about the operating costs dentists incur in providing care, and also the need for legislation to introduce new safeguards for patients against illegal dentistry. Likewise, while many dentists may have given up on or have no interest in a new medical card scheme, we have to recognise the reality that political parties have identified the need to reform or replace the existing scheme.

Either way, it seems clear that with the next Dáil, the groundwork that has been laid by the Association should bear fruit.

The challenge for us all then will be to ensure that we advocate from a position of strength, and ensure that what is ultimately implemented is workable, meets the needs of dentists and patients, as well as the State, and that we can all look forward to the future with confidence.

Promise	Fine Gael	Fianna Fáil	Greens	Labour	Sinn Féin	Social Democrats
Reform medical card scheme	✓	✓				✓
More HSE dentists	✓			✓	✓	✓
Improve access to dental care for children				✓	✓	✓
Implement Smile agus Sláinte	✓					
New oral health policy				✓		
New Dental Act	✓		✓	✓	✓	✓
More dental school places	✓	✓				✓
Expand PRSI to cover medical card patients				✓		
Greater access to HSE orthodontics			✓			
Recognise more dental specialties	✓					
Public-only contracts to treat medical card patients					✓	
Direct access for dental hygienists					✓	
Multidisciplinary working group on primary care and public delivery of dental care					✓	

# Mouth matters: oral health and mental well-being

Periodontist Dr Tiernan O'Brien explains why accredited at-home recommendations are the cornerstone of holistic patient care.

Understanding the complex relationship between oral health and mental wellness is essential for all healthcare providers. Calling for a more holistic approach to patient care, psychiatrist Antoinette V. Shappell suggests that her profession "well understands the need to be aware of all of their patient's health issues, but sometimes oral health gets overlooked".<sup>1</sup>

While substantial evidence underscores the systemic connection between oral health and the rest of the body, research on the intrinsic link between mental well-being and oral health remains limited.

Dentistry is crucial in preventing oral disease and inflammation that can lead to other health issues. However, individuals with mental health conditions often avoid dental care due to fears of judgement or poor self-image. This can result in tooth loss, and speech and appearance issues, further lowering self-esteem. Additionally, chronic oral pain can have a significant impact on a patient's life. This creates a vicious cycle where poor oral health and mental health issues exacerbate each other.

Dr Tiernan O'Brien is a periodontist and principal at Suite G9, the Galway Clinic. He has extensive experience in treating diverse patients and understands the unique difficulties associated with managing oral health concerns in individuals facing mental health issues.

"It can be challenging to get the preventive message across, and patients can be slow to accept the importance of preventive care," he says. "For many, their oral health is not their priority and practising good oral hygiene often comes at the end of a long list of other concerns. Adopting a team-based approach – where dental providers collaborate with the patient's care team – can improve patient engagement. Emphasising the broader benefits of good oral health beyond disease prevention is essential for encouraging consistent, positive habits."

## Role of the dental team

Dental teams have an essential role to play in this. Tiernan explains: "Difficult though it is to comprehend, patients with mental health issues often become very friendly with their dentist and the dental team. The environment is intimate, close, and caring, and a well-trained dental team can positively influence a patient's mental health by supporting and encouraging them in all their endeavours – not



Dr Tiernan O'Brien.

just their oral health. I am regularly taken aback by the readiness of our patients to share their non-dental problems, and I think they appreciate the confidentiality of the environment. Often, they are in the chair for long appointments with plenty of time to get things off their chest – to the dentist, dental assistants and dental hygienists. In addition, there is a surge in positivity once a persistent dental issue or an unattractive aesthetic concern has been successfully resolved and put to rest. Emphasising to a patient how fantastic they look and how healthy their

*Achieving satisfactory oral health is impossible without good home care and oral habits. Practising good home care requires sharing knowledge, education and in-surgery guidance on techniques.*

mouth has become can boost their confidence, enhancing their overall sense of wellness. Again, positive reinforcement and a team approach to this are essential". He adds: "However, regular professional preventive care is, of course, important. The dental team may have to compensate for poor compliance with home care, so easy-to-use at-home oral hygiene products and aids are a massive help".

## Products that work

While recommendations are an everyday part of a dental practitioner's patient education, Tiernan emphasises that "it has to be based on products that work". "Achieving satisfactory oral health is impossible without good home care and oral habits. Practising good home care requires sharing knowledge, education and in-surgery guidance on techniques. This usually means demonstrating the necessary brushing skills to the patient and recommending the best products specific to them."

## Why patients need your expertise in choosing oral hygiene products:



- many products make unsupported claims, and protecting patients from these is essential;
- no single product is appropriate for all patients or every application;
- as individual circumstances and products evolve, so do the products that patients might require;
- dental treatments can change the techniques or products a patient should use;
- patients often have preferences for specific products, which must be evaluated to ensure that they are both effective and suitable;
- dental professionals possess greater knowledge about the products available and can better determine which ones are most appropriate for each patient;
- patients need clear instructions on how to use oral hygiene products, as many are not intuitive;
- oral hygiene products can be expensive, and money is often wasted on products that aren't suitable; and,
- with proper guidance on the right products, patients may gain trust and interest in their oral hygiene, leading to increased commitment to maintaining good oral health.

*Oral-B's IDA accreditation, along with other accredited products, says to the public that the product is well tested, of high quality, safe to use and proven to do what it says it will do, so consumers can buy it and use it confidently.*

Expert guidance is therefore invaluable, particularly regarding products that carry professional accreditations, such as those from the Irish Dental Association (IDA). So, how does Oral-B's recent IDA accreditation for its iO and Pro 3 toothbrushes contribute to consumer trust, and how does this influence the public to buy scientifically backed oral hygiene products?

Tiernan explains: "Irish consumers know that the IDA is the national association for dentists in Ireland, and that it exists to support its members' provision of quality oral health and dental care. As the national professional body, it is respected by the public, the profession, the Government, the universities, the trade, and the media. It is routinely consulted on dental issues of local and national importance, and is widely considered the standard bearer for Irish dentistry. Carrying IDA accreditation tells the consumer that the IDA has looked at this product, assessed the claims made by the manufacturer, checked that the science behind it is good, and is satisfied that the product is safe.

"IDA accreditation is not easily awarded, and the public trusts that the IDA will only grant this accreditation to products that meet the strict criteria of the IDA Board, as advised by the IDA Scientific Committee. Oral-B's IDA accreditation, along with other accredited products, says to the public that the product is well tested, of high quality, safe to use and proven to do what it says it will do, so consumers can buy it and use it confidently".

### Accreditation process

Once a company applies for accreditation from the IDA for a product, the product is assessed by the Scientific Committee, which comprises a chairman and two other members – "usually with a proven track record in reading scientific publications," Tiernan adds.

"Depending on the product, the information regarding the product safety, manufacturer's standards, and compliance with all obligatory criteria set down by the national authorities is requested from the company and reviewed by the committee," he explains. "Scientific publications in peer-reviewed journals are examined to assess any claims made to ensure that they are valid. Usually, correspondence between the Committee and the applicant addresses any questions the Committee may have. Once this is complete, the Scientific Committee advises the IDA Executive of its decision, and the IDA Board then votes on whether to accept the accreditation." Accreditations like those from the IDA are more than just stamps of approval; they signal a product's quality, safety and effectiveness. Guiding patients towards IDA-accredited options can help prevent oral health issues that might contribute to more significant health concerns. Personalised recommendations further ensure that consumers select the best tools for their specific needs. For instance, those prone to gum problems may benefit from a toothbrush like the Oral-B iO, which combines oscillating-rotating technology with micro-vibrations for a gentle yet thorough clean.

In a crowded marketplace, expert guidance and accredited products stand out, helping consumers to confidently navigate their choices. Recognising the connection between oral and mental health highlights the need for effective tools that genuinely benefit patients.

With trusted recommendations and certified products, consumers feel empowered, enhancing confidence and compliance in their at-home oral care routines.

### Reference

1. Shappell AV, Cartier PM. Understanding the mental-dental health connection said to be integral to patient care. *Psychiatric News*. 2023;58(7). Published online, June 27, 2023.





## Charting the way forward

Annual Conference 2025 – The Way Forward – will see us head back to the Marble City of Kilkenny from May 15-17 next.

A stellar line-up of local and international speakers will include Dr Mauro Frediani, Dr Andrew Chandrapal, Prof. Michael Lewis, Dr Aisling Donnelly, and Dr Dermot Canavan, to name but a few. For the first time ever, the IDA will include a dedicated lecture programme on Friday, May 16, on the topic of facial aesthetics, with leading experts such as Drs Sarah Kate Quinlivan, Dallas Walker, Edel Woods and Rikin Parekh. The theme of facial aesthetics proved very popular in 2024 so a practical hands-on demo will also take place on Thursday, May 15.

We are delighted to have Drs Aisling Donnelly and Richard Flynn (practices limited to endodontics) to give a full-day hands-on course on Thursday. A hands-on course on composites will be given by Dr Andrew Chandrapal – always a very popular teacher.

A big welcome back also to Dr Mauro Frediani, prosthodontist, who will give a lecture masterclass on Thursday and shorter lectures on Friday. Sleep apnoea is always a popular subject area and we are delighted to have leading expert Prof. Ama Johal to give a hands-on practical course on this topic.

The IDA also welcomes Dr Anne Spolarich from the US, who will give a practical full-day course on dealing with substance abuse patients/polypharmacy along with other lecture topics. Some of you will be familiar with US-based periodontist Dr Tim Donley, and Tim will give a hands-on implant maintenance course on Thursday too.

There definitely is something for everyone at Conference 2025!

Don't delay and book early. Some popular hands-on courses will fill up fast. Members will receive the full programme in the coming weeks, and it will also be available on our website.



Dr Tim Donley.



Dr Andrew Chandrapal.



## IADR in Belfast

The Irish Division of the International Association for Dental Research (IADR) held its Annual Scientific Meeting in Belfast on October 17 and 18. It was a very successful meeting, with good attendance from students, researchers and academics from Cork, Dublin and Belfast. The Seamus O'Hickey lecture, which was delivered this year by Prof. Chris Irwin, was sponsored by the Irish Dental Association. A number of prizes were also awarded:

Irish Division Postgraduate Research Prize – Dani McGeown (Cork)

IDA/RCSI Postgraduate Clinical Research Prize – Maeve Cooney (Dublin)

Irish Division Undergraduate Research Prize – Maria Hussain (Belfast)

Dental Health Foundation Research Prize – Harriet Byrne (Cork)

Postgraduate Poster Prize – Areen Ammari (Belfast)

Undergraduate Poster Prize – Mona Elshafie (Belfast)



Pictured at the recent IADR Irish Division Annual Scientific Meeting were (from left): Dr Mark Lappin; Dr Cristiane da Mata; Prof. Chris Irwin, who delivered the Seamus O'Hickey lecture; Dr Ikhlas El Karim; Dr Martina Hayes; and, Dr Lewis Winning.

## Webinars 2025

Webinars will continue monthly on a Wednesday evening, unless otherwise advertised, at 8.00pm for January/February 2025. The first webinar is due to take place on Wednesday, January 29. All webinars, except for those indicated, are available for members to view at any time on the members' section of [www.dentist.ie](http://www.dentist.ie).

## BLS courses for dental practices offering sedation

Full-day basic life support (BLS) and immediate life support (ILS) courses specifically designed for those who offer sedation will take place in February and March 2025 at the following venues:

### Dublin

February 21, 2025 – Dental BLS (Sedation) – Radisson Blu, Dublin Airport  
February 22, 2025 – ILS – Radisson Blu, Dublin Airport

### Limerick and Cork

March 28, 2025 – Dental BLS (Sedation) – Strand Hotel Limerick  
March 29, 2025 – ILS (Sedation) – Rochestown Park Hotel Cork

## Minesh Patel to give day-long digital photography course



The IDA is delighted to welcome back Dr Minesh Patel to Ireland with his renowned day-long F:ocus Photography course. The course will take place at the Hilton Hotel Charlemont on Friday, February 21.

Places are limited so early booking is advised. Go to [www.dentist.ie](http://www.dentist.ie) to book.

## Preparation for implants course for Sligo – Dr Tom Canning

Dr Tom Canning, practice limited to prosthodontics, will give a practical hands-on course on typodonts in the Raddison Hotel Sligo on Friday, January 31. This course is aimed at GDPs who wish to improve their crown and bridge technique, and gain further knowledge on material selection and preparation design.

To book, go to [www.dentist.ie](http://www.dentist.ie).

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## A digital helping hand



Digital assistance can enhance how you perform your dentistry, providing the accuracy, safety and efficiency needed to support your endodontic treatments, according to Coltene. The company states that its CanalPro Jeni endomotor features a patent-pending digital assistance system that monitors and controls the file movement in millisecond intervals. Coltene states that the CanalPro Jeni is able to automatically adapt to each individual root canal anatomy, and that its advanced simplicity can transform your endodontic workflow. Another benefit that Coltene points out is that the CanalPro Jeni also includes an integrated apex locator with an angled handpiece for the continuous and precise measurement of a tooth's working length during root canal preparation. After determining the required working length, Coltene states that the machine finds the desired preparation size of the file, increasing the efficiency of the process for a comfortable experience for patient and practitioner alike.

## Henry Schein expands its endodontic offerings



Henry Schein Ireland has announced the introduction of the FKG product portfolio in Ireland. FKG is a Swiss manufacturer of endodontic files and supplies, with a track record of more than 90 years. Henry Schein states that FKG products are designed with a focus on quality and innovation to provide great precision for successful clinical outcomes. By adding the FKG rotary systems and bioceramic sealers to its line-up, Henry Schein Ireland states that its aim is to provide a wider choice of endodontic products and help dental professionals to elevate patient care.

Vikki Goodall, Vice President and Managing Director of Henry Schein's dental business for the UK and Ireland said: "Advances in the field of endodontics are enabling more efficient and precise treatments. We are devoted to innovation and strive to offer a broad range of cutting-edge solutions that can help to significantly improve patient experience and optimised clinical outcomes".

Paolo Zanetti, Vice President and General Manager, Endodontics, at Henry Schein said: "The incorporation of this high-end endodontic brand into our portfolio marks a significant milestone in advancing our offerings within the endodontic field.

This addition further strengthens our commitment to providing dental professionals with advanced tools and resources that meet the evolving needs of endodontic procedures".

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## Noel Kavanagh appointed Deputy Dental Director at Dental Protection



Dental Protection has announced the appointment of Noel Kavanagh as a Deputy Dental Director. He also continues in his role as a Dentolegal Consultant. According to the company, Noel has a long history with Dental Protection, having held a variety of senior roles focussed on educating and supporting dental professionals in mitigating risk, and engaging with members across the country as part of the support framework Dental Protection has long provided to members in Ireland. Noel graduated from Dublin Dental University Hospital in 1995 and subsequently worked as an associate and principal dentist in the UK, before returning to Ireland in 2000. He was a partner in a general dental practice in Kilkenny City for 19 years with a clinical interest in minimally invasive and adhesive dentistry. He is an international dental speaker and published author on various risk prevention topics. He is also a member of the IDA, Fellow of the International College of Dentists, Fellow of the Pierre Fauchard Academy, Associate Fellow of the College of General Dentistry, member of the Medico-Legal Society of Ireland, and is on the Board of Trustees of the Practitioner Health Matters Programme.

Raj Rattan, Dental Director at Dental Protection, said: "I am delighted that Noel has accepted this role at Dental Protection. It reflects his outstanding contributions to dental education at Dental Protection, as well as his unwavering commitment to supporting members in Ireland".



# The very best of dentistry

This year's Colgate Caring Dentist and Dental Team Awards once again showcased the very best in Irish dentistry.



*MC Anton Savage welcomes a packed ballroom of guests to this year's Awards.*

The Irish dental community came together at Dublin's InterContinental Hotel on November 23 to celebrate the core values of dentistry at the Colgate Caring Dentist and Dental Team Awards 2024.

Anton Savage returned as MC for the event, and IDA President Dr Rory Boyd was on hand to congratulate the nominees and winners, over 130 of whom were present for the celebration. Sponsors Colgate were represented by Stephanie

Gribben, Oral Care Consultant, Rukiya Ibrahim, Marketing Director, Toothpaste and Professional Oral Care – Northern Europe, James Howlett, Customer Development Director, and Mafla Mugdal, Country Manager – Ireland.

Winners and nominees can be justly proud of the esteem in which they are held by their patients; as the citations show, Irish dentists go above and beyond every day to provide the very best oral healthcare to their patients.



*IDA President Dr Rory Boyd.*



*Dr David Murnaghan and Dr Thomas Quilter.*



*Rukiya Ibrahim, Colgate.*

## Colgate Caring Dentist of the Year

### Overall winner

#### Dr Thomas Quilter

According to his patient, and nominator for the Award: "For many years, my dentist Dr Tom Quilter has provided me with excellent dental care. Last year he diagnosed osteonecrosis of my jaw caused by the Zometa infusions that are part of my cancer treatment. Although my medical team did not agree with the diagnosis, Tom persisted and ensured that I consulted a maxillofacial surgeon who successfully operated on my jaw".

Further investigation of this nomination revealed that the woman's oncology team felt that she had not been on Zometa long enough to develop osteonecrosis. However, Tom was right. He persisted and ensured that the patient got the treatment she needed as soon as possible. For his determined care of his patient, and for very ably demonstrating that the dentist is the primary provider of oral healthcare, Dr Tom Quilter is the 2024 Colgate Caring Dentist of the Year.



*Dr Thomas Quilter is announced as overall winner for 2024.*



*Dublin winner Dr Greg Creavin shares his story with MC Anton Savage.*



*Dr Sarah Rymer accepts her award.*



*From left: Dr Thomas Twomey; Dr Barry Harrington Award winner Dr Amanda Twomey; and, Veronica Twomey.*



*From left: Rory Morrin; Joe Morrin; Connacht/Ulster winner Dr Miriam Grady; and, David Morrin.*



## Dublin



### Dr Greg Creavin

In June of last year, while on a family holiday, a 10-year-old girl slipped on a water slide, causing a front tooth to be violently driven up into the gum – and stuck. On her return home, the girl saw Dr Greg Creavin, who made the girl feel safe and cared for. He carried out two root canal treatments and applied composites, which allowed the girl to return to school with confidence. In March of this year at a check-up, Dr Creavin noticed movement in the tooth, so he recommended seeing an orthodontist. Following treatment, the tooth has now almost fully descended. The girl's father wrote in the nomination: "We cannot express enough gratitude for Dr Greg Creavin's exceptional care, keen expertise, and heartfelt compassion. He went way beyond the call of duty".

## Leinster



### Dr Marcela Torres Leavy

Boys will be boys. A group of sixth years were messing around in school one lunchtime and in a long story involving a dead crow and a fork, a shout and a fateful turn, one boy lost his four front teeth. This boy had been born with a cleft palate, and had only recently finished his treatment with braces. To add to the trauma, the boy's father had passed away only a few months previously. His mother collected him and brought him to Dr Marcela Torres Leavy at Kinnegad Dental. As the patient put it: "My Mam had enough stress on her plate. Marcela took me as her special project and treated me like a golden boy. I can honestly say that no matter how many people I have met, been seen by, treated by, she is by far the most hardworking, genuine and deserving person of this award".



Dental Team of the Year winner Dr Patrick O'Beirne and Ciara O'Beirne.



From left: Iris Barrios-Aherne; Leinster winner Dr Marcela Torres Leavy; and, Valerie Doogan.



From left: IDA President Dr Rory Boyd; Rukiya Ibrahim, Colgate; overall winner Dr Thomas Quilter; and, MC Anton Savage.



From left: IDA President Dr Rory Boyd; Dr Rose-Marie Daly; and, Rukiya Ibrahim of Colgate.



## Munster



### Dr Sarah Rymer

A woman in her 60s living in Nenagh, Co. Tipperary, developed serious pain in a wisdom tooth. Her only experience of dentistry to that point had been as a child in the UK at the hands of a dentist nicknamed "The Butcher" Brown. A friend brought her in a terrified state to Dr Sarah Rymer, whom the patient described as being "simply

amazing". She was expecting the "horrors of her youth" but after a little pressure the tooth was extracted and by the following day, the patient didn't need pain relief. This started a relationship that resulted in the patient's husband attending a dentist for the first time in 40 years, receiving upper dentures, treatment for his lower teeth and "it changed his confidence completely".

## Connacht/Ulster



### Dr Miriam Grady

In Mayo, a man described by his wife as a young 72, was diagnosed with Creutzfeldt-Jakob Disease (CJD). As he had recently had dental treatment, his wife contacted his dentist, Dr Miriam Grady, to ask if she had noticed any mental decline during his treatment. While the answer was no, the contact started a friendship that went well

beyond dentistry. Dr Grady had the family to lunch on several occasions and arranged a visit to Knock for a healing mass for the patient, whose name was Tommy. Sadly, Tommy passed away in September of 2023 and his widow says: "Our family will always be grateful to Miriam for the extraordinary care and kindness she showed to Tommy and to us in the most difficult time of our lives".

## Congratulations to all!

Here are the nominated dentists and dental teams who attended this year's gala occasion.

### Dental teams

Azure Dental and Aesthetics Clinic  
Bailis Dental  
Ballinrobe Dental  
Beechview Dental  
Beechwood Dental  
Blue Poppy Dentistry & Orthodontics  
Boyne Dental & Implant Clinic  
Dunshaughlin  
Boyne Dental & Implant Clinic  
Maynooth  
Boyne Dental & Implant Clinic Navan  
Bridge Street Dental  
Cabra Dental  
Carlow Dental Centre  
Catherine Barry Dental  
College Gate Dental  
Dame Street Dental  
Delahunt & Foley Dental Clinic  
Dental Care Ireland Castlebar  
Dental Care Ireland Claregalway  
Expressions Dental and Cosmetic Clinic  
Family Health Care Centre  
Kinnegad Dental  
Kiwi Dental  
Lion Medical Dental & Health Clinic  
Meares Dental Surgery  
Navan Dental  
Navan Orthodontics  
Northern Cross Dental  
O'Connor Moore Dental Practice  
Orantown Dental  
Pearl Dental Tullamore  
Pembroke Dental Ballsbridge

Portobello Dental Clinic  
Priory Dentist  
Rogers Dental  
Rose-Marie Daly Dentistry for Children  
Rothwell Dental  
Seaport Dental  
Smile Hub Dental Clinic  
Smile Savers  
St John's Dental Practice  
St Peter's Square Dental Surgery  
Stepaside Dental  
The Shackleton Clinic  
Unique Dental  
Woodstown Dental Centre

### Dentists

Dr Saad Ahsan  
Dr Mohammed Alsewadi  
Dr Raluca Mariana Arhip  
Dr Catherine Barry  
Dr Rachel Birt  
Dr Emma Blake  
Dr Sarah Bradley  
Dr David Buchanan  
Dr Aideen Buckley  
Dr Jamshaid Butt  
Dr Maria Byrne  
Dr Peter Casey  
Dr Chiung-Ying Chang  
Dr Orla Clarke  
Dr Ruth Clarke  
Dr Noelle Cobbe  
Dr Michelle Conlon  
Dr Alex Creavin

Dr Greg Creavin  
Dr Rose-Marie Daly  
Dr Gavin Deasy  
Dr Eimear Dennehy  
Dr Roxana Irina Dobos  
Dr Lisa Doyle  
Dr Julia Durka  
Dr Olimpia Dziendziela  
Dr Sarah Enright  
Dr Laura Fee  
Dr Tara Finucane  
Dr Sarah Flannery  
Dr Anna Foley  
Dr John Foley  
Dr Pedram Forghani  
Dr Claire Garvan  
Dr Caoimhe Gibbons  
Dr Dimitrios Gkoris  
Dr Rachel Goggins  
Dr Miriam Grady  
Dr Tristan Hartung  
Dr Emily Hayes  
Dr Elaine Hogan  
Dr Livia Hoy Miranda  
Dr Shama Hussin  
Dr Jeannine Jackson  
Dr Madonna Kamel  
Dr Beatriz Lara  
Dr Manuela Lebarbenchon  
Dr Aodh Mac Gráinne  
Dr Ardghal MacMahon  
Dr Hamza Malik  
Dr Maeibh McNamara  
Dr Anna Mikhalova

Dr Bruna Mirahy  
Dr Aashish Mishra  
Dr Musfiruddin Mohammed  
Dr David Murnaghan  
Dr Caroline Murphy  
Dr Niall Neeson  
Dr Patrick O'Beirne  
Dr Áine O'Herlihy  
Dr Claire O'Sullivan  
Dr Ioana Pavelean  
Dr Ricardo Pezzini  
Dr Ihor Pyasetsky  
Dr Thomas Quilter  
Dr Brendan Quinn  
Dr Sonya Reilly  
Dr Caroline Robins  
Dr Fiona Rogers  
Dr Emmet Ryan  
Dr Sarah Rymer  
Dr Will Rymer  
Dr Krisztian Sallai  
Dr Christine Smith  
Dr Alla Snicere  
Dr Stephen Taylor  
Dr Elizabeth Thomas Rajni  
Dr Marcela Torres Leavy  
Dr Amanda Twomey  
Dr Vennisa Umeh  
Dr Maria Cristina Varela  
Dr Bruno Viana Reis  
Dr Peter Williams  
Dr Anastasiia Yermilova

For a photo gallery of everyone who attended, please go to: <https://www.dentist.ie/home/colgate-caring-dentist-awards-2024-photo-gallery.8685.html>

## The Dr Barry Harrington Award



The Dr Barry Harrington Award is given to the Colgate Young Dentist of the Year.

### Dr Amanda Twomey

A three-year-old boy playing outside in his garden had a fall. His hands hit a path, but his head hit a step. The child became hysterical, there was blood everywhere, and his mother was frantic. At the fifth try for a

dental practice that was open, she got through to Boyne Dental who told her to come in immediately. While Dr Amanda Twomey was examining the child, in addition to the two displaced front teeth, she spotted that something else was wrong. She made a call and the team in Crumlin Children's Hospital was waiting for him with all his paperwork sent by Dr Amanda before he arrived. It turned out that in addition to needing to have his two front teeth taken out, his jaw was dislocated. He was treated by the maxillofacial surgery team and released after two days. His mother nominated Amanda for the Award and says: "They will never understand my gratitude and relief for taking my call and seeing my little boy. We didn't know them beforehand and we got huge compassion".

## Treatment of a Child Award



### Dr Rose-Marie Daly

A mother had tried several approaches to getting treatment for her son who is dyslexic, dyspraxic, and has ADHD and sensory issues. She said that her son had "...extensive issues with his teeth and such was his fear, we couldn't get any dentist to treat him". However, a referral to Dr Rose-Marie Daly transformed the situation.

According to his mother, who nominated Rose-Marie: "Dr Daly right from the start had such empathy for him and honestly showed us how different a visit to the dentist can be when you visit the right one for your child. My son has required extensive dental work over the years under Dr Daly's care, including surgery initially, and has since had several teeth removed. He now has braces and when he has to get his braces checked, he is able to go in by himself and is calm and relaxed".

## Colgate Caring Dental Team of the Year

### Ballinrobe Dental

A long-term patient of Ballinrobe Dental nominated the team there for this Award for their "always outstanding" level of care. In her submission, she wrote: "Their ... professionalism exceeds that of any practice I have visited over the years..." She added: "Patrick is blessed to have such a wonderful team, and they a wonderful dentist". Dr Patrick O'Beirne's team, which their nominator described as "phenomenal" includes Nora, Lucia and Aisling and, together with Patrick, they are the Colgate Caring Dental Team of the Year for 2024.



Dr Patrick O'Beirne of Ballinrobe Dental, Dental Team of the Year Award winners.

## Distinguished panel



Dr Seton Menton.



Dr Siobhan Doherty.



Dr Clodagh McAllister.



Dr Tom Feeney.

Our distinguished panel of judges once again had the difficult task of choosing the worthy winners, and we thank them for all their hard work: Dr Seton Menton, former general dental practitioner and former tutor with the Dublin Dental University Hospital; Dr Siobhan Doherty, Principal Dental Surgeon, Dublin South West, Kildare, West Wicklow; Dr Clodagh McAllister, former President of the IDA and previous Award winner; and, Dr Tom Feeney, former President of the IDA.

# Learning on the Shannon

The IDA HSE Dental Surgeons Group Annual Seminar took place in October on the banks of the Shannon in Athlone.

This year's HSE Group Annual Seminar featured an outstanding line-up of speakers and workshops covering a wide range of clinical and practice management topics.

## Fairy tale of dentistry

After a welcome from Group President Dr Maura Cuffe on Thursday morning, Dr Grace Kelly addressed the topic of dental anxiety management. Grace's presentation aimed to improve dentists' confidence in the use of behavioural support, with tips on how to recognise and assess anxious patients, development of an appropriate treatment plan, and techniques to ease anxiety, both in the surgery and for patients to use at home to prepare for their appointment.

Prof. Siobhan Barry was up next with a two-part presentation on paediatric dental trauma in both the primary and permanent dentitions. Siobhan took the unique approach of using popular fairytales to make very practical points, with plenty of detailed case studies to illustrate the issues and recommended treatment options (as well as when not to treat). She also discussed safeguarding issues, urging colleagues to raise any concerns they might have regarding dental or other neglect, or abuse.

Dr Kate Farrell addressed the topic of infection, particularly in paediatric patients. She discussed the presentation of infection in a paediatric population, which can be very different to adult populations.

She outlined how to carry out an infection work-up, and appropriate treatment approaches, recommending both the Paediatric Early Warning Scale (PEWS), and the Clinibee app as sources of further information and advice.

## Building strength

After lunch, there was a change of emphasis, as Dr Noel Kavanagh took on the sometimes fraught topic of avoiding complaints. He stated that 80% of the dentolegal cases Dental Protection deals with originate in poor communication, and used the acronym CLEAR (Connect, Listen, Empathise, Ask, Review and check) as a model to prevent and manage complaints.

Dr Shane Higgins then took the conference back to the clinical, with a presentation on anterior open bite malocclusion. Shane used a range of case studies to demonstrate the various aetiologies of this condition, and its management, including assessment, arch alignment, orthodontics and, where appropriate, the combination of orthodontics and orthognathic surgery. He said that aetiology often dictates treatment and determines prognosis, and recommended [www.yourjawsurgery.com](http://www.yourjawsurgery.com) as a resource for patients.

Thursday's session ended with a short presentation from Dr Maura Cuffe on the IDA's work on behalf of dentists in the public service, from collective representation on pay and staffing, to representing members on an individual basis. She emphasised the importance of IDA membership, saying that "together we're stronger", and that unity is vital to achieve a better public dental service for all.



*HSE Group President Dr Maura Cuffe (left) receives the Chain of Office from her predecessor Dr Siobhan Doherty.*

## Practical applications

Dr Edward Cotter began proceedings on Friday morning with an interactive presentation on Maryland bridges, which he said are an extremely versatile tool, and a great ally for dentists. Maryland bridges can act as either interim or definitive restorations, and Edward used case studies (and audience participation) to illustrate their many possible applications, as well as offering helpful guidance on how to ensure success.

Dr Catherine McKinley followed with a fascinating presentation on the tongue. Catherine discussed restricted oral frenulae (ROT; sometimes referred to as tongue tie). She spoke of the importance of an empathetic multidisciplinary approach to determine whether intervention is needed. She also discussed functional assessment and treatment of older patients. Catherine's take home message was: think of the role of the tongue, don't leap to frenectomy as a treatment, and focus on collaborative care.

Dr Hugh Byrne took delegates through optimising adhesive principles of the biomimetic approach. He said that the goal should always be to restore the tooth in a way that has regard for the natural tooth and natural tooth function, and does not make things worse (restoration failure, he said, is preferable to tooth failure). He looked at the science and evidence behind restorative principles, and outlined his approach.

The final speaker on Friday was Dr Brian McClean, who took things from the clinical to the personal with a talk on building resilience. He outlined breathing techniques that activate the parasympathetic nervous system, helping us to rest and recharge, and described two ways to become more resilient: learning to name what we are feeling in order to start to address it; and, using mindfulness to focus our attention and take the time to stop.

On Friday afternoon, delegates had the opportunity to attend three clinical workshops. Dr Andrew Bolas presented on hints and tips to get the most out of film holders, Dr Isabel Olegário focused on restorative materials in paediatric dentistry, and Drs Catherine Gallagher and Caroline McCarthy covered medical emergencies.



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# Celebrating 20 years of the National Dental Nurse Training Programme

Since 2004, the National Dental Nurse Training Programme of Ireland has delivered a high quality of education and support to dental nurses all over Ireland.



*Tutors CUDSH tutors (from left): Mary Harrington; Pamela Binks; and, Siobhán Shakeshaft.*



*DDUH tutors Karen Dinneen and Seán Phelan.*

The National Dental Nurse Training Programme of Ireland (NDNTP) was established jointly in 2004 by Cork University Dental School and Hospital (CUDSH) and the Dublin Dental University Hospital (DDUH) to create a standardised dental nurse training programme to support the delivery of oral care in dental practices throughout Ireland.

This year, in 2024, we are celebrating the 20th anniversary of the programme, as well as the special relationship between the two host universities that deliver it – Trinity College Dublin (TCD) and University College Cork (UCC).

## Practical approach

Prior to 2004, the Dental Schools in UCC and TCD, along with stakeholders, collaborated to address the increased demand for qualified dental nurses in the general dental community.

A committee was then formed and the NDNTP was established. This joint initiative

between CUDSH and DDUH was unique and sought to create a programme that promoted positive inter-university collaboration and communication. The NDNTP is specifically designed for trainee dental nurses already working in dental practices in Ireland. It combines real-world clinical work experience supported by the employing dental practitioner with the theoretical component delivered by both universities. The support of general dental practitioners has been a key element to the success of the programme. It provides the student with the opportunity and the flexibility to develop their practical skills alongside formal training, to gain a university Diploma in Dental Nursing, which is approved by the Dental Council of Ireland.

## Pioneering technology

The NDNTP was an early pioneer and adopter of remote learning, which was developed by both dental schools to use what was then novel video conferencing technology to support distance learning and accessibility to dental nursing education and training. This vision enabled educational opportunities for students for whom participation in a full-time programme would be difficult.

Originally, the classroom-based weekly lectures took place in either the CUDSH or the DDUH. These lectures were then live streamed via video conferencing to venues in colleges around Ireland, such as the University of Limerick and what were then the Institutes of Technology in Galway, Carlow, Tralee, and Waterford. With the support of evening course co-ordinators and IT technicians in each centre, the lectures were successfully delivered to student dental nurses who

Karen Dinneen, Seán Phelan, Mary Harrington,  
Pamela Binks, Siobhán Shakeshaft  
Dental Nurse Tutors, DDUH and CUDSH

attended the centres in person. Over the years, the online technology utilised by the Programme has evolved, from the initial use of video conferencing to the modern use of online platforms such as Panopto, Zoom and Microsoft Teams, which are used in the NDNTP today. This has allowed for additional access for students in geographically remote areas of Ireland to attend the live online evening lectures from their homes.

### Collaboration

In addition to the completion of clinical portfolios, and attending online lectures and tutorials, students also continue to attend the dental hospitals for practical training and examinations during their course. Ultimately, the success of the programme is based on inter-college collaboration, support from the practitioner, and the dedication and commitment of both staff and students. This programme is accredited by the Dental Council of Ireland and the quality is assured by experienced external examiners. One of the key benefits of the collaboration between CUDSH and DDUH is that NDNTP students have the benefit of expert lecturers from various dental specialties in both institutions. This resource-sharing and various pedagogical approaches from both schools has benefited the Programme, ensuring that students receive a diverse and comprehensive teaching and learning experience in all disciplines of dentistry.

### Looking to the future

As a result of the programme, approximately 1,800 dental nurses to date have graduated with a qualification. They continue to be an integral part of the dental team. The NDNTP continues to evolve, as feedback from students, practitioners and external examiners has ensured that the student learning experience is continually reviewed and enhanced. We look forward to continuing to harness the advantages offered by new and emerging technology, training the dental nurses of the future to support the practice of safe and effective dentistry and the delivery of oral healthcare to the people of Ireland.

### More information about the NDNTP is available at

- Cork University Dental School & Hospital – <https://www.ucc.ie/en/dipdentnurs/>; and,
- Dublin Dental University Hospital – <https://dentalhospital.ie/education/undergraduate-programmes/dental-nursing/national-dental-nurse-training-programme-of-ireland>.



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Steven Lynch, formerly of MedAccount Services, is changing career and will lead a new dental group known as Total Dental Ireland.



# Total Dental Ireland enters the market

Backed by private equity firm Lonsdale Capital Partners, Total Dental Ireland will purchase and actively partner with practices that are known to be trusted dental providers in their local communities and where there is an established history of continuity of care to patients. Lonsdale Partners has certainly backed the right person given Steven's in-depth knowledge of the sector.

Steven said he didn't have to think too long about the opportunity when it presented itself: "In a nutshell I want to offer dentists a chance to deliver world-class treatments in an environment that they are familiar with, whilst removing the day to day 'toothaches' of running the business".

He believes there are plenty of fantastic practices in Ireland which can benefit in becoming part of Total Dental Ireland: "Lonsdale are a great fit for me too. Firstly, the founders are Irish and the investors that Lonsdale has secured for Total Dental Ireland are predominantly Irish, which ultimately makes for an Irish success story. Secondly, Lonsdale has already invested a lot of capital in an independent dental group in the UK called Todays Dental, which is rapidly growing (30+ practices), so I can learn from their experiences and that of the Todays Dental management team. They have an excellent crew on board and I look forward to sharing the knowledge base".

## Total Dental Ireland's offering

Steven is a familiar face to dentists and he knows exactly how the Irish dental market operates and more importantly, how dentists in Ireland operate: "Having more than 18 years' experience in preparing dental accounts with MedAccount Services certainly will help, but I would like to think that many of my former clients would not only see me as a trusted advisor but as a friend. I have shared many a cup of tea (and pints) and tears along the road with clients, and have a reputation for being an empathetic straight shooter! I don't see why this new venture will be any different".

He is also well versed in the process of buying and selling practices: "I've also sold countless practices to new owners over the years and have learnt from other buyers' mistakes and am hoping that these learnings serve me well".

Steven's experience in the sector will also stand to him in terms of knowing what works and what doesn't, he explained: "I definitely know that layers of management do not work well here and that local support teams like to take ownership of the practices they work in and see it succeed. My goal is to help each practice reach its potential and to ensure that our partner practices are given the autonomy and the tools to achieve this".

Total Dental Ireland has recently purchased its first practice in Ireland, and Steven said it is a fantastic choice: "We recently purchased our first practice in Sligo, OCM Dental, and the team there are fantastic. The principals Steve Moore & Paddy O'Connor invested a lot of time, energy and money into implementing a great system for how the practice runs. I have known this practice for 15 years and have seen it evolve during that time into a very successful well-run practice". According to Dr Patrick O'Connor, Principal of OCM: "Handing over the reins of a third-generation practice was a significant



If you are thinking of selling your dental practice or are wanting to join one of Total Dental Ireland's practices, please contact Steven in confidence on 086 0681242 or at [steven@totaldentalireland.ie](mailto:steven@totaldentalireland.ie).

decision for me personally, which was made a lot easier by knowing that we could trust Steven and Total Dental Ireland to be a safe pair of hands for the continued care of our loyal patient base. In a short space of time we can already see the benefits, as Steven is working really well with our staff and they want to make this a great success for everybody".

## The process of selling

Once an owner has made up their mind to sell, it's a matter of finding the right successor to take over. To date that traditionally has been one dentist selling to another dentist, but Total Dental Ireland is finding that the demand for individual dentists to acquire practices is lessening as people realise that the burden of owning and operating a practice is at times too great, and Steven explained:

"This is where selling to a corporate like Total Dental Ireland can be advantageous. We don't envisage a massive rebranding of our partner practices, which owners can be nervous about, but we assist by taking the burden of ownership away from the clinician. Not only does this present the opportunity for the owner to realise value for all their work, it also frees up the clinicians' time to concentrate on doing what they do best and what they are trained to do, i.e., treat patients".

## What's involved

Once terms are agreed the process of the due diligence begins. Being an accountant with industry experience Steven can perform the financial due diligence (FDD) for a practice very quickly, and he said: "I often find that it sometimes suits vendors for me to conduct the FDD in the practice at weekends, which means we can have access to historical data on site and discuss any matters or findings on the day rather than having to exchange countless emails asking questions, etc.".

In tandem with the FDD, the legal due diligence process takes place. This typically covers planning permission, fire certification compliance, employment, HIQA compliance, and health and safety matters. Total Dental Ireland will also engage a property surveyor and conduct an equipment survey before completion to ensure all is in order. Steven is pleased to announce Total Dental Ireland currently has a number of other practices in exclusivity, which when completed will give the company a great platform to deliver quality dental care that patients can trust.

# THE YEAR IN REVIEW 2024

## Advocacy, education, and engagement

Dear colleagues,

As 2024 draws to a close, I am delighted to reflect on a year of growth, collaboration, and achievement for the Irish Dental Association. Together, we have navigated a dynamic landscape in dentistry, ensuring that the profession continues to flourish and that patients across Ireland receive the highest standard of care. This year, we prioritised advocacy, education, and political engagement, and I am proud of what we have accomplished.

### 1. Advocacy and representation

Our ongoing dialogue with policymakers has resulted in meaningful progress on key issues, including oral health policy reforms, workforce challenges, the Dental Treatment Benefit Scheme (DTBS) fees review, and the reform of the Dental Treatment Services Scheme (DTSS). We also strengthened our voice on public health matters, advocating for the importance of preventive care and equitable access to dental services nationwide. The many manifesto promises in the recent general election show that we are being heard; we need to work even harder next year to see those promises made real.

### 2. Professional development

Education has always been at the heart of the IDA, and 2024 was no exception. Through conferences, workshops, and webinars, we provided thousands of members with opportunities to advance their skills and stay at the cutting edge of the profession. Highlights included our Annual Conference in Killarney, which brought together leading experts and showcased the innovative work of Irish dentists.

### 3. Supporting our members

We worked hard to ensure that our members feel supported, whether through HR advice, practice management resources, or peer networking. This year, we launched new tools to assist with compliance and HR best practice, starting in dentistry, handling complaints, and promoting mental well-being within the profession.

### 4. Celebrating excellence

The Colgate Caring Dentist Awards highlighted the outstanding contributions of our members to dentistry and to their communities. Congratulations to all who were honoured this year – you are an inspiration to us all.

As we look to 2025, I am excited about the opportunities that lie ahead. From advancing our oral health strategy to further enhancing member services, the IDA remains committed to serving as a strong and effective advocate for you and the future of dentistry in Ireland.

We are delighted to be able to offer you our biggest ever CPD programme for 2025, exclusive to IDA members.

We have increased the many financial benefits of IDA membership and have renewed our agreement with Dental Protection, which provides huge savings in indemnity costs for IDA members. That's in addition to a similar discount available exclusively to IDA members from Medisec.

You have spoken and we have listened, so we are exploring new ways in which we can assist and advise practice owners, associates, specialists and public service dentists in 2025. Stay tuned for more.

We are also getting ready to deal with a new Government after dentistry featured strongly in all the election manifestos. Now, more than ever, you need a strong representative body ready to represent and support members in all branches of the profession.

Our achievements in advocating for dentists on issues such as preserving self-employment status for associates, steering Revenue away from imposing massive VAT bills on practice owners, securing work permit reforms, and ensuring that our public service members receive their full pay and pensions benefits, means that we can look to the future with a strong track record.

I want to thank you – our members – for your dedication to the profession and to the Association. It is your passion and commitment that drive us forward. Together, we are shaping a brighter future for Irish dentistry.

Wishing you a joyful holiday season and a prosperous New Year.



Dr Rory Boyd  
IDA President



## CPD/EVENTS

53

events

12

webinars

21

hands-on  
courses

over 1,800

event  
attendees

nearly 1,000

Colgate  
nominations

This year we launched a new CPD calendar, bringing together all IDA events and courses in one handy pull-out.



### Annual Conference 2024

There was a fantastic turnout and a great atmosphere at this year's IDA Annual Conference in Killarney, where dentists and dental team members came together for three days of educational and social connection. This year, the Conference was a joint event, and the organising committee was delighted to welcome delegates from the American Academy of Fixed Prosthodontics (AAFP) to Kerry for parallel sessions on Friday and Saturday. The Conference also featured the usual high standard of IDA Conference courses, as well as programmes for dental nurses and hygiene



## SOCIAL MEDIA

2,942

Instagram  
followers



7,379

X  
followers



5,600

Facebook  
followers



2,174

LinkedIn  
followers



75

emails and  
fliers

23

e-newsletters

56,000

visitors to the  
IDA website

1,500

visits to the IDA  
website  
members' section



### IDA on Instagram

The IDA's Instagram account is gaining traction, with reach up 240% in 2024 and content interactions up 100%. Don't forget to follow us for all the latest news and events!





# THE YEAR IN REVIEW 2024

## MEMBERSHIP

### New benefits in 2024

**112**  
new  
members

**42**  
rejoiners

**93%**  
member  
retention  
rate

**33%**  
Dental Update  
discount

**10%**  
Medisec  
discount

**New discounts**  
for Three  
mobile

**15%**  
Press Up  
Group discount

### New deals mean huge indemnity savings for IDA members

In 2024, the IDA concluded agreements with Dental Protection (MPS) and Medisec, which means that our members will save thousands on their indemnity costs.

The agreement with Dental Protection means that all IDA members are entitled to a discount of 11.5% in their dental indemnity costs, and also means that all MPS members can use our Dental Complaints Resolution Service free of charge as an exclusive benefit of their MPS membership. As a result of our agreement with new dental indemnity provider Medisec, IDA members will save 10% on their indemnity protection with Medisec.



IDA experts advised members on starting in dentistry and dental finance at an event in September (from left): PJ O'Brien, OBP Consultants; Dr Tom Feeney; Dr Morgan O'Gara; Billy Sweetman, PwC; and, Roisín Farrelly, IDA Director of Communications and Advocacy.

### Employee Handbook

Our new bespoke Employee Handbook for dental practices was launched in 2024, exclusively available to IDA members. The template handbook can be specifically tailored to your practice and has been produced with the assistance of HR experts. An employee handbook is an essential document for practice owners, and an invaluable tool in managing the employee/employer relationship.



### Queries and advice

**Over  
400**  
member queries  
dealt with

**Over  
50%**  
were HR queries  
and requests for  
contracts

**Over  
100**  
contract templates  
and FAQs sent to  
members

### Starting Dentistry in Ireland

In 2024 we updated our guide to starting dentistry in Ireland, a useful, go-to resource for IDA members who have recently graduated or who are newly arrived in Ireland. Topics such as the registration process, CVs and interviews, professional indemnity, tax affairs, mentorship, third-party dental schemes, data protection, Dental Council guidelines, and continuous professional development (CPD) requirements are included. It also contains a handy checklist for running a dental practice.



### Stronger together – join the IDA

As the voice of dentistry in Ireland, a strong membership base gives the IDA the strength and platform to speak with the loudest voice on the issues that concern us all.

Scan the QR code to join today.



# THE YEAR IN REVIEW 2024

## PR/PUBLIC AFFAIRS

### Mentions of dentistry in the Oireachtas:

200  
parliamentary  
questions

205  
mentions of dentistry  
by TDs and senators

52  
mentions of  
the DTSS

55  
mentions of the school  
screening service

46  
mentions of  
workforce planning



#### Media overview

In 2024, the IDA featured in 900 pieces of media coverage, creating in excess of 126 million opportunities for the public to see and hear about the dental sector, and the issues and challenges facing the profession. The PR value of the coverage is worth in excess of €2.26 million to the profession. The public dental school screening programme, medical card scheme and workforce crisis in dentistry generated much of the coverage.

#### Busy year fighting for the HSE Dental Service

Engaging directly with the top brass in the HSE to highlight the flaws in the Pay and Numbers policy given the decline in staffing in the HSE dental service proved a difficult and challenging task for the Association. However, we believe that a special dispensation has now been agreed by the HSE Chief Executive, which will see a reversal of the decline in staffing and permission to recruit more dentists in the HSE in 2025.

Publishing an important paper on the future of the HSE public dental service, advocating for the school screening service at the Oireachtas Health Committee, and a blizzard of media coverage on the difficulties faced by patients due to a shortage of HSE dentists were just some of the highlights of our work for members in the HSE in 2024.

And of course we assisted many individual members facing disciplinary or grievance procedure hearings, and provided advice and information on pay, pensions and leave entitlements.

#### Towards a Sustainable Oral Healthcare Service

The publication of the IDA's position paper coincided with the fifth anniversary of the launch of the national oral healthcare policy, Smile agus Sláinte.

The IDA paper aims to build an oral healthcare service that is embedded in the 21st century, one that works for dentists and all of your patients. We have identified the weakness in the current systems and essential building blocks that need to be put in place to enable successful oral health reforms.

Through our proposed strategy, we aim to reform the collapsing dental services across our country and ensure that we can sustain our oral healthcare sector long into the future through appropriate planning and resourcing.



#### Oireachtas Health Committee

IDA President Dr Rory Boyd advocated on behalf of the profession and patients to the Oireachtas Health Committee in May 2024 on a wide range of oral health issues:

"I teach in the dental school. We have not seen an increase in funding to dental schools over the past 15 years. That gap has been filled by recruiting overseas students at up to €50,000 a year."

"Rarely in a football match will you get the players and the referee both calling for more regulation. In the profession, we are also crying out for compulsory CPD, as is the [Dental] Council."

"The original [HSE school screening] programme was put in place to target those vulnerable patients who would not otherwise avail of preventive care and oral hygiene information, which are the two cornerstones of treatment and prevention of disease over a lifetime. We have seen the continued demise of that system over the past number of years, as indicated by the 100,000 children missing out on dental appointments."

#### General Election campaign

The Association was on election watch in November 2024. As well as monitoring promises made by the political parties, we produced a number of tools to help members in making the case for oral health when dealing with candidates locally. Recognition of more dental specialties, employing salaried public-only dentists to treat medical card patients, and expanding the PRSI scheme to cover medical card patients were among the promises made by the main political parties in their manifestos.

# Preventive and minimally invasive dentistry series

## Part I: making the case for prevention

### Learning outcomes

- To appreciate the national and global burden of oral diseases;
- to introduce national and global oral health policies and strategies; and,
- to demonstrate the need for a paradigm shift in the design and delivery of oral healthcare services towards prevention and minimally invasive dentistry.

### Introduction

Dentistry is nothing if not adaptable. Over the last two centuries, dentistry has evolved from the domain of barbers, blacksmiths and self-taught practitioners to a respected, university-based profession, and from extractions and hand drills to intraoral scanners, dental implants and aesthetic medicine. However, modern techniques and materials have not cured periodontal diseases and dental caries. Oral diseases have adapted and found new ways to flourish amidst growing urbanisation, lack of access to fluoride (via community water fluoridation, and oral hygiene products and habits), the availability and affordability of foods high in sugars, and poor access to community oral healthcare services.

Oral diseases are among the most common non-communicable diseases (NCDs) worldwide, affecting 3.5 billion people, and the burden of oral disease is increasing.<sup>1</sup> Untreated oral diseases can have serious and severe negative consequences for quality of life, nutrition, the ability to engage with society, and educational and occupational attainment. Many of the risk factors for poor oral health are common to and can exacerbate other NCDs such as cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases.

### Oral health in Ireland

In Ireland, almost one in three people over the age of five years has untreated dental caries in at least one permanent tooth, and one in 20 people over 15 years of age has severe periodontal disease.<sup>2</sup> While this compares favourably with many European countries, there is a lack of current epidemiological data and recent challenges in accessing oral healthcare services may undermine these figures. Additionally, oral diseases disproportionately affect lower socio-economic and marginalised groups, and oral health data regarding

these populations is scarce. Use and awareness of State dental services is low. There is limited or sometimes no access to oral healthcare for those living with disabilities, in residential services, or utilising emergency accommodation, with a geographical variation in availability and accessibility of services.

Treatment of oral diseases can be costly and time consuming. The total expenditure on dental healthcare in Ireland in 2019 was estimated to be €515m, and the loss of productivity arising from poor oral healthcare costs €1.44 billion.<sup>3</sup> However, the cost of oral disease and oral healthcare services cannot simply be measured in Euros. Increasingly, the environmental burden of oral diseases and oral healthcare services and their contribution to climate change are being recognised and investigated. The carbon footprint of dental treatment acts as a proxy for understanding the environmental impact of oral diseases. The annual carbon footprint of NHS Dental Services in England has been estimated to be the equivalent of 675,000 people.<sup>4</sup>

Oral health has been neglected in Ireland and suffers from a lack of political priority.<sup>5</sup> Ireland has an unusually complex healthcare system and as a result there are significant gaps in universal health coverage. Dental care in Ireland is provided through a hybrid private and public model. Publicly funded oral healthcare services account for just one-third of total oral healthcare expenditure in Ireland, with the remainder being primarily privately financed. The State funds limited dental treatments provided in private practices and Health Service Executive (HSE) dental clinics for those holding a medical card via the Dental Treatment Services Scheme (DTSS), through the Dental Treatment Benefit Scheme (DTBS) for insured workers, and directly through the Public Dental Service.<sup>6</sup> The DTSS and DTBS are effectively fee-for-service schemes; this system of remuneration can incentivise operative interventions and disincentivise prevention. Publicly funded oral healthcare services were dramatically curtailed after the 2008 financial crisis and have been only partially restored.

This predominantly private model of oral healthcare reinforces the misconception of oral health as a matter of personal responsibility. It also does not take account of our understanding of the biological nature of dental disease, effective preventive strategies, or the ecosystem of the oral cavity. Access to oral healthcare services is often based on ability to pay rather than need.



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**Prof. Máiréad Harding**  
Dental Public Health and Preventive Dentistry  
Oral Health Services Research Centre  
Cork University Dental School and Hospital  
University College Cork



### The case for prevention

In the context of the prevalence and impact of oral diseases, the financial and environmental cost of dental treatment, inadequate funding for public oral healthcare services, the increasing cost of living and widening inequalities, combined with a growing and ageing population, a limited workforce, inadequate access to oral healthcare services and international obligations, 'business as usual' is not an option.

Fortunately, oral diseases are largely avoidable through evidence-informed, cost-effective and sustainable population-level measures that address the social and commercial determinants of health, individual preventive regimes, and minimally invasive clinical interventions. Banerjee defines minimum intervention care as "the oral physician's holistic team-care approach to help maintain long-term oral health with preventive patient-centred care plans combined with the dutiful management of patients' expectations".<sup>7</sup>

Dental professionals no longer need to view dental caries as a metastatic lesion that needs to be excised with wide margins. Modern understanding of the histological carious process, and contemporary materials and clinical approaches, allow a minimally invasive approach to prevent new caries lesions, remineralise existing carious tissues, preserve sound tooth structure and, where appropriate, repair teeth. This approach can also be broadened across other disciplines such as endodontics, orthodontics, prosthodontics, periodontics, and paediatric dentistry.

### Prevention in action

There are many examples of successful, equitable, sustainable and cost-effective programmes at population and individual levels for the prevention of oral diseases both at home and abroad.

In 1964, Ireland commenced community water fluoridation (CWF), leading to a sustained decrease in the incidence in dental caries among children and adults, increased retention of natural teeth and improved dental health.<sup>8</sup> CWF is one of the most effective and successful public health interventions of the last century, listed by the US Centers for Disease Control and Prevention (CDC) as one of the top ten public health interventions of the 20th century, and with the lowest carbon footprint of population-level caries prevention programmes.

The Childsmile Programme, funded by the Scottish Government, is a national oral health programme for children designed to improve the oral health of children and reduce inequalities of oral health and access to dental services. It comprises programmes of supervised tooth brushing, fluoride varnish applications, community interventions, stakeholder engagement, and a comprehensive research and evaluation programme to understand outcomes and demonstrate successes. In 2020, 74% of five-year-old Scottish children had no dentinal caries compared with approximately 40% before the introduction of the Childsmile Programme.<sup>9</sup>

### Smile agus Sláinte

Smile agus Sláinte was published in 2019 with progressive and ambitious ideas to redesign and reimagine oral healthcare services in Ireland underpinned by sound public health concepts of the common risk factor approach, a life-course approach and mainstreaming. The policy advocates for the provision of oral healthcare packages with a focus on prevention for all eligible patients, and with a particular focus on vulnerable groups. It proposes a move away from the traditional fee-per-item model of

remuneration towards a mixed payment system to encourage prevention.

While the proposed shift in emphasis towards prevention and additional support for vulnerable groups was widely lauded, the initial response to the policy highlighted the perceived lack of positive engagement with the profession and absence of ring-fenced funding and training to support the transformational structural changes envisaged.<sup>10</sup> Subsequent political disinterest, a global pandemic and difficult economic tides have frustrated implementation of the policy, although recent comments from the Minister for Health have reiterated the Government's commitment to implementation of the National Oral Health Policy.

### The international context

In Ireland, oral health and the apparent silent epidemic of dental caries may be struggling to attract widespread attention, but globally it is receiving overdue and widespread limelight. The Lancet Commission on Oral Health published a landmark series on oral health in 2019, outlining the stark reality of the scale and cost of oral disease and calling for radical reform to combat the challenge.<sup>11</sup> Subsequently, the WHO acknowledged that good oral health is integral to physical and mental health and well-being, and a core tenet of universal health coverage, through the WHO Resolution on Oral Health.<sup>12</sup> This resolution reinforces the need for a shift away from the traditional curative approach to oral diseases towards a preventive approach.

In 2021, the WHO established a new section for dental preparations in the List of Essential Medicines.<sup>13</sup> This was one of the first concrete steps to advancing the WHO Resolution on Oral Health and has been followed by the WHO Global Oral Health Action Plan and Oral Health Status Report.<sup>14,15</sup> The action plan sets out two global targets to be achieved by 2030:

1. 80% of the global population will be covered by universal health coverage including oral health.
2. The global prevalence of oral diseases will show a relative reduction of 10%.

These international developments could help to advance oral health up the local political agenda but genuine co-operation between all stakeholders across the profession will be required to develop a detailed and achievable implementation strategy for oral health system reform before another opportunity is missed.

### Conclusion

Smile agus Sláinte has proved prescient, foreshadowing an international wave of attention on oral health and oral health policy. It is also the first published oral health policy in the history of the State, representing a potentially unique and much-needed opportunity to reform oral healthcare services and the profession for the better, in alignment with global oral health policy. However, the window of opportunity may close without implementation.

The obstacles are abundant but the path is clear. Preventive and minimally invasive dentistry have been key parts of our past and present. Now more than ever, in light of widening inequalities in health and wealth, they are the future. Parts II and III of this series will introduce caries risk assessment and new concepts in the management of dental caries in the context of preventive and minimally invasive dentistry, respecting the biological nature of oral diseases and the oral cavity.

## References

- Watt R, Listl S, Peres M, Heilman A. Social inequalities in oral health: from evidence to action. London: International Centre for Oral Health Inequalities Research and Policy, 2015. [https://media.news.health.ufl.edu/misc/cod-oralhealth/docs/posts\\_frontpage/SocialInequalities.pdf](https://media.news.health.ufl.edu/misc/cod-oralhealth/docs/posts_frontpage/SocialInequalities.pdf).
- World Health Organisation. Oral Health Ireland 2022 Country Profile. Geneva: World Health Organisation, 2022. <https://www.who.int/publications/m/item/oral-health-irl-2022-country-profile>.
- Jevdjevic M, Listl S. Economic impacts of oral diseases in 2019 – data for 194 countries. Universitat Heidelberg. <https://doi.org/10.11588/data/JGJKK0>. Accessed April 5, 2024.
- Duane B, Lee M, White S, Stancliffe R, Steinbach I. An estimated carbon footprint of NHS primary dental care within England. How can dentistry be more environmentally sustainable? *Br Dent J*. 2017;223(8):589-593.
- McAuliffe Ú, Whelton H, Harding M, Burke S. 'Toothless' – the absence of political priority for oral health: a case study of Ireland 1994-2021. *BMC Oral Health*. 2022;22(1):95.
- Further information regarding eligibility and availability of State-funded dental services can be found at <https://www.hse.ie/eng/services/list/2/dental/>.
- Banerjee A. 'MI'opia or 20/20 vision? *Br Dent J*. 2013;214:101-105.
- James P, Harding M, Beecher T, et al. Impact of reducing water fluoride on dental caries and fluorosis. *J Dent Res*. 2021;100(5):507-514.
- Ross AJ, Sherriff A, Kidd J, et al. Evaluating Childsmile, Scotland's National Oral Health Improvement Programme for children. *Community Dent Oral Epidemiol*. 2023;51(1):133-138.
- Irish Dental Association. Towards Sustainable National Oral Health Services: An IDA Position Paper. Dublin: Irish Dental Association, 2024.
- Peres MA, Macpherson LM, Weyant RJ, et al. Oral diseases: a global public health challenge. *Lancet*. 2019;394(10194):249-260.
- World Health Organization. Seventy-Fourth World Health Assembly. WHA 74.5 Oral Health. Geneva: World Health Organization, 2021. [https://apps.who.int/gb/ebwha/pdf\\_files/WHA74/A74\\_R5-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R5-en.pdf).
- World Health Organization. World Health Organisation Model List of Essential Medicines – 22nd List, 2021. Geneva: World Health Organization, 2021. <https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.02>.
- World Health Organization. Draft Global Oral Health Action Plan (2023-2030). Geneva: World Health Organization, 2022. <https://www.who.int/publications/m/item/draft-global-oral-health-action-plan-%282023-2030%29>.
- World Health Organization. Oral Health Status Report: Towards universal health coverage for oral health by 2030. Geneva: World Health Organization; 2022. <https://www.who.int/publications/i/item/9789240061484>.

## Quiz

With Christmas on our doorstep, it's time for a festive quiz submitted by dental nurse Karen Walsh.

Can you match the following images of well-loved Christmas treats to their sugar content?



1. A portion of plum pudding.



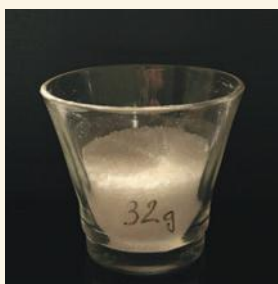
2. Six Christmas chocolates.



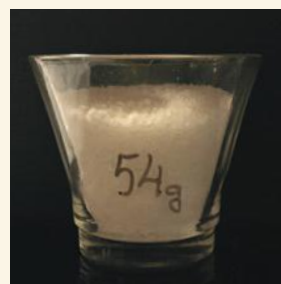
3. A little bar of Dairy Milk chocolate.



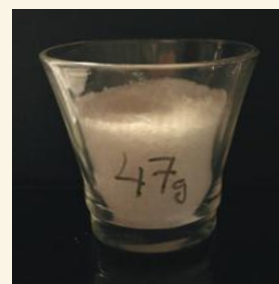
4. A 500ml bottle of cola.



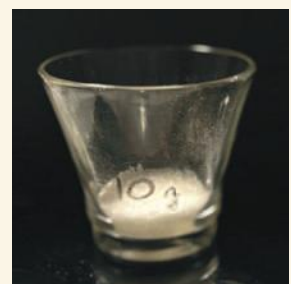
A



B



C



D

Answers on page 304.

# Clinical dental photography: part 1

The first of this two-part series aims to cover the equipment required as well as the common settings used to capture reproducible clinical images of our dental patients.

## Introduction

Photography is becoming an increasingly vital part of daily clinical practice. It enables us to create a time-capsulised visual record of our patients' oral status, and aids in the communication of diagnoses and various treatment modalities. It strengthens the medicolegal documentation of intra-operative procedural findings (e.g., cracked teeth or pulpal exposures), which can be useful in the education of patients. In addition, dental photography provides helpful information to our colleagues as well as laboratory technicians, ultimately to provide the highest level of continued care for our patients.

While there may be an artistic aspect to photography, the reproducible exposure and composition of an image is very much scientific in nature. Dental photography is most valuable when the captured image accurately represents the subject (e.g., soft or hard tissues). When a clinical photographer understands the principles of photography and becomes familiar with the available hardware, the process of capturing good-quality images becomes simple.

The first of this two-part series will aim to cover the equipment required and common settings used to capture reproducible intraoral images.

## Components of a dental photography kit

Buying the required gear for a dental photography set-up can be challenging – the various camera systems and models, lenses with different focal-lengths and flashlight systems. It is important to speak to someone knowledgeable in dental photography (not a generic camera salesperson) to find out the components that best fit your budget and your needs. All the components (lens and flash) must be compatible with the camera body and mount type.

**TIP:** Avoid bundles (body and lens sold together), as often the lens that comes with the camera is not suitable for dental photography.

## Components of a dental photography set-up (Figure 1)

### Camera body

- Digital single-lens reflex (DSLR) or mirrorless
  - DSLRs are slightly bulkier compared to mirrorless
  - Mirrorless can be more costly compared to DSLRs
- Canon or Nikon
- Crop sensor (cheaper and lighter) or full-frame sensor (more advanced)



FIGURE 1: Main components of a dental photography set-up.

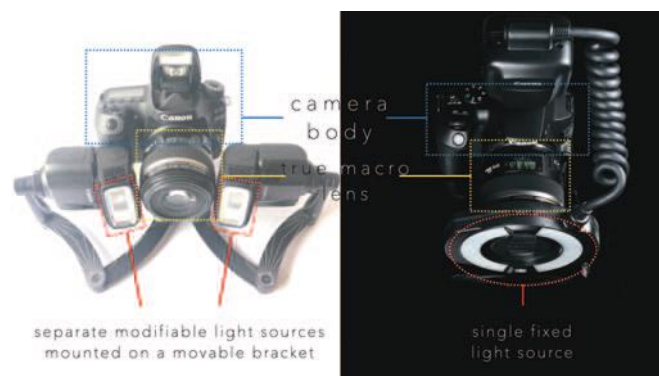


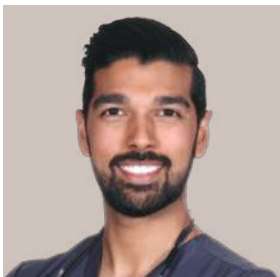
FIGURE 2: Dual flash and ring flash systems.

### True macro lens with a 1:1 magnification ratio

- Must be compatible with camera body and mount
- Fixed focal length (commonly: 60mm, 90mm, 100mm, 105mm)
- Internal focusing

### Flash system – affects the finish and detail of the image

- Ring flash (Figures 2 and 3)
  - Easier to use
  - Images well illuminated but can be harsh
  - Light modification possible (i.e., FlashKap) but limited



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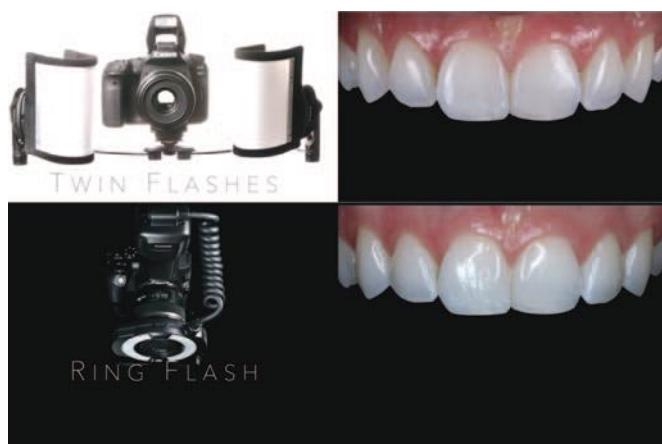


FIGURE 3: Images produced by dual and ring flash systems.

#### ■ Dual flash systems (Figures 2 and 3)

- More technique sensitive
- Images more diffused (softer)
- Can be tricky to illuminate posterior teeth
- Light modification using diffusers, bounce cards or softboxes

**Table 1** summarises some of the factors to consider before deciding on the best set-up for you.

#### Camera settings for dental photography (intra-oral)

The camera settings used will affect the exposure and composition of an image. The recommended settings described here and in **Figure 4** would work for most standard shots. Once these have been set, the flash power output (on your flash unit) can be adjusted while testing a frontal retracted intra-oral image at the correct distance (**Figure 4**) until the image captured is optimally illuminated.

**Table 1: Factors to consider before deciding on the type of set-up.**

	Ring flash	Twin flash	Note
<b>Cost</b>	Lower	Higher	Twin flash set-up may require more components, e.g., movable flash bracket and diffusers or softboxes.
<b>Ease of use</b>	Easier to use	Steeper learning curve	An understanding of lighting principles will make both easy to use.
<b>Weight</b>	Tends to be lighter	Can be bulkier	An important factor to consider to allow for one-handed use of camera.
<b>Light modification</b>	Less versatile, limited	Various options to soften and modify light, e.g., softboxes, bounce cards and diffusers	Modification allows images to be slightly softer, which allows the capture of more details. Modification needs to be controlled, as too soft an image can also compromise the level of detail.
<b>Purpose of images</b>	Medico-legal Basic restorative Patient communication	Advanced restorative Teaching and presentations	The user needs to decide on the purpose of their clinical photography and the type of dentistry practised.



FIGURE 4: Recommended camera settings for dental photography.



FIGURE 5: Recommended accessories for dental photography.

#### Recommended settings

Shooting mode: Manual (M)

Shutter speed: 1/200

Aperture (f-stop): f22

ISO: 200 (increase to 400 when using an occlusal mirror)

White balance (WB): "Flash" or custom WB (commonly 5,000K to 5,500K)\*

\*Colour will depend on flash type and ambient lighting – adjust accordingly.

Flash Setting: Manual mode (commonly 1/8 to 1/2) preferable\*

\*Strength will depend on brand of flash and distance to subject – adjust accordingly.

\*Alternative mode: E-TTL (evaluative through-the-lens) is 'automatic-mode', as the flash power is dictated by the lens based on the amount of light available on the subject.

**TIP:** The above settings of shutter speed, aperture and ISO (collectively termed the 'exposure triangle') would be optimal for most dental images. Altering any one of the above settings will influence the exposure (brightness) of an image but comes at the expense of: motion blur (shutter speed); inadequate depth of field (aperture); or, graining of the image (ISO).

#### Dental photography accessories

To capture a full clinical photographic series, a set of accessories (**Figure 5**) is required to allow full visualisation of the areas of interest.

##### Cheek retractors

To photograph the dentition from anterior and buccal aspects, a set of cheek retractors aid in the exposure of teeth, gingival margins and alveolar mucosa by holding the lips and cheeks back. This allows light from the flash systems to illuminate the buccal corridors. There are several different designs of cheek retractors – provided they do not obstruct the visual field or cause discomfort to the patient, they all work. Some designs are more versatile and provide more retraction than others.

**TIP:** Shiny metal retractors tend to generate unwanted light scatter, so avoid these. Test retractors out on yourself to ensure comfort levels.

##### Occlusal and sectional mirrors

Occlusal (and sectional) mirrors help to reflect surfaces that may be impossible to capture directly, i.e., occlusal, palatal and lingual surfaces. These exist in two main materials: metal (stainless steel) and glass. While metal mirrors may be more durable and resistant to scratching, the image tends to be a lot darker due to

light dispersions on the metal surface. Front surface glass mirrors are ideal for dental photography as they produce a bright and undistorted image.

**TIP:** Glass mirrors can be prone to scratching and water marks after sterilisation, so ensure that mirrors are dried and wrapped in paper towels prior to placing them in sterile pouches.

##### Contrastors

A contrastor is a black paddle-shaped accessory used to block out soft-tissue structures palatal or lingual to anterior teeth (i.e., palate, tongue). This allows the image to have a primary area of focus to capture detailed intrinsic colours, textures and anatomical characteristics of hard and soft tissues.

**TIP:** Contrastors are optional but are particularly useful for laboratory communication.

##### Memory card

A good-quality high-speed memory card is essential to be able to capture and efficiently transfer images to a computer.

##### Rechargeable batteries

Most flash systems will require 4 x AA batteries, and it is wise to have good-quality (powerful), rechargeable batteries as well as a spare set.

**TIP:** Have a set of batteries charging in the background in the event a change is required.

#### Conclusion

Ultimately, the decision on the type of set-up to purchase will depend on the type of images you wish to capture, the purpose of your photographs, and your budget. Prior to purchasing any equipment, speak to colleagues who have knowledge in the field, or consider a dental photography course to gain a more thorough understanding of the principles of photography. Upon acquiring a camera set-up, start by taking dental photographs of friends and family to familiarise yourself with the equipment, settings and sequence.

In the next part of this two-part series, we will explore the framing of dental images, what constitutes a full clinical photographic series, and troubleshooting in cases of incorrect exposures.

# Caries risk and dental anxiety in recall patients at a specialised paedodontic university clinic

**Précis:** Dental anxiety in recall children attending a specialised paediatric university dental clinic is high, and is clearly associated with higher caries experience.

## Abstract

**Objective:** To evaluate parental reports of the oral health status and anxiety levels of children who attended a paediatric dental service and their association with children's caries experience.

**Methods:** This questionnaire- and dental record-based study included a total of 70 healthy recall children aged between five and 10 years, who presented for a dental check-up to the specialised paedodontics department at the University of Greifswald, and for whom an application of fluoride varnish was indicated. The accompanying parent (n=70) was asked to evaluate their child's dental anxiety (dichotomously with a single question – yes or no answer) and oral health status (good, satisfying, poor). Caries experience was categorised according to the dmft index based on World Health Organisation (WHO) criteria.

**Results:** An overall frequency of dental anxiety of 40% (n=28) was found in recall children according to parental report. Only 32.1% (n=9) of those were children with low to very low caries experience, whereas 67.9% (n=19) belonged to the moderate to high/very high caries experience group. Thus, dental anxiety in this study was significantly associated with caries experience based on dmft index ( $p=0.030$ , chi-square test). Parental assessment of the oral health status of the schoolchildren and their caries experience level also showed a statistically significant association ( $p=0.020$ ; chi-square test).

**Conclusion:** Dental anxiety in recall children attending a specialised paediatric university dental clinic is high, which is clearly associated with higher caries experience. The majority of children who attended for dental follow-up appointment had moderate to very high caries experience, which was also associated with higher parent-reported dental anxiety and a poorer oral health status report.

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## Introduction

Dental fear and anxiety are both significant characteristics that contribute to neglect of dental care throughout life. There is a dependent correlation between painful stimulus and increased pain perception, resulting in a prolonged experience of pain and also exaggeration in the memory of pain.<sup>1</sup> The estimated prevalence of dental fear and anxiety in children and adolescents ranges from 5.7% to 20.2%, affected by factors such as age, sex, cultural context, socioeconomic status, presence of dental caries, history of dental pain, and previous invasive dental treatments.<sup>2</sup>

The aetiologies of dental fear and anxiety are known to be multifactorial, being

affected by endogenous as well as exogenous factors. Endogenous factors include personality traits and the individual's cognitive ability to cope with various types of fears. Exogenous factors are mostly related to previous traumatic experiences, which might have occurred throughout childhood.<sup>3,4</sup> Studies have also reported that patients who experienced dental fear and anxiety when visiting the dentist are those individuals who have decayed and missing teeth, and reported irregular attendance at the dental practice.<sup>4</sup> This shows that the more positive a child's experience when visiting the dentist, the less likely they are to become fearful whenever they face a negative experience.<sup>5</sup>

In addition, dental anxiety is known to be the major contributing factor for



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**Table 1: Distribution of the study sample according to previous dental procedures (n=70).**

Previous dental procedure	Sample number
Fissure sealant (glass ionomer/resin sealant)	31 (44.3%)
Dental fillings	44 (62.9%)
Stainless steel crowns (SSCs)	37 (52.9%)
Space maintainer (SM), fixed/removable	24 (34.3%)
Tooth extraction	37 (52.9%)
Nitrous oxide sedation	28 (40.0%)
Dental general anaesthesia	9 (12.9%)

irregular dental attendance to avoid a dental procedure.<sup>6</sup> Thus, patients with a history of regular dental attendance reported less anxiety than those with irregular attendance (20.9% versus 79.1%).<sup>7</sup> For instance, a study reported that children between six and 12 years of age who were more dentally anxious had higher odds of having caries when compared with children without reported dental anxiety. Hence, dental anxiety is a significant predictor of the presence of caries and might affect oral health-related quality of life (OHRQoL). This effect was even more pronounced and statistically significant when associated with follow-up sessions.<sup>8</sup>

Preventive treatment for children using fluoride varnish is known to be effective in reducing the risk of future dental caries development, especially in children with high caries experience. Moreover, providing oral hygiene instructions, dietary advice reinforcement and in-office fluoride applications through regular follow-up appointments is recommended in children who attended for previous dental treatment with moderate to high caries experience.<sup>9</sup>

### Objectives

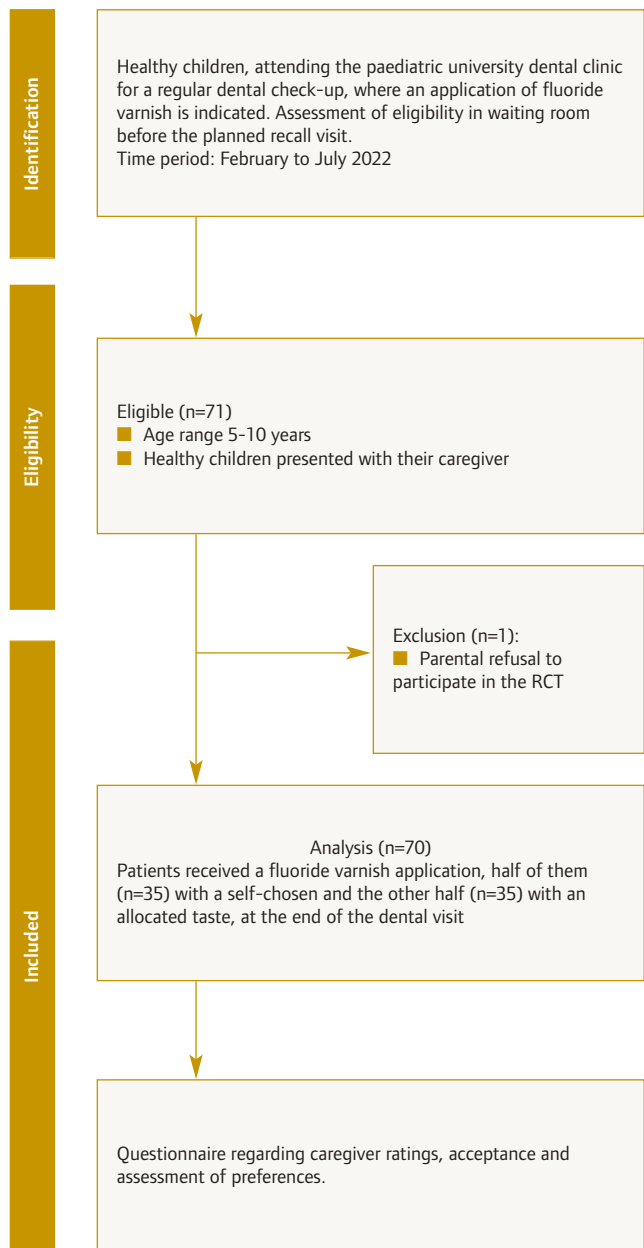
The aim of this study was to evaluate parental reports on the oral health status and degree of dental anxiety in recall children aged between five and 10 years old attending a paediatric dental service for a dental check-up appointment, and its correlation to children's caries experience and baseline factors such as age, sex, parental educational background, and history of dental anxiety based on dental records.

### Materials and methods

This questionnaire and patient records-based study is nested in a randomised controlled trial (RCT) that was conducted in the Department of Preventive and Paediatric Dentistry at the University of Greifswald, Germany. The study sample included 70 healthy children aged between five and 10 years, who attended for a follow-up appointment after completing their dental treatment in a specialised paediatric dental clinic in a university setting (University of Greifswald) between February and July 2022. The check-up appointment involved fluoride varnish application (Profluorid; VOCO Germany) with five different tastes (mint, cherry, melon, caramel, bubble gum). The ethical approval to conduct the RCT was obtained from the Ethical Committee of the medical school from the University of Greifswald.

### Inclusion criteria

Recall children who were healthy, or grade I or II according to the American Society of Anaesthesiologists (ASA) physical classification system,<sup>10</sup> aged between five and 10 years old, who presented for the follow-up appointment after attending previously for dental treatment (Table 1) were included.



**FIGURE 1:** Flow chart of the study sample from identification to final inclusion of participants.

### Exclusion criteria

Medically compromised patients who were grade III, IV, or V according to the ASA classification, or who presented to the appointment with pain and discomfort that should be treated, were excluded.<sup>11</sup> In addition, children who presented for the first time in the dental clinic, or children who reported an allergy to fluoride varnish, were not eligible for participation. Parental consent was required for the child's participation in the study, as shown in Figure 1.

### Questionnaire and data collection

The questionnaire was in the German language and consisted of two parts. The first part collected general baseline information, e.g., sex, age, and educational

background of the parents. The second part of the questionnaire involved structured questions regarding parental report of child's dental fear and anxiety towards the dental appointment, using a dichotomously 'yes/no' single question.<sup>11</sup> Parental assessment of the child's behaviour during the study's dental check-up appointment was assessed using five choices (very good, good, satisfactory, sufficient and inadequate) based on a Likert scale. In addition, parents were asked to assess the current oral health status of their children using five grades (very good, good, satisfactory, sufficient and inadequate) based on a Likert scale.<sup>12</sup> Dental practitioners who performed the dental treatment in this study were either paediatric specialists (n=3) working at the Department of Preventive and Paediatric Dentistry at the University of Greifswald, or postgraduate students (n=4) undergoing a three-year master's programme in paediatric dentistry, who were trained on the same concepts of dental behaviour management according to World Health Organization (WHO) criteria (dmft/DMFT).

General patient data regarding age, dmft/DMFT and previous history of dental anxiety were collected through reviewing the patients' specific records (Dampsoft; Germany). History of previous dental appointments was reviewed to assess the overall degree of acceptance and co-operation of the child. The following parameters were reviewed in the dental records to assess the history of dental fear and anxiety: sitting on a parent's lap during the treatment; crying throughout the treatment; and, refusal of the entire treatment or a specific treatment step. The caries experience was categorised as suggested by the WHO oral health survey method, which is based on dmft value acquired through clinical examination during the dental visit (Table 2).<sup>13</sup>

Patient records were collected on a spreadsheet using Microsoft Excel 2013, then analysed descriptively. Means and standard deviation were also calculated

with Excel 2013. Differences in clinical outcomes (dental anxiety, oral health, dental behaviour during the study's appointment, etc.) were analysed using the chi-square test. In this study,  $p < 0.05$  was defined to be statistically significant.

## Results

A total of 70 healthy recall children (male: n=43; female: n=27) with a mean age of  $7.1 \pm 1.87$  years presenting to the Department for a normal dental check-up and receiving fluoride varnish were included in this study. The mean dmft/DMFT was  $3.5/0.24$  ( $\pm$ SD  $3.50/3.50$ ). Male children had slightly higher dmft/DMFT values, as shown in Table 3. In addition, 52.9% (n=37) of these children were previously treated under sedation (either nitrous oxide sedation or dental general anaesthesia (GA)) and had a history of dental extraction. Dental restorations (62.9%, n=44) were the most prevalent dental treatment provided for these children.

Parental assessment was based on a questionnaire response to the third question, where the parents were asked if the child is afraid of the dental visit. Assessment criteria involved answering only dichotomously with yes or no. A total of 28 parents assessed their children (male: n=15; female: n=13, with mean age of  $6.8 (\pm 1.7)$  years) to be dentally anxious, while non-anxious children (n=42, 60%) had a slightly higher mean age ( $7.3 (\pm 1.6)$ ; Table 3). Moreover, the frequency of dental anxiety from the dental visit according to the parental report was neither statistically different for sex nor educational background and age, but was associated with caries experience ( $p=0.03$ ) in the primary dentition based on dmft index (Table 3; Figure 2).

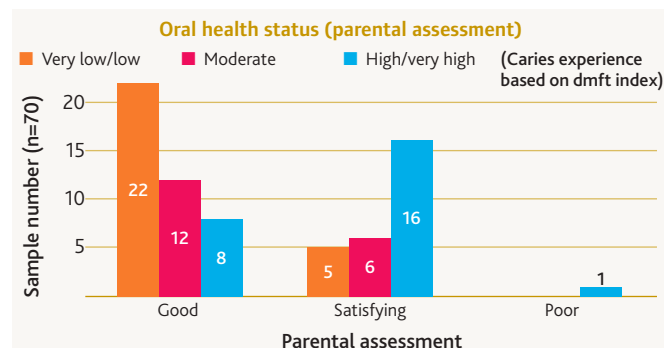


FIGURE 2: Correlation of oral health status according to parental assessment with the degree of caries experience based on children's dmft index (n=70).

Table 2: Caries experience in children based on dmft index.<sup>13</sup>

Risk category	dmft/DMFT
Very low	<1.2
Low	1.2-2.6
Moderate	2.7-4.4
High	4.5-6.5
Very high	>6.5

Table 3: Association of dental anxiety about dental visit according to parental report and general factors in children (n=70).

Category	Factor	Dental anxiety from dental visit (parental report)		Total n=70 (100%)	Chi-square p-value
		Yes n=28 (40%)	No n=42 (60%)		
Sex (children)	Male	15 (34.9%)	28 (65.1%)	43 (61.4%)	p=0.270
	Female	13 (48.1%)	14 (51.2%)	27 (38.6%)	
Dental anxiety (dental records)	Yes	13 (48.1%)	14 (51.8%)	27 (38.6%)	p=0.270
	No	15 (34.9%)	28 (65.1%)	43 (38.6%)	
Educational background (parental)	No background	2 (100%)	0 (0%)	2 (2.9%)	p=0.328
	Elementary and middle school	7 (38.9%)	11 (61.1%)	18 (25.7%)	
	High school and apprenticeship	10 (34.5%)	19 (65.5%)	29 (41.4%)	
	Higher educational level	9 (42.9%)	12 (57.1%)	21 (29.6%)	
Mean baseline	Age in years ( $\pm$ SD)	6.8 ( $\pm 1.7$ )	7.3 ( $\pm 1.6$ )	7.1 ( $\pm 1.8$ )	p=0.611
Caries experience (dmft index)	Very low/low	9 (33.3%)	18 (66.4%)	27 (38.6%)	p=0.030
	Moderate	4 (22.2%)	14 (77.8%)	18 (25.7%)	
	High/very high	15 (60.0%)	10 (40.0%)	25 (35.7%)	

Parental responses regarding assessment of oral health status and the child's behaviour during the dental visit were categorised to ease statistical analysis, in which "very good" and "good" were combined and classified as good oral health status. Both "satisfying" and "adequate" were combined and classified as satisfying oral health status. When parents evaluated oral health status as inadequate, this was classified as poor (Table 4; Figure 2). In addition, the oral health status of the child correlated with the degree of caries experience according to dmft index category (Table 4).

Most parents had a good feeling about the oral health status of their child, as this rating correlated with the WHO caries experience assessment (Table 2). Nevertheless, eight parents (11%) rated the oral health as good, even though they belonged to the high caries experience group (Table 4). A significant correlation was observed ( $p < 0.05$ ) between caries experience based on dmft index and the parental evaluation of oral health status in children (Table 4).

Parental evaluation of their child's behaviour during the dental visit was reported in the majority of the cases ( $n = 60$  out of 70) as good, apart from a small proportion ( $n = 2$ ), who showed poor behaviour during the dental visit, in addition to eight children (11.4%) who showed satisfying behaviour, as shown in Table 4. Lastly, no significant ( $p > 0.05$ ) difference was found between the child's behaviour during the study's recall visit according to parental assessment, and caries experience based on dmft index.

## Discussion

The prevalence of dental fear and anxiety in this study, based on the parental evaluation, was 40%. This is similar to the findings from a previous similar study, which was 39.6% according to parental assessment.<sup>14</sup> Previous studies showed a similarity between the mean dental anxiety assessed by the children themselves and their parents.<sup>15</sup> In this study the parental assessment of dental anxiety in their children used a dichotomously 'yes/no' single question. A previous study has shown that a single question has good validity, specificity, and sensitivity, and may be used with confidence to assess dental fear in such situations as national health surveys or in routine dental practice where a multi-item dental anxiety questionnaire is not feasible.<sup>10</sup> The prevalence in this study was higher than in most of the previous studies examining an overall prevalence of dental anxiety (23.9%) in the population.<sup>16</sup> This might be due to the study sample profile in a specialised paediatric dentistry department, in which more than half of the study sample had a dmft  $> 2.7$  and a history of invasive dental procedures (e.g., extractions, stainless steel crowns (SCCs), nitrous oxide sedation ( $N_2O$ ) or GA). This study showed a statistically significant relationship between dental anxiety and caries experience based on dmft/DMFT index according to WHO criteria (Table 2).<sup>13</sup> This is plausible, as the literature has reported that children

with a history of dental extraction are more fearful.<sup>17,18</sup> This would be clinically important for caries prevention, as children with dental anxiety are susceptible to having worse oral health status.<sup>19</sup> Consequently, a functioning recall system is important and should be maintained or improved if necessary.

Moreover, the current study showed a significant association between parental assessment of the oral health status of their children and caries experience according to dmft index (Table 4).<sup>12</sup> Children with high and very high caries experience (dmft  $> 4.5$ ) were mostly evaluated as having either good or satisfying oral status, and only one child with high caries experience was evaluated with poor oral health status according to parental assessment. A high proportion of children ( $n = 12$ ) with moderate caries experience were still evaluated with good oral health status. This finding is supported by study evidence where the parental assessment of a child's oral health status and the clinically determined oral status based on clinical examination have been found to be significantly different.<sup>20,21</sup> Another study showed that caregivers overestimated the oral health status of their child, hence underestimating the treatment need.<sup>22</sup> The findings of this study showed that parents potentially overestimated or even partially underrated their children's oral health status according to the dmft index. This is clinically relevant since this significant variation might lead to an underestimation of the child's treatment need, which may cause neglect of early caries prevention strategies.<sup>23</sup> This aspect of this study sample is probably not relevant, as most of the children had already received dental treatment/rehabilitation (partially under sedation or GA) and were now in the recall phase, depending on caries experience assessment, two to four times a year.

Based on the results of the current study, a high proportion of children ( $n = 60$ , 85.7%) behaved positively according to parental report during the dental recall visit, in which an application of a fluoride varnish with various tastes was implemented. This is similar to findings from previous studies, which showed that children preferred fluoride application with a pleasant taste and refused toothpaste with a bitter and medicated taste. Hence, the taste of a fluoride varnish is reported to be a predominant aspect influencing the acceptance of fluoride application in children.<sup>9,22,24</sup>

## Conclusion

Dental fear and anxiety in children correlate with dental caries experience based on dmft index. The majority of children who attended for a dental follow-up appointment had moderate to very high caries experience. Interestingly, dental anxiety is still prevalent in recall children visiting a specialised paediatric university dental clinic, though these children had already received a variety of dental treatments. High caries experience was also associated with higher parent-reported dental anxiety and a poorer oral health status report.

**Table 4: Distribution of various characteristics of oral health status and child's behaviour during the visit according to parental evaluation ( $n = 70$ ).**

Category	Caries experience (dmft index)	Parental evaluation			Total	Chi-square
		Good	Satisfying	Poor	n (%)	p-value
Oral health status	Very low/low	22	5	0	27	$p = 0.020$
	Moderate	12	6	0	18	
	High/very high	8	16	1	25	
	<b>Total</b>	<b>42 (60.0%)</b>	<b>27 (38.6%)</b>	<b>1 (1.4%)</b>	<b>70 (100%)</b>	
Child's behaviour during the current dental visit	Very low/low	25	1	1	27	$p = 0.173$
	Moderate	16	2	0	18	
	High/very high	19	5	1	25	
	<b>Total</b>	<b>60 (85.7%)</b>	<b>8 (11.4%)</b>	<b>2 (2.9%)</b>	<b>70 (100%)</b>	



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## References

- Appukuttan DP. Strategies to manage patients with dental anxiety and dental phobia: literature review. *Clin Cosmet Investig Dent*. 2016;8:35-50.
- Beaton L, Freeman R, Humphris G. Why are people afraid of the dentist? Observations and explanations. *Med Princ Pract*. 2014;23(4):295-301.
- Locker D, Liddell A, Dempster L, Shapiro D. Age of onset of dental anxiety. *J Dent Res*. 1999;78(3):790-796.
- Schuller AA, Willumsen T, Holst D. Are there differences in oral health and oral health behavior between individuals with high and low dental fear? *Community Dent Oral Epidemiol*. 2003;31(2):116-121.
- Ten Berge M, Veerkamp J, Hoogstraten J. The etiology of childhood dental fear: the role of dental and conditioning experiences. *J Anxiety Disord*. 2002;16(3):321-329.
- Chanpong B, Haas DA, Locker D. Need and demand for sedation or general anesthesia in dentistry: a national survey of the Canadian population. *Anesth Prog*. 2005;52(1):3-11.
- Quteish Taani DSM. Dental anxiety and regularity of dental attendance in younger adults. *J Oral Rehabil*. 2002;29(6):604-608.
- Menegazzo GR, et al. Effect of routine dental attendance on child oral health-related quality of life: a cohort study. *Int J Paediatr Dent*. 2020;30(4):459-467.
- Toumba KJ, Twetman S, Splieth C, Parnell C, Van Loveren C, Lygidakis N. Guidelines on the use of fluoride for caries prevention in children: an updated EAPD policy document. *Eur Arch Paediatr Dent*. 2019;20(6):507-516.
- Doyle DJ, Goyal A, Bansal P, Garmon EH. American Society of Anesthesiologists Classification. In: Statpearls [internet]. StatPearls Publishing; January 2024.
- Viinikangas A, Lahti S, Yuan S, Pietilä I, Freeman R, Humphris G. Evaluating a single dental anxiety question in Finnish adults. *Acta Odontol Scand*. 2007;65(4):236-240.
- Lawal FB. Global self-rating of oral health as summary tool for oral health evaluation in low-resource settings. *J Int Soc Prev Community Dent*. 2015;5(Suppl. 1):S1-S6.
- Supriatna A, Fadillah RPN, Nawawi AP. Description of dental caries on mixed dentition stage of elementary school students in Cibeber Community Health Center. *Padjadjaran J Dent*. 2017;29(3).
- Malhotra R, et al. A comparative study to evaluate parent's ability to assess dental fear in their 6- to 10-year-old children using Children's Fear Survey Schedule – Dental Subscale. *Int J Clin Pediatr Dent*. 2018;11(3):205-209.
- Krikken JB, van Wijk AJ, ten Cate JM, Veerkamp JS. Measuring dental fear using the CFSS-DS. Do children and parents agree? *Int J Paediatr Dent*. 2013;23(2):94-100.
- Klein U, Manangkil R, DeWitt P. Parents' ability to assess dental fear in their six- to 10-year-old children. *Pediatr Dent*. 2015;37(5):436-441.
- Alshoraim MA, et al. Effects of child characteristics and dental history on dental fear: cross-sectional study. *BMC Oral Health*. 2018;18(1):33.
- Suprabha BS, Rao A, Choudhary A, Shenoy R. Child dental fear and behaviour: the role of environmental factors in a hospital cohort. *J Indian Soc Pedod Prev Dent*. 2011;29(2):95-101.
- Zinke A, Hannig C, Berth H. Comparing oral health in patients with different levels of dental anxiety. *Head Face Med*. 2018;14(1):25.
- Sohn W, Taichman SL, Ismail AI, Reisine S. Caregiver's perception of child's oral health status among low-income African Americans. *Pediatr Dent*. 2008;30(6):480-487.
- Talekar BS, Rozier RG, Slade GD, Ennett ST. Parental perceptions of their preschool-aged children's oral health. *J Am Dent Assoc*. 2005;136(3):364-372.
- Kolb A-K, Schmied K, Fassheber P, Heinrich-Weltzien R. Preschool children's taste acceptance of highly concentrated fluoride compounds: effects on nonverbal behavior. *J Clin Pediatr Dent*. 2013;38(1):31-37.
- Divaris K, Vann Jr WF, Baker AD, Lee JY. Examining the accuracy of caregivers' assessments of young children's oral health status. *J Am Dent Assoc*. 2012;143(11):1237-1247.
- Divard R, Urien B. The consumer lives in a colored world. *Recherche et Applications en Marketing*. 2001;16(1):3-24.

## CPD questions

To claim CPD points, go to the MEMBERS' SECTION of [www.dentist.ie](http://www.dentist.ie) and answer the following questions:

- |  |  |  |
|--|--|--|
| 1. According to the study result, how many female children were assessed to be anxious based on parental report? | 2. What percentage of parents assessed the oral health status of their children to be satisfying and poor? | 3. How many children reported poor behaviour during the study dental visit according to parental assessment? |
| <input type="radio"/> A. 13  | <input type="radio"/> A. 45%   | <input type="radio"/> A. 1   |
| <input type="radio"/> B. 14  | <input type="radio"/> B. 40%   | <input type="radio"/> B. 2   |
| <input type="radio"/> C. 15  | <input type="radio"/> C. 50%   | <input type="radio"/> C. 3   |



## Artificial intelligence applications in implant dentistry: a systematic review

Revilla-León M, Gómez-Polo M, Vyas S, et al.

**Statement of problem:** Artificial intelligence (AI) applications are growing in dental implant procedures. The current expansion and performance of AI models in implant dentistry applications have not yet been systematically documented and analysed.

**Purpose:** The purpose of this systematic review was to assess the performance of AI models in implant dentistry for implant type recognition, implant success prediction by using patient risk factors and ontology criteria, and implant design optimisation combining finite element analysis (FEA) calculations and AI models.

**Material and methods:** An electronic systematic review was completed in five databases: MEDLINE/PubMed; EMBASE; World of Science; Cochrane; and, Scopus. A manual search was also conducted. Peer-reviewed studies that developed AI models for implant type recognition, implant success prediction, and implant design optimisation were included. The search strategy included articles published until February 21, 2021. Two investigators independently evaluated the quality of the studies by applying the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Quasi-Experimental Studies (non-randomised experimental studies). A third investigator was consulted to resolve lack of consensus.

**Results:** Seventeen articles were included: seven investigations analysed AI models for implant type recognition; seven studies included AI prediction models for implant success forecast; and, three studies evaluated AI models for optimisation of implant designs. The AI models developed to recognise implant type by using periapical and panoramic images obtained an overall accuracy outcome ranging from 93.8% to 98%. The models to predict osteointegration success or implant success by using different input data varied among the studies, ranging from 62.4% to 80.5%. Finally, the studies that developed AI models to optimise implant designs seem to agree on the applicability of AI models to improve the design of dental implants. This improvement includes: minimising the stress at the implant-bone interface by 36.6% compared with the finite element model; optimising the implant design porosity, length, and diameter to improve the finite element calculations; or, accurately determining the elastic modulus of the implant-bone interface.

**Conclusions:** AI models for implant type recognition, implant success prediction, and implant design optimisation have demonstrated great potential but are still in development. Additional studies are indispensable to the further development and assessment of the clinical performance of AI models for those implant dentistry applications reviewed.

*J Prosthet Dent.* 2023;129(2):293-300.

## Intraoral digital implant scans: parameters to improve accuracy

Revilla-León M, Lanis A, Yilmaz B, Kois JC, Gallucci GO.

**Purpose:** To report the means to maximise the predictability and accuracy of intraoral digital implant scans through the evaluation of operator and patient-related factors.

**Materials and methods:** A search of published articles related to factors that can decrease the scanning accuracy of intraoral digital implant scans was completed in four data sources: MEDLINE; EMBASE; EBSCO; and Web of Science. All studies related to variables that can influence the accuracy of intraoral digital implant scans obtained by using intraoral scanners (IOSs) were considered. These variables included ambient lighting, scanning pattern, implant scan body (ISB) design, techniques for splinting ISBs, arch location, implant position, and inter-implant distance.

**Results:** Among operator-related factors, ambient lighting conditions, scanning pattern, and ISB design (material, geometry, and retention design) can impact the accuracy of intraoral digital implant scans. The optimal ISB for maximising IOS accuracy is unclear; however, polymer ISB can wear with multiple reuse and sterilisation methods. Among patient-related factors, additional variables should be considered, namely arch (maxillary vs mandibular arch), implant position in the arch, inter-implant distance, implant depth, and angulation.

**Conclusions:** Ambient lighting conditions should be established based on the IOS selected to optimise the accuracy of intraoral digital implant scans. The optimal scanning pattern may vary based on the IOS, clinical situation, and the number of implants. The optimal ISB design may vary depending on the IOS used. Metallic implant scan bodies are preferred over polymer ISB designs to minimise wear due to multiple use and sterilisation distortion. Among patient-related factors, additional variables should be considered, namely the arch scanned, implant position in the arch, inter-implant distance, implant depth, and angulation. The impact of these factors may vary depending on the IOS selected.

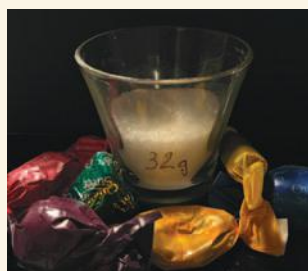
*J Prosthodont.* 2023;32(S2):150-164.

## Quiz answers

Questions on page 295.



1. Contains 47g of sugar.



2. Contains 32g of sugar.



3. Contains 10g of sugar.



4. Contains 54g of sugar.

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Unlike regular whitening toothpastes that only remove surface stains. Reference: 1. P. Gomes, et al. 2023, Scientific Reports, 13(1), p.16349.



# Reflections on treatment co-ordinators and risk management

Treatment co-ordinators can offer great benefits to a dental practice.



Although at its core dentistry is focused on oral health, clinical techniques and approaches have developed, and the range of treatments that dentists are able to offer their patients has expanded. The obvious benefit to these developments is an increase in both patient choice and the ways in which dentists can assist their patients.

There is certainly a great deal more interest in, and demand for, cosmetic dentistry. The online world has exposed people to ever-greater levels of expectation and pressure to look good. Attractive teeth have always been valued and have now become even more of an aspirational commodity. This is reflected in the ways that patients seek information on and engage with dental treatment. Against this backdrop, the role of 'treatment co-ordinator' has become an established concept in some areas of practice.

## A guide for patients

The whole idea of treatment co-ordinators is not entirely new. They have been around in one form or another for a while now, but it's fair to say that it is a role that has become more of a feature in recent years.

There are clearly benefits to both clinician and patient in ensuring that patients are as well informed as they can be about treatment options. In some cases, a treatment co-ordinator can be the liaison between patient and dentist, and act as a 'personal guide' to assist patients with their dental journey by being able to offer explanations in patient-friendly language.

They are often a first contact point with prospective patients who may be

interested in exploring possibilities before organising an appointment with the dentist.

Having a treatment co-ordinator can allow a patient the opportunity to express their priorities and concerns, as well as obtaining a general idea of treatment possibilities and potential costs, without having to see a dentist. This can be helpful if, for example, a patient is embarrassed by their teeth and doesn't know where to start. After speaking with the patient to establish their views and priorities, the treatment co-ordinator can book an appointment with the appropriate dentist.

Further to being seen by the dentist, the treatment co-ordinator can help with explaining the various stages of the planned treatment and clarify any outstanding questions on how long it will take, what is involved, how much it will cost and payment options. Patients can sometimes find it easier to speak to a 'non-dentist' and may be less embarrassed to ask questions or seek further explanations.

## Benefits for the practice

There are a number of benefits to the practice in having such a role. It can allow team members to expand their skills and make the most of their experience in communicating with patients.

Treatment co-ordinators may also be involved in more traditional front-of-house tasks such as booking appointments, and it is not unknown for the treatment co-ordinator role to be carried out by a member of the dental nurse team who works chairside as well.

The potential benefit to the dentist is that delegating some tasks can allow them to concentrate on the treatment and allow other team members to play to their strengths. Discussing payment plan options may not be the most efficient use of clinician time.

From a commercial perspective, it can reduce appointment slots being used on patients who may simply be fact finding, and may help sift out patients who are only window shopping or those with unrealistic expectations in relation to timeframes or costs.

**Martin Foster**  
Head of Dental Services, Ireland  
Dental Protection



### Potential risks

While there are many benefits, it is important to take note of potential risks.

With respect to a treatment co-ordinator and the information presented, there is a need to ensure that patient expectations are accurate.

The patient needs to know that a treatment co-ordinator is not a dentist and although able to address general questions, they will be unable to give specific details. What may be achievable, after a full clinical assessment, might be very different to theoretical options, and the patient needs to understand this.

Only after the dentist has carried out an assessment will there be definitive information to indicate which options are appropriate and feasible. Unless information is delivered carefully, a meeting with a treatment co-ordinator may unintentionally reinforce – or generate – unrealistic expectations.

It is worth having some form of explanatory material for patients to help manage expectations. For example:

“An appointment with a treatment co-ordinator is a preliminary consultation to discuss treatments available at the practice. It is not a substitute for a clinical examination. All patients will require a full assessment examination before any decision about treatment can be made.”

“Potential options and costs given by the treatment co-ordinator are intended simply as a general guide. A full clinical assessment with the dentist will be required to obtain an accurate view of the possible treatment options and costs.”

### Scope of practice and ethical concerns

The treatment co-ordinator may be able to identify what the patient wants, but it is only the dentist who can figure out what can actually be achieved and there is a line between outlining the types of treatment that might be possible and giving advice on actual treatment options. Dentistry is strictly regulated, and it is important to ensure that a treatment co-ordinator does not exceed their own scope of practice. Careful consideration must be given to ensuring an ethical approach to promoting treatments. There is a risk of enthusiasm and positive promotion spilling into the territory of hard sell or focusing on certain treatment options while overlooking other, perhaps less profitable, options that the patient should also be offered. When considering options, particularly for elective, aesthetic-based treatments, patients will need cooling-off time to reflect before committing to anything. They do sometimes change their minds. It is always better that this happens before treatment rather than during.

### Communication and consent

Good team communication is essential. If the transfer of information between the treatment co-ordinator, the dentist and the rest of the team is not clear and consistent, there is plenty of scope for misunderstandings and patient dissatisfaction.

Obtaining patient consent is an area ripe for misunderstandings. Consent is a process that involves information sharing, checking, understanding and obtaining agreement. A treatment co-ordinator can be a source of information about types of treatment,

but they are not in a position to obtain valid consent to a particular type of treatment. They cannot provide the patient with the information specific to that patient's particular clinical presentation and individual treatment need. Only a dentist can assess the full clinical picture and be able to go over the specific risks and benefits of the various treatment options for that patient.

It is the responsibility of the treating clinician to ensure that the patient understands the information, the risks and benefits of treatment, the alternative options, and has chosen freely to proceed with the treatment. It is vital that the dentist does not abdicate responsibility for this through the view that consent is ‘taken care of’ by a treatment co-ordinator.

In summary, the use of treatment co-ordinators can bring many benefits to a practice; however, it is important to understand the risks and the boundaries within which they should operate.



A festive Christmas advertisement for Dentanet Dental Laboratory Service. The background is dark with white snowflakes. At the top, there are two reindeer flanking a central logo featuring a Santa hat and a dental crown. The text 'DENTANET' is in large white letters, with 'DENTAL LABORATORY SERVICE' in teal below it. In the center is a 3D rendering of a dental arch. Below this, it says 'CONNECT TO DENTANET LTD WITH:' followed by a list of services: '3 SHAPE • ITERO • SHINING 3D • HERON • DENTSPLY SIRONA • MEDIT'. At the bottom, it says 'YOU CAN ALSO SEND STL FILES TO: INFODENTANET@GMAIL.COM'. The footer contains the address '22 Tralee Road, Castleisland, Co. Kerry V92 AF82', phone numbers 'T: +353 (0)66 714 3964 M: +353 (0)87 332 4779', email 'E: infodentanet@gmail.com', and website 'www.dentanet.ie'.

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MEMBER 2024

## COLGATE CARING DENTIST AND DENTAL TEAM OF THE YEAR AWARDS 2024



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 2024 is Dr Thomas Quilter, (above, centre) St John's Dental Clinic, Tralee, Co. Kerry and the Colgate Caring Dental Team of the Year 2024 is Ballinrobe Dental, Co. Mayo (Dr Patrick O'Beirne, top left) .

Congratulations to Thomas, to all of the team at Ballinrobe Dental, Co. Mayo, to the regional and special award winners, and to all the dentists and dental teams that were nominated for an award by their patients.



## Charting the IDA's future

The Management Committee of the IDA oversees the Association's management and governance.



Along with day-to-day management concerns, regulatory and governance issues are increasingly important to professional representative organisations such as the IDA. Ensuring that organisations operate to the highest professional standards is crucial to both the effectiveness and credibility of such organisations. For the IDA, that oversight and governance role falls to the Management Committee.

The IDA Management Committee is chaired by the Association's President, and this year the role falls to Dr Rory Boyd (above), who explains the Committee's role: "The Management Committee is effectively an oversight group, which sets the strategy for the Association. We convey our decisions to the Executive, who then implement them on behalf of members, setting the overall direction that the Executive, and therefore the Association, is taking".

Separate group committees exist for general practitioners and HSE dental surgeons, and they decide on political and other priorities for their respective memberships, while there are also important committees which deal with CPD, and quality and patient safety, among others, as well as the *Journal's* Editorial Board.

The Committee meets six times a year, and is made up of the President, President-Elect, Vice President, Treasurer and Treasurer-Elect of the Association, as well as representatives from the GP and HSE Groups. There are also two non-Executive Directors who add their experience and expertise to the Committee. Meetings are also attended by the CEO, Fintan Hourihan, who reports to the Committee on the ongoing business of the Association, in addition to other senior executives. That business includes governance, finances, membership, risk/audit, communications, CPD and events, advocacy and representation, and all of the day-to-day business of a busy professional organisation.

The Committee's meetings are currently focused on areas of priority for the Association, as Rory explains: "With the likelihood of compulsory CPD coming down the line, we are currently working to develop a new CPD strategy and model for the Association for the medium to longer term. We're also working on an ongoing basis to attract, recruit and retain members, as this strength in numbers is our most powerful advantage in advocating for the profession and our patients. Communications strategies to reach out to both members and non-members are also high on the agenda".

The IDA's advocacy work remains a vital priority for the Committee: "We continue to engage in lobbying Government on the implementation of the national oral health strategy and other issues of importance to the Association. Members of the Committee frequently meet with representatives of Government, the Department of Health and the Department of Social Protection to further our aims on behalf of the profession".

### Meet the members



#### Dr Tiernan O'Brien

Tiernan is in practice limited to periodontics in Galway. He is currently Honorary Treasurer-Elect of the IDA, and will take up the role of Honorary Treasurer next year: "I joined this Committee in order to 'learn the ropes' before taking over as Treasurer. I have been involved with the IDA for many years in different capacities but never in a management role, so it is critical that I spend a year looking and learning before I assume the Treasurer's position. My current role on the Committee is to learn how the IDA is managed, update myself on the function and competence of all the IDA sub-committees, and become familiar with the financial situation of the IDA and the core accounting practices and reporting schedule. The Management Committee is the 'cabinet' of the IDA, responsible for the overall corporate management of the organisation, as well as the development of the future vision and strategies. I became involved because I want to give back to Irish dentistry and hopefully help shape the future of our profession in Ireland".



#### Dr Mairead O'Connor

Mairead is principal dentist at OC Dental in Gorey, Co. Wexford. She represents the IDA's GP Group on the Management Committee: "I joined the Committee because I felt it was a good opportunity to get experience at board level, and to be exposed to something very different to my day job. I try to represent GPs' views at board level as best I can, and report back as necessary to the GP Committee. The board is essential to driving the IDA forward. I have been blown away at the hard work that the members put in to keep improving the Association. Our work at Board level hopefully sets up the IDA to be in the best possible position to advocate for Irish dentistry and meet the needs of dental professionals into the long term. I have found being on the board very challenging but also very enjoyable".

### Members of the IDA Management Committee

<b>Dr Rory Boyd</b> (President)	<b>Dr Maura Cuffe</b> (HSE Group representative)
<b>Dr Will Rymer</b> (President Elect and Honorary Treasurer)	<b>Dr Mairead O'Connor</b> (GP Group representative)
<b>Dr Eamon Croke</b> (Vice President)	<b>Ms Geraldine Kelly</b> (Non-executive Director)
<b>Dr Tiernan O'Brien</b> (Honorary Treasurer-Elect)	<b>Mr Ronan King</b> (Non-executive Director)



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## Action sought on reform

BDI NI representatives have written to the Health Minister, setting out our serious concerns about the pressures on our services and practitioners.

Myself and several senior representatives of the BDA Northern Ireland recently wrote to Health Minister, Mike Nesbitt MLA, seeking improved services in the dental sector. Here's a summary of what we had to say:

As dental leaders, we wish to impress upon you how vital it is that dental system reform is urgently taken forward as an integral part of health and social care (HSC) transformation.

Continuing to deliver dental services as we have is not sustainable, nor will the absence of a clear vision for oral health achieve the better outcomes we want to see delivered as part of the Government's public health ambitions. Many of the key factors that lead to poor oral health are risk factors for other diseases, with socio-economic factors recognised as being key determinants. Better oral health upstream can yield significant benefits, such as improved general health and well-being, social mobility and return on investment. That is why we ask that dental system reform should be viewed as an opportunity to be grasped.

### A service under pressure

Alongside the opportunities, it's important that you are fully aware of the depth of feeling among practitioners at this time, and the factors impacting negatively on morale. Therefore, we take the unprecedented step of sharing key findings from our latest BDA survey.

Clearly, this is a service under immense pressure, where the absence of implementing reform and managing change has shifted the perception of Health Service dentistry among the profession to a new low. Implementing those core recommendations for reforming the dental system that have been outstanding for many years – on GDS contract reform, growing the dental workforce, and investing in population oral health – is now critical.

The widening gap between the costs associated with providing modern dental care at practice level, versus a discredited contract/remuneration model lacking any objective underpinning has destabilised the entire system, while this service is shrinking at an alarming rate.

For instance, the total number of registered Health Service patients has decreased by 7.2% in the past year, while some of the most common treatments provided on the Health Service, such as fillings, extractions and crowns, have declined by 9.5%, 10.6% and 12.7%, respectively, in the past quarter.

### Fee rebasing

An informed GDS fee rebasing exercise, plus a mechanism to fairly and objectively mitigate costs annually, are urgently needed if the GDS has any hope of being put on a sustainable footing. This is vitally important, not least as practices face the prospect of thousands of pounds being added to payroll costs via increased National Insurance employer contributions and National Living Wage increases announced in the recent Budget. We have yet to receive any assurances as to how the Department will mitigate these costs, while considerable delays in implementing DDRB pay uplifts here only compound the financial stressors for independent contractors.

For our salaried dentists who treat our most vulnerable patients in the Community Dental Service, and colleagues working in the Hospital Dental Service, we must take tangible steps to grow the dentist workforce, and address the pressures from inadequate staffing levels and increasing workloads.

### Alarm at approach

We welcome recent interest in issues impacting on the GDS by the NI Assembly Health Scrutiny Committee. However, we must point out that references by officials to contract reform being an 'iterative' process, with no timelines for this work to be taken forward, have been very badly received. What has been perceived as a *laissez faire* approach, with the DoH not having any strategic plan to put the GDS on a sustainable footing, has caused alarm, particularly among Health Service-committed practitioners who are struggling to continue to provide an increasingly unviable service. Many of the answers to fixing the issues impacting on dental services have already been identified with input from the profession. What is required now is real ambition for dental services and implementation of reform at pace, in full collaboration with the profession.

### Seeking a meeting

We are cognisant of the range of competing pressures across HSC at this time, but as advocates for our members, for improved population oral health, and for safeguarding and improving dental services for the most vulnerable, action to save and modernise this service must start now. Advancing oral health improvement, reforming and rebasing the GDS contract and growing our salaried workforce go hand in hand, and will deliver societal benefits far beyond the reach of oral health. Dentistry requires political leadership to empower clinicians to make the advances they can see across all dental services. We want to work constructively with you to realise dental reform.